



JEFFERSON COUNTY, TEXAS PURCHASING DEPARTMENT

1149 Pearl Street – First Floor
Beaumont, Texas 77701
409-835-8593

ADDENDUM TO RFP

RFP Number: RFP 12-028/JW
RFP Title: Inmate Health Care Services for Jefferson County Correctional Facility
RFP Due: **October 30, 2012, 11:00 am**
Addendum No.: 1
Issued (Date): October 17, 2012

TO OFFEROR: This Addendum is an integral part of the RFP package under consideration by you as an Offeror in connection with the subject matter herein identified. Jefferson County deems all sealed proposals to have been proffered in recognition and consideration of the entire RFP package – **including all addenda.** For purposes of clarification, **receipt of this present Addendum by an Offeror should be evidenced by returning it (signed) as part of the Offeror’s sealed proposal.** If the Proposal has already been received by the Jefferson County Purchasing Department, Offeror should return this addendum in a separate sealed envelope, clearly marked with the RFP Title, RFP Number, and Opening Date and Time, as stated above.

Reason for Issuance of this addendum:

1. Questions and Answers from Offeror’s Conference
2. Copy of the List of Inmate Charges for Infirmary Services
3. Copy of the Inmate Medical Charge Form
4. Copy of the Screening Form for Suicide and Medical and Mental Impairments

The information included herein is hereby incorporated into the documents of this present Bid matter and supersedes any conflicting documents or portion thereof previously issued.

Receipt of this Addendum is hereby acknowledged by the undersigned Offeror:

ATTEST:

Witness

Witness

Approved by _____ Date: _____

Authorized Signature (Offeror)

Title of Person Signing Above

Typed Name of Business or Individual

Address

Questions and Answers From Offeror's Conference and Site Visit Held October 9, 2012

A Note to Bidders: As of this date, the Jefferson County Purchasing Department will no longer answer questions regarding this RFP verbally. Written questions will be accepted via email to Jamey West at jwest@co.jefferson.tx.us. The final date for written question submissions will be October 23, 2012.

1. Q: What is the current Electronic Medical Records (EMR) system being utilized?
A: The current EMR being utilized by NaphCare is proprietary software. The AS/400 system is not an EMR. Each company is responsible for supplying their own EMR system that will be integrated with the county AS/400 for the purpose of receiving pertinent up to date inmate information on the inmates booked into the jail.
2. Q: Does the Jefferson County Management Information Systems (MIS) Department provide assistance in the repair/maintenance of computers, equipment, etc.?
A: No.
3. Q: Will the Jefferson County Management Information Systems (MIS) Department provide server backup for any software utilized for Electronic Medical Records?
A: Any services that the Health Care Provider requests from the Jefferson County Management Information Systems (MIS) Department will need to be discussed and arranged during the contract negotiation period.
4. Q: How soon will the Health Care Provider need to implement an Electronic Medical Records (EMR) system?
A: Within 30 days of the contract execution.
5. Q: Is the Health Care Provider responsible for all transportation costs?
A: The county provides transportation to all outside medical and emergency room visits other than those requiring emergency transportation. The Health Care Provider is only responsible for emergency related transportation costs such as ambulance or life flight. These costs come under outside services that fall under the aggregate cap.
6. Q: What is the average number of "life flight" and ambulance rides per year?
From 2008 to the present the average number of ambulance rides per year is 75 with an average of 6.3 per month. This number has been going down over the past two years with the average being 54 ambulance rides per year and 4.5 rides per month. There has only been one inmate life-flighted in the past 10 years.
7. Q: What is the number of HIV patients currently in the facility? And, what is the yearly cost of HIV medications?
A: The cost of medications is proprietary information since the medication is being filled by NaphCare pharmacy. The average number of HIV positive inmates is about 24 per month and of those approximately 21 take HIV medications.

8. Q: Of the 127, 129 Nurse Sick Calls (Attachment B), how many of these were actual sick calls, and how many were actual patient encounters? Can you give a breakdown of the services provided under this statistic title?
- A: Total Seg. Rounds 40,000
Nurse Protocol 9,000
Nurse Sick Call 28,000
Nurse Treatments 50,000
9. Q: How many background histories and physicals are performed for prospective employees of the Jefferson County Correctional Facility?
- A: Approximately 45 per quarter.
10. Q: Will the Health Care Provider be responsible for administering drug screenings to the prospective employees of the Jefferson County Correctional Facility?
- A: No.
11. Q: Referencing Attachment B, there were 26 Hospital Admissions (Hospital Days). What is the number of inpatient hospital days for this same time period?
- A: 90.
12. Q: For the purpose of submitting alternative proposals, may the bidder submit more than one proposal?
- A: No. Bidders are encouraged to propose all their goods/ideas in one proposal package.
13. Q: Referring to Attachment B, the statistics suggest that 15-20 % of intakes are not screened. Is there a reason for these screenings not being provided?
- A: Instances where intakes are bonded out prior to receiving a complete screening, as well as persons that “turn themselves in” account for this percentage of persons that do not receive full screenings.
14. Q: Does the facility utilize MedPass?
- A: Yes.
15. Q: How many carts are being utilized for medication distribution at this time?
- A: At this time, (1) one cart is being utilized.
16. Q: What are the qualifications preferred for Mental Health Counselors to be staffed?
- A: Mental Health Counselors must be Licensed Professional Counselors.
17. Q: Referring to Attachment B, the statistics suggest that Physician Sick Calls average to approximately 17 persons seen “hands on” by the physician per week. Is this an accurate number?
- A: Yes. Actual visits are accounted for in the Nurse Sick Call statistics. Further, it is typical that the physician spends a majority of their time performing chart reviews.

