



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32901-31230  
AMENDMENT # 9  
FOR Inmate Health Services**

**DATE: March 29, 2017**

**RFP # 32901-31230 IS AMENDED AS FOLLOWS:**

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	<b>Confirmed</b>
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	<b>Confirmed</b>
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	<b>Confirmed</b>
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	<b>Confirmed</b>
5. State Response to Written "Questions & Comments"		March 29, 2017	<b>Confirmed</b>
6. Deadline for Vendor questions precipitated by PFC revisions		April 5, 2017	<b>Confirmed</b>
7. State Response to additional vendor questions		May 15, 2017	<b>Confirmed</b>
8. Response Deadline	2:00 p.m.	June 15, 2017	<b>Confirmed</b>
9. State Completion of Technical Response Evaluations		July 17, 2017	<b>Confirmed</b>
10. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 18, 2017	<b>Confirmed</b>
10. Negotiations (Optional)	4:30 p.m.	July 19-21; July 24 2017	<b>Confirmed</b>
11. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	July 27, 2017	<b>Confirmed</b>

12. End of Open File Period		August 7, 2017	<b>Confirmed</b>
13. State sends contract to Contractor for signature		August 8, 2017	<b>Confirmed</b>
14. Contractor Signature Deadline	2:00 p.m.	August 9, 2017	<b>Confirmed</b>
15. Performance Bond Deadline		August 24, 2017	<b>Confirmed</b>
16. Contract Start Date		September 1, 2017	<b>Confirmed</b>

**2. State responses to questions and comments in the table below amend and clarify this RFP.**

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION / COMMENT		STATE RESPONSE
1	The RFP states a performance bond is due upon approval of contract. Can this be waived?	Due to the critical nature of the services provided through RFP 32901-31230 the State will not be waiving the performance bond requirement.
2	1.Are any TDOC facility site tours scheduled ? 2. If so, could you publish the dates? 3. If not, could {vendor name omitted} go on record requesting site tours at either the 'infirmiry institutions' or the Regional Institutions and the Nashville-centric facilities?	The RFP schedule of events will remain as updated by amendments.  A vendor interested in arranging a site visit may contact the RFP coordinator at Kelly.x.johns@tn.gov
3	These materials {RFP Section 1.9 and ProForma Contract Section E.14} state, "The amount of the performance bond shall be a sum equal to Written Dollar Amount (\$Number)..." <ul style="list-style-type: none"> <li>Was it the State's intent to not have a specified amount in this statement?</li> <li>Please specify the amount of the performance bond.</li> </ul>	The Performance Bond amount will be determined by the dollar amount from the cost proposal of the best evaluated proposer. The performance bond will equal the contract's maximum liability.  For proposal purposes, a proposer should use the total dollar amount proposed to provide services throughout the potential five year contract term.
4	The Pro Forma Contract {Section A.3.d.4.} states that sick call will be conducted seven days per week, an increase from five (5) days per week in the current contract that will require increased contractual staffing. <ul style="list-style-type: none"> <li>Does the TDOC wish sick call to be provided seven days per week at all sites?</li> </ul>	The ProForma Contract has undergone revision. As specified in the new Section A.4.d., TDOC wishes sick call to be provided seven days per week at all sites.
5	The Pro Forma Contract {A.3.d.4.} includes annual cleanings as part of the Dental Services to be provided, a requirement that is not included in the current contract and one that will require increased contractual staffing. Currently, only 0.8 FTE dental hygienists are provided statewide. Does the TDOC intend the Contractor to provide annual cleanings for the inmate population?	The ProForma Contract has undergone revision. As specified in the new Sections A.4.d., and A.6, TDOC intends for the Contractor to provide annual cleanings for the inmate population.
6	The Pro Forma Contract {A.4.b.} states that the Contractor will be required to utilize mobile radiology services targeting mammography, ultra sound, echocardiogram, CT, MRI, and PET at all regional sub-acute centers. Please confirm that the State intends for each of these services to be provided at each regional sub-acute center.	The ProForma Contract has undergone revision. As specified in the new Section A.12.b., X-ray including mammography and ultrasound shall be available at all sites. CT and MRI services must be available

QUESTION / COMMENT	STATE RESPONSE
	at DeBerry skilled nursing facility. A solution to provide services Tennessee prison for CT and MRI must be proposed by the vendor.
<p>7 The Pro Forma Contract {Section A.5.c} requires the Contractor to provide mental health nursing coverage 24 hours a day, 7 days a week “on” the Supportive Living Units (SLUs). We note that there are not designated work areas in all SLUs for the mental health nurses to perform certain tasks, such as preparing medications and completing documentation.</p> <ul style="list-style-type: none"> <li>• Would the State consider changing the wording of this requirement to require 24/7 mental health nursing coverage “for” the SLUs?</li> </ul>	<p>The ProForma Contract has undergone revision. The new Section designation is A.3.b.3.</p> <p>No. The State will not consider changing the wording of this requirement to require 24/7 mental health nursing coverage “for” the SLUs.</p>
<p>8 The Pro Forma Contract {A.7.f} does not provide the amount of the daily reimbursement charge owed the State by the contractor for use of non-secure unit hospitalization starting on the third day of the patient’s hospitalization.</p> <ul style="list-style-type: none"> <li>• Was it the State’s intent to not have a specified amount in this statement?</li> <li>• Please specify the amount of the reimbursement charge.</li> </ul>	<p>The ProForma Contract has undergone revision. The new Section A.8.f has been revised to include the amount of \$400.00</p>
<p>9 The summary table on page four of the Key Performance Indicators Manual {Attachment Three} indicates that the on-call physician must “respond to emergency calls within 30 minutes. Damages per 30-minute increment after deadline has passed.” On page 12, the Key Performance Indicators Manual indicates that damages will be assessed “for every 15-minute increments of non-compliance after the 30 minutes deadline.”</p> <ul style="list-style-type: none"> <li>• Please clarify whether penalties will be imposed using 30-minute or 15-minute increments.</li> </ul>	<p>The physician must respond to emergency calls within 30 minutes. After that damages will be assessed at 15 minute increments.</p>
<p>10 The <i>Minimum Staffing Requirements</i> {Attachment Four} template for MLCC does not appear to reflect the recent mission change that converted this facility to house male rather than female inmates. An OBGYN position is still included. Additionally, the staffing template for WTRC/WTSP differs substantially from the current site staffing.</p> <ul style="list-style-type: none"> <li>• Please clarify the staffing requirements for MLCC in light of the recent mission change.</li> <li>• Are the differences between the <i>Minimum Staffing Requirements</i> template and the current staffing at WTRC/WTSP intentional?</li> </ul>	<p>The Minimum Staffing Requirements document {ProForma Contract Attachment Four} has been revised.</p>
<p>11 Please confirm if the RFP requirement of two nurses per regional infirmary for the wound care is a part of the current staffing levels. Are these two-person wound care teams per site meant to be part of the current staffing plan or should they be separate/distinct personnel? Are the two-person teams anticipated to be 40 hour/week positions?</p>	<p>DeBerry and Tennessee Prison for Women must have full-time wound care nurses. Other sites may utilize this position in a part-time capacity with the remainder of their time being dedicated to other assignments. All wound care nurses must be trained for wound care.</p>
<p>12 The RFP {ProForma Contract Section A.22.b} points to highlights on Attachment Five. There are no yellow highlights on Attachment Five. Could the State please provide an updated Attachment with highlights and/or clarify this section?</p>	<p>The ProForma Contract has undergone revision and the reference to highlighted positions has been deleted.</p> <p>All positions listed in the Revised Attachment 5 will be positions assumed by the Contractor OR TDOC staff the Contractor will have to make employment offers to.</p>
<p>13 The level of inmates receiving treatment for Hepatitis C in the Tennessee program with the more expensive medications on the market currently averages around four per month at an</p>	<p>TDOC’s intends to increase utilization of Direct Acting Antiviral (DAA) therapy for inmate patients with HCV. TDOC</p>

