COUNTY OF ALAMEDA
GENERAL SERVICES AGENCY-PURCHASING

ADDENDUM No. 3

to

RFP No. 900324

For

Comprehensive Inmate Medical Care

Specification Clarification/Modification and Recap of the Networking/Proposers Conferences
Held on October 10, 2007 and October 11, 2007

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NOTICE TO BIDDERS

THIS COUNTY OF ALAMEDA, GENERAL SERVICES AGENCY (GSA), RFP ADDENDUM HAS BEEN ELECTRONICALLY
ISSUED TO POTENTIAL BIDDERS VIA E-MAIL. E-MAIL ADDRESSES USED ARE THOSE IN THE COUNTY’S SMALL
LOCAL EMERGING BUSINESS (SLEB) VENDOR DATABASE OR FROM OTHER SOURCES. IF YOU HAVE REGISTERED
OR ARE CERTIFIED AS A SLEB PLEASE ENSURE THAT THE COMPLETE AND ACCURATE E-MAIL ADDRESS IS NOTED
AND KEPT UPDATED IN THE SLEB VENDOR DATABASE. THIS RFP ADDENDUM WILL ALSO BE POSTED ON THE
GENERAL SERVICES AGENCY (GSA) CONTRACTING OPPORTUNITIES WEBSITE LOCATED AT
HTTP://WWW.ACGOV.ORG/GSA/PURCHASING/BID_CONTENT/CONTRACTOPPORTUNITIES.JSP.

The following Sections have been modified to read as shown below. Changes from the version that
was originally included with the RFP are indicated in strikeout for deletions and bold for additions as
shown below.

Section E. SPECIFIC CONTRACTOR REQUIREMENTS, Item 3.e.6). Oral Surgeries has been
deleted in its’ entirety:

6) **Oral Surgery**, 4-6 hours per week. On site oral surgical procedures shall include:
   - All facial lacerations
   - Maxillary LeFort I fractures
   - Zygomatic arch fractures
   - Traumatic Nasal Septal deformities
   - Mandible fractures (both open and closed)
   - Dentoalveolar fractures
   - Incision and drainage of maxillofacial abscesses
   - Complex odontotomies, and
   - Complex biopsies
Section E. SPECIFIC CONTRACTOR REQUIREMENTS, Item 10 has been modified to read:

10. Dental Services: Contractor shall provide emergency, medically necessary and non-emergency dental services, including but not limited to extractions. Potential services shall be provided at least sixteen (16) hours per week at the Glenn E. Dyer Facility and five (5) days per week for at least forty (40) hours per week at Santa Rita Jail.

III. INSTRUCTIONS TO BIDDERS, K. CALENDAR OF EVENTS has been changed to reflect the change in the RFP Due Date.

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<tr>
<th>Event</th>
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<tbody>
<tr>
<td>Request Issued</td>
<td>September 14, 2007</td>
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<tr>
<td>Written Questions Due</td>
<td>BY 12:00 noon on October 8, 2007</td>
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<tr>
<td>Networking/Bidders Conference</td>
<td>OCTOBER 10, 2007 AT 10:00 A.M.</td>
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<td>AT: General Services Agency 1401 Lakeside Dr., Rm 1107 Oakland, CA 94612</td>
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<td>Networking/Bidders Conference</td>
<td>OCTOBER 11, 2007 AT 2:00 P.M.</td>
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<td>AT: Santa Rita Jail Media Room 5325 Broder Blvd. Dublin, CA 94568</td>
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<tr>
<td>Site Visit/Walk Through at Santa Rita Jail</td>
<td>OCTOBER 24, 2007 AT 10:00 A.M. Picture ID required</td>
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<td>AT: Santa Rita Jail Main Entrance Lobby 5325 Broder Blvd. Dublin, CA 94568</td>
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<td>Addendum Issued</td>
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<td>Evaluation Period</td>
<td>November 5 December 4–January 11, 2008</td>
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<tr>
<td>Board Award Date</td>
<td>January 8, 2008 February 5, 2008</td>
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<td>Contract Start Date</td>
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Reponses to Verbal Questions from Bidder’s Conferences

Q1) (Regarding Written Question # 33): Regarding the x-ray equipment onsite, does a contractor come into the Jail to use the machine? There was mention of PHS using a contractor.

A1) PHS contracts with a company who comes to the Santa Rita Jail (SRJ) to take x-rays. The equipment is owned by the ACSO, but the individual who comes into the Jail and provides the service is contracted through PHS. There is no x-ray machine at the Glenn Dyer Detention Facility (GDDF).
Q2) (Regarding Written Question #54): Is the methadone clinic required to be on-site strictly for pregnant females or is there a methadone program provided on-site through the contract for all methadone users?

A2) The methadone clinic is only for the pregnant females.

Q3) (Regarding Written Question #54): There’s a health code section that mandates that you allow individuals already on methadone to have it continued. How that’s being handled? Because it will make a difference in the scope of what is to be provided (pregnant females only versus all methadone users).

A3) All methadone users in the County Jail are detoxed off of methadone except for the pregnant females in custody. In 2006 there were 14 pregnant female inmates on methadone, and from January, 2007 of this year to present, the prenatal methadone census is 9. The Health and Safety Code is 11222, methadone treatment.

Q4) (Regarding Written Question #60): Since the OPHU is also considered an infirmary, is it licensed as Correctional Treatment Center under the Department of Health Services?

A4) No.

Q5) (Regarding Written Question #160): Is there a time frame for the CDC hospitalization time?

A5) There is nothing in the contract stating the amount of time spent in the hospital for CDC inmates.

Q6) (Regarding Written Question #160): Is the contractor liable for the inmate prior to custody being moved to the US Marshall?

A6) Yes.

Q7) (Regarding Written Question #162): When the screened inmate at the Detention Facility gets transferred to Santa Rita Jail, will they be screened again?

A7) No, the paperwork will be sent with the inmate.

Q8) (Regarding Written Question #162): What is the timeframe of the inmate being transferred to Santa Rita Jail?

A8) Transfer of a screened inmate is normally within a few hours but it also depends on what’s going on at the time. Usually the deputies wait until there are a handful of inmates before they bring them over to Santa Rita Jail.

Q9) (Regarding Written Question #220): On p. 11, Section 3 B, it states that “A minimum of one hundred sixty (160) hours per week shall be provided for on-site physician services at the Santa Rita Jail, with an additional forty (40) hours per week to be provided at the Glenn E. Dyer Facility. Minimum onsite coverage for Santa Rita will include twenty four (24) hours each day, Monday through Friday and rounds in the OPHU on Saturday and Sunday.” So the question is there a doctor be on site 24 hours a day, 5 days a week? Is it a requirement?

A9) Refer to Addendum No. 2.
County of Alameda, General Services Agency – Purchasing
RFP No. 900324, Addendum No. 3

November 6, 2007

Q10) Were there a lot of SLEB questions asked at the first Bidder’s Conference?
A10) No, there were not a lot of SLEB questions.

Q11) On page 5 of the RFI, it is stated that “The County reserves the right to waive these small/emerging local business participation requirements for this contract, if the additional estimated cost to the County, which may result from inclusion of these requirements, exceeds five percent (5%) of the total estimated contract amount or Ten Thousand Dollars ($10,000), whichever is less.” Ten thousand dollars on a contract of this size is a small amount of money. That means that if the amount of money paid to the SLEB vendor were to cost more than $10,000 of the total contract amount, it could provide a reason for not subcontracting with a SLEB?
A11) No, it is the intent of the SLEB program for vendors bidding on County contracts to make every effort to locate local vendors who can provide direct goods and services through the Contractor in order to participate in the contract. Vendors must show due diligence that they tried to locate a SLEB subcontractor(s) to participate in this project.

Q12) Do you know what the percentage of candidates that are referred by the First Source Program are actually hired?
A12) No.

Q13) Is there any way to find out that information?
A13) The County would have to check with the office for Economic Development Alliance for Business (EDAB).

Q14) Did you want the response to the RFP to flow in the same order as Exhibit M?
A14) Yes.

Q15) When did the SLEB program begin?
A15) In 2000.

Q16) Is the current contractor a certified SLEB?
A16) No

Q17) A question on involuntary psychiatry medications in the Jail: Is that currently being handled by the medical staff based on the order from the psychiatrist?
A17) There are no forced meds in the Jails. The inmates have the right to refuse medications. Inmates can only be forced to take meds in the 5150 facility. Our current Public Guardian’s office refuses to maintain conservatorships when people come back into the Jails from a 5150.

Q18) What about in emergency situations?
A18) Yes, following the proper protocols we do use meds if we need to do something in an emergency situation to stabilize the inmate.
Q19) Is the administering of medications in these situations done by medical staff?
A19) Sometimes the Behavioral Health Care Services (BHCS) psychiatrists administer the medication(s). BHCS would like for nurses to be part of this treatment team and help with administering the meds, but there’s been some disagreement as to who should do that.

Q20) Is the Jail currently satisfied with the incumbent?
A20) Yes.

Responses to Verbal Questions from Site Visit

Q1) Is Santa Rita Jail used like a regional jail, for the smaller jails in the surrounding areas, that drop offenders who are incarcerated a couple of days by the County jails?
A1) Santa Rita Jail (SRJ) is used by all the city jails in our County. For example, when city police departments arrest someone, initially they are taken to the respective city jail and then the arrestee is transferred to our facility. SRJ and the Glenn Dyer Detention Facility (GDDF) are the only County jails in Alameda County.

Q2) What laboratory tests are done on site (i.e. hemoglobin, CBC)?
A2) Refer to Written Question & Answer 35.

Q3) In regards to the medicine carts, are all the medicines put on there as stock and when the nurses go to the floors and are the medicines distributed as stock as opposed to having the 30-day punch-cards?
A3) Santa Rita Jail medication is distributed by unit dose; medication is from stock or from the SRJ Pharmacy. A fax/fill system is done at GDDF and punch cards are used.

Q4) Are women and men mixed in the main medical unit for like the x-ray or the dental offices or do they separate that out?
A4) In OB/GYN, it’s obviously just females, but when they are brought up to the clinic, they are separated. They are not in the same rooms at any time. They are kept separate at all times.

Q5) When the inmates get the pill calls in each housing unit, the inmates come to them. Does the nurse ever directly deliver to the cell as opposed to a pill line?
A5) Depending on the classification, in the normally minimum security setting, and depending on staffing level, there will be one deputy that sits with the nurse in the dorm area, making sure the inmates are in line and get their pills. As for the maximum security inmates, it depends. Primarily, a deputy will walk with the nurse and go from cell door to cell door. There is a slot in the door that unlocks and the medication is passed through the slot.

Q6) Are all the housing units handicap equipped or are there certain places that are handicap equipped?
A6) Every housing unit has one handicap cell.
Q7) In regards to the sobering cells, when the inmates appear intoxicated do they stay here for 24 hours?
A7) The sobering cells are fairly new. They are only used on inmates that are withdrawing from alcohol or drugs. And they are not to be used by any other inmates. This policy is brand new for our agency. It depends on if the inmate is a psych release, but no, we do not want to keep any inmate in here for over 24 hours.

