

1. At the pre-bid conference it was indicated that a presentation of no more than 20 minutes should be submitted with the proposal. Please confirm that this is required and, if so: **This is not a requirement**
  - a. Please clarify what topics the presentation should address and how the information in the presentation should differ from the content of the proposal. **This is an additional tool to support your bid, it is up to the vendor on what topics to present.**
  - b. Please indicate in what form the presentation should be provided. **CD submitted with bid.**
2. Page 6, item 7.a of the RFQ, how long is the background check process? **Varies on background of individual; 1-6 weeks**
3. Page 7, item 8.c requires detailed descriptions for each item. However, except for items i, ii, and iii, the RFQ simply details policies or procedures that must be followed. Please confirm that no additional description is required for items iv through xi or provide additional clarification as to what is being requested. **Please provide acknowledgement of compliance to statements if no detailed information is requested. Vendor can provide recommended changes.**
4. Page 14 of the RFQ, #25, item a.iii. Currently, are all inmates on direct or psychiatric observation seen daily by the psychiatrist? Can this be completed with other licensed behavioral health staff? **Please provide acknowledgement of compliance to statements if no detailed information is requested. Can provided recommended changes.**
5. Page 16, b. Specialty Care, item i. Is there currently hemodialysis equipment onsite? **No.** Who is currently providing **those** services? **Proprietary**
6. Page 18 of the RFP, #35, where would the medical staff be required to document any services provided to the PSO staff? Please define treatment to be rendered. **Emergency medical care if needed, vendor can document as they see appropriate.**
7. Page 18 of the RFQ, #36, please provide the number of PPDs, Hep A & Hep B vaccines given for each of the last 3 years. **PPD is not being done, less than 10 Hep vaccines are given per year.**
8. Page 32 of the RFQ, item L refers to three different forms:
  - a. Vendor Information & Affirmation Form;
  - b. Quote Annual Pricing; and
  - c. Vendor Information, Remarks/Exceptions & Pricing

Please confirm that these are the forms on pages 33-35 of the RFQ. **Yes**

9. Please provide any special arrangements/agreements (formal or informal) or contracts with local hospitals and specialty providers regarding inmate health services. **Wellpath agreements are proprietary. PSO contracts are posted on the PSO Website.**

10. Please provide a copy of the current contract with the incumbent vendor. **Will be posted on the PSO website.**
11. Please provide a list of equipment that is owned by the county and will be staying. Also, provide a list of all equipment owned by the current vendor. From these lists, what will remain onsite for the vendor awarded the contract? What is the age of the equipment staying and when was the last time it was serviced? **Gathering this data and will be posted on the PSO Website as quickly as possible at a later date.**
12. Please identify the number of ICE, Federal detainees, or DOC inmates at the facility. **We only house inmates with current Pasco offenses or are awaiting transportation to these departments.**
13. Please identify whether the following services are available onsite or off-site, the frequency (hours or visits per week/month), and who provides the services for:
  - a. Dental **On – based on matrix**
  - b. Oral Surgery **Off**
  - c. Optometry **Off**
  - d. Laboratory **On**
  - e. Radiology (specify mobile or fixed equipment) **On, mobile**
  - f. Fluoroscopy **Off**
  - g. Mammography **Off**
  - h. Physical Therapy **On**
  - i. Dialysis **On**
  - j. Chronic Care Clinics (please specify which clinics and frequency) **On**
  - k. Specialty Clinics (please specify which clinics and frequency) **Need specifics**
  - l. OB/Prenatal **On**
  - m. Telemedicine (please specify which clinics and frequency) **On**
14. Please provide the DOLLARS spent on offsite services by year for the last three years by the categories below: **Refer to RFQ**
  - a. Hospitalization
  - b. Emergency room visits
  - c. Specialty visits
  - d. Outpatient surgeries
  - e. Diagnostics
15. Please provide the offsite EVENTS by year for the last three years by the categories below: **Refer to PSO Annual Reports posted on the PSO Website.**
  - a. Hospital days