18. Q: In regards to historical data, the aggregate cap has been exceeded each year by amounts ranging from \$200,000 to \$900,000. What are the reasons for this fluctuation?
- A: The amount spent on outside care varies depending on the nature and seriousness of each illness or injury. Some years have seen multiple inmates who required numerous hospitalizations, treatments and surgeries.
19. Q. How many Negative Pressure Rooms are in the infirmary of the facility?
- A. 2.
20. Q. Are prior to bookings and/or bedside bookings included in any of the statistics included in Attachment B?
- A. No.
21. Q. Please provide a breakdown of the off-site services by category (i.e. hospitalizations, ER, specialty visits, surgeries, diagnostics) for the last three years.
- A. January 2010 to September 2012 Offsite
ER-297
Hospital Admissions-86
Ambulance-161
General Surgery-3
Infectious Disease-77
OB/GYN-139
Ophthalmology-79
Orthopedics-83
Dermatology-3
Podiatry-11
Dialysis-188
Hematology-1
Chemotherapy-18
Radiation-9
Out patient surgery-9
Out patient diagnostics-22
Nephrology-2
Neurology-1
Cardiology=19
Physical Therapy-16
Pulmonary-3
Oral surgeon-15
ENT-3
Urology-2
Gastro-3
22. Q. Is the County aware of any state laws limiting the responsibility of offsite costs (i.e. pre-existing conditions)?
- A. No.

23. Q. Please provide the following for the last 12 months:
- a. Average monthly number of patients on HIV medications A:21
 - b. Average monthly number of patients on psychotropics A:160
 - c. Average monthly number of patients on hepatitis medications A:10
 - d. Average monthly number of patients on hemophiliac medications A:1
 - e. Total spent on HIV dollars
 - f. Total spent on psychotropic dollars
 - g. Total pharmacy dollars A: (e, f, g) This is proprietary information.
24. Q. Please provide the name of the current pharmacy vendor.
- A. NaphCare has its own pharmacy.
25. Q. What was the ADP from May 2011 to May 2012?
- A. 869.
26. Q. What specialty services are currently provided onsite (i.e. OB/GYN, optometry, orthopedics)?
- A. Diagnostics and Radiology.
27. Q. Does the Department of Health provide HIV medications?
- a. If yes, what is the cost of these medications to the current contractor?
 - b. Is there a co-pay system associated with HIV medications provided by the Department of Health?
 - c. If there is a co-pay system associated with HIV medications, is the current contractor financially responsible and what are the costs of these fees?
 - d. Is there a source document that vendors can access to gain more information on Department of Health programs?
 - e. If so, please provide information on how to obtain.
 - f. Will the Department of Health be continuing this program?
- A. No, the Department of Health does not supply HIV medications.
28. Q. Please provide the hourly rates and years of service by discipline (i.e. RN, LVN, EMT) for the current employees.
- A. This is proprietary information.
29. Q. Is the County currently using EMTs or nurses in booking?
- A. EMTs.
30. Q. Section 3.1.8 states “It is anticipated that the contract will provide for monthly adjustments of the account to reflect such matters as: budgeted but unfilled positions or absent personnel.”
- a. Does this refer to vacant positions or hour for hour staffing withholds?
 - b. Will the County require administrative positions such as the Health Services Administrator, Director of Nursing, Administrative Assistant, and Medical Records Clerks to be filled for periods of vacation, PTO, holidays, and training or will the County consider paid staffing positions filled staffing positions as in the contract with the current vendor?
- A. (a) Vacant full time positions. (b) No; Yes.

