



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF MANAGEMENT SERVICES / PURCHASING
245 MCKEE ROAD
DOVER, DELAWARE 19904

TO: ALL OFFERERS

FROM: PURCHASING SERVICES ADMINISTRATOR

SUBJECT: RESPONSES TO RFP QUESTIONS FOR PROPOSAL NO.:
DOC1426-HEALTH, Correctional Health Care Services

ADDENDUM # 9 – October 4, 2013

DE Department of Correction submits the following Consolidated Response to questions submitted between September 27th through October 3th. All other terms and conditions of the RFP remain unchanged.

QUESTION #1

Section:

Paragraph:

Page:

Question: It was mentioned at the pre-bid meeting, along with the reporter, that minutes of the pre-bid would be posted. I do not see these on the same site of the addendum. Can you please let us know where this may be posted?

Answer: The pre-bid transcript is available in the same location on the web as the other RFP information. You can locate it here: http://bids.delaware.gov/bids_detail.asp?i=2073&DOT=N

QUESTION #2

Section:

Paragraph:

Page:

Question: Please provide a copy of all of the amendments and additional attachments to the current health services contract for the DDOC.

Answer: These are posted on our website. <http://www.doc.delaware.gov/offenderHealthcare.shtml>

QUESTION #3

Section:

Paragraph:

Page:

Question: Please provide (by year) the amounts and reasons for any paybacks, credits, management fee adjustments, and/or liquidated damages the DDOC has assessed against the incumbent vendor over the term of the current contract. Also, please provide any of the above that were specifically for staffing reconciliations.

Answer: This information is not available.

QUESTION #4

Section:

Paragraph:

Page:

Question: In relation to paybacks and penalties for labor and staffing, please provide details as to how the DDOC handles these paybacks and penalties.

Answer: This information will be discussed upon signing of the new vendor contract.

QUESTION #5

Section:

Paragraph:

Page:

Question: With regard to lawsuits pertaining to inmate health care at all of the facilities, frivolous or otherwise:

- a. How many have been filed against the DDOC and/or the incumbent health care provider in the last three years?
- b. How many have been settled in that timeframe?

Answer: This information is (both a. and b.) are proprietary information.

QUESTION #6

Section:

Paragraph:

Page:

Question:

Please provide the following data regarding the size of the inmate population.

- a. Two years' worth of facility-specific historical data

Answer: Please see previous Q&A's and refer to the RFP.

- b. Five-year population projections for each of the facilities

Answer: This is not possible.

QUESTION #7

Section:

Paragraph:

Page:

Question: Please confirm that all vendors should use the amount of 7,000 inmates for their base bid.

Answer: Correct

QUESTION #8

Section:

Paragraph:

Page:

Question: Is the DDOC aware of any upcoming legislation or government policy that could result in a drop in the number of inmates in the system (e.g., compassionate release, population reduction measures, etc.)? If yes, please describe and provide a timeframe for the legislation/policy implementation.

Answer: No, we are not aware of any.

QUESTION #9

Section:

Paragraph:

Page:

Question: Does the DDOC have any plans to change the mission, size, or scope of any of its facilities within the term of the contract? If so, please provide details (including timeframe) on the planned change.

Answer: No, we are not aware of any.

QUESTION #10

Section:

Paragraph:

Page:

Question: Does the DDOC have any plans to change the mission, size, or scope of any of its facilities within the term of the contract? If so, please provide details (including timeframe) on the planned change.

Answer: Please refer to the RFP and mandatory pre-bid transcript.

QUESTION #11

Section:

Paragraph:

Page:

Question:

We understand that the DDOC system is currently accredited by the National Commission on Correctional Health Care (NCCHC). Please provide the following information.

a. Most recent accreditation date for each facility.

Answer: 2013

b. Copy of most recent accreditation audit report for each facility.

Answer: Reports not available.

QUESTION #12

Section:

Paragraph:

Page:

Question: Are any of the DDOC facilities currently accredited by the American Correctional Association (ACA)? If "yes," please provide the following information.

a. Most recent accreditation date for the facility.

b. Copy of most recent accreditation audit report for the facility.