- b. Hospital admissions
  - c. Emergency room visits
  - d. Specialty visits
  - e. Outpatient surgeries
  - f. Diagnostics
16. For each of the last three years, please provide the number of cases and total costs of cases exceeding \$50,000 associated with offsite services. **5 in the last three years, amounts paid are proprietary.**
17. Will vendors be financially responsible for:
- a. prior to booking cases, **Yes**
  - b. bedside bookings, or **Yes**
  - c. pre-existing conditions? **Yes**
18. Please provide the following by year for the last three contract years: Refer to **Annual Reports**
- a. Average monthly number of patients on hepatitis medications
  - b. Average monthly number of patients on blood products relating to hemophilia
  - c. Hepatitis medications dollars **Proprietary**
  - d. Blood products relating to hemophilia dollars **Proprietary**
19. Please provide the current employees' hourly rates and/or salaries by discipline (MD, Mis-Level, RN, LPN, etc.) Also, please provide years of service or hire dates. **Proprietary**
20. Please provide the number of vacancies, the vacant positions and the length of time they have been vacant. **None**
21. Please provide the amounts relating to staffing withholds or performance withholds incurred by the incumbent by year for the last 3 years. **None**
22. Does the site currently have a medical director working at the facility? **Yes**
23. Please provide the name of the current pharmacy vendor. **Diamond**
24. Are medications currently provided within 8 hours of the order of issue being written (RFQ page 12, #18 Pharmacy Services, item a) **Only medication on Do Not Miss list**
25. Are medications patient specific, stock medications or a combination? **Combination**
26. How many medication carts are onsite? **7**
27. How many medication carts are used during each medication pass? **7**
28. How many med passes are there? And at what times? **4; 0830, 1430, 2100, 0230**

29. Please provide the approximate time it takes to complete a med pass. **Varies od staffing**
30. Is there currently a Keep on Person (KOP) program? **Yes**
- a. If so, what meds are given? **Only those approved by Medical Director**
  - b. Can all housing units participate or is it limited? **All except Medical Units**
31. Please identify the percentage of the population receiving prescription medications. **Varies**
32. Please provide the average number of prescriptions per patient per month. **Varies**
33. Are OTC medications available via commissary? **No**
34. How are current medication orders being transcribed to pharmacy? **Electronic**
35. Does the facility have a DEA license? If so, whose name is under the license? **Yes, PSO**
36. Does the facility have a current state pharmacy license? **Yes**
37. Would the County consider alternative types of pricing for pharmaceutical costs i.e. aggregate caps, pass throughs, etc.? **Yes**
38. Are all onsite Chronic Care Clinics, Nursing Sick Call, Provider Sick Call, Dental and Mental Health Clinics up to date? **Yes**
- a. If not, what is the lag time?
39. Please provide a list of medical services performed in the housing units. **Only Med pass**
40. How many desktops & laptops are currently utilized by the medical, mental health & dental staff? **Approximately 25, all belong to PSO**
41. What level of coverage is currently provided at Intake (LPN, RN, Mid-Level)? **LPN**
42. Is the Intake currently staffed 24/7/365 days by medical? **Yes**
43. Does the current vendor complete a 10-day Initial Health Assessment or an Individual Assessment, when clinically indicated? **All inmates have Health and Physical within 14 days. PSO is asking to have completed within 10 days.**
44. What is the current percentage of staffing provided by agency? **0**
45. What services are currently provided via Tele-Medicine? **Vendor to provide**
46. Please provide the amount the incumbent had to pay back each month for the last 3 years:
- a. Intake Screenings beyond the 2 hours of booking into the facility **0**
  - b. Positions left vacant **0**
  - c. Failure to examine/treat inmates as scheduled **0**
47. What Medically Assisted Treatments are currently provided onsite? **Please clarify**