Q8) Are inmates watched on video camera in the sobering cells (ITR area) or are the deputies just watching them?
A8) There are no cameras. All is done by visual from the deputy. We have deputies that are assigned out in this area. Also, the nurses come back out and check on them periodically. Again, this is all new to our agency and we are incorporating new policies.

Q9) Is there a large holding/cell area (capable of holding up to 100 inmates) that the nurse must check in with the inmates to make sure they’re ok, they’re all placed in the cell?
A9) There is not any one cell that can hold that many inmates. If there is someone special that the nurses are observing then the person is placed in a cell near the nurses’ station.

Q10) Some prisons have a large holding cell to hold all the inmates that are to be arraigned. Is there a similar set up here at Santa Rita Jail?
A10) No. We take or assign inmates to a Housing Unit before they’re arraigned. We try to take them out of the holding cells, depending on the numbers, within a few hours. We don’t leave them up here until arraignment unless they’ve been arrested at 11 pm to midnight and are going to court the following day, then, they may not get to a Housing Unit and may go directly from the holding cell.

Q11) The inmates would be seen by an intake nurse before being taken to a Housing Unit?
A11) Yes. Every inmate goes to the nurse’s station for intake processing. No can move until the nurse clears them.

Q12) Do each of the 18 Housing Units have a medical unit, is there a nurse there all day long or would one nurse be covering 2 medical units?
A12) Yes, each one has a medical unit. One nurse can cover both medical units and do pill calls for both units, depending on staffing issues.

Q13) Do the inmates clean the medical facilities on site?
A13) No, GSA Building Maintenance Department (BMD) provides cleaning/janitorial services for the entire Jail.

Q14) Do emergency vehicles, such as an ambulance, have access to the housing units and OPHU area?
A14) With regards to the ambulance entry: “The doors on the courtyard can be opened by a deputy with a master key and the ambulance can drive right up to the door. So when
we have a medical emergency and need to get someone out of here really fast, the ambulances are able to drive right in to the area.

Responses to Written Questions

Q1) Please list any and all permits, licenses, and professional credentials the County of Alameda and/or the State of California requires a corporation to possess in order to provide the comprehensive medical health services described in the RFP.

A1) The ACSO does not have that information.

Q2) Unless otherwise indicated in the text of the solicitation, do all of the specifications listed in Section II.E, Specific Contractor Requirements of the RFP apply to BOTH the Santa Rita Jail (SRJ) and the Glenn E. Dyer Detention Facility?

A2) Yes, as indicated in the RFP.

Q3) Please provide (by year) the amounts and reasons for any paybacks, credits, and/or liquidated damages the ACSO has assessed against the incumbent vendor over the term of the current contract.

A3) Information is unavailable.

Q4) Please provide a copy of the current Health Care Evaluation (HCE) audit tool referenced in Section II.E.22, Quality Assurance/Oversight/Reporting of the RFP.

A4) No, the County is unable to provide a copy of the current HCE audit tool. The Quality Assurance Committee and that information are confidential. Any paperwork or forms used are confidential.

Q5) Please provide two years’ worth of historical data describing the inmate population, broken down by gender, age, and ACSO jurisdiction versus inmates from other agencies (e.g., State of California, other counties, U.S. Marshal, or ICE) inmates.

A5) See Attachment No. 1.

Q6) For each external agency with which the County has an agreement to provide care to that jurisdiction’s inmates, please provide copies of the agreement describing the health services vendor’s responsibilities and obligations with regard to those inmates, i.e., what type of services will the vendor have to provide for these inmates, and how does the billing/reimbursement process work for that agency?

A6) The medical provider is responsible for providing all medical services for California State Department of Corrections inmates. Medical provider is responsible for providing all on-site care. If the inmate requires hospitalization, the US Marshall is responsible for payment. With the current California Department of Corrections and Rehabilitations (CDCR) contract, if inmates are hospitalized, the ACSO still keeps them. However, if an inmate is going to be hospitalized for a long period of time, the representatives from CDCR are contacted and the ACSO tries to get that inmate removed. The inmate is either taken out of CDCR custody or moved into one of their facilities. Now, if it is the US Marshall, it is stated in their contract what they do with
the inmate once the inmate is hospitalized; if its in the middle of the night, the ACSO Jail watch commander will call a San Francisco phone number, and a US Marshall will come in and sit watch with that person/inmate and the ASCO is relieved, meaning, the person is removed from our custody at that point until they are medically cleared to come back into our custody. The County (ACSO) is not responsible for the bill once inmate is hospitalized. This is the US Marshall’s responsibility.

Q7) What is the average length of stay at each facility?
A7) The average length of stay is approximately 30 days, but can range from a day to several years.

Q8) The RFP talks about maintaining compliance with the standards of the American Correctional Association (ACA), so we assume that both the Santa Rita Jail and the Glenn E. Dyer Detention Facility are currently accredited by the American Correctional Association. For each facility, what were the dates for the following?
   • Original accreditation
   • Most recent accreditation
   • Next audit
A8) ACA Accreditation was first obtained in 1998. Most recent accreditation was 5/2/07 with a score of 98.7. The next survey is scheduled for 2010.

Q9) Does the ACSO have intentions to pursue accreditation from the National Committee on Correctional Health Care (NCCHC)? If “yes,” in what time frame?
A9) No, the Opioid Treatment Program is accredited by NCCHC and will continue to be accredited. Next survey is scheduled for 2009. The Opioid Treatment Program is basically a methadone program. Our ACA now encompasses all medical, therefore the ACSO has decided to stick strictly with the ACA.

Q10) Is either the Jail or the Detention Facility currently subject to any court orders or legal directives? If “yes,” please provide copies of the order/directive.
A10) Neither facility is subject to any current court orders or legal directives.

Q11) Please provide a sample of the “annual report of compliance with current California laws, regulations and codes relating to Detention and Corrections Facilities Medical Programs” the Contractor is required to provide by Section II.C.6 of the RFP.
A11) Annual survey by the Alameda County Public Health Department reviews compliance with Title 15, the regulations covering adult detention facilities. No current survey report is available but no significant outstanding items have been observed. The ACSO recently had a health inspection about 6 weeks ago and we did very well.

Q12) Please provide current staffing schedules by facility, shift, and day of the week for the Jail and the Detention Facility.
A12) Current staffing for the facilities is 126.325 F.T.E.s. (This represents the total combining SRJ and GDDF). No more detailed information can be presented. Positions
include physicians, nurse practitioners, physician assistants, dentist, health services administrator, Assistant health services administrator, administrative assistants, dental assistant, medical assistants, perinatal coordinator, perinatal educator, medical records supervisor, medical records clerks, OB/GYN physician, laboratory technician, nurse supervisors, registered nurses, and licensed vocational nurses. It is the responsibility of each vendor to develop and submit its staffing plan.

Q13) Does the ACSO feel the current staffing plans for the Jail and the Detention Facility are adequate?
A13) The ACSO feels the current staffing plan is adequate.

Q14) Please provide a listing of the current vacancies (by position) for the SRJ and the GDDF. Which positions have historically been most difficult to fill?
A14) There are currently physician and nurse vacancies. Physician, registered nurses and licensed vocational nurses have been the most difficult to fill.

Q15) Is any of the current medical staff unionized? If yes, please provide the following information:
   - A breakdown of which union represents which position
   - A copy of each union contract
   - Complete contact information for a designated contact person at each union
   - Seniority dates for each union employee
A15) PHS employees are represented by SEIU Local 250. The union is the United Healthcare Workers West (510-520-9185), located at 560 – 20th Street, Oakland, CA. Bidders can contact the union directly to request the union contract or bargaining agreement.

Q16) Please provide current wage/pay/reimbursement/seniority rates (including supplemental pay, on-call pay, shift differentials, travel rates, etc.) for the incumbent health services staff at the Jail and the Detention Facility.
A16) This information is also included in the Collective Bargaining Agreement maintained by United Health Care Workers – West Oakland, CA.

Q17) Please provide a detailed outline of the security and clearance process for new onsite staff. On average, how long does this process take to complete?
A17) Clearance process for clearance to be interviewed averages 5 days. Complete background checks take several months but employees may work during this time. Please see Attachment No. 2.

Q18) Please confirm that hours spent by health services staff members in orientation, in-service training, and continuing education classes’ count as hours worked toward the requirements of the contract.
A18) Yes. Each new employee is required to go through 8 hours of new employee orientation. Each year the 8 hours must be repeated.
Q19) In regard to the specification in Section II.C.10 of the RFP that requires the Contractor to designate a qualified (Board Certified) physician as medical director or lead physician, is the County requiring two physicians — one to act as medical director at the SRJ and the other at the GDDF — or a single physician to act as medical director for the contract?

A19) A single medical Director is required. Physician on-site presence is required at both facilities. Proposed hours of coverage should be included in proposal by the vendor.

Q20) Can a single physician serve as the designated on-call provider for both the Jail and the Detention Facility on the same shift?

A20) A single physician may provide on-call coverage for both facilities.

Q21) Can a physician working an onsite shift at the Jail serve as the designated on-call provider for the Detention Facility on that shift?

A21) A single physician may provide on-call coverage for both facilities.

Q22) Given that the First Source program imposes a 10-day delay on any Contractor efforts to identify and recruit candidates for vacant positions, how will the County take this into account when assessing the $200 per day liquidated damages described in Section III.W, Liquidated Damages of the RFP?

A22) The liquidated damages section of the RFP has been deleted in Addendum No. 1.

Q23) Does the First Source program maintain a database of candidates that the Contractor could access?

A23) No. Please refer to the RFP under Section X, County Provisions, Item No. 3. First Source Program for contact information.

Q24) For each facility, please provide an inventory of office equipment (e.g., PCs, printers, fax machines, copiers) currently in use and identify which equipment will be available for use by the selected provider. If available, please include make, model, age, condition, and current maintenance agreement cost.

A24) The office equipment inventory is owned by current provider. Vendors must include in their proposal the cost of providing equipment necessary to provide services.

Q25) For each facility, please provide an inventory of medical equipment (e.g., blood pressure cuffs, ultrasound, x-ray machines, etc.) currently in use and identify which equipment will be available for use by the selected provider. If available, please include make, model, age, condition, and current maintenance agreement cost.

A25) Inventory is owned by current provider. Bidders must include in their proposals the cost of providing equipment necessary to provide services. Some capital equipment is owned by the ACSO, like the X-ray machine that was just purchased; exam tables and wheelchairs are owned and purchased/repaired by the ACSO. The ACSO does not maintain a running inventory of owned equipment, but some of the big ticket items are the property of the ACSO.
Q26) Is Internet access currently available to the health unit staff at the Jail and the Detention Facility?
   • If yes, is the access provided via a facility network or via Contractor-provided (and paid for) communications lines?
   • If not currently available, will the ACSO permit the selected Contractor to arrange Internet access under the new contract?

A26) Internet access is provided by the ACSO.