QUESTION / COMMENT	STATE RESPONSE
<p>average monthly cost of approximately \$100K. Correctional programs around the country are under pressure to expand treatment of Hepatitis C with new expensive medications continuing to arrive on the market. Vendors submitting proposals are compelled to negotiate risk reduction mechanisms in contracts or incorporate these potential risks in the form of higher pricing. The State's approach to share this risk with the vendor helps to mitigate the vendor's risk, but due to the significant potential costs, vendors will still be compelled to include risk factors in their pricing.</p> <p>Assuming the number of inmates receiving treatment will expand exponentially in the next year in Tennessee, will the State consider alternative methods of handling Hepatitis C costs, such as an annual cap on the vendor's responsibility or removing Hepatitis C completely from vendor responsibility?</p>	<p>recognizes that it is quite difficult to predict the cost of utilization for DAA, beyond the near future, given the fact of pending litigation against TDOC and other States' Correctional authorities, concerning inmate access to DAA therapy. TDOC therefore intends to cap the vendor's share of responsibility at four million dollars per year and therefore asks that prospective vendors bid on that basis. However so, TDOC asks that bidders recognize that it may become necessary to revisit this allocation after year one of the contract, if it is determined as a matter of law that the State must offer DAA to every inmate with HCV.</p>
<p>14 Please provide a copy of the current health services contract for the Tennessee Department of Correction ("TDOC" or "State") system, including any exhibits, attachments, and amendments.</p>	<p>A copy of the current contract and amendments is available by request from RFP Coordinator Kelly Johns. The request may be sent to Kelly.x.johns@tn.gov</p>
<p>15 Please provide the names and participation levels (dollars spent) of all small/minority/ woman/veteran-owned subcontractors used under the current contract.</p>	<p>This information is not available to the State.</p>
<p>16 Please provide (by year) the amounts of any <u>staffing</u> paybacks/credits the State has assessed against the incumbent contractor over the term of the current contract.</p>	<p><b>FY 2014 \$,1437,124.93</b>  <b>FY2015 \$2,101,722.02</b>  <b>FY2016 \$1,911,812.87</b>  <b>FY2017 \$132,681.44</b></p>
<p>17 Please provide (by year) the amounts and reasons for other (<u>non-staffing</u>) liquidated damages the State has assessed against the incumbent vendor over the term of the current contract.</p>	<p><b>LD collected in FY2015 \$1,688,732.00</b>  <b>LD collected in FY 2016 \$654,200.00</b></p> <p><b>Non-staffing liquidated damages are primarily related to metrics derived from ACA standards.</b></p>
<p>18 Are any of the facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.</p>	<p>There are no TDOC facilities subject to present Court orders or directives.</p>
<p>19 With regard to lawsuits pertaining to inmate health care at the State's facilities, frivolous or otherwise:</p> <ol style="list-style-type: none"> <li>a. How many have been filed against the TDOC and/or the incumbent health care provider in the last three years?</li> <li>b. How many have been settled in that timeframe?</li> </ol>	<p>Litigation against the State about inmate healthcare is managed by the Tennessee Attorney General. The office of the Attorney General does not track healthcare litigation that it manages. There is thus no meaningful data available to TDOC describe the frequency or outcome of such litigation against the State.</p> <p>TDOC from time to time will have notice of litigation filed against the incumbent vendor. However so, TDOC does not have comprehensive data about the vendor's litigation experience.</p>
<p>20 Please provide a five-year inmate population projections for the TDOC.</p>	<p>A document containing five-year population projections is being added as ProForma Contract Attachment Twelve.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>21 Please provide two years' worth of historical data on the number of intakes at the TDOC.</p>	<p>FY 2015 13,596 FY 2016 12,834</p>
<p>22 Is the State aware of any upcoming legislation or government policy that could result in a drop in the number of inmates in any of the facilities (e.g., compassionate release, population reduction measures, etc.)? If yes, please describe and provide a timeframe for the legislation/policy implementation.</p>	<p>The State is not aware of any legislation, which as filed in its original form, would reduce the State's current inmate population or jail backup populations. Legislation could, however, be filed during the upcoming session for consideration.</p>
<p>23 Does the TDOC 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.</p>	<p>TDOC has no such plans at this time. TDOC reserves the right, however, to make any necessary facility mission or scope changes during the contract term.</p>
<p>24 We understand that all of the State's 14 prisons are currently accredited by the American Correctional Association (ACA). Are any or all of the State's prisons accredited by the National Commission on Correctional Health Care (NCCHC)? If "yes," please provide the following ACA and NCCHC information for each facility.</p> <ul style="list-style-type: none"> <li>a. Most recent accreditation date BY FACILITY.</li> <li>b. Copy of most recent accreditation audit report BY FACILITY.</li> </ul>	<p>No. None of the State's prisons are accredited by the National Commission on Correctional Health Care (NCCHC).</p>
<p>25 Please provide the <u>actual</u> health service staffing currently in place at all of the TDOC prison facilities, i.e., any positions being provided and/or hours being worked over and above what is required by the contract.</p>	<p>The list in Attachment five (5) includes all of the current State employees and vacant positions broken down by facility.</p>
<p>26 Please provide a listing of the current health service vacancies by position for all 14 State facilities.</p>	<p>The Revised Attachment 5 (as referenced in item 6 below) lists all State positions at the 10 State-managed facilities. Positions at the four facilities managed privately by CCA are beyond the scope of the RFP.</p> <p>Only the DeBerry Special Needs Facility (DSNF) has current State vacancies, they are listed in Attachment five (5). At all other facilities as the positions become vacant their funding reverts to the contract vendor and become their responsibility to fill.</p>
<p>27 With regard to drug testing for potential employees, does the TDOC have any requirements on the testing methodology, e.g., saliva, urinalysis, etc.?</p>	<p>The State's required testing methodology is serum.</p>
<p>28 Will the State allow "grandfathered" credentialing for incumbent professional staff already employed or contracted by the current contractor?</p>	<p>Yes. Incumbent professional staff already employed or contracted by the current contractor may be 'grandfathered.'</p>
<p>29 Are any members of the current health service workforce unionized? If yes, please provide the following.</p> <ul style="list-style-type: none"> <li>a. A copy of each union contract</li> <li>b. Complete contact information for a designated contact person at each union</li> </ul>	<p>There is only one County with a union. There is only one state employee nurse in that region. This nurse is a supervisor therefore union terms do not apply.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>c. The number of union grievances that resulted in arbitration cases over the last 12 months</p>	
<p>30</p> <p>We thank you for providing the wage/pay rates your incumbent health service contractor is paying to its staff at all of the 14 State prisons, but can you please answer the following questions about that data.</p> <p>a. How old is the data?</p> <p>b. Where did the data come from (e.g., TDOC records, data from the incumbent Contractor, etc.)?</p>	<p>The data was provided by TDOC's Human Resource Division while the RFP was being developed and was accurate as of 5/9/2016. An updated Attachment 5 is included as part of this amendment.</p>
<p>31</p> <p>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.</p>	<p>Orientation and in-service count towards contract requirements. Continuing education does not count.</p>
<p>32</p> <p>Please confirm that overtime and agency hours will count toward the hours required by the contract.</p>	<p>Yes. Overtime and agency hours will count toward the hours required by the contract.</p>
<p>33</p> <p>Please confirm that paid-time-off hours will count toward the hours required by the contract.</p>	<p>No. Paid-time-off hours will not count toward the hours required by the contract.</p>
<p>34</p> <p>Please provide an inventory of <u>office equipment</u> (e.g., PCs, printers, fax machines, copiers, etc.) currently in use at each of the 14 State prisons and identify which equipment will be available for use by the selected contractor.</p>	<p>Please reference RFP Attachment 6.11, the document titled Equipment Inventory which is added in item 10 below.</p>
<p>35</p> <p>Please provide an inventory of <u>medical equipment</u> (e.g., blood pressure cuffs, ultrasound, x-ray machines, etc.) currently in use at each of the 14 State facilities and identify which equipment will be available for use by the selected contractor.</p>	<p>There are no x-ray or ultrasound machines available. There is no accurate count of blood pressure cuffs throughout the state. There are five blood pressure cuffs at DeBerry Special Needs Facility.</p>
<p>36</p> <p>Please provide the name of the incumbent's current laboratory services vendor.</p>	<p>Laboratory services are provided by Garcia and State laboratories.</p>
<p>37</p> <p>Please provide the name of the current onsite, mobile radiology vendor.</p>	<p>The current vendor is Quality mobile a.k.a. Shryer Medical.</p>
<p>38</p> <p>How are dental services currently provided: (a) onsite, with permanent State-owned equipment; or (b) onsite, through mobile dentistry (PLEASE IDENTIFY VENDOR)?</p>	<p>Services are provided on-site with state-owned equipment.</p>
<p>39</p> <p>Please provide the name of the current dialysis services vendor.</p>	<p>The current vendor is Chardonay Dialysis.</p>
<p>40</p> <p>Please provide the names of the current emergency or "911" facilities (hospital or other urgent care provider) that are utilized {sic} by the TDOC?</p>	<p>Metropolitan Nashville General Hospital is the main central hospital utilized for outpatient services. Other hospitals are utilized for emergency services as needed. Specific hospital names are not available.</p>
<p>41</p> <p>Does the TDOC have a reception center? If so, what is the average length of time an inmate spends at a reception center before being transferred to his/her permanent housing</p>	<p>As indicated in the RFP Bledsoe County is the intake facility for male inmates. Tennessee Prison for Women is the intake center for female inmates. TDOC</p>