Answer: None of our facilities are currently ACA accredited.

QUESTION #13

Section: Appendix H

Paragraph:

Page: 67-69

Question:

We have reviewed and appreciate the information provided in RFP Appendix H. Please provide the following information:

a. Current Contract-required health service staffing for the system by facility, shift, and day of the week.

Answer: Our current contract is a Services Contract; therefore, it doesn't specify specific staffing.

- b. Actual health service staffing currently in place throughout the system, i.e., any positions being provided and/or hours being worked over and above what is required by the contract.

Answer: This data is not available. Please focus on Appendix H for bidding purposes.

QUESTION #14

Section:

Paragraph:

Page:

Question: Please provide a separate listing of the current health service vacancies by position for each DDOC facility.

Answer: This information is proprietary.

QUESTION #15

Section:

Paragraph:

Page:

Question: Please indicate whether the DDOC will be offering employment to any incumbent health care staff, e.g., to function as contract monitors, etc. If the DDOC will be making any such offers, please identify the number and type of these positions, so bidders can factor this into our staffing proposals.

Answer: The DDOC will not be making offers of employment to any incumbent health care staff. Please reference page 16, B.21.d. Transition Plan in the RFP.

QUESTION #16

Section:

Paragraph:

Page:

Question: How many contract monitoring staff will the DDOC maintain for the health services contract?

Answer: Approximately five (5).

QUESTION #17

Section: II

Paragraph: C.12.d.

Page: 32

Question: Will the DDOC allow “grandfathered” credentialing for incumbent professional staff already employed or contracted by the current Vendor?

Answer: Please reference page 16, B.21.d. The DDOC will allow some grandfathering on a case-by-case basis.

QUESTION #18

Section:

Paragraph:

Page:

Question:

Are any members of the current health service workforce unionized? If yes, please provide the following.

- a. A copy of each union contract
- b. Complete contact information for a designated contact person at each union
- c. The number of union grievances that resulted in arbitration cases over the last 12 months

Answer: Yes some members of the current health services workforce are unionized with their current contract. The details requested (a., b., c.) are proprietary.

QUESTION #19

Section:

Paragraph:

Page:

Question:

Please provide the wage/pay rates your incumbent health service vendor is paying to its staff at each DDOC facility.

- a. How old is this data?
- b. Where did this data come from, e.g., DDOC records, data from the incumbent vendor, etc.?

Answer: This data is proprietary information.

QUESTION #20

Section: II

Paragraph: B.15

Page: 14

Question: The RFP mentions that transportation costs will be “included and calculated within the limitations for Catastrophic Care”. We have reviewed the RFP and do not see any other mention of a catastrophic limit. Are vendors to prepare their pricing proposal with a catastrophic limit for specific services, including ambulatory transportation?

Answer: Most offenders are Medicaid and any catastrophic care is based on Medicaid regulations.

QUESTION #21

Section: II

Paragraph: B.11

Page: 12

Question: Please confirm that the time health services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract.

Answer: Correct.

QUESTION #22

Section: II

Paragraph: B.4.vi.

Page: 9

Question: We understand that “the Vendor must ensure that the space and supplies be adequately” and we “are responsible for equipment purchase and maintenance contracts under \$500”. Please provide the following information.

- a. Inventory of office equipment (e.g., PCs, printers, fax machines, copiers) currently in each facility and identify what items will be available for use by the selected provider

Answer: We are currently in the process of completing an inventory. The last one completed was in 2010; therefore, we cannot supply this data at this time. However, this data will be available to the successful bidder.

- b. Inventory of medical equipment (e.g., blood pressure cuffs, ultrasound, x-ray machines, etc.) currently in each facility and identify what items will be available for use by the selected provider

Answer: We are currently in the process of completing an inventory. The last one completed was in 2010; therefore, we cannot supply this data at this time. However, this data will be available to the successful bidder.

- c. Confirm that all office and medical equipment listed follows the \$500 rule as per the RFP

Answer: Yes, this equipment is the vendor’s responsibility.

QUESTION #23

Section: II

Paragraph: C.4.a.