Q27) Since Section II.G.7 of the RFP states that the ACSO is interested in receiving Electronic Medical Record (EMR) proposals for the Jail and the Detention Facility, please provide the following information:
   • Does either the County and/or incumbent health service provider currently utilize an EMR solution in the ACSO facilities?
   • Does the existing ACSO network have sufficient capacity to support an EMR? If not, who is responsible for the network upgrade?
   • Does the County have a datacenter to host the required EMR servers?
   • How many users at the Jail will need to access the EMR?
   • How many users at the Detention Facility will need to access the EMR?
   • How many providers/provider offices will be using the EMR? Please include all clinicians who will utilize the system, e.g., physicians, mid-level providers, nurses, etc.
   • What is the maximum number of users who will be on the system at a given time?
   • Please provide the ACSO interface requirements for incoming data.
   • Please provide the ACSO interface requirements for outgoing data.

A27) There is no current Electronic Medical Record. All other information is not available.

Q28) Does either the Jail or the Detention Facility currently utilize telemedicine technology? If so, please provide the following data by site.
   • Please provide a listing of the clinics currently conducted using telemedicine.
   • Please provide a detailed inventory of the telemedicine equipment available.
   • Please provide an inventory of the communications used in support of telemedicine (e.g., dedicated WAN, ISDN).
   • Will the existing equipment/communications capability be available for the incoming contractor(s)?
   • Will off network connectivity be supported for telemedicine?

A28) The facilities do not currently utilize telemedicine.

Q29) If the facilities do not currently utilize telemedicine, is the ACSO willing to review an optional proposal to implement such a program?

A29) The Request for Proposal does not call for current services provided on-site to be converted to telemedicine. Proposals should be based upon services being provided on-site as stated in the RFP.
Q30) We understand from Section II.E.2.a, Intake Health Screening of the RFP that inmates are booked into ACSO custody through the Jail, as opposed to through the Detention Facility. What is the average length of time an inmate stays at the Jail before being transferred to the Detention Facility, i.e., do booked inmates stay at the Jail for at least 14 days in order to receive their health appraisals before being transferred over to the Detention Facility?

A30) **Inmates may be booked at either facility but most are booked at Santa Rita Jail. Inmates may stay at SRJ for prolonged periods-months/years prior to transfer to Glenn Dyer Detention Facility. Inmates generally receive Health Appraisals at SRJ, but staff at GDDF may be required to perform the Health Appraisal.**

Q31) While Section II.E.2.a, Intake Health Screening of the RFP states that the Detention Facility does not book inmates, and implies that no screenings are conducted at that facility, does the ACSO not require that (in compliance with ACA and NCCHC standards) that all transferred inmates received into the Detention Facility receive a transfer screening?

A31) **Booked inmates may receive screening at Glenn Dyer Detention Facility.**

Q32) Where do transfer screenings occur in the GDDF?

A32) **Screenings occur in the Booking area.**

Q33) Are radiology services for Jail and Detention Facility inmates currently provided on-site or offsite? Please provide contact information for any current sub-contracted providers of radiology services.

A33) **Radiology services are contracted by the current provider to Clearview Medical. On-site ultrasound services are subcontracted, and are provided by Medical Diagnostics.**

Q34) If services are provided onsite, are they delivered using permanent ACSO-owned x-ray equipment or by a mobile radiology vendor?

A34) **Radiology is provided by ACSO owned equipment.**

Q35) Are laboratory services for Jail and Detention Facility inmates currently provided onsite or offsite? Please provide contact information for any current sub-contracted providers of laboratory services.

A35) **Some laboratory services are provided on-site, however the bulk of laboratory services are provided offsite by Labcorp (Lab Corporation of America, San Diego, CA – 858-451-1221).**

Q36) Please describe the current physical onsite laboratory resources at each facility with regard to sinks, electrical supply, square footage, etc.

A36) **Current on site lab facility is approximately 6’ x 20’; there is access to electrical and a sink.**

Q37) Does either the Jail or the Detention Facility have a Clinical Laboratory Improvement Act (CLIA) waiver?

A37) **Facilities do have a CLIA waiver.**
Q38) For each facility, please list all laboratory tests currently able to be provided onsite.
A38) All lab tests that are provided by Labcorp are available at SRJ. Contact Labcorp for a list of tests.

Q39) For each facility, please provide an inventory of laboratory equipment (automated and manual) currently in use and identify which items will be available for use by the selected Contractor. If available, please include make, model, age, condition, and current maintenance agreement cost.
A39) Laboratory equipment is owned by current provider. Vendors must include the cost of providing on-site laboratory equipment in their proposal.

Q40) Are dialysis services for Jail and Detention Facility inmates currently provided onsite or offsite? Please provide contact information for any current sub-contracted providers of dialysis services.
A40) Dialysis services are provided on site at SRJ by DaVita.

Q41) Who is financially responsible for providing dialysis services?
A41) The medical service provider is financially responsible for the payment of dialysis services.

Q42) How many dialysis chairs are in place at the OPHU?
A42) Two dialysis stations are located on site (SRJ).

Q43) How many dental chairs are in place at the Santa Rita Jail dental office?
A43) Two dental stations are located on site.

Q44) Why is the dental operating room at the Detention Facility currently not in use? Does the ACSO have a targeted date for this dental operating room to become operational?
A44) Dental services are not currently offered at GDDF. The ACSO has no intention of making the dental operating room at GDDF operational.

Q45) Other than Valley Care Medical Systems (for SRJ) and ACMC Highland Hospital (for GDDF), are there any other local hospitals to which ambulance services could transport inmates in the event of a 9-1-1 call?
A45) Eden Medical Center, located in Castro Valley, is also used in addition to Valley Care Hospital and Highland Hospital.

Q46) What is the contracted fee structure for hospitalization at Alameda County Medical Center-Highland Hospital for the acute care needs of ACSO inmates (as described in Section II.E.15.a of the RFP)?
A46) All fees with local providers are negotiated by the medical provider.
Q47) What is the contracted fee structure for emergency room care at Alameda County Medical Center-Highland Hospital for Detention Facility inmates (as described in Section II.E.15.c of the RFP)?

A47) All fees with local providers are negotiated by the medical provider.

Q48) What is the contracted fee structure for emergency room care at Valley Care Medical Systems for Jail inmates (as described in Section II.E.15.c of the RFP)?

A48) All fees with local providers are negotiated by the medical provider.

Q49) Regarding on-site clinics at the Santa Rita Jail:
- Are the specialty clinics listed in Section II.E.3.e of the RFP currently being provided?
- If “yes,” for how many hours per week?
- What is the current average utilization of each clinic?
- Please provide contact information for the specialty providers who currently conduct each clinic.

A49) The clinics listed in the RFP are currently being provided. The provider should include in its proposal the number of hours of services for each clinic. Volume is listed in the monthly statistical report. Other off-site clinics are provided by local providers.

Q50) Regarding on-site clinics at the Glenn E. Dyer Detention Facility:
- What specialty care/chronic care clinics are currently held onsite? Please provide information on these clinics’ frequency, number of hours per week, and utilization.
- What additional clinics, if any, at how many hours per week, would the ACSO wish the incoming vendor to provide?

A50) Select clinics are provided on-site at GDDF based upon inmate need. Santa Rita Jail clinics are utilized for inmates as well.

Q51) Please provide a breakdown — by gender and diagnosis — of the current Special Needs populations at the Jail and the Detention Facility, e.g., those inmates who require special housing or care due to age, infirmity, or mental or physical disability.

A51) Data on special needs patients is not available.

Q52) Please provide a copy of the currently used Pregnant Female Protocols referenced in Section II.E.11.b, Special Needs of Pregnant and Postpartum Women of the RFP.

A52) Protocols are developed by the current medical provider. All services must be consistent with California State law and regulatory requirements.

Q53) Please identify and provide contact information for the currently utilized community-based methadone treatment program referenced in Section II.E.11.c, Special Needs of Pregnant and Postpartum Women of the RFP.

A53) Protocols are developed by the current medical provider. All services must be consistent with California State law and regulatory requirements.
Q54) Section II.E.11.c, Special Needs of Pregnant and Postpartum Women of the RFP require the Contractor to refer to, and coordinate with, a community-based methadone program. However, Section II.E.20.a, Detoxification from Drugs and Alcohol requires us to provide a methadone detox program at the facility. Please clarify the County’s requirements as to the location of the medical Contractor’s methadone program for female inmates.

A54) The NCCHC accredited (methadone) Opioid Treatment Program for pregnant females is located on-site at Santa Rita Jail.

Q55) If the methadone program must be provided on-site, will a single program located at either the Jail or the Detention Facility satisfy the County’s requirements?

A55) The Opioid Treatment Program must be located at the Santa Rita Jail.

Q56) How often is the regular training for medical staff on pregnancy issues (Section II.E.19, Training and Education of the RFP) currently conducted?

A56) Training for staff on pregnancy issues is once per year.

Q57) When the medical Contractor and the Alameda County AIDS Task Force cooperate to provide AIDS education and AIDS/HIV testing as described in Section II.E.17, AIDS of the RFP, who is financially responsible for such education and testing?

A57) The provider is financially responsible for providing education and testing relative to AIDS education and testing.

Q58) Who provides the staffing to conduct the AIDS education and AIDS/HIV testing described in Section II.E.17, AIDS of the RFP?

A58) The provider provides the staffing to conduct AIDS education and testing.

Q59) For accreditation purposes, is the Outpatient Housing Unit (OPHU) at the Jail classified as an infirmary?

A59) The Outpatient Housing Unit is also called an Infirmary.

Q60) With regard to the 25-bed Outpatient Housing Unit (OPHU) at the Jail, how are the beds allotted between male/female inmates?

A60) There is no allocation of male and females beds in the Infirmary.

Q61) With regard to the 25-bed Outpatient Housing Unit (OPHU) at the Jail, how are the beds allotted to the various uses described in the RFP, i.e., convalescent care, intravenous treatment, centralized detoxification, psychological observation, onsite dialysis, management of non-ambulatory inmates, etc?

A61) There is no plan to allocate Infirmary beds to various disease classifications.

Q62) Does the Detention Facility have special medical housing, observation beds, and/or an infirmary? If “yes,” please provide the following information.

- Number of beds
- Breakdown of how the beds are allotted between male/female inmates
• Breakdown of how the beds are allotted to various levels of medical health status, e.g., how many beds are for observation, how many for housing chronically ill or impaired inmates, etc.

A62) **There is no Infirmary at the Glenn E. Dyer Detention Facility.**

Q63) What level of medical acuity can the OPHU at the Jail handle without the need to send an inmate for offsite care, e.g., can the Unit administer nasogastric (NG) feedings? Total parenteral nutrition (TPN), etc?

A63) **The Infirmary is a non-acute facility. The decision to send an inmate off site for care is made by the medical provider.**

Q64) What level of medical acuity can the Detention Facility handle without the need to send an inmate for offsite care, e.g., can the facility administer intravenous (IV) medications? Nasogastric (NG) feedings? Total parenteral nutrition (TPN), etc?