31. Q. Section 4.12 states “The contractor shall be responsible for implementation of the EMR upon acceptance of this contract.” Please confirm that this means the contractor assumes responsibility upon acceptance of the contract and not that the EMR is expected to be operational upon acceptance of the contract.
- A. Contractor assumes responsibility and has 30 days to implement EMR
32. Q. Please confirm that the facility’s infrastructure is currently setup to support an EMR (i.e. cabling, wireless).
- A. Yes.
33. Q. Please confirm that the EMR already in place will not be available to a new vendor.
- A. EMR owned by NaphCare and won’t be available.
34. Q. Is there an existing inmate interface from JMS to EMR? If not, will the County assist in the development of a JMS to EMR interface?
- A. There is currently an interface from JMS to EMR. The county will assist in interface from JMS to new EMR.
35. Q. Please confirm that, if a new medical contractor is selected, the outgoing medical contractor will leave a complete data set for the incoming vendor to use.
- a. In what format(s) will historical data be provided?
- b. Will a data dictionary be provided with the data?
- c. Will there only be raw data or will there be software that allows for the data to be viewable?
- d. Is NaphCare required to assist in any data conversion in addition to the data set?
- A. The data will be left in a read-only format and NaphCare isn’t required to assist in data conversion.
36. Q. Please clarify the transition time available for the new vendor to implement the new EMR.
- A. 30 days.
37. Q. How many patients are placed on suicide precaution on average per month?
- A. Average of 180 per month.
38. Q. Have there been any completed suicidal acts in the past two years? If so, how many?
- A. No.
39. Q. Are patients deemed suicidal kept on precaution at the jail?
- A. Yes.
40. Q. How many mentally ill patients were sent out to this jail's appropriate catchment mental health facility per month on average?
- A. 4.
41. Q. Are patients deemed too acute to house in the jail sent to a public mental health facility or does the jail currently have a contract with a private mental health facility?
- A. Patients are kept onsite unless a judge deems necessary to move to a state facility for competency restoration.
42. Q. Does this facility utilize any approved psychiatric restraint devices (4 or 5 point restraint beds etc.)? If so, how many patients per month are placed in those devices on average?
- A. No.

43. Q. Does this facility utilize any approved psychiatric restraint devices (4 or 5 point restraint beds etc.)? If so, how many patients per month are placed in those devices on average?
A. No.
44. Q. Please describe the substance abuse treatment or service requirements assumed by the current contractor.
A. Patients are evaluated and followed by the mental health department while incarcerated and are then referred to counseling and classes once released.
45. Q. Please describe the substance abuse treatment or service requirements to be assumed by the selected contractor in the future.
A. Whatever treatment is deemed appropriate by the mental health department and/or required by federal, state, local laws or NCCHC guidelines.
46. Q. What percentage of your medications ordered each month is stock vs. patient specific prescriptions?
A. We do not have patient specific medications.
47. Q. What are the pricing terms of your current pharmacy agreement? (i.e. average wholesale price less a discount, or acquisition cost plus a dispensing fee, etc.).
A. NaphCare has its own pharmacy.
48. Q. How much does your facility currently spend annually for pharmacy services?
A. This is proprietary information.
49. Q. Please provide the most recent 12 months of drug utilization preferably in an electronic format.
A. This is proprietary information.
50. Q. Is there a self-administration or “keep-on-person” medication system? If not, is the County willing to consider one?
A. We currently have a limited KOP policy.
51. Q. Please provide the number of prescriptions per inmate.
A. Data not available at this time.
52. Q. Psychotropic medications:
a. How many patients are on psychotropic medications currently? A:137
b. Of those, how many on average per month are prescribed anti-psychotic medications?
A: Approximately 50.
c. Please provide a list of the top 10 psychotropic medications prescribed over the last year with utilization.
A: (in no order) Citalopram, Risperidone, Sertraline, Flupxetine, Depakote, Bupropion, Mirtazapine, Amitriptyline, Lithium, Paroxetine.
53. Q. Please clarify who is responsible for paying for OTC supplies for indigent inmates.
A. The Health Care Provider.
54. Q. Please provide a list of OTCs that are available in commissary.
A. Cough drops, Tylenol, ibuprofen, Tums, laxative pills, eye drops, hydrocortisone cream, antifungal cream.

55. Q. Performance/Staffing withholds:
- a. Has the current vendor paid any withholds, performance and/or staffing, over the last three years? A: Yes.
 - b. If yes, please provide the amounts by year. A: \$5,630.00 in 2012.
 - c. Please provide the hourly rates at which any staffing withholds were calculated.
A: This is proprietary information.
56. Q. Please clarify what transportation costs are the responsibility of the provider and are the included in the aggregate cap?
- a. Ambulance? A: Provider/Yes.
 - b. Life flight? A: Provider/Yes.
 - c. Sheriff's office vehicle? A: County/No.
57. Q. Please provide a copy of the Officer Intake Form.
- A. The specific intake forms are proprietary to NaphCare but the information is guided and outlined per NCCHC guidelines.
58. Q. Please provide a copy of the Initial Screening Form for Mental Health Assessment.
- A. A copy of the initial mental health screening form required by Texas Jail Standards is attached.
59. Q: Please provide a copy of the List of Inmate Charges for Infirmary Services.
- A: A copy is attached to this addendum.
60. Q: Please provide a copy of the Inmate Medical Charge Form.
- A: A copy is attached to this addendum.