Page: 17

Question: We understand that the following are to be “submitted to the State DPH laboratory Human Immunodeficiency Virus (HIV) through opt-in/opt-out (HIV testing below)” and “for all women, Gonorrhea and Chlamydia”. Does the DDOC want Vendors to submit any other infectious disease laboratory testing to the State DPH lab?

Answer: Please refer to the RFP.

QUESTION #24

Section: II

Paragraph: C.5.e.

Page: 22

Question: With regard to hospitals:

- a. What are the designated emergency or “911” facilities (hospital or other urgent care provider) for each DDOC facility?

Answer: All hospitals in the state of Delaware accept 911 calls.

- b. What are the hospitals most frequently used throughout the state for each DDOC facility?

Answer: St. Francis Hospital, Christiana Hospital, Kent General Hospital and Beebe Medical Center

- c. Do any of the hospitals currently utilized have a secure unit?

Answer: Currently none; however, St. Francis Hospital had one in the past.

QUESTION #25

Section:

Paragraph:

Page:

Question: How many (if any) offenders does the DDOC currently have housed in community (non-DDOC) long-term care facilities?

Answer: The Medical Vendor is not responsible for long-term care facility patients.

QUESTION #26

Section: II

Paragraph: C.7.b.

Page: 25

Question: Please provide the current Sick Call schedule (days of week and timeframes) for each facility.

Answer: Please refer to the RFP. Each facility makes its own schedule depending on the Sick Call request demand.

QUESTION #27

Section: Addendum #5, Question 1

Paragraph:

Page:

Question: We appreciate the list of current onsite primary care and specialty clinics. Please indicate how many hours per week each clinic is held in each facility.

Answer: Please see the RFP. Each facility makes its own schedule in accordance with the demand.

QUESTION #28

Section:

Paragraph:

Page:

Question: Please identify the number, type, and timeframes of any backlogs (e.g., chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at each DDOC facility.

Answer: This information is proprietary.

QUESTION #29

Section:

Paragraph:

Page:

Question: Will the health unit staff have internet access in each facility?

Answer: Yes.

QUESTION #30

Section:

Paragraph:

Page:

Question: Will the DDOC provide phone lines for telephone, fax, and EKG equipment?

Answer: The DDOC provides lines for telephone and fax. However, there will be a cost charged to the vendor for access to same based upon usage.

QUESTION #31

Section:

Paragraph:

Page:

Question: Please confirm who (Vendor or DDOC) will provide local and long distance phone service for each health unit in each DDOC facility?

Answer: The DDOC provides. However, there will be a cost charged to the vendor for access to same based upon usage.

QUESTION #32

Section: II

Paragraph: C.6

Page: 24

Question: Is telemedicine currently used in any of the DDOC facilities? If yes, please provide the make/model of the existing equipment and specific location in each building.

Answer: Existing equipment belongs to the current vendor, therefore, the new vendor would have to incorporate into their new proposal.

QUESTION #33

Section: II

Paragraph: B.17

Page: 14

Question: We understand that we, as the selected vendor, will need to plan and implement telemedicine. Is the selected vendor also responsible for implementing and maintaining a network in support of the telemedicine program or can an existing DDOC network and internet access be used for the telemedicine program?

Answer: An existing DDOC network and internet access will be used for the telemedicine program.

QUESTION #34

Section: II

Paragraph: B.18

Page: 14

Question:

We understand that the initial training on the DACS system for the selected vendor's staff will be provided by DDOC staff. Please provide the following information on any periodic new-hire and/or refresher training.

- a. Will the DDOC provide new hire and/or refresher training? If yes, please provide the frequency that the training will be provided by the DDOC. If the DDOC does not provide the new-hire and/or refresher training, what frequency would the DDOC like vendors to provide this training?

Answer: Refresher training can be set up if needed; however, each site should have "SuperUsers" that are able to train new staff in accordance to their job function. For "SuperUser" training or the initial contract training, DDOC will facilitate.

- b. Please confirm who is financially responsibility for the new-hire/refresher training (vendor or DDOC)?