A64) **The decision to send an inmate off site from GDDF is made by the medical provider.**

Q65) Does Alameda County Behavioral Health Care Services (BHCS) provide mental health services under the current contract? If “no,” please identify the current mental health Contractor for ACSO inmates.

A65) **Mental Health services are provided by the Alameda County Health Care Services Agency, Behavioral Health Care Services through its Criminal Justice Mental Health (CJMH) program with an MOU. The services provided by BHCS are separate and not part of the medical contract.**

Q66) As the medical Contractor will be working in collaboration with BHCS regarding the provision of mental health care, please indicate whether either the Jail or the Detention Facility currently has a mental health unit, or beds assigned to mental health patients. If “yes,” please provide the following information.

- Number of beds
- Breakdown of how the beds are allotted between male/female inmates
- Breakdown of how the beds are allotted to various levels of mental health status, e.g., how many beds are for crisis stabilization, how many for transitional care, etc.

A66) **Currently BHCS sends all psychiatrically acute inmates out to a designated 5150 facility for treatment and stabilization. There is a planned acute inpatient unit set to open sometime in early 2008 within the GDDF and will house at least 10 County inmates, both male and female. The beds will be monitored by BHCS staff members who will collaborate with the acute psychiatric contractor/provider on length of stay and fitness for return to incarceration.**

Q67) **Section II.C, Scope of the RFP states that Alameda County Behavioral Health Care Services (BHCS) staff is responsible for mental health care (after intake screening), crisis intervention, and ongoing counseling, and that BHCS psychiatrists will prescribe psychotropic medications for their clients housed at the Jail or the Detention Facility.**
However Section II.E.32, Responsibility for Mental Health Services states that the medical Contractor will make appropriate referrals to the County’s Criminal Justice Mental Health (CJMH) staff; that the medical Contractor will collaborate with CJMH by providing timely responses to requests for medical evaluations, medical consults, and laboratory analyses; and that the medical Contractor’s nurses must administer psychotropic medications including injections ordered by CJMH psychiatrists.

Please clarify the difference between Alameda County Behavioral Health Care Services (BHCS) and the County’s Criminal Justice Mental Health (CJMH) staff, and explain under what circumstances BHCS psychiatrists will prescribe psychotropic medications for inmates versus those circumstances when CJMH psychiatrists will order such medications.

A67) **CJMH is a division of BHCS and is the mental health provider within the County jails. CJMH and BHCS are the same organization. **CJMH has psychiatrists and other mental health staff who provide all psychiatric services except the initial screening in booking, running the pharmacy, and dispensing medications.

Q68) Please confirm that BHCS is financially responsible for offsite inpatient and offsite outpatient mental health and psychiatric care for ACSO inmates.

**A68) Confirmed**

Q69) Please be more exact about the County’s timeframe for opening the acute psychiatric unit at the Detention Facility after January 1, 2008, i.e., will this happen during the last six months of the incumbent medical Contractor’s term (first half of 2008); during the first six months of the incoming medical Contractor’s term (latter half of 2008), in 2009, etc.

A69) **It is anticipated that the acute psychiatric unit will open in early 2008, within the first 6 months.**

Q70) Does the County want bidders to factor the provision of services for this acute psychiatric unit into their pricing?

A70) **If this question refers to mental health or psychiatric services, the answer is no. BHSC has issued a separate Formal Request for Quote (FRQ) for an acute psychiatric service provider. In their pricing, Bidders should factor in the provision of medical care services for this acute psychiatric unit for about 10-20 beds.**

Q71) If the answer to the preceding question was “yes,” please describe the level of services for which the medical Contractor will be responsible, e.g., nursing staff, pharmaceuticals, etc. If the answer to the preceding question was “no,” please confirm that cost increases resulting from the opening of the acute psychiatric unit will be discussed at a later date, with appropriate adjustments to compensation to be negotiated by the parties.

A71) **The successful medical service provider will provide medical clearances prior to transfer of inmates to the acute psychiatric unit, and will also provide necessary ongoing medical services to the inmates in the custody of the ACSO in the acute psychiatric unit, which will be housed in GDDF. A minimum of 10 beds are allotted to**
the ACSO. The medical care provider is responsible for providing the medical care services for inmates in this psychiatric unit.

Q72) Does the Santa Rita Jail currently have DEA registration?
A72) Yes, SRJ has a DEA registration.

Q73) Does the Jail currently have a state-licensed pharmacy permit?
A73) Yes, SRJ does have a state-licensed pharmacy permit.

Q74) Does the Glenn E. Dyer Detention Facility currently have DEA registration?
A74) No, GDDF does not have a DEA registration.

Q75) Does the Detention Facility currently have a state-licensed pharmacy permit?
A75) No, GDDF does not have a State licensed pharmacy permit.

Q76) Does space for the qualified California-licensed on-site pharmacy required by Section II.E.16, Pharmaceuticals of the RFP currently physically exist?
A76) Yes, space exists for the pharmacy.

Q77) If “yes,” is the pharmacy currently operating?
A77) Yes, the pharmacy is currently operating.

Q78) Exactly where is the current onsite pharmacy located?
A78) The onsite pharmacy is located in the medical clinic.

Q79) By position, what is the current staffing complement of the onsite pharmacy? Please provide rates of pay and benefits for each position.
A79) Pharmacy services are provided by Maxor. The pharmacy has 3 full time pharmacists and 5 pharmacy technicians. Benefits and rates of pay for each position is not available.

Q80) Please identify (and provide contact information for) the pharmaceutical wholesaler that currently supplies inventory to the onsite pharmacy.
A80) Pharmacy services are provided by the Jail’s in-house pharmacy (Maxor Correctional Pharmacy Services, Amarillo, TX).

Q81) Is this the same wholesaler used by BHCS? If not, please identify (and provide contact information for) the pharmaceutical wholesaler that BHCS utilizes to provide psychotropic medications for ACSO inmates.
A81) Yes, Maxor bills BHCS and BHCS pays for psychotropic medications for ACSO inmates.
Q82) How will existing drug inventory in the onsite pharmacy be handled at the time of contract transition, i.e., will the incoming Contractor be required to purchase existing inventory as of the contract start date?
A82) Yes, incoming Contractor would be required to purchase existing/stock inventory.

Q83) Does the onsite pharmacy house inventory for both the drugs ordered by the medical services Contractor and the psychotropic medications provided and paid for by BHCS?
A83) Yes

Q84) Is the staffing complement at the onsite pharmacy (i.e., the medical Contractor’s employees) also responsible for the inventory, security, dispensing, etc., of the psychotropic medications provided and paid for by BHCS?
A84) The on-site pharmacy handles all medications, medical and psychiatric and bills BHCS for the costs of psychiatric medications.

Q85) Please provide an inventory of equipment (automated and manual) currently in use at the onsite pharmacy and identify which items will be available for use by the selected Contractor. If available, please include make, model, age, condition, and current maintenance agreement cost.
A85) Current pharmacy equipment is owned by provider. The vendor for the new contract would be expected to provide the equipment necessary to provide pharmacy services.

Q86) Please provide copies of the policies and procedures currently in place for the management of the onsite pharmacy.
A86) ACSO does not have that information.

Q87) Does the current Contractor utilize bingo cards or a vial-type system for pharmaceuticals?
A87) Current vendor utilizes blister packs at GDDF but all medications at SRJ are unit dose.

Q88) At each facility, how are medications distributed (i.e., pill line or med pass)? Where does medication distribution take place (i.e., do medication carts go to the housing units or do inmates come to the medical units)?
A88) Medications are distributed by both pill line and mediation pass depending on the housing unit. Medications carts go to the housing units.

Q89) How often are the medications distributed each day at each facility?
A89) Medications are distributed three times per day.

Q90) How long does it take to complete an average medication distribution at each facility?
A90) Medication distribution can vary from 45 minutes to 2 hours 30 minutes.

Q91) Who administers medications (RN, LPN, or medical assistants)?
A91) Registered Nurses and Licensed Vocational Nurses administer medications.
Q92) Does either facility have medication carts that will be made available for the use of the incoming vendor? If “yes,” how many medication carts?
A92) No, the vendor will be expected to provide its’ own medication carts.

Q93) Does either the Jail or the Detention Facility currently maintain a Keep-On-Person (KOP) program? If “no,” is the ACSO interested in implementing a KOP program at either facility?
A93) No, neither facility maintains a Keep-On-Person program. A vendor should not include a KOP system in its proposal.

Q94) Please provide copies of the following documents.
- The formulary currently used by the incumbent medical Contractor
- The formulary currently used by BHCS
- A current formulary management report
A94) ACSO does not have the formulary currently used by the incumbent medical Contractor. The formulary used by Behavioral Health Care Services is available through the County of Alameda Behavioral Health Services Department and is added as Attachment No. 3 to this Addendum.

Q95) Please provide a list of the drugs that the County considers to be “psychotropic” and that therefore will be provided and paid for by BHCS.
A95) Basically, all psychiatric medications are available. The following listed BHCS formulary medications are Non-Formulary at CJMH due to misuse/abuse by the inmates:
- Quetiapine (Seroquel)
- Bupropion (Wellbutrin)
- Tricyclic Antidepressants – amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline, & protriptyline
- Gabapentin (Neurotin)
- Trihexphenidyl (Artane)

Q96) Who is financially responsible for the cost of the drugs in the event that a practitioner employed by the medical Contractor (not by BHCS) has to prescribe a psychotropic drug, e.g., in the case of an expired prescription written by a BHCS practitioner?
A96) BHCS prescribes all psych meds and pays for all psych meds.

Q97) Please identify and provide contact information for the current local back-up pharmacy(s).
A97) There is no off-site back-up pharmacy. The pharmacy used is on-site at Santa Rita Jail.

Q98) For each facility, please provide a list of the top 25 most utilized prescription medications.
A98) See Attachment No. 4.

Q99) What is the average monthly number of inmates who are prescribed drugs?
A99) Approximately 56% (or 2520) of inmates receive medication out of the average daily population (ADP) of 4500. Although we currently are not at 4500, the percentage was calculated using that number.

Q100) Please provide a list of all medications currently kept as stock medications.  
A100) ACSO does not have the information requested.

Q101) What is the average number of inmates receiving pharmaceutical treatment each month for the following diseases?  
- Hepatitis C  
- HIV/AIDS

A101) Hepatitis C - .3 inmates a month (about 4 per year), HIV/AIDS – averages about 15 per month.

Q102) For each facility, please provide two years’ worth of the following monthly statistics.  
- Number of inpatient offsite hospital days  
- Number of outpatient surgeries  
- Number of outpatient referrals  
- Number of trips to the emergency department  
- Number of ER referrals resulting in hospitalization  
- Number of ambulance transports  
- Number air transport utilized (including cost and frequency)  
- Number of eyeglasses issued  
- Number of dental prosthetics issued  
- Number of medical prosthetics issued  
- Average number of psychiatric inmates receiving drug therapy per month  
- Average number of diabetics on oral vs. insulin medications per month  
- Average number of diabetics per month  
- Average number of asthmatics per month  
- Number of infirmary days  
- Average number per month of inmates undergoing dialysis treatments

A102) See Attachment No. 5 and 8.