QUESTION / COMMENT	STATE RESPONSE
location?	Policy #113.20 stipulates completion of the intake health examination within 14 days of an inmate's arrival at the reception/classification center.
42 How many (if any) inmates does the State currently have housed in community (non-TDOC) long-term care facilities?	TDOC has no inmates housed in long-term care facilities.
43 Please identify any specialty clinics currently conducted onsite, and indicate how many hours per week each clinic is held.	Please see the response to question 100, within.
44 Please identify the number, type, and timeframes of any backlogs (e.g., chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the State facilities.	<p>There are currently no "backlog" appointments. There are pending appointments as the process is ongoing. Information on pending appointments will be provided to the awarded vendor at the time of contract award.</p> <p>A pending appointment is one that is anywhere in the process between an order being written up by the provider or a request being made by the utilization management team until the appointment actually takes place.</p> <p>An appointment would be considered backlog if it was beyond the contract requirements. An inmate with an urgent appointment must be seen by a provider within 14 days. An inmate with a regular appointment must be seen within 60 days.</p>
45 Please provide the following information about medication administration. a. How often is medication distributed each day? b. How long does it take to perform the average medication distribution process?	Morning pass approximately 2 hours. Noon pass approximately 2 hours. Night pass approximately 2 hours.
46 What is the average number of inmates at all TDOC facilities receiving pharmaceutical treatment each month for the following conditions? a. Hepatitis C b. HIV/AIDS	HCV=4.5. HIV=209
47 Please provide monthly statistical data for each of the following categories. a. Number of inpatient offsite hospital days per State facility b. Number of outpatient surgeries per State facility c. Number of outpatient referrals per State facility d. Number of trips to the emergency department per State facility e. Number of ER referrals resulting in hospitalization per State facility	Approximately 69 admissions per month. Average length of stay approximately five days. Approximately 50 trips to the emergency room per month. Approximately 30 patients on dialysis. No further detailed data is available.

QUESTION / COMMENT	STATE RESPONSE
<p>f. Number of ambulance transports per State facility</p> <p>g. Number of dialysis treatments per State facility</p>	
<p>48</p> <p>Please provide annual spend amounts for the past two years for the following categories.</p> <p>a. Total offsite care at each State facility</p> <p>b. Total amount spent on the treatment of:</p> <p style="padding-left: 40px;">i. Hepatitis C</p> <p style="padding-left: 40px;">ii. HIV/AIDS</p> <p>c. Laboratory services at each State facility</p> <p>d. X-ray services at each State facility</p>	<p>As the contract is billed on a blended per diem per inmate rate, TDOC does not have information requested in parts a, c and d of this question.</p> <p style="text-align: center;"><b>HIV</b></p> <p><b>HEP.C</b></p> <p><b>FY2015 \$2,823,679.00</b></p> <p><b>\$276,260.10</b></p> <p><b>FY2016 \$2,730,892.32</b></p> <p><b>\$392,907.57</b></p> <p><b>FY2017 \$230,867.39</b></p> <p><b>\$68,449.17</b></p>
<p>49</p> <p>Please confirm that under the new contract, the Contractor will <u>not</u> be financially responsible for any of the following services.</p> <p>a. Neonatal or newborn care after actual delivery</p> <p>b. Elective or mandated abortion</p> <p>c. Cosmetic surgery, including breast reduction</p> <p>d. Sex change surgery (including treatment or related cosmetic procedures)</p> <p>e. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such)</p> <p>f. Extraordinary and/or experimental care</p> <p>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)</p> <p>h. Autopsies</p> <p>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.</p> <p>j. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX</p>	<p>In accordance with section A.6. of the Proforma Contract, the contractor is expected to provide the standard of care consistent with community standards. The State's chief medical officer is the final authority on medical concerns associated with medical care.</p>
<p>50</p> <p><b>RFP {Attachment 6.2 } § B.13</b> requires bidders to provide resumes for the bidder's proposed staff. This gives the incumbent Vendor a distinct and unfair advantage. Other bidders will not hire specific individuals for a correctional health care project prior to being awarded the business. Therefore, in the interest of maintaining a fair and equitable solicitation process, and providing a level playing field for all bidders, will the County accept job descriptions in lieu of actual names and resumes?</p>	<p>The State will not change the requirement. A key personnel roster and resumes are required as outlined in RFP Attachment 6.2 Section B.13.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>51</p> <p>Please indicate the order of precedence among the solicitation documents (e.g., the RFP, <u>initial</u> responses to questions, <u>subsequent</u> 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.</p>	<p>The RFP, exhibits and attachments and State written responses to vendor written questions are all of equal import.</p> <p>Vendors are advised to pay close attention to amendment content, as clarifications and revisions to the RFP as originally published are included.</p> <p>Please revisit RFP section 1.4.9. which reads as follows:</p> <p style="padding-left: 40px;">1.4.9. Any data or factual information provided by the State (in this RFP, an RFP amendment or any other communication relating to this RFP) is for informational purposes only. The State will make reasonable efforts to ensure the accuracy of such data or information, however it is the Respondent's obligation to independently verify any data or information provided by the State. The State expressly disclaims the accuracy or adequacy of any information or data that it provides to prospective Respondents.</p>
<p>52</p> <p><b>RFP § 1.9</b> contains a blank space which states, "The amount of the performance bond shall be a sum equal to Written Dollar Amount (\$Number), and said amount shall not be reduced at any time during the period of the contract." Please provide the actual amount of the performance bond for the contract.</p>	<p>The Performance Bond amount will be determined by the dollar amount from the cost proposal of the best evaluated proposer. The performance bond will equal the contract's maximum liability.</p> <p>For proposal purposes, a proposer should use the total dollar amount proposed to provide services throughout the potential five year contract term.</p>
<p>53</p> <p>With regard to <b>RFP {Attachment 6.2} § C.4</b>, can you please discuss why the TDOC is requiring such a tight (28 days) transition period? The typical transition timeframe for a correctional health care contract the size and scope of the TDOC's is at least 60 to 90 days.</p>	<p>TDOC's desired transition timeline is 28 days. The State reserves the right to revise the transition timeframe, if needed, at a later date in the procurement process.</p>
<p>54</p> <p><b>Pro Forma § A.4.e:</b> We understand that pharmaceuticals will be provided by the "State Central Pharmacy Contractor," as opposed to a pharmacy subcontractor of ours.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.9.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>a. Who is the State Central Pharmacy Contractor?  b. We understand we will be responsible for “fifty percent (50%) of the costs of all HIV/Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis C antiretroviral medications.” What is the medical contractor’s financial responsibility for other pharmaceuticals obtained through the State Central Pharmacy Contractor?</p>	<p>a. The State’s Central Pharmacy Contractor is Clinical Solutions.   b. Other pharmaceuticals will remain the responsibility of the Central Pharmacy Contractor.</p>
<p>55                    <b>Pro Forma § A.4.e</b> also states that “The Contractor shall administer Hepatitis-B Vaccine (HBV) for all clinical institutional staff, regardless of employer.” On average, how many HBV vaccines have been given in each of the past three years?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.9.   The requested data is not available to the State.</p>
<p>56                    <b>Pro Forma § A.5.i:</b> Electronic health records:  a. Does the incumbent medical contractor use an electronic health record?  b. If so, which one?  c. Will the TDOC require the outgoing medical vendor to leave an electronic copy of all offender data behind, to be uploaded into the incoming vendor’s EHR?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.h.   a. The incumbent does not use an electronic health record.  b. Not Applicable  c. Yes. TDOC will require that the incumbent vendor provide an electronic copy of all inmate data to the State for upload into the system used by the new vendor.   Inmate chronic care information is entered into a vendor information system which is not an electronic health record. An electronic copy will be needed at the end of the current contract to be transitioned to the system used by a new vendor.</p>
<p>57                    <b>Pro Forma § A.6.c:</b> Does the incumbent medical vendor currently provide mobile CT and MRI services in the Central and Western regions? If so, what company does the incumbent use for these services?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.c.   Yes. The incumbent medical vendor provides mobile CT and MRI services in the central Tennessee regional only.   Schryver provides mobile CT services. MRI services are provided by subcontractor Alliance Imaging.</p>
<p>58                    <b>Pro Forma § A.7.a(3):</b> This section states, “The Contractor’s hospitals must provide vehicle parking, local telephone calls and appropriate meals for staff. The Contractor shall pay any costs associated with providing these items.” On average, what have these costs been in each of the past three years?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.8.a.(3).  The requested information is unavailable to the State.</p>
<p>59                    <b>Pro Forma § A.7.f</b> contains a blank space which states, “Starting on day three (3) of an inpatient stay at a hospital that does not contain a secure unit, the Contractor shall pay (\$xxx.00) per day per inmate to cover the cost incurred by the State to provide security.” Please provide the missing dollar amount.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.8.f, which has been revised in the re-issued ProForma Contract to include the amount of \$400.00</p>
<p>60                    <b>Pro Forma § A.7.g:</b> Please provide a list of the (a) location;</p>	<p>The ProForma Contract has undergone</p>