48. Please verify the following statements for scope of care for accepted/detained juveniles at the Juvenile Assessment Center (JAC). If incorrect, please provide clarification. **The JAC is for processing youth only. PSO only requires youth to be seen by medical if a UOF occurs or for medical emergencies.**
- a. Staff will be required to complete all hiring, orientation/training, and system access requirements of the DJJ and/or DCF prior to working with the juvenile population accepted/detained at the JAC center. **No**
  - b. Staff will be required to document care provided for all juveniles in the appropriate system (JMS/EMR/DJJ). **Yes**
  - c. Uses of Force (UOF) at the JAC will follow all procedural requirements of the DJJs Protective Action Response (PAR) system. **Yes**
  - d. The contractor must ensure that a medical authorization is completed for all juveniles who are accepted at the JAC prior to treatment (medical emergency or PAR evaluation). **No**
  - e. Emergency medical care for accepted/detained juveniles at the JAC will include, but not be limited to, on-site emergency care, off-site hospitalization, and on-site medical specialist services. **No, on-site emergency care only**
49. Please provide the following statistics for accepted/detained juveniles at the JAC:
- a. Total number of juveniles accepted/detained at the JAC in 2018. **1,044**
  - b. Average length of time detained within the JAC after initial acceptance. **8hrs**
  - c. Total number of medical emergencies that occurred in 2018 with the juvenile population accepted/detained at the JAC. **Approximately 2 including UOF**
  - d. Total number of UOFs/PARs that occurred in 2018.
50. Please provide the model, year of last update, and version of the EHR system used at the facility. **Current EHR, ERMA, is owned by current vendor**
51. Is the County satisfied with the current EHR system? If not, what is dissatisfying about the current EHR system? **Yes**
52. Are the current records system a combination of electronic and paper records? **All are electronic** If so:
- a. What records are electronic?
  - b. What records are paper?
  - c. In what form will records be provided to the new contractor for conversion to the new system?
53. Who hosts the server for the current EHR system? If it is the County, will that remain after the contract is awarded? **PSO, Yes**
54. Is the current WIFI network provided by the Sheriff's Office or the incumbent? **PSO**
55. Will the contractor have access to the existing WIFI network? **Yes**

56. Is there wireless access available in: **Yes to all**
- a. All Housing Units
  - b. Clinics
  - c. Intake
  - d. Any other areas where health care services are provided?
57. Who is the current JMS provider? **ONE Solution**
58. What interfaces are currently in place?
- a. JMS
  - b. Lab
  - c. Pharmacy
  - ~~d. Hospital~~
  - ~~e. Offsite Specialty Offices~~
  - f. **Radiology**
59. What are the data requirements upon termination of the current vendor: **Current vendor will negotiate with PSO. All records belong to PSO**
- a. Data to be provided and in what format,
  - b. System availability during transition, and
  - c. Time requirement of data availability?
60. What is the current back-log, if any for dental care? **None**
61. Is PSO satisfied with the number of hours currently provided for dental services? **Yes**
62. When does the 2-hour timeframe begin in the Intake process? Does the 2-hour period begin after booking is complete by PSO? **After processing**
63. How are medications currently made available to inmates on release from the correctional facilities? Or during transfer to other correctional facilities? **Voucher**
64. How many suicides have occurred in the past two years? **Refer to PSO Annual Stats**
65. Would the County accept tele-psych and telephone on call to respond to after-hours questions from staff? **Open to options provided by vendor**
66. What are your current accreditations? **FCAC, FMJS**
67. What is the status of the application for NCCHC accreditation? **In works**
68. Would ARNP/PA coverage to supplement psychiatry hours be considered? **Open to options provided by vendor.**
69. Is it correct to assume that where the RFQ states "the contractor will provide..." that it is referring to the contractor who is awarded the contract, and such items are not required to be

included in the proposal? For example, on page 4, item 2.a states: **Yes, that is correct, the contractor awarded the contract.**

The contractor will provide the following documentation of operational components:

i. Copies of clearly defined written agreements or memos of understanding with health care service providers such as hospitals, physicians, ambulance companies, and others for twenty-four (24) hour service. All subcontracts of every nature are subject to the approval of the PSO. **The PSO is not requesting a copy of written agreements with the bid submittal. These agreements will be established between the vendor and the healthcare service providers after award of the contract. Vendor will provide a copy of the agreements to PSO.**

70. Please clarify the degree to which requirements outlined in the scope of services, but not included in Section F -- Information to Be Submitted with Quotes, should or should not be addressed in our proposals. **Please provide acknowledgement of compliance to each requirement. Vendor can provide an explanation how they will accomplish that requirement.**

71. Will the County consider accepting a weekly staffing schedule instead of a monthly schedule in response to the item under Program Personnel & Staffing Plan (pages 29-30)? **Vendor to make decision.**