Q103) For each facility, please provide two years’ worth of historical health services cost data broken out by at least the following categories.  
- Inpatient offsite care  
- Outpatient offsite care  
- Emergency department/hospital  
- Total pharmaceutical expenditures  
- Psychotropic pharmaceuticals  
- Staffing  
- Laboratory services
- Radiology services
- Dialysis
- HIV/AIDS
- Hepatitis C

A103) This information is proprietary information of the current provider. Vendors should determine their own assumptions. Please see Attachment No. 6.

Q104) Please provide two years of historical data on the average monthly number of claims submitted by community hospitals, physicians, and other practitioners for care provided to inmates in the ACSO facilities.

A104) This is proprietary information of the current provider and is not available.

Q105) Please provide a copy of the current ACSO “policy and procedure for the communication and resolution of inmate and staff complaints or other items regarding any aspect of health care delivery” referenced in Section II.E.25. Grievance Procedure, item a in the RFP.

A105) See Attachment No. 7.

Q106) Please provide a copy of the Emergency Grievance Procedure designed specifically for pregnant inmates referenced in Section II.E.25.b of the RFP.

A106) That should also be under the same Policy and Procedure guidelines. Please see Attachment No. 7.

Q107) Section II.E.25.a of the RFP requires the Contractor to follow current grievance policy and procedure. However Section II.E.25.c requires the Contractor to develop grievance policies and procedures. Please clarify whether the ACSO wishes the medical Contractor to follow existing grievance policies or develop and implement our own.

A107) Both, the Vendor must develop its own procedure for processing grievances, but the process must be consistent with the ACSO process.

Q108) With regard to the scoring process described in Section III.O, Evaluation Criteria/Selection Committee of the RFP, please clarify the application of the zero-to-five (Not Acceptable to Excellent/Exceptional) point scale on page 34 versus the application of the “Pass/Fail,” “15-to 20-point,” and “Five Percent” maximum scores in the table on pages 35-38.

A108) The 0 to 5 point scale range is used by the CSC when scoring/rating proposals against the individual categories of the Evaluation Criteria. The total weight for the weighted items in the Evaluation Criteria equals 100. If the CSC member gives each weighted item a score of 5, the total possible points available for the vendor’s proposal is 500. If a bidder is a local Alameda County vendor they will receive an additional 5% preference, or 25 points (5% of 500), and if the bidder is a certified SLEB they receive an additional 5%, or an additional 25 points for a possible total score of 550.

Q109) Are the weights with regard to the Evaluation Criteria assigned first, and then multiplied by the bidder’s score on the zero-to-five (Not Acceptable to Excellent/Exceptional) point scale on page 34?
A109) The weights under Evaluation Criteria are assigned by the client department during the development of the RFP specifications.

Q110) Does the Evaluation Committee (a) assign a single zero-to-five (Not Acceptable to Excellent/Exceptional) score to a bidder’s proposal as a whole, or (b) assign multiple zero-to-five (Not Acceptable to Excellent/Exceptional) scores on an individual basis to each of the various components/criteria in a bidder’s proposal?

A110) Refer to the RFP section on Evaluation Criteria/County Selection Committee.

Q111) If each value in the “Weight” column of the table on pages 35-38 can theoretically be multiplied by five (5) in the case of an Excellent/Exceptional proposal in order to reach the final maximum possible score of 550, then will a qualified Alameda County vendor with an Excellent/Exceptional proposal receive a weighted score of 25 in the “Local Preference” category?

A111) The maximum possible score a proposal can receive from the CSC is 500. See the answer to question 108.

Q112) Does a qualified Alameda County vendor with a Not Acceptable proposal receive 0% preference on the Local Preference criterion, while a qualified Alameda County vendor with a Poor proposal receives 1% preference, and a qualified Alameda County vendor with an Excellent/Exceptional proposal receives 5% preference, etc?

A112) If a vendor’s proposal is Not Acceptable, the proposal is not given any further consideration and is not scored by the CSC.

Q113) How does the Evaluation Committee apply the zero-to-five (Not Acceptable to Excellent/Exceptional) point scale on page 34 of the RFP to an Evaluation Criterion with an assigned weight of Pass/Fail?

A113) The Evaluation Criterion with an assigned weight of Pass/Fail will not have designated points.

Q114) Please clarify the formula the County will use to assign a weight to the cost of each bidder’s proposal. Using the equation described in Box E, Cost on page 36 of the RFP, a bidder’s Cost score can never be greater than one point. Does the County then multiply each bidder’s Cost score (≤ 1.0) by the weight of 15 shown in the table? Then does the County multiply each resulting score again by the bidder’s placement on the zero-to-five (Not Acceptable to Excellent/Exceptional) point scale? This would result in a maximum total weighted Cost score of 75 for the low bidder who has an Excellent/Exceptional proposal.

A114) The bidder with the lowest total cost is given 15 points for Cost under the RFP Evaluation Criteria. The lowest cost is then divided by the second lowest cost, for example: $150,000/250,000 = 0.60 x 15 = 9. The second lowest cost would receive a score of 9 under Cost.

Q115) Please provide a mocked-up example (with explanatory notes) of an Evaluation Committee scoring sheet so that bidders can have an exact idea of how our proposals will be scored.
A115) Sufficient information has been provided in A108) & A112) above. The CSC scoring sheet is basically what is stated in the RFP as far as number of points and how the committee members will rate the proposals. The sheet lists each criteria item under Evaluation Criteria stated in the RFP. Next to each score (1 to 5) the CSC member will give a brief written statement as to why a particular score was given. All scoring information will be open for public review at the conclusion of the entire evaluation process.

Q116) Regarding the monthly reports of utilization, can you provide data for all of 2006 as well as calendar year 2007 to date?

A116) This information can be found in Attachment No. 5.

Q117) Regarding equipment, there was some confusion about ownership of equipment. Can you provide a list of all medical equipment in both facilities and whether the equipment is owned by the County or the current contractor? This has the potential to have significant pricing implications depending upon who owns the major pieces of equipment, including the x-ray machine, dental operatory equipment, exam tables, infirmary equipment, etc.

A117) X-ray machine is owned by ACSO. Exam tables and wheelchairs are provided by ACSO.

Q118) Please provide a copy of the current health services contract between Prison Health Services and the Alameda County Sheriffs Office (ACSO) including any exhibits, attachments, and amendments. What has the county paid in the past 5 years to the vendor?

A118) Under the California Public Records Act Bidders must submit a separate written request to Sharon Perkins.

Q119) Are the facilities currently NCCHC accredited? If not, does the County want the facilities to become NCCHC accredited and if so, will the vendor be responsible for the accreditation fee?

A119) The current vendor is accredited by NCCHC; but now that ACA is accrediting our medical services/facility only the methadone program will be NCCHC accredited.

Q120) When is the next scheduled on-site ACA audit?

A120) 2010 – See Written Question and Answer for 8 above.

Q121) Is the ACSO currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.

A121) No – See Written Question and Answer 10 above.

Q122) Please provide current medical staffing schedules by position, shift, and day of the week for the Santa Rita Jail and the Glenn E. Dyer Detention Facility.

A122) The current medical staffing schedules for SRJ & GDDF are found in Attachment No. 8.
Q123) Does the County feel the current medical staffing plan for the facilities are adequate?
A123) Yes

Q124) In 2006 and YTD 2007, how many pregnant females participated in a methadone maintenance program?
A124) 2006 -14 females – 2007 to date – 9 females

Q125) Does ACSO or the current vendor, PHS, utilize an automated/electronic medical records collection system within the two facilities, currently?
A125) No

Q126) What are the designated emergency or "9 11" hospitals for each facility?
A126) The designated emergency facility for GDDF is ACMC; for SRJ it is Valley Medical Center.

Q127) Who administers medications (RN, LVN, or medical assistants)?
A127) RNs and LVNs

Q128) What is the cost reimbursement structure for the inmates held under contract with the State and Federal government?
A128) US Marshall, if inmates are housed at SRJ the cost reimbursement is $74.43; if housed at GDDF it is $98.00; California Department of Correction inmates are $71.57 a day.

Q129) Approximately what is the # of State and Federal inmates within the 4,200 ADP at the Santa Rita Jail?
A129) State is approximately 700 and Federal is approximately 160.

Q130) Who is responsible to equip or purchase any new/replacement of the 20 Outpatient housing unit? Who is responsible to maintain all the equipment in these rooms?
A130) Equipment purchased by the ACSO will be replaced and maintained by the Sheriff; Contractor will purchase small equipment/appliances and soft items and will be responsible for replacement and maintenance of these items in the OPHU.

Q131) Under the Specific Requirements section 3e: Who is responsible for purchasing equipment and supplies for specialty clinics such as oral surgery?
A131) Oral surgery is not performed and has been deleted in this Addendum from the RFP requirements. All permanent equipment is purchased by ACSO, ‘soft’ equipment is purchased by PHS. Dental Office equipment is purchased by ACSO.

Q132) In section 8b Outpatient care on page 13, are the 40 hours of onsite physician hours in addition to the hours required in section 3 on page 11?
A132) Physician on-site 40 hours per week at SRJ, and makes rounds either Saturday or Sunday in OPHU. Physician on-call 24 hours per day.
Q133) In section 15a Hospital Care: Hospitalization is currently contracted for at Alameda County Medical Center - what is the financial arrangement which may impact the pricing of this bid?
A133) The financial arrangement is to be negotiated between the medical provider and ACMC.

Q134) In section 15b Hospital Care: It appears to be a dual role with vendor and BHCS, but who is ultimately responsible for Mental Health?
A134) As stated in the RFP and previous answers, BHCS (CJMH) is responsible for mental health care of inmates

Q135) In section 16, can the vendor propose a fax/fill system that is more economically feasible for the county's consideration?
A135) No

Q136) Can you explain how the percentage rate of minor and major error rates will be calculated?
A136) No

Q137) On page 40 of the RFP, it indicates that the vendor will be responsible for all equipment not on-site. Please provide a list of all equipment which will be available for use by the contractor at each location. Will the contractor be responsible for the maintenance of County owned equipment?
A137) The Contractor will not be responsible for County owned equipment.

Q138) On page 40 of the RFP, it indicates that the Contractor must assume all catastrophic risks and expenses. Will the County consider capped or shared risk options?
A138) The same applies for all equipment, permanent equipment is purchased by ACSO, and soft/portable equipment is purchased by the Contractor. For purposes of this bid, the County will not consider capped or shared risk options. The County may consider it at a later time.

Q139) On page 41 of the RFP, it indicates that in the event of a price decline, such lower price will be extended to the County. Please explain what is specifically meant by a "price deadline". Additionally, price declines on what should be extended to the County?
A139) Generally this requirement applies to discounts on the purchase of supplies and may not be applicable for this contract.