QUESTION / COMMENT	STATE RESPONSE
(b) capacity; and (c) average fill rate for each hospital secure unit used by the TDOC.	<p>revision. The new section reference is A.8.g.</p> <p>12 dedicated beds at Metropolitan Nashville General Hospital. Three overflow beds. Total of 15 beds at MNGH</p>
<p>61 <b>Pro Forma § A.9.c:</b> Dialysis</p> <p>a. How many dialysis chairs are in the dialysis unit at DSNF?</p> <p>b. Does onsite dialysis currently occur at TPFW?</p> <p>c. If yes, how many chairs are in the dialysis unit at TPFW?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.12.f.</p> <p>There are eight chairs at DeBerry only. Expansion has been approved to 14 chairs at DeBerry.</p>
<p>62 <b>Pro Forma § A.9.d:</b> Please describe the location, size, and scope of the current TDOC hospice/palliative care program.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.12.g.</p> <p>Palliative care in TDOC presently consists of a dedicated unit at Lois Deberry and clinic/infirmarary services at TPFW.</p> <p>16 palliative care beds exist at DSNF. There is not a finite number of palliate care beds at TPW as palliative care is provided as determined necessary on a case by case basis.</p>
<p>63 <b>Pro Forma § A.9.e:</b> Please describe the location, size, and scope of the current TDOC oncology program.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.12.h.</p> <p>.Several factors determine the number of inmates receiving chemotherapy treatment under the Onsite Chemotherapy Infusion Program (OChIP).</p> <p>The number of inmates eligible to receive treatment in a non-hospital setting is one deciding factor.</p> <p>The other factor is whether an eligible inmate is determined to be clinically stable enough to receive treatment in a non-hospital setting. If it is determined that an inmate requiring treatment is not clinically stable enough for non-hospital treatment, the inmate is transported to a hospital for treatment.</p> <p>The number of patients receiving treatment through the OChIP program ranges from 0-10 in a given month.</p>
<p>64 <b>Pro Forma § A.15:</b> With regard to telehealth services, please provide the following information:</p> <p>a. Is telehealth currently used for TDOC offender encounters?</p> <p>b. If "yes," at which facilities?</p> <p>c. If "yes," for which clinical areas (e.g.,</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.18.</p> <p>a)Yes. Telehealth is currently used for TDOC offender encounters</p>

QUESTION / COMMENT	STATE RESPONSE
<p>cardiology, psychiatry, etc.)?</p> <p>d. For each clinical area seen via telehealth, please indicate how many hours per week are currently provided.</p> <p>e. Is there currently any telehealth equipment in place at any of the TDOC facilities?</p> <p>f. If "yes," please provide a list of the equipment, BY FACILITY.</p>	<p>b) BCCX, DSNF, TPW, RMSI, WTSP, NWCX, MCCX, NECX, TCIX, MLCC (including all facilities associated with each site)</p> <p>c) Cardiology, Dermatology, Otolaryngology, Gastroenterology, HCV Committee, Infectious Disease, Nephrology, Neurology, Nutrition, Hematology/Oncology, Nurture, Psychiatry</p> <p>d) Basing the number of telehealth visits on a 25 min visit, excluding psychiatry it is approximately 18 hours per week.</p> <p>e) Yes there is equipment present currently at all facilities. Some is owned by TDOC and some is owned by the current behavioral health provider.</p> <p>f) The list of equipment is not available.</p>
<p>65</p> <p><b>Pro Forma § A.22.b:</b> This section refers to "positions on Attachment Five which are highlighted in yellow." We do not see any yellow-highlighted lines in this Excel spreadsheet. Will the TDOC please issue a version of Attachment Five that contains the referenced highlighting?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.24.b.</p> <p>ProForma Contract section A.24.b. is being revised as indicated as part of item 3 below. All positions listed in the Revised Attachment 5 will be positions assumed by the Contractor OR TDOC staff the Contractor will have to offer employment.</p> <p>All medical staff must be offered employment by the contract vendor at 120% of their current salary at the time of implementation. Employees with 60 months or more service credit may opt to remain State employees. As their positions become vacant they will revert to the contract vendor for staffing.</p>
<p>66</p> <p>Please provide the TDOC's policy on the treatment of Hepatitis C, including which clinical guidelines and medications the Department currently uses to address this disease.</p>	<p>The current Hepatitis C pre-treatment program is being added to the RFP as per item 11 below.</p>
<p>67</p> <p>The aggressive timeline and lack of site visits in the current RFP present substantial barriers to fair competition. This could result in many viable bidders declining to participate in the State's solicitation process.</p> <p>a. In the interest of fielding a large number of responsive and responsible vendors;</p>	<p>The RFP will proceed with the schedule of events originally published and as revised by RFP amendments.</p> <p>Vendors interested in site visits may contact the RFP coordinator by email at</p>

QUESTION / COMMENT	STATE RESPONSE
<p>receiving the most accurate and cost-effective bids; and spending Tennessee taxpayer dollars in the most efficient manner; will the TDOC please <b>extend its calendar</b> for the RFP for six to eight weeks — both proposal due date and contract start date — in order to provide bidders other than the incumbent with a level playing field and a fair chance to succeed at this business opportunity?</p> <p>b. Bidders cannot accurately estimate the cost of operating a health care unit in a prison unless they have some sense of the size, condition, layout, work ethic, and general “feel” of the correctional facility. Will the TDOC please <b>schedule site tours</b> to allow vendors other than the incumbent to gain this vital site-specific knowledge?</p>	<p><a href="mailto:Kelly.x.johns@tn.gov">Kelly.x.johns@tn.gov</a> .</p>
<p>68 In light of (a) the current Hepatitis C lawsuit regarding mandatory medication treatment of all diagnosed offenders; (b) the uncertainty of the litigation outcome; and (c) the volume of offender patients numbers that would need to be treated; would the State consider making the cost of Hepatitis C medications a pass through cost? Alternatively, would the State consider capping the contractor’s financial responsibility for the cost of Hepatitis C medications?</p>	<p>Please see item 3 below and the revised ProForma Contract section C.3.c. As revised, the payment methodology includes a cap.</p>
<p>69 RFP pg. 3, 1.1: Is there a hospice/palliative program currently in place and if so, is it an internal program or provided by a community organization?</p>	<p>Please revisit the State’s Response to Question 62.</p>
<p>70 RFP pg. 3, 1.1: Is the State allowed to acquire a DEA license that is assigned to the facility (versus an individual) to allow for stock controlled substances?</p>	<p>Yes.</p>
<p>71 RFP pg. 3, 1.1: Which of the State run facilities currently have medical practitioner vacancies of 30 days or more?</p>	<p>None of the State-run facilities have medical practitioner vacancies of 30 days or more.</p>
<p>72 RFP pg. 3, 1.1: Will the Contracted provider or the State serve as the authority for admissions to the DSNF?</p>	<p>TDOC expects the Contractor to manage the admissions process on a day-to-day basis. At any time, however, the office of the Chief Medical Officer may elect to override Contractor decisions.</p>
<p>73 RFP pg. 3, 1.1: Will the State have a coordinator dedicated for transfers/admissions to infirmary beds and DSNF?</p>	<p>Please revisit the State’s response to Question 72.</p>
<p>74 RFP pg. 7, 1.9: The State did not include a dollar amount in this requirement; what bond amount should be used when responding to the RFP?</p>	<p>The Performance Bond amount will be determined by the dollar amount from the cost proposal of the best evaluated proposer. The performance bond will equal the contract’s maximum liability.</p> <p>For proposal purposes, a proposer should use the total dollar amount proposed to provide services throughout the potential five year contract term.</p>