Answer: When training for DACS is provided, it is provided on behalf of the DDOC. However, Vendor Superusers will provide new hire training.

QUESTION #35

Section:

Paragraph:

Page:

Question:

Please provide an inventory of the computer equipment currently deployed within the health units at each DDOC facility, including the following.

- d. PC/Laptop
- e. Printer
- f. Fax
- g. Copier
- h. Scanner

Answer: All of the above (a. through e.) are DDOC owned and maintained. The vendor is not responsible. However, Fax, Copiers and Scanners (f. through h.) are Vendor owned and maintained.

QUESTION #36

Section:

Paragraph:

Page:

Question: Will the existing computer equipment remain in the health unit and be available for use by the selected vendor? If yes, who is responsible for replacing old or broken equipment?

Answer: Yes, the DDOC is responsible.

QUESTION #37

Section:

Paragraph:

Page:

Question:

We understand that the DDOC Level 5 facilities have special medical housing, observation beds, and/or an infirmary. Please provide the following information about each facility and their unit.

i. Number of beds

Answer:

- JTVCC – 40 beds
- HRYCI – 12 beds
- BWCI – 8 beds
- SCI – 8 beds

j. Average occupancy/fill rate for the unit

Answer: Proprietary

k. Staffing schedule for the unit's clinical personnel

Answer: Proprietary

l. Are patients in the unit always within sight or hearing of a qualified health care professional?

Answer: Yes

QUESTION #38

Section: II

Paragraph: B.3.b.

Page: 7

Question:

[Specifically line 313] Please provide the following information about medication administration.

a. Who administers medications, e.g., RNs, LPNs, medical assistants?

Answer: The LPN's and RN's.

b. Where does medication distribution take place, i.e., do medication carts go to the housing units or do inmates come to the medical units?

Answer: Both

c. How often is medication distributed each day?

Answer: 3 times per day

d. How long does it take to perform the average medication distribution process?

Answer: This varies by location

QUESTION #39

Section:

Paragraph:

Page:

Question: Do any of the DDOC facilities currently maintain a Keep-On-Person (KOP) program?

Answer: All facilities maintain KOP.

QUESTION #40

Section: II

Paragraph: B.2.a.

Page: 6

Question: *[Specifically line 250]* Please confirm that the scope of work for "Specialty Consultation" includes all offsite services except inpatient hospital stays.

Answer: The vendor is not expected to make rounds on inpatients, but is responsible for payment of services provided to offender admissions.

QUESTION #41

Section: VI.

Paragraph: J.5.n.

Page: 55

Question: The RFP states that the “DDOC will include in the final contract penalty provisions for nonperformance, e.g. staffing shortages and not meeting the Intake Screening Timeframes, such as liquidated damages”. Will the DDOC please provide more information on these contract penalty provisions for nonperformance so we can provide price our proposal in a cost-effective manner?

Answer: We are not clear on what this question is looking for. Please submit a clarification.

QUESTION #42

Section: Appendix F

Paragraph: Historical Off-Site Specialty Consultations

Page: 65

Question: We appreciate the data already provided in RFP Appendix F. Can the DDOC please provide two (2) extra years of data for each of the categories? Also, please provide the additional information.

- a. Can the DDOC also include the number of inpatient admissions that coincide with the listed “inpatient days”?
- b. Are these all of the ER runs or just those ER runs that did not result in an inpatient admission?

Answer: Data is not available for either of the above questions (a. or b.).

QUESTION #43

Section:

Paragraph:

Page:

Question: As there are limited details in the RFP, please provide the type of contract the DDOC would like all vendors to use when pricing their base bid for this RFP opportunity (i.e., Cost plus management fee, full risk, shared risk).

Answer: The DDOC is asking the vendor to provide their best base bid for this RFP.

QUESTION #44

Section:

Paragraph:

Page:

Question: Will the DDOC please provide pricing forms for all vendors to use so the pricing the State receives is consistent?

Answer: Pricing forms will be provided upon negotiations.

QUESTION #45

Section:

Paragraph:

Page:

Question: Please provide annual spend amounts for the past two years for the following categories.