Q140) On page 41 of the RFP, it indicates that the County reserves the right to award to a single contractor or multiple contractors. Please explain how the county envisions an award for medical services to multiple contractors would operate.
A140) Award to multiple contractors would not apply when selecting a prime medical provider.

Q141) The RFP indicates that 24 hours nursing is required. Does this mean that both sites (Santa Rita, Glenn Dyer) will have nurses on-site 24 hours or the combined total shall be 24 hours?
A141) Each facility will have an RN on-site 24 hours a day.

Q142) Addendum #1 requires the contractor to provide a cost adjustment factor against the contractor for failure to comply with various RFP requirements. Would the County consider multiple adjustment factors based on which position is vacant? Would the adjustment factor be applied based on the total number of hours vacant throughout the year, or some shorter period of time? Please indicate how these assessments will be determined and if the contractor would have any recourse?

A142) Exhibit B (Revised 9/19/07) Bid Form stands as stated in Addendum No. 1

Q143) Please provide the prior 3 years medical expenses incurred by the County including staffing.

A143) Information is not available.

Q144) Please provide the current staffing plan by title and hourly rates by location (Santa Rita, Glenn Dyer).

A144) The ACSO does not have that information.

Q145) Please provide all available medical statistics for the prior 3 years.

A145) See Attachment No. 11.

Q146) What specific population for the County by location (Santa Rita, Glenn Dyer) should vendors base their proposals on?

A146) The numbers are provided in the RFP.

Q147) Is the current medical staffing based on 8 or 12 hours shifts at both facilities?

A147) 8 hour shifts.

Q148) Are there any specific benefit requirements that must be required for the medical staff?

A148) Payments and benefits to medical staff are the responsibility of the medical provider.

Q149) The RFP states a minimum vendor qualification of 5 years; we are asking if the County will consider waiving this requirement assuming a potential vendor can display an ability (and experience) to perform the scope of work contained within the RFP?

A149) The County is not willing to change the number of years experience required by vendors. The requirement remains as stated in RFP.

Q150) How many inmates are held under contract with the State and Federal governments? Is the contractor responsible for off-site costs for these inmates?

A150) Currently under our contract with the California Department of Corrections, the ACSO can house up to 750 inmates. There are some times the ACSO will occasionally go over that number and sometimes we go under, but we try to keep it at 725. For the US Marshalls, currently the Sheriff has 160. The Sheriff tries to maintain a range of 160-175.
Regarding off-site appointments/care, if the ACSO has an inmate in custody and all is considered routine, even if it’s an off-site appointment, it is the Contractor’s pay out. However, if the inmate from CDC ends up staying in the hospital for a long period of time with a serious illness, the CDC liaison is contacted and requested to remove the inmate and take them to one of their facilities. The Contractor or health care provider doesn’t have to bear that cost. But once an inmate goes into a hospital, and then released to come back to the Jail, the provider pays that cost. If the inmate is admitted and they stay, then the ACSO will contact the US Marshall who will send a US Marshall and the hospitalized inmate is released to them from our custody and it is no longer the health provider’s payment.

Q151) Should the contractor include costs for the potential acute psychiatric unit? If this unit is to be operated by BHCS what would the contractor’s responsibilities be?
A151) Medical provider will deliver medical services to the inmates in the acute psychiatric unit. CJMH will subcontract for the acute psychiatric provider. Acute psychiatric expenses, i.e. staffing, psych medications, etc. will be the responsibility of the acute psychiatric provider. The medical provider (Contractor) will still be responsible to provide medical care to the inmate even though he/she is in the psychiatric unit.

Q152) On page 8, Section 8 e., there is a reference to 60-70 inmates being booked at the Glenn E. Dyer Detention Facility. On page 10, Section E 2 a., there is a reference to the Glenn E. Dyer Detention Facility that indicates that there are no bookings at the facility. Could you please clarify?
A152) Primarily, the medical provider will do the in-take screenings; other outside agencies within the County do go to the GDDF for convenience, like Oakland Police Department, and AC Transit, which is a Sheriff’s Department unit. These agencies will bring inmates into that facility and screening is done by the medical staff at the facility. In-takes initially start with one of the Deputies and they also do an initial screening. Many times the GDDF will get so many prisoners that they are then transported to Santa Rita Jail. Approximately two weeks ago the Sheriff’s Office started a program with ourweekenders going to GDDF, and there are approximately 50-60 bookings starting on Friday through Sunday that could go to the GDDF.

Q153) How many 4011.6 referrals are there per year? Is the contractor responsible for providing reports?
A153) This has been an ongoing issue between the ACSO and the courts. We were up to about 90 referrals a month, but Behavioral Health Care Services does all the paperwork and we’re now down to 30 a month. Our court system has used the 4011.6 process for psychiatric evaluation in a very broad way, not consistent with the 4011.6 statute. In BHCS’s arrangement with the courts, we’re trying to find other ways to work with the courts around coming up with a mental health input or mentally ill defendant. But the BHCS does all of that.

Q154) Is there currently an electronic medical record system on-site?
A154) No.

Q155) Does the current vendor have SLEB subcontracts?
A155) There are several small vendors used primarily for pharmacy/medication packaging. PHS utilizes the services of two pharmacy subcontractors that are SLEBs and they also purchase some of their office supplies from a SLEB vendor. PHS also uses the Professional Corporation, a certified SLEB, for their physicians.

Q156) Section II. C. Scope (RFP page 6): Are psychotropic medications prescribed by BHCS staff filled by the on-site pharmacy? Is the medical contractor responsible for filling these medications or does BHCS provide their own pharmacist?
A156) BHCS does not provide its own pharmacist and medications are filled on-site at the pharmacy at Santa Rita Jail.

Q157) Section II.C.7.b., Santa Rita Jail (RFP page 7): How many dialysis chairs are available? What has been the average number of inmates on dialysis for each of the past three years?
A157) 2 chairs are available. See Attachment No. 10.

Q158) Section II.C.7.c., Santa Rita Jail (RFP page 7): How often does the oral surgeon come on-site? What has been the total number of oral surgeries provided for each of the past three years?
A158) Oral surgeries are not performed at SRJ.

Q159) Section II.C.8.a., Glen E. Dyer Detention Facility (RFP page 8): Please clarify the medical contractor’s responsibility for the provision of services to inmates from the Federal Government and State of California, specifically related to the cost of pharmaceuticals and off-site services.
A159) All required routine, non-routine and emergency medical care for State inmates housed at SRJ are afforded in the same manner as County inmates, regardless of costs. Long-term non-routine medical services are the responsibility of the CDCR. If a CDCR inmate is hospitalized CDCR agrees to the removal of the hospitalized State inmate by the 7th day of hospitalization. Federal inmates will be provided the same level of medical care and services provided local prisoners; all costs associated with medical costs outside the facility will be paid directly by the Federal Government.

Q160) Section II.C.8.c., Glen E. Dyer Detention Facility (RFP page 8): Does the County currently have an x-ray machine available for use on-site? If so, are inspections/permits/certifications up to date? If not, does the County have any plans to acquire a machine or will the Contractor be expected to obtain an x-ray machine at Contractor’s expense?
A160) There is a new x-ray machine owned by the ACSO; the x-ray machine is available on-site at SRJ and has all the current permits.

Q161) Section II.C.8, Glen E. Dyer Detention Facility (RFP page 8): Where is the planned acute psychiatric unit scheduled to open January 1, 2008 to be located? If the contractor is
required to provide medical and pharmacy services to the 12 -20 bed acute psychiatric unit to open after January 1, 2008, will reimbursement for these services be determined by negotiations and addendum to the contract or is this cost expected to be include within the initial bid submitted for this RFP?

A161) Refer to Written Question & Answer 153. The planned acute psychiatric unit will be located on the 3rd floor at GDDF. This cost, for medical and pharmacy services, is expected to be included in the vendor(s) initial bid.

Q162) Section II.C.10, Board Certification (RFP page 9): Does the physician designated as medical director have to be board certified or is “board eligible” status acceptable to the County?

A162) Board certified or board eligible is acceptable.

Q163) Section II.E.1.a., Maintenance of Accreditations (RFP page 10): Please provide current accreditation status including ACA, NCCHC, and CMA as well as dates scheduled for re-accreditation for both facilities. Is the ACSO satisfied that compliance with required accreditation standards is currently being achieved through findings of their informal audits? If not, what specific areas of concern does the ACSO have in this regard?

A163) Refer to Written Questions and Answers 8 and 9.

Q164) Section II.E.2.a., Intake Health Screening (RFP page 10): Who is required to perform initial intake mental health screening?

A164) For all inmates booked at the Jail, the initial screenings are done by Prison Health Services (current medical provider). Within the screening process there are some psychiatric questions asked of the inmates. If those psychiatric questions are answered positively, then that generates a referral to CJMH staff for a follow up mental health evaluation, assessment, and/or treatment. Not every inmate that is booked into the Jail will receive the mental health evaluation.

Q165) Section II.E.2.c., Sick Call (RFP page 11): This section notes that RN and physician sick call shall be held Monday through Friday at both detention facilities and that additional sick call hours may be added as required. Please define the current practice in this regard for both RNs and physicians by day, and scheduled hours for each detention facility. How will and who makes the determination for the requirement of additional sick call hours? If it is determined that additional sick call hours are required, is there sufficient clinic space and security time to support this and is this expansion expected to be covered in the current staffing model for health services staff as well as the submitted cost proposal or will this be done under a negotiated addendum to the contract?

A165) Sick call is conducted Monday through Friday, between 0700 and 1530 hours. Any additional sick call hours are a collaborative decision made between ACSO and the current vendor. The medical provider must provide extra staff and ACSO must provide a deputy for security. There is sufficient space; again it is a collaborative decision. This would be covered in the current staffing model for health services.
Q166) Section II.E.3.a., Hours of Coverage (RFP page 11): On average, how often has the physician returned to the facilities after hours? Who makes the determination as to whether the physician must come in to the facility when providing on-call services?
A166) On the average the on-call physician returns to the facilities 4 times a week. The physician will make the determination as to whether he/she must come to the facility.

Q167) Section II.E.3.b., Hours of Coverage (RFP page 11): Can physician assistant and/or nurse practitioner hours be considered to fulfill any of the required minimum onsite coverage?
A167) No, not for the physician’s position.

Q168) Section II.E.4., Food Services (RFP page 12): Please provide the criteria for screening of inmate food workers and other inmate workers including lab testing requirements.
A168) See Attachment No. 9.

Q169) Section II.E.9., Suicide Prevention Program (RFP page 13): Who is responsible for removing inmates from suicide watch and providing their follow-up assessment and mental health care?
A169) Inmates that are placed in safety cells at the Jails, and can only be removed or taken off a safety cell by a mental health worker (CJMH). CJMH also provides the follow up assessment.

Q170) Section II.E.12., Family Planning Services (RFP page 14): How many non-therapeutic abortions have been performed in each of the last three years? How many therapeutic abortions have been performed in each of the last three years? Who currently provides abortion services?
A170) See Attachment No. 5.