	QUESTION / COMMENT	STATE RESPONSE
75	RFP pg. 17, 5.2.: Is the evaluation of the cost proposal over the entire 5-year potential term of the contract or the initial 3-year term?	The cost proposal will be evaluated over the potential five year contract term.
76	<p>Proforma Contract pg. 2, A.2.a.: Please provide utilization statistics for the last 2 fiscal years by facility (including private facilities) to include:</p> <p>(a) Number of Inpatient Admissions (by hospital provider)</p> <p>(b) Number of Inpatient Days (by hospital provider)</p> <p>(c) Number of Emergency Department Visits (admitted vs non-admitted)</p> <p>(d) Number of Outpatient Surgeries (by surgery type if possible)</p> <p>(e) Number of Ambulance trips</p> <p>(f) Number of Chemotherapy / Radiation Therapy visits</p> <p>(g) Number of Specialty Office visits</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.13.a.</p> <p>Please revisit the State's response to Question 47.</p>
77	Proforma Contract pg.3, A.2.b.2: How soon after Contract award is the contracted provider required to finalize staffing with each TDOC facility's warden? To the extent that the TDOC facility warden requests staffing above the RFP minimum staffing, will TDOC modify the compensation to the contractor?	<p>The ProForma Contract has undergone revision. The new section reference is A.3.a.2.</p> <p>Staffing requirements are established by the contract and approved by Central Office. This is finalized at contract signing.</p>
78	Proforma Contract pg.3, A.2.b.7: Attachment Five does not list all positions that are included in the RFP minimum staffing plan on Attachment 4. How will the State adjust compensation for positions which are not included on Attachment Five?	<p>The ProForma Contract has undergone revision. The new section reference is A.3.a.5.</p> <p>Both the Minimum staffing plan (Attachment 4) and Attachment 5 have been revised.</p> <p>Compensation adjustments will only be made on positions which are included in Attachment 5. Meeting the minimal staffing pattern may require contractor positions not reflected in Attachment 5.</p>
79	Proforma Contract pg. 3, A.2.b.7: Attachment Five	Attachment 5 has been revised as noted in item 6 below.

QUESTION / COMMENT	STATE RESPONSE
does not include a column noted at 120%. Could the State please clarify or update Attachment Five.	This rate can be calculated by multiplying 120% times the employee's current base salary, at the time of the implementation of the contract. Most State employees with 12 months or more service as of September 2016 received a pay-for-performance increase in their monthly salary effective January 1, 2017, which is reflected in Attachment Five.
80 Proforma Contract pg. 5,A.3.d: Is the physician requirement of 3.5 hours per week per 100 inmates applicable to the facility capacity or to the actual ADP? Does the RFP minimum staffing plan meet this criteria?	The ProForma Contract has undergone revision. The new section reference is A.4.d.  Expected staffing is based on ADP. The stated level of 3.5 hours per 100 inmates is a typographical error. The actual level is a minimum of 3.5 hours per one thousand (1,000) inmates.
81 Proforma Contract pg.5, A .3.d.: Will LPNs be allowed to provide sick call only when a RN is on site at the same time or will it be acceptable for the RN to be available at least one shift per 24 hours to review and sick call assessments performed by the LPN?	The ProForma Contract has undergone revision. The new section reference is A.4.d.  Yes, while an RN is on site.
82 Proforma Contract pg. 6, A.3.d.1.b.: Are these specific clinical criteria for admissions to DSNF and TPW versus the required infirmaries?	The ProForma Contract has undergone revision. The new section reference is A.4.d.1 The intent is for the vendor to make optimal utilization of institutional infirmaries, where medically appropriate and consistent with the applicable standard of care.
83 Proforma Contract pg. 6, A.3.d.1.b.: Is there a current tool that the State uses to assess the competency of the Contractor's clinical professionals?	The ProForma Contract has undergone revision. The new section reference is A.4.d.1.  State licensure is the benchmark for assessing clinical professional competency.
84 Proforma Contract pg. 8,A.3.d.4.: Is there currently a dentist at each facility required by the RFP?	The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6. Yes, a dentist is present at every site.
85 Proforma Contract pg. 8,A.3.d.4.: Are dental supplies available at each Facility?	The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6. Please revisit ProForma Contract section A.17, which states "Contractor shall be responsible for the provision of all medical and dental supplies required in conjunction with providing Services".
86 Proforma Contract pg.8, A.3.d.4.: Is there a current backlog for dental visits, and if so, please identify the specific facilities and the number of visits on the backlog for each?	The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6.  There is currently no backlog for dental visits.
87 Proforma Contract pg.8, A.3.d.4.: Does the requirement	The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6.

QUESTION / COMMENT	STATE RESPONSE
to have a dentist see a patient within 48 hours for urgent needs exclude triage by a nurse that could possibly lead to an intervention before the actual face to face?	Yes.
88 Proforma Contract pg. 8, A.3.d.4.: Is the State requiring the dentist to return to the facility if the urgent need starts on a Friday, to satisfy the 48-hour assessment requirement?	The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6.  Yes.
89 Proforma Contract pg. 8, A.4.b.: Please list the radiology equipment available onsite at each facility .	The ProForma Contract has undergone revision. The new section reference is A.12.b.  Mobile x-ray is currently available at all facilities. CT and MRI are available on-site at DeBerry in mobile trailers.
90 Proforma Contract pg. 8, A.4.b.: Please provide the number of the following procedures performed onsite/mobile unit for the last two full years:  a. CT b. MRI c. Ultrasounds	The ProForma Contract has undergone revision. The new section reference is A.12.b.  The requested data is not available to the State.
91 Proforma Contract pg. 9, A.4.d.: What are the connectivity requirements for installing EKG systems? What are the security restrictions? Are there dedicated phone lines at each location that an EKG device is required?	The ProForma Contract has undergone revision. The new section reference is A.12.d.  All dedicated phone circuits for data are the responsibility of the Contractor. The Contractor will make arrangements with the local phone provider (commonly AT&T) to establish needed phone circuits to the demarcation point at each site. The state will provide the copper connection from the demarc to required locations at the facility.  There are no dedicated EKG lines.
92 Proforma Contract pg. 10, A.4.d.: Please specify the State equipment for which the Contractor shall be responsible for supplies and repair costs.	The ProForma Contract has undergone revision. The new section reference is A.12.d.  Please see the response to question 127 within.
93 Proforma Contract pg. 10, A.4.e.: Will the Contractor be responsible for administering HBV vaccine to the clinical institutional staff at the CCA facilities?	The ProForma Contract has undergone revision. The new section reference is A.9.  No. The Contractor will not be responsible for administering HBV vaccine to the clinical institutional staff at the CCA facilities.
94 Proforma Contract pg. 10, A.4.e.: Please provide State Clinical Guidelines for nursing protocols with reference to the applicable medications specified in these guidelines.	The ProForma Contract has undergone revision. The new section reference is A.9.  Nursing protocols are being incorporated into the RFP as per item 12 below.

QUESTION / COMMENT	STATE RESPONSE
<p>95 Proforma Contract pg. 11,A.5.e.: Please list the current TDOC partner academic institutions.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.d.</p> <p>TDOC is currently partnering with the University of Tennessee, Bethel, and Tennessee State University. Other institutions have indicated interest in partnering with TDOC.</p>
<p>96 Proforma Contract pg. 11,A.5.a.: Will mid-levels be allowed to share on-call duties,with a physician as back up?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.b.1.</p> <p>No.</p>
<p>97 Proforma Contract pg. 12,A.5.g.: Will the Contractor be responsible for repair or replacements of prosthetics or durable medical equipment for those inmates who enter the facility with these items in poor condition?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.f.</p> <p>Please revisit the State's response to question 49.</p>
<p>98 Proforma Contract pg. 12, A.5.h.: Regarding mid-level non-compliance with their supervisory physician agreement, will the Contractor be allowed to resolve matters before referring to the State's CMO?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.g.</p> <p>Yes.</p>
<p>99 Proforma Contract pg. 13, A.5.o.: Over the past three years, how often has the State Medical Officer been required to intervene in a patient treatment plan?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.m.</p> <p>The requested data is not available.</p>
<p>100 Proforma Contract pg. 14, A.6.: Please list the all specialty clinics currently provided onsite by facility with the frequency indicated for each.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.</p> <p>Tennessee Prison for Women: podiatry, optometry, obstetrics and oncology. DeBerry Special Needs Facility: nephrology, oncology, gastroenterology, cardiology, podiatry, and optometry.</p> <p>Average specialty clinic hours at TPFW = 164 hours per month Average specialty clinic hours at DSNF = 110.5 per month</p>
<p>101 Proforma Contract pg. 14,A.6.: Please list the current specialty medical services that utilize telemedicine and the provider for each.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.</p> <p>All medical specialties listed in Section A.5. use telemedicine. The provider for each depends on availability.</p>
<p>102 Proforma Contract pg. 14, A.6.: Please list the hospitals that provide emergency services for each facility.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.</p> <p>Please See the State's response to Question number 40.</p>
<p>103 Proforma Contract pg. 14,A.6.: How many pregnant inmates were located in the facilities during the past 12 months?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.</p>