JEFFERSON County

Screening Form for Suicide and Medical and Mental Impairments

Per Jail Standard §273.5(b): ALL Questions SHALL be Completed in Full Immediately Upon Admission of Inmate

Name: [] Date of Birth: []

State I.D. Number (if known) []

Date/Time: [] Completed By: []

Does arresting officer or any other person believe that the inmate is at risk due to medical condition, mental illness, mental retardation, or suicide concern? (Circle one or more if applicable)

Comments: []

SELF-REPORT QUESTIONS (please elaborate as needed):

Any current medical problems, recent hospitalizations or serious injuries or concerns about withdrawal? Yes [] No [] []

If female, are you pregnant? Yes [] No [] Not Sure []

Medications? Yes [] No [] []

Have you ever received services for mental health or mental retardation? Yes [] No [] []

Do you receive a social security check? Yes [] No [] []

Have you ever been in special education? Yes [] No [] []

Do you have any previous military service? Yes [] No [] []

Do you hear any noises or voices that other people don't seem to hear? Yes [] No [] []

Have you ever been very depressed? Yes [] No [] []

Do you feel this way now? Yes [] No [] []

Have you had thoughts of killing yourself in the last year? Yes [] No [] []

Are you thinking about killing yourself today? Yes [] No [] []

Have you ever attempted suicide? Yes [] No [] When? [] Why? [] How? []

Have you experienced a recent loss? Yes [] No [] []

STAFF OBSERVATIONS (please elaborate as needed):

Does the individual seem (circle all that apply): confused, pre-occupied, hopeless, sad, paranoid, in an unusually good mood, or believes he/she is someone else? N/A []

Is this person's speech (circle all that apply): rapid, hard to understand, hesitant, or childlike? N/A []

Observed to be under the influence of: Alcohol? [] Drugs? [] Withdrawals? [] N/A []

Observed to have visible signs of self harm (i.e., cuts on arms, etc.): Yes [] No []

Does the screener suspect mental illness/mental retardation? Yes [] No []

If yes, when was a magistrate notified? Date/Time [] How? Written/Electronic (circle)

Additional Comments []

This Form is NOT a substitute for a Separate Health Screening Record required under §273.4

Revised 03/9/2010

INMATE CHARGES FOR INFIRMARY SERVICES

Inmates will be charged the following for medical services:

Physician:	\$6.00
Nurse:	\$4.00
Dental:	\$6.00
Nurse Practitioner:	\$5.00
Prescriptions:	\$2.00 each

Inmates are charged for ALL visits/services except the following:

- 1. Receiving/Screening**
- 2. Intake screening**
- 3. 14 day H&P**
- 4. Psychiatrist**
- 5. 90 day dental exam**
- 6. Outside specialist referral**
- 7. STD testing**
- 8. Chronic care clinics**
- 9. OB care**
- 10. Daily treatments per MD: ex: blood sugar/blood pressure checks**
- 11. Lab or X-ray**
- 12. Infirmary care/isolation cell**
- 13. Assault in jail**
- 14. Work related injury**
- 15. Emergency illness or surgery**
- 16. Follow up care by MD**
 - *As requested by the Doctor, not inmate**
- 17. Nurse referral to MD clinic:**
 - *If you see the nurse and are charged, and she refers you to the doctor, you won't be charged again.**
- 18. Hospital admission**

Inmates will be charged for refills and for every visit not scheduled by the doctor. Exempt are medications for chronic illnesses such as diabetes, hypertension etc.

JEFFERSON COUNTY CORRECTIONS SYSTEM

INMATE MEDICAL CHARGE SHEET

INMATE: _____ ID# _____ D.O.B. ___/___/___

RACE: _____ SEX: _____ DORM: _____ BUNK/CELL: _____

SERVICE	COST	TOTAL
PHYSICIAN SERVICE	\$6.00	
DENTAL SERVICE	\$6.00	
NURSE PRACTITIONER	\$5.00	
NURSE SERVICE	\$4.00	
PRESCRIPTIONS	\$2.00	
	N/C	N/C

Total charges this visit \$

Medical Staff: _____ Date: ___/___/___

Comments:

Your signature authorizes Jefferson County to deduct the above charges from your Commissary Account: _____ . If you are indigent, you will not be denied medical services, even though your inmate money will reflect you have an outstanding balance.

Total Amount charged: \$

Commissary Officer: _____ Date: ___/___/___

No inmate will be refused treatment for inability to pay.

Orig/File Yellow/Commissary Pink/I