Q171) Section II.E.14, Prosthetics/Glasses (RFP page 14): Please specifically define the contractor’s responsibility pertaining to contact lenses, including all necessary solutions, cleaning supplies and equipment.
A171) Yes the medical provider supplies glasses/contacts, etc. The equipment used in the clinic is provided by ACSO.

Q172) Section II.E.15., Hospital Care (RFP page 14): Please provide copies of agreements with Alameda County Medical Center and Valley Care Medical Systems.
A172) Refer to Question and Answer 46.

Q173) Section II.E.16.b, Pharmaceuticals (RFP page 15): Is an on-site pharmacy required at both the Santa Rita facility and the Glenn Dyer facility or will one pharmacy provide services to both facilities?
A173) One pharmacy for both facilities located at Santa Rita Jail.
Q174) Section II.E.16.c, Pharmaceuticals (RFP page 15): On average, how often has the pharmacist returned to the facilities after hours? Who makes the determination as to whether the pharmacist must come in to the facility when providing on-call services?

A174) 2-3 times per week. The pharmacist makes the decision as to whether he/she will return to the facility.

Q175) Section II.E.17., AIDS (RFP page 15): Please clarify the requirement to provide AIDS/HIV testing upon Sheriff’s Office staff request. Is this to provide testing for Sheriff’s Office staff or does this refer to inmates referred by Sheriff’s Office staff? If testing is to be provided for Sheriff’s Office staff, what has been the number of tests conducted annually for Sheriff’s Office staff for each of the past three years? Does the contractor have any other legal responsibilities for follow-up for Sheriff’s Office staff, such as confidential reports, etc.?

A175) Refer to Written Questions and Answers 57 and 58.

Q176) Section II.E.20.b., Detoxification from Drugs and Alcohol (RFP page 16): Please describe the County’s current methadone maintenance program for pregnant opiate addicted inmates. Is this program currently licensed? Is it provided onsite? If not, who is the current provider? What is the average number of inmates that participate in this program annually? Please provide a copy of the policies and procedures governing the program.

A176) Refer to Written Questions & Answers 9 and 54

Q177) Section II.E.29., Staff Contagious Disease Testing (RFP page 21): Please clarify if this requirement is related to staff of the contractor, the Sheriff’s Office, or both. If this includes Sheriff’s Office staff, what is the extent of the testing required for Sheriff’s Office staff?

A177) TB Testing for ACSO staff is coordinated through the Sheriff’s Worker’s Compensation Manager, not the vendor.

Q178) Section II.G.7., Electronic Medical Record (RFP page 25): Please expand upon the County’s interest in obtaining an automated/electronic medical records system. What are the requirements for the system? Do you have a particular system in mind? Who is responsible for the hardware and network configuration associated with the system? When an electronic medical records system is implemented, will the Contractor be required to scan/input existing paper medical records into the EMR?

A178) The ACSO does not have a particular EMR system in mind. The RFP asks for bidders to propose and describe a system for use in the County as part of the new contract.

Q179) Section IV.S.3., Pricing (RFP page 40): The RFP states that all health care services are the responsibility of the Contractor unless the inmate utilizes their own private physician. Are inmates allowed access to their personal physicians while incarcerated? If so, what percentages of inmates currently access their private physicians? Is the private physician allowed to provide care at the facility or do the inmates visit their private physician off-site? If off-site, who is responsible for the transportation costs? Who is responsible for the cost, scheduling and follow up for related pharmaceuticals, lab, radiology, outpatient and inpatient services, medical supplies and equipment ordered or recommended by the private physician?
A179) Yes, inmates are allowed access to their personal physicians while incarcerated. However, there has not been such a case in the last 4 years. The inmate must provide a court order from an Alameda County Superior Court Judge. The order will provide that the inmate is responsible for all expenses associated with the transportation and medical treatment. The doctor/facility providing the treatment to the inmate must be willing to accept direct payment from the inmate. Payments for medical treatment, examinations or related procedures are not the responsibility of Alameda County, the Sheriff’s Office or the current health care provider.

Q180) Section IV.Z.1., General Requirements (RFP page 48): Please provide a copy of the County’s drug free work place policy.

A180) See Attachment No. 11.

Q181) Please provide the total dollar amount assessed as damages to the current vendor for each of the last three years.

A181) Information is not available.

Q182) Please provide as much of the following information as available for the past three calendar years:
- Number/percentage of inmates on medication and the total annual cost of medications
- Number of inmates receiving medication for the treatment of Hepatitis C
- Number of infirmary admissions and average length of stay in the infirmary
- Number of hospital days and the total annual cost for the hospitalizations
- Number of hospital admissions
- Number of pre-booking injuries / illnesses requiring hospitalization and the total annual cost of all pre-booking injuries / illnesses, regardless of whether or not hospitalization was required
- Average number of diabetic inmates

A182) See Attachment No. 10.

Q183) Is a new contractor required to hire all existing health care staff or can we accept applications from all existing employees and put them through our typical recruitment and selection process?

A183) New Contractor would be able to accept applications from all existing employees and put them through the vendor’s recruitment and selection process.

Q184) Is the County currently, or anticipated to be, under investigation, audit, or review by any federal, state or local governmental authority or regulatory agency for medical services provided?
- Is any visit/audit/inspection currently scheduled or pending?
- Is the County waiting for the results of any report from or any prior inspection/audit review?
• Have any reports of audits or visits been issued or received in the last 24 to 36 months?
• Will the County share such reports of audits or visits?

**A184) Waiting for Health Department report for 2007 Inspection.**

**Q185) Regarding ADP, are any significant changes anticipated by the Alameda County Sheriff’s Office (ACSO) over the next year?**

**A185) ACSO doesn’t anticipate any significant changes unless we get the ICE contract which is an immigration contract. Currently, that’s in negotiation and it is uncertain if the ACSO is going to do that contract. If the Sheriff were to do that contract, that would add an additional 280 inmates to GDDF. This is a possibility, but still unknown at this point.**

**Q186) The current vendor’s staff is unionized. Would a new vendor be required to utilize this agreement also?**

**A186) No. The employment relationship is up to the Contractor.**

**Q187) What are the annual union salary and benefit increase assumptions each vendor should include in its bid?**

**A187) The annual union salary will increase by 10% and benefits will also increase by 10%.**

**Q188) Will the ACSO consider a risk sharing arrangement for off-site services and/or pharmaceutical costs?**

**A188) That is something that we would consider, but for our purposes, we would go with the requirements and specifications of this RFP.**

**Q189) Does the ACSO have any intention of contracting with Immigration and Customs Enforcement during the contract period and if so, what number of beds would be allocated for these inmates?**

**A191) 280**

**Q190) Does the ACSO have any intention to open a locked mental health unit? If so, what are the expectations of the medical provider relative to providing services for inmates housed in that unit?**

**A190) Yes. If they are already in our custody, we would expect that the medical provider would still provide all the medical care for those inmates in that mental health unit.**

**Q191) Does the ACSO anticipate the population expanding beyond 400 inmates at the Glenn Dyer Detention Facility and if so, to what level of population?**

**A193) As of 10/10/07 the inmate count at GDDF was 430. However, we’ve been told that is a temporary count. The Sheriff wants to keep the count under 400. The normal average count is between 350-380 inmates.**
Q192) Does the ACSO anticipate expansion of medical or dental services at the Glenn E. Dyer Detention Facility, and if so, what is the nature of the anticipated expansion?

A194) The only medical expansion would be an increased number of nursing staff, depending on the count. If our count continues to grow at the GDDF, then yes, we would need more nurses, which we would need to talk to the provider about or renegotiate. As far as the dental services, the Sheriff does not anticipate reopening the dental facility or providing dental services at that GDDF. It is cost prohibitive at this time.

Q193) Will the ACSO or the successful vendor be responsible for any wiring/ broadband or T1 access relative to the installation of any automated systems used by the vendor?

A193) In the past the County has done its own wiring. The ACSO has been responsible for the building and the wiring of the computers that are used by the current vendor. This procedure probably will not change.

Q194) Section II. C. 7. a. of the RFP states ADP for Santa Rita Jail is 4,200 inmates; Section II. C. 8. a. Scope for Glenn E. Dyer is currently housing 380 inmates. Section II. B. “Background” states that detention and corrections are housing 4,200. EXHIBIT B states to base the price on an average annual inmate count of 4,200 inmates. Please clarify whether cost should be calculated on a combined ADP for both facilities of 4,200 inmates or 4,580.

A194) The ADP will be approximately 4,100 to 4,400 per day.

Q195) Section II. C. 8. An acute psychiatric unit is planned for 01/01/08 and contractor may or may not be required to provide medical and pharmacy services. Is this to be included in the pricing or as an optional service in Exhibit B? If so, please provide additional information regarding the unit.

A195) The Sheriff’s Office expects the medical provider to provide medical services to acute psychiatric inmates housed in Alameda County jails when they are moved from their assigned housing unit to the Acute Unit at GDDF on a 5150 basis. Regarding Alameda County inmates, there will not be an increase in the number of inmates needing medical care as they will be the same inmates already being cared for by the medical provider in the jail setting. The inmate will simply be moved to a different location.

Q196) Section II. E. 3. b. Physician is to make rounds on weekends. Is there any minimum onsite coverage for the weekend hours?

A196) Currently a physician does come on-site to the OPHU on either Saturday or Sunday to make rounds. They do not come both days unless they are needed, and yes, they are there to make rounds at SRJ and GDDF. There is no minimum on-site coverage, but they must make rounds either Saturday or Sunday.

Q197) With respect to the EMR component as requested in Section II G.7. Please provide responses to the following:

- How many MedPass carts do they have?
- How many exam rooms do they have?
How many staff members do they currently have (nurses, doctors, techs, secretaries, medical records clerks, etc.)?
On a typical shift, how many nurses and doctors do they have working at the same time?
How many nursing stations/exam areas do they have? (trying to figure out how many document scanners they will need)
How many laptops/tablet PCs/desktops do they currently have that are being used by medical staff?
Do they have bar codes on inmate wristbands?
Are their facilities on the same network?

A197) The answers are as follows:

- Med carts belong to current vendor. There are about 24 for both SRJ and GDDF.
- There is one exam room in each Housing Unit, 18 housing units at SRJ, plus the exam rooms in the clinic, and the six located at GDDF for a total of 29.
- How many staff members etc. – Unavailable
- Typical shift, etc. – Unavailable
- Nursing stations/Exam areas (includes 29) plus nursing areas are 31.
- How many laptops etc. – The jail has computer stations throughout the facility that are available for medical staff to use; the current vendor number is not available.
- Do the have bar codes on inmate wristbands? Yes, once the inmate is identified and a personal file number is issued; prior to being identified the armband has no bar code.
- Are their facilities on the same network? Yes.