QUESTION / COMMENT		STATE RESPONSE
		Approximately 12.
104	Proforma Contract pg. 15, A.6.c.: Who currently provides mobile CT/MRI in the Central and Western regions?	<p>The ProForma Contract has undergone revision. The new section reference is A.5.c.</p> <p>Services are currently available in the Central Region at DeBerry. Schryver provides CT and mobile X-ray services. Alliance Imaging, a subcontractor for Schryver, provides MRI services.</p> <p>Services are not available in the Western Region at this time.</p>
105	<p>Proforma Contract pg. 15, A.7.: Please provide the total annual Offsite Medical expenses over the last two fiscal years, to include:</p> <ul style="list-style-type: none"> <li>a. Inpatient hospital</li> <li>b. Outpatient hospital</li> <li>c. Specialty Providers</li> </ul>	<p>The ProForma Contract has undergone revision. The new section reference is A.8.</p> <p>The requested data is not available to the State.</p>
106	<p>Proforma Contract pg. 15, A.7.: Please provide off-site service encounters and statistics by site (including private facilities), by DRG/CPT/HCPCS/ICD9/ICD10/DSM-IV codes for the last two calendar years plus the current year thru 6/30/16 that includes the following specific information:</p> <ul style="list-style-type: none"> <li>a. Unique patient identifier</li> <li>b. Dates of Service</li> <li>c. Facility of Assignment</li> <li>d. Service Provider Name</li> <li>e. Service Provider Type (Hospital, non-hospital)</li> <li>f. Primary Diagnosis</li> <li>g. Number of Inpatient Days/Admissions</li> <li>h. Procedures delivered</li> <li>i. Amount Paid</li> </ul>	<p>The ProForma Contract has undergone revision. The new section reference is A.8.</p> <p>The requested data is not available to the State.</p>
107	Proforma Contract pg. 16, A.7.d.1.: Please provide details on how the State Medical Officer currently receives notifications of emergency room transports within one hour.	<p>The ProForma Contract has undergone revision. The new section references are A.8.d. and A.25.c.</p> <p>Information is reported by email and on OSEL (online sentinel event log) log within six hours.</p>
108	Proforma Contract pg. 16, A.7.e.: How are the tracking, coordination and cost of inpatient charges currently being shared between the healthcare provider and CCA for the four private prisons? Is CCA currently paying the hospitals directly for the initial \$4,000 per admission?	<p>The ProForma Contract has undergone revision. The new section reference is A.8.e.</p> <p>Please revisit the relevant portions of A.8.e. included here for your convenience:</p> <p>... "The first four thousand dollars (\$4,000) of a single hospitalization is the</p>

QUESTION / COMMENT		STATE RESPONSE
		responsibility of the privately managed facility. These facilities are responsible for notifying the Contractor of all hospital admissions as soon as an inmate is transferred to a hospital not to exceed 24 hours of admission.”
109	Proforma Contract pg. 17, A.7.f.: Please provide the cost of the charge to the Contractor for use of a non-secure unit. How many non-secure inpatient days were incurred for each calendar year of the last two years?	The ProForma Contract has undergone revision. The new section reference is A.8.f.  <b>FY 15 None</b> <b>FY 16 \$59,600.00 149 Days</b> <b>FY17 \$12,800.00 32 Days</b>
110	Proforma Contract pg. 18, A.8.a.: Knowing it is not uncommon for patients to be admitted prior to a Contractor being notified creating difficulty for the Contractor to notify the States' CMO; will the State consider allowing a grace period of twenty-four (24) hours, with supporting documentation?	The ProForma Contract has undergone revision. The new section reference is A.11.a.  Notification is required within three hours for death row inmates, and six hours for all other inmates as stated.
111	Proforma Contract pg. 19, A.8.d.: Recognizing the State will own the rights, title and interest in its data related to the services provided by the Contract; please clarify if the use of the term "software" refers to such non-executable data.	The ProForma Contract has undergone revision. The new section reference is A.11.c.  Software does <b>not</b> refer to the data owned by the State.  “Software” is to be construed as having the ordinary meaning of being an executable application.
112	Proforma Contract pg. 20, A.9.b.: Are there ventilators onsite for long-term care services? If so, who owns the ventilators, how many are currently available and what is their age/condition?	The ProForma Contract has undergone revision. The new section reference is A.12.e.  No. There are no ventilators onsite for long-term care services.
113	Proforma Contract pg. 20, A.9.c.: Please provide the average number of male and average number of female dialysis patients for the last 12 months.	The ProForma Contract has undergone revision. The new section reference is A.12.f. 29 male. One female.
114	Proforma Contract pg. 20, A.9.c.: Who owns the current dialysis equipment? Please list the number of dialysis chairs by facility, indicating age/condition of the dialysis equipment.	The ProForma Contract has undergone revision. The new section reference is A.12.f.  Chardonay Dialysis. Please revisit the State's response to Question 61.
115	Proforma Contract pg. 21, A.9.e: How many patients are currently receiving chemotherapy at DSNF and TPFW?	The ProForma Contract has undergone revision. The new section reference is A.12.h.  Two patients are currently receiving chemotherapy at DSNF and TPFW.
116	Proforma Contract pg. 21, A.9.d: Are all hospice patients housed in the same Facility? If not, which Facilities are utilized for hospice care? How many hospice beds are available at each facility?	The ProForma Contract has undergone revision. The new section reference is A.12.g.  No. All hospice patients are not housed in the same facility. DeBerry Special Needs and Tennessee Prison for Women are the <b>primary</b> hospice sites.

QUESTION / COMMENT		STATE RESPONSE
		<p>This does not preclude patients receiving hospice care at other facilities.</p> <p>Please revisit the State's Response to Question 63.</p>
117	Proforma Contract pg. 21,A.10.: Please confirm if administrative staff must be proficient with the Statistical Analysis System (SAS).	No. It is not required that administrative staff be proficient with the Statistical Analysis System (SAS).
118	Proforma Contract pg. 23, A.10.g.2.: Please clarify for what upcoming period of time the required staff training curriculum should be (e.g.,six months, 1year, etc.).	The required staff training curriculum should cover one year at a minimum.
119	? Proforma Contract pg. 23, A.10.g.4.: Is in-service training to be included in the annual forty (40) hours of job-related training outlined in A.10.g.1?	Although the ProForma Contract has undergone revision, the section reference remains A.10.g.4. Yes.
120	Proforma Contract pg. 23, A.10.g.6.: for the purposes of continuing education, will the State allow contracted health services staff to use nationally accredited web-based training in lieu of attendance at national conferences?	Although the ProForma Contract has undergone revision, the section reference remains A.10.g.6. Yes.
121	Proforma Contract pg.26, A.12.h.: Will the Contractor be responsible for the cost of the diagnostics conducted for "fitness for duty Physicals" on Correctional Officers?	<p>The ProForma Contract has undergone revision. The new section reference is A.4.e.</p> <p>No.</p>
122	Proforma Contract pg. 27, A.13.b.: Is the State's Peer Review Chairperson a physician?	<p>The ProForma Contract has undergone revision. The new section reference is A.16.B.</p> <p>Yes.</p>
123	Proforma Contract pg. 28, A.14.b.: Will all computers purchased by the Contractor and sent to the State for imaging be placed on the State's network?	<p>The ProForma Contract has undergone revision. The new section reference is A.17.b.</p> <p>Computers which match the state's current specifications (including specified manufacturer and model) will be purchased by the Contractor and sent to TDOC ITS for imaging. Those computers will be placed by ITS on the state's network for use by the Contractor. The Contractor will be responsible for the monthly network connection fee for each computer.</p>
124	Proforma Contract pg. 28, A.14.b.: Will State imaged PC's be updated and patched with Windows and security updates by State IT personnel?	<p>The ProForma Contract has undergone revision. The new section reference is A.17.b.</p> <p>Yes, virus protection software as well as Windows security updates will be managed by TDOC ITS. Note: any required software licenses for Office, etc. must be provided by the Contractor.</p>
125	Proforma Contract pg. 28, A.14.b.: If PC's are placed on State network, will Contractor IT support be granted access to the State network for purposes of support and	The ProForma Contract has undergone revision. The new section reference is A.17.b.