- a. Total offsite care
- b. Laboratory services
- c. X-ray services

Answer: The above data (a., b., c.) is not available.

QUESTION #46

Section:

Paragraph:

Page:

Question: Under the new contract, who will be financially responsible for the following services: the DDOC or the Contractor?

- a. Inpatient hospitalization
- b. Outpatient surgeries
- c. Other outpatient referrals
- d. ER visits
- e. Dialysis
- f. Onsite diagnostics (lab/x-ray)

Answer: The vendor is financially responsible for the above services (a. through f.).

QUESTION #47

Section:

Paragraph:

Page:

Question: Per our review of the current contract, we understand that the incumbent vendor may request additional monies if Medicaid rates are not obtained for inpatient stays longer than 24 hours. Please provide the number of instances, and the amount of monies/compensation received by the incumbent for inpatient hospital stays less than 24 hours that were not at Medicaid rates.

Answer: Additional dollars have not been requested, nor allocated.

QUESTION #48

Section:

Paragraph:

Page:

Question: The current contract has language that allows for performance incentives for the incumbent medical provider. Please provide the following information regarding these performance incentives.

- a. How many times has the incumbent met the 95% compliance requirement for the listed CQI factors?

Answer: This is proprietary.

- b. How much money in the past three (3) years has the incumbent received for these performance incentives?

Answer: Currently, incentives are not part of the contractual agreement.

QUESTION #49

Section:

Paragraph:

Page:

Question: We understand that the current contract allows for a variable per diem, but after reviewing the RFP we do not see any mention of a variable per diem. Is it the DDOC's intention to continue the use of a variable per diem in contract negotiations with a new vendor?

Answer: No.

QUESTION #50

Section:

Paragraph:

Page:

Question: Please confirm that under the new contract, the Contractor will not be financially responsible for any of the following services.

- a. Neonatal or newborn care after actual delivery
- b. Elective or mandated abortion
- c. Cosmetic surgery, including breast reduction
- d. Sex change surgery (including treatment or related cosmetic procedures)
- e. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such)
- f. Extraordinary and/or experimental care
- g. Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate’s health to deteriorate or cause definite and/or irreparable harm to the inmate’s physical status)
- h. Autopsies
- i. Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant, etc.
- j. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX

Answer: Under the new contract, the Contractor will not be financially responsible for items a., b., c., e., f., and h. Response to d. = Vendor will be responsible for hormone replacement therapy IF offender is already taking such on intake. Response to g. = DDOC Medical Director has final say. Response to i. and j. = Vendor may be responsible.

QUESTION #51

Section: VI.

Paragraph: D.

Page: 46

Question: We are looking for the formula (or other methodology) that the DDOC will use to evaluate, rank, and assign scoring points to bidders’ prices. For example, a formula commonly used in other correctional health care bid evaluations is as follows.

Lowest price of all proposals

$$\underline{\hspace{10em}} \times \# \text{ points possible for Price component} = \text{Price Score}$$

Price of proposal being evaluated

How will the DDOC assign scores and/or relative ranking to bidders’ submitted prices?

Answer: Please reference the RFP. IV.D.2. page 48.

QUESTION #52

Section: VI

Paragraph: J.5.i.

Page: 54

Question: Is the DDOC willing to consider alternatives — such as holding a portion of the successful Vendor’s payment or establishing a reserve fund — to the performance bond described in the RFP? The

expense associated with implementing a performance bond as security is exorbitant, and will add unnecessarily to the contract price.

Answer: No.

QUESTION #53

Section:

Paragraph:

Page:

Question: Please indicate the order of precedence among the solicitation documents (e.g., the RFP, initial responses to questions, subsequent responses to questions, exhibits and attachments, etc.) so that in case of contradictory information among these materials, bidders know which of the conflicting data sets to use to create their narratives and calculate their prices.

Answer: The purpose of the Question and Answers is to deflect these types of questions and provide clarification.

QUESTION #54

Section:

Paragraph:

Page:

Question: Does the DDOC require bidders to submit their Technical and Pricing proposals in separately sealed envelopes?

Answer: No, it is not required.