QUESTION / COMMENT	STATE RESPONSE
maintenance?	Remote access over the Internet will not be granted. Any software issues will be handled by TDOC ITS re-imaging the computer. Hardware issues would require on-site service.
126 Proforma Contract pg. 28, A.14.b.: Will the Contractor be required to implement Internet circuits at each facility or will access be granted from the State's network?	<p>The ProForma Contract has undergone revision. The new section reference is A.17.b.</p> <p>Computers provided by the Contractor for the Contractor's staff use will be imaged by the State, and connected to the state network. Telemedicine equipment provided by the Contractor would be on a private network circuit provided by the Contractor. Additional language has been added to ProForma Contract Section A.18. to clarify.</p>
127 Proforma Contract pg. 28, A.14.c.: Please provide a list of all medical equipment, to include age and condition.	<p>The ProForma Contract has undergone revision. The new section reference is A.17.c.</p> <p>Please reference RFP Attachment 6.11, the document titled Equipment Inventory which is added in item 10 below.</p>
128 Proforma Contract pg. 29, A.16.a.: What is the current process/procedure for the transportation officer to transport medical records for intra-system transfers?	<p>The ProForma Contract has undergone revision. The new section reference is A. 19.a.</p> <ol style="list-style-type: none"> <li>1. Medical/Transportation. List of inmates received by clinic from count room staff</li> <li>2. Medical records staff pulls medical records</li> <li>3. Nurse completes CR 1895 Transfer Discharge Summary (see attached) (if MH seclusion or suicide MH must complete section) on each inmate</li> <li>4. Nurse retrieves dose by dose medications from medication room and lists remaining amounts of dose by dose medications on the CR 1895</li> <li>5. Nurse packs medications &amp; medical record in large manila envelope (s)</li> <li>6. The pink copy of the CR 2176 is placed inside the envelope.</li> <li>7. The nurse tapes the manila envelope closed.</li> <li>8. The white copy of the CR 2176 is taped to the outside of the manila envelope containing the medical record.</li> <li>9. The yellow copy of the CR 2176 is stapled to the outside of the envelope containing the medical record, over the white copy.</li> <li>10. Once all records &amp; medications are packaged they are taken to the facility designated area- inmate</li> </ol>

QUESTION / COMMENT	STATE RESPONSE
	records/count room/chain bus, etc.
<p>129 Proforma Contract pg. 29 A.17.a:What is the anticipated expense associated with the third party reviewer?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A. 20.a.</p> <p>The State cannot project reviewer costs but expects such costs to depend on factors including Contractor performance, and the time to perform research necessary to provide a complete review.</p>
<p>130 Proforma Contract pg. 31, A.17.h.: Does the prescribing physician have the discretion to decide which meds the patient receives a 30-day supply upon discharge, or will they be required to write for all medications the patient is currently on upon release?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A. 20.h.</p> <p>Provider has discretion within the confines of State policy and the applicable standard of care. The agency chief medical officer or designee is the final authority.</p>
<p>131 Proforma Contract pg. 32, A.22.: Please list separately the title and FTE for each of the current state employees who meet the professional qualifications as delineated in the approved minimum staffing requirements, Attachment Four, and whose positions appear in Attachment Five.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A. 24.</p> <p>State employees are listed by title which indicates professional qualification such as State of Tennessee licensure.</p> <p>Requirements for licensure are defined by and regulated by the Tennessee Department of Health. The applications and associated policies which govern licensure as well as conduct are found on the website for the Tennessee Department of Health, Division of Health Licensure and Regulations as noted below:</p> <p>Licensure requirements</p> <p><a href="https://www.tn.gov/health/section/health-professional-boards">https://www.tn.gov/health/section/health-professional-boards</a></p> <p>The specific licenses in question may be accessed by the links provided below:</p> <p><b>Dentist</b>  <a href="https://www.tn.gov/assets/entities/health.attachments/PH-3168.pdf">https://www.tn.gov/assets/entities/health.attachments/PH-3168.pdf</a></p> <p><b>Dental Hygienist</b>  <a href="https://www.tn.gov/assets/entities/health.attachments/PH-0915.pdf">https://www.tn.gov/assets/entities/health.attachments/PH-0915.pdf</a></p> <p><b>Dental Assistant</b>  <a href="https://www.tn.gov/assets/entities/health.attachments/PH-3166.pdf">https://www.tn.gov/assets/entities/health.attachments/PH-3166.pdf</a></p>

QUESTION / COMMENT		STATE RESPONSE
		<p><b>Advanced Practice Nurse (APN/Nurse Practitioner)</b>  <a href="https://www.tn.gov/assets/entities/health.attachments/PH-3824.pdf">https://www.tn.gov/assets/entities/health.attachments/PH-3824.pdf</a></p> <p><b>Registered Nurse</b>  <a href="https://www.tn.gov/assets/entities/health.attachments/PH-0291.pdf">https://www.tn.gov/assets/entities/health.attachments/PH-0291.pdf</a></p> <p><b>Licensed Practical Nurse (LPN)</b>  <a href="https://www.tn.gov/assets/entities/health.attachments/PH-0899.pdf">https://www.tn.gov/assets/entities/health.attachments/PH-0899.pdf</a></p> <p><b>Physician Assistant</b>  <a href="https://www.tn.gov/assets/entities/health.attachments/PH-3563.pdf">https://www.tn.gov/assets/entities/health.attachments/PH-3563.pdf</a></p> <p><b>Physical Therapy</b>  <a href="https://www.tn.gov/assets/entities/health.attachments/PT_Online_Application.pdf">https://www.tn.gov/assets/entities/health.attachments/PT_Online_Application.pdf</a></p> <p><b>Physical Therapy Assistant</b>  <a href="https://www.tn.gov/assets/entities/health.attachments/PT_Online_Application.pdf">https://www.tn.gov/assets/entities/health.attachments/PT_Online_Application.pdf</a></p> <p>The contractor must determine how to reach the required minimum staffing requirement using available State positions and contractor personnel.</p>
132	Proforma Contract pg. 32, A.22.b.: Attachment Five submitted does not include any positions highlighted in yellow. Please clarify which positions are intended to be assumed by the contractor.	<p>The ProForma Contract has undergone revision. The new section reference is A.24.</p> <p>The mention of highlighting is being deleted as all listed positions will either be assumed by the Contractor OR the Contractor will be required to offer employment to the position incumbent.</p>
133	Proforma Contract pg. 33, A.22.e.: Are all vacant State health positions included within the designated FTEs per RFP Minimum Staffing plan on Attachment Four? If not, please identify the position(s), facilities and number of FTEs that will be required of the Contractor that are above the RFP minimum staffing plan.	<p>The ProForma Contract has undergone revision. The new section reference is A. 24.</p> <p>All are identified.</p>
134	Proforma Contract pg. 33, A.22.a-e.: In the event that the actual State employee plus the required positions that the Contractor should assume is greater than the RFP minimum staffing plan on Attachment Four, should vendors assume the higher total of FTEs for purposes of the bid response?	<p>The ProForma Contract has undergone revision. The new section reference is A. 24.</p> <p>Yes.</p>
135	Proforma Contract pg.40, C.3.c.: How many patients are currently being treated for Hepatitis C	Six.

QUESTION / COMMENT		STATE RESPONSE
	{HCV}?	
136	Proforma Contract pg. 40, C.3.c.: How many patients are projected to require HCV treatment for each of the five years of the potential Contract?	No reliable prediction can be made while litigation is pending here and elsewhere, which seeks broad access to direct acting therapy by all inmates.
137	Proforma Contract pg. 40, C.3.c.: What has been the Contractor's 50% share of the cost of HIV and HCV medications for each of the past two years?	<b>FY2015 \$2,823,679.00</b> <b>FY2016 \$2,730,892.32</b>
138	Proforma Contract pg. 40, C.3.c.: With the uncertain outcome of current litigation regarding the treatment of Hepatitis C within TDOC, how should vendors project costs for the treatment of HCV?	Please revisit the State's response to Question 13.
139	Proforma Contract pg. 40, C.3.c.: With the uncertain outcome of current litigation regarding the treatment of Hepatitis C within TDOC, will this be considered a change in scope that allows the contract to be amended with increased pricing to reflect certain outcomes of the court case?	Please revisit the State's response to Question 13.
140	Proforma Contract pg. 40, C.3.d.: Please detail the costs above the initial \$4,000 for the private facilities for the last two fiscal years, to include total cost as well as number of inpatient admissions or offsite encounters.	The requested data is not available as vendors bill each other directly.
141	Proforma Contract pg. 40, C.3.d.: How much has the State spent on its share of the cost of inpatient hospital admissions over the \$50,000 threshold for each of the past two fiscal years?	<b>Payment in FY 15 \$2,828,640.26</b> <b>Payment in FY 16 \$2,405,511.30</b>
142	?? Proforma Contract, Attachment Four (Minimum Staffing Requirements): Please explain the State's use of green shading for certain cells, its use of red text, highlighted text, and data underlined and in parentheses.	Attachment 4 has been revised as indicated in item 5 below.  Items in red type indicate changes to the Minimum Staffing Requirements (Attachment 4) since the RFP was originally issued. Green highlighting indicates staffing pattern column totals.
143	Proforma Contract, Attachment Four (Minimum Staffing Requirements): The Bledsoe facility lists a position titled "DC". Please provide a description of the full title and degree/licensure requirements for this position.	An Assistant HSA was the intent. However so, Attachment 4 has been revised to eliminate such position.
144	Proforma Contract, Attachment Four (Minimum Staffing Requirements): Several facilities include a Case Manager. Please describe the duties, degree and licensure required for this position. Proforma Contract Attachment 4, BCCX Medical Records Clerk: The total weekly hours listed on the evening shift are 88; with the FTE listed is 2.2. The hours by day total 96 for a 2.4 FTE. Please clarify which is correct?	The ProForma Contract has undergone revision. The new section reference is A. 20.h  Please see Section A.20.h regarding transition services. The case manager should possess a bachelor's degree in social work, psychology, or closely related field of study.  96 hours/2.4 FTE is correct.
145	Proforma Contract Attachment 4, BCCX CNT: The total weekly hours listed on the evening shift are 48; with the FTE listed is 1.2. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	56 hours/1.4 FTE is correct

	QUESTION / COMMENT	STATE RESPONSE
146	Proforma Contract Attachment 4, BCCX RN Charge: The total weekly hours listed on the evening shift are 48; with the FTE listed is 1.2. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	56 hours/1.4 FTE is correct
147	Proforma Contract Attachment 4, MCCX RN Charge: The total weekly hours listed on the night shift are 48; with the FTE listed is 12. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	56 hours/1.4 FTE is correct
148	Proforma Contract Attachment 4, MCCX LPN: The total weekly hours listed on the night shift are 96; with the FTE listed is 2.4. The hours by day total 112 for a 2.8 FTE. Please clarify which is correct?	112 hours/2.8 FTE is correct
149	Proforma Contract Attachment 4, MCCX CNT: The total weekly hours listed on the night shift are 576; with the FTE listed is 14.4. The hours by day total 672 for a 16.8 FTE. Please clarify which is correct?	672 hours/16.8 FTE is correct
150	Proforma Contract Attachment 4, TPFWRN Charge: The total weekly hours listed on the night shift are 112; with the FTE listed is 1.4. The hours by day total 112 for a 2.8 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
151	Proforma Contract Attachment 4, TPFWRN CNA: The total weekly hours listed on the night shift are 56; with the FTE listed is 1.0. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
152	Proforma Contract Attachment 4, TPFWRN PA/APN Chattanooga: The total weekly hours listed on the night shift are 32; with the FTE listed is 0.8. The hours in the description are 8 hours per week for a 0.2 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
153	Proforma Contract Attachment 4, WTSP Site 1CNT: The total weekly hours listed on the day shift are 96; with the FTE listed is 2.4. The hours by day total 104 for a 2.6 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
154	Proforma Contract Attachment 4, WTSP Site 1LPN: The total weekly hours listed on the night shift are 160; with the FTE listed is 3.8. The hours by day total 160 for a 4.0 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
155	Proforma Contract Attachment 4, WTSP Site 2 MH LPN: The total weekly hours listed on the night shift are 56; with the FTE listed is 2.8. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
156	Proforma Contract Attachment 4, DSNF Optometrist: The total weekly hours listed are 0, but the hours in the description are 20 hours per month. Please clarify which is correct?	20 hours is the correct figure
157	Proforma Contract Attachment 4, MCCX Optometrist: The total weekly hours listed are 7 or 28 hours per month, but the hours in the description are 20 hours	20 hours is the correct figure

	QUESTION / COMMENT	STATE RESPONSE
	per month. Please clarify which is correct?	
158	Proforma Contract Attachment 4, NECX Optometrist: The total weekly hours listed are 0, but the hours in the description are 20 hours per month. Please clarify which is correct?	20 hours is the correct figure
159	Proforma Contract Attachment 4, RMSI Optometrist: The total weekly hours listed are 2 or 8 hours per month, but the hours in the description are 20 hours per month. Please clarify which is correct?	20 hours is the correct figure
160	Proforma Contract, Attachment Four (Minimum Staffing Requirements): Is the current contracted staffing plan the same as the minimum staffing requirement in Attachment Four? If not, please provide the current contracted staffing plan.	<p>The current contracted staffing plan differs from the staffing plan requirements set forth in the revised Attachment Four.</p> <p>The current staffing pattern would not assist proposers in responding to this solicitation. Proposers are better served using the revised staffing pattern provided with the revised RFP and ProForma Contract.</p>
161	Proforma Contract, Attachment Five (State Staff): Please confirm that the line items that do not have a person title or hired date are current open positions with the State.	Those were the vacant positions in May 2016 when that staffing spreadsheet was completed. Updated information has been provided.
162	Proforma Contract, Attachment Five (State Staff): For positions listed with a salary amount above \$1,000, please clarify what time period this salary represents (two weeks, bi-monthly, monthly, etc.).	All full-time employees base pay are monthly salaries (they may also receive shift differential). Part-time employees are hourly rates.
163	Proforma Contract, Attachment Eleven: Please provide the projected offender population for each of the potential five years of the Contract.	A document containing five-year population projections is being added as Pro-Forma Contract Attachment 12.
164	Proforma Contract, Attachment Eleven: Historically, TDOC population has remained well below capacity (the offender population for FY 2015 was 20,714 vs. a capacity of 24,104) and it appears the TDOC is requesting bids based on the capacity of 24,104. Given the capitated per diem nature of the pricing structure, having bids based on an artificially inflated ADP results in underfunding of the contract when the actual ADP used for payment purposes is lower. Will the TDOC consider modifying the RFP requested ADP to a number more consistent with the current and projected population so that a more realistic per diem will be received and evaluated?	<p>The Cost Proposal and Blended Per Diem worksheet have been revised to reflect bed space as of January 2017.</p> <p>Item 8 below reflects a revision to address the concern.</p>
165	General Question: The Proforma Contract makes references to the Contractor's electronic health record as well as the possibility of the State providing an electronic health record. As optional services and alternate bids are not allowed as part of this procurement, please clarify if the State is requiring bidders to include an electronic health	The RFP requirements do not include an electronic health record system or any associated costs, so <b>no</b> such cost should be included in vendor proposals.

QUESTION / COMMENT	STATE RESPONSE
record and its associated cost in response to this RFP.	

3. Delete RFP 32901-31230 and the related ProForma Contract as originally issued and replace with RFP 32901-31230 Release 2 and ProForma Contract Release 2 as included in this Amendment.

4. Delete RFP Attachment 6.3.1. in its entirety and replace with the Revised for Release 2 RFP Attachment 6.3.1.

5. Delete ProForma Contract Attachment Four in its entirety and replace it with the Revised for Release 2 Attachment Four.

6. Delete ProForma Contract Attachment Five in its entirety and replace it with the Revised for Release 2 Attachment Five.

7. Delete ProForma Contract Attachment Eight in its entirety and replace it with the Attachment Eight (Reports List).

8. Add the document titled 5 Year Population Projections as ProForma Contract Attachment Twelve.

9. Add the document Population Projection as ProForma Contract Attachment Thirteen.

10. Add the document Standards for correctional Officers Physical Exam as ProForma Contract Attachment Fourteen.

11. Add the document HIPAA Business Associate Agreement as ProForma Contract Attachment Fifteen.

12. Add the document entitled Equipment Inventory as RFP Attachment 6.11.

13. Add the document entitled HEP C Pre-Treatment Program as RFP Attachment 6.12

14. Add the document entitled Nursing Protocols as RFP Attachment 6.13

**15. STATE NOTE: The ProForma Contract has undergone substantial revision by the State since the RFP was issued. Proposers are strongly urged to review the re-issued RFP, ProForma Contract and attachments closely to prepare proposals.**

**16. RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.