NOTE: This Addendum contains eleven (11) Attachment documents which provide the answers to several questions. Due to the amount of information Addendum No. 3 and the Attachments are in PDF format only.
The following participants attended the Bidders’ Conferences:

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|                             |                |                                                         |
The County of Alameda is soliciting bids from qualified vendors to furnish its requirements per the specifications, terms and conditions contained in the above referenced RFP/Q number. This Bid Acknowledgement must be completed, signed by a responsible officer or employee, dated and submitted with the bid response. Obligations assumed by such signature must be fulfilled.

1. **Preparation of bids:** (a) All prices and notations must be printed in ink or typewritten. No erasures permitted. Errors may be crossed out and corrections printed in ink or typewritten adjacent and must be initialed in ink by person signing bid. (b) Quote price as specified in RFP/Q. No alterations or changes or any kind shall be permitted to Exhibit B, Bid Form. Responses that do not comply shall be subject to rejection in total.

2. **Failure to bid:** If you are not submitting a bid but want to remain on the mailing list and receive future bids, complete, sign and return this Bid Acknowledgement and state the reason you are not bidding.

3. **Taxes and freight charges:** (a) Unless otherwise required and specified in the RFP/Q, the prices quoted herein do not include Sales, Use or other taxes. (b) No charge for delivery, drayage, express, parcel post packing, cartage, insurance, license fees, permits, costs of bonds, or for any other purpose, except taxes legally payable by County, will be paid by the County unless expressly included and itemized in the bid. (c) Amount paid for transportation of property to the County of Alameda is exempt from Federal Transportation Tax. An exemption certificate is not required where the shipping papers show the consignee as Alameda County, as such papers may be accepted by the carrier as proof of the exempt character of the shipment. (d) Articles sold to the County of Alameda are exempt from certain Federal excise taxes. The County will furnish an exemption certificate.

4. **Award:** (a) Unless otherwise specified by the bidder or the RFP/Q gives notice of an all-or-none award, the County may accept any item or group of items of any bid. (b) Bids are subject to acceptance at any time within thirty (30) days of opening, unless otherwise specified in the RFP/Q. (c) A valid, written purchase order mailed, or otherwise furnished, to the successful bidder within the time for acceptance specified results in a binding contract without further action by either party. The contract shall be interpreted, construed and given effect in all respects according to the laws of the State of California.

5. **Patent indemnity:** Vendors who do business with the County shall hold the County of Alameda, its officers, agents and employees, harmless from liability of an nature or kind, including cost and expenses, for infringement or use of any patent, copyright or other proprietary right, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.

6. **Samples:** Samples of items, when required, shall be furnished free of expense to the County and if not destroyed by test may upon request be returned at the bidder’s expense.

7. **Rights and remedies of County for default:** (a) In the event any item furnished by vendor in the performance of the contract or purchase order should fail to conform to the specifications therefore or to the sample submitted by vendor with its bid, the County may reject the same, and it shall thereupon become the duty of vendor to reclaim and remove the same forthwith, without expense to the County, and immediately to replace all such rejected items with others conforming to such specifications or samples; provided that should vendor fail, neglect or refuse so to do the County shall thereupon have the right to purchase in the open market, in lieu thereof, a corresponding quantity of any such items and to deduct from any moneys due or that may there after come due to vendor the difference between the prices named in the contract or purchase order and the actual cost thereof to the County. In the event that vendor fails to make prompt delivery as specified for any item, the same conditions as to the rights of the County to purchase in the open market and to reimbursement set forth above shall apply, except when delivery is delayed by fire, strike, freight embargo, or Act of God or the government. (b) Cost of inspection or deliveries or offers for delivery, which do not meet specifications, will be borne by the vendor. (c) The rights and remedies of the County provided above shall not be exclusive and are in addition to any other rights and remedies provided by law or under the contract.

8. **Discounts:** (a) Terms of less than ten (10) days for cash discount will considered as net. (b) In connection with any discount offered, time will be computed from date of complete, satisfactory delivery of the supplies, equipment or services specified in the RFP/Q, or from date correct invoices are received by the County at the billing address specified, if the latter date is later than the date of delivery. Payment is deemed to be made, for the purpose of earning the discount, on the date of mailing the County warrant check.

9. **California Government Code Section 4552:** In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2, commencing with Section 16700, of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder.

10. **No guarantee or warranty:** The County of Alameda makes no guarantee or warranty as to the condition, completeness or safety of any material or equipment that may be traded in on this order.

THE undersigned acknowledges receipt of above referenced RFP/Q and/or Addenda and offers and agrees to furnish the articles and/or services specified on behalf of the vendor indicated below, in accordance with the specifications, terms and conditions of this RFP/Q and Bid Acknowledgement.

---

**Firm:**  
**Address:**  
**State/Zip**

**By:**  
**Date**  
**Phone**

**Printed Name Signed Above:**

**Title:**
RFP No. 900234

EXHIBIT L
RFP VENDOR BID LIST

Below is the Vendor Bid List for this project consisting of vendors who have responded to RFI # <9000xx> and/or been issued a copy of this RFP/Q. This Vendor Bid List is being provided for informational purposes to assist bidders in making contact with other businesses as needed to develop local small and emerging business partnering relationships to meet the requirements of the Small Local Emerging Business (SLEB) Program (described within this RFP/Q). For additional information regarding the SLEB Program, please visit our website at [http://www.acgov.org/gsa/sleb/](http://www.acgov.org/gsa/sleb/) and/or contact Linda Moore, Business Outreach Officer, at Linda.Moore@acgov.org, or (510) 208-9717.

Vendors who attended the Networking/Bidders Conferences have been added to the Vendor Bid List. Please see the RFP/Q sections entitled ‘Calendar of Events’ and ‘Networking/Bidders Conferences’ for additional information. The Networking/Bidders Conferences scheduled for all current projects are posted on the GSA Calendar of Events website at [http://www.acgov.org/gsa/Calendar.jsp](http://www.acgov.org/gsa/Calendar.jsp). This RFP/Q Addendum is being issued to all vendors on the Vendor Bid List; the following revised vendor list includes contact information for each vendor attendee at the Networking/Bidders Conferences.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Street</th>
<th>City</th>
<th>ST</th>
<th>Zip</th>
<th>Contact</th>
<th>Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armor Correctional Health Services</td>
<td>4960 SW 72nd Ave., Suite 400</td>
<td>Miami</td>
<td>FL</td>
<td>33155</td>
<td>Donald Morgan</td>
<td>305-662-8522</td>
<td><a href="mailto:donmorgan@armorcorrectional.com">donmorgan@armorcorrectional.com</a></td>
</tr>
<tr>
<td>California Forensic Medical Group</td>
<td>300 Foam Street, Suite B</td>
<td>Monterey</td>
<td>CA</td>
<td>93940</td>
<td>Dan</td>
<td>831-649-8994</td>
<td><a href="mailto:e_sorensen@sbcglobal.net">e_sorensen@sbcglobal.net</a></td>
</tr>
<tr>
<td>California Forensic Medical Group</td>
<td>300 Foam Street, Suite B</td>
<td>Monterey</td>
<td>CA</td>
<td>93940</td>
<td>Elaine</td>
<td>831-649-8994</td>
<td><a href="mailto:elaine@cfmg.com">elaine@cfmg.com</a></td>
</tr>
<tr>
<td>California Forensic Medical Group</td>
<td>300 Foam Street, Suite B</td>
<td>Monterey</td>
<td>CA</td>
<td>93940</td>
<td>Taylor</td>
<td>831-649-8994</td>
<td><a href="mailto:taylor@cfmg.com">taylor@cfmg.com</a></td>
</tr>
<tr>
<td>CompHealth</td>
<td>4021 South 700 East, Suite 300</td>
<td>Salt Lake City</td>
<td>UT</td>
<td>84107</td>
<td>Alex Quayson-Sackey</td>
<td>800.328.3037 x7647</td>
<td><a href="mailto:rfp@chgcompanies.com">rfp@chgcompanies.com</a></td>
</tr>
<tr>
<td>CompHealth</td>
<td>4021 South 700 East, Suite 300</td>
<td>Salt Lake City</td>
<td>UT</td>
<td>84107</td>
<td>Alex Quayson-Sackey</td>
<td>800.328.3037 x7647</td>
<td><a href="mailto:aquayson-sackey@chgcompanies.com">aquayson-sackey@chgcompanies.com</a></td>
</tr>
<tr>
<td>Correct Care Solutions, LLC</td>
<td>3343 Perimeter Hill Dr., Ste 300</td>
<td>Nashville</td>
<td>TN</td>
<td>37211</td>
<td>Patrick Cumminskey</td>
<td>615-324-5777</td>
<td><a href="mailto:Patrick@ccskys.com">Patrick@ccskys.com</a></td>
</tr>
<tr>
<td>Correctional Healthcare Management, Inc.</td>
<td>8484 South Valley Highway Suite 250</td>
<td>Englewood</td>
<td>CA</td>
<td></td>
<td>Cristina Capoot</td>
<td>303-325-7077</td>
<td><a href="mailto:cristina.capoot@jailcare.com">cristina.capoot@jailcare.com</a></td>
</tr>
<tr>
<td>Correctional Medical Services</td>
<td>12647 Olive Boulevard</td>
<td>St. Louis</td>
<td>MO</td>
<td>63141</td>
<td>Frank Fletcher</td>
<td>314-919-9108</td>
<td><a href="mailto:ffletcher@cmsstl.com">ffletcher@cmsstl.com</a></td>
</tr>
<tr>
<td>First Medical Management (FMM)</td>
<td>PO Box 10</td>
<td>Centerville</td>
<td>UT</td>
<td>84014</td>
<td>Odie Washington</td>
<td>801-693-2860</td>
<td><a href="mailto:owashing@mtctrains.com">owashing@mtctrains.com</a></td>
</tr>
<tr>
<td>Geo Care, Inc.</td>
<td>One Park Place, 621 NW 53rd St., Ste 700</td>
<td>Boca Raton</td>
<td>FL</td>
<td>33487</td>
<td>Denise Catalano</td>
<td>561-999-7338</td>
<td><a href="mailto:procurement@geocareinc.com">procurement@geocareinc.com</a></td>
</tr>
<tr>
<td>MED Trends, Inc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Jay Marlar</td>
<td>301.998.6123</td>
<td><a href="mailto:jmarlar@medtrends.net">jmarlar@medtrends.net</a></td>
</tr>
<tr>
<td>Medical Partners of America, Inc.</td>
<td>195 International Parkway, ste. 102</td>
<td>Lake Mary</td>
<td>FL</td>
<td>32746</td>
<td>Cary Smith</td>
<td>(407) 804-9770 x1601</td>
<td><a href="mailto:csmith@medpoa.com">csmith@medpoa.com</a></td>
</tr>
<tr>
<td>NaphCare, Inc.</td>
<td>950 22nd Street North, Suite 825</td>
<td>Birmingham</td>
<td>AL</td>
<td>35203</td>
<td>Catherine Gross</td>
<td></td>
<td><a href="mailto:catherine.gross@NaphCare.com">catherine.gross@NaphCare.com</a></td>
</tr>
<tr>
<td>Company</td>
<td>Address</td>
<td>City, State</td>
<td>Zip Code</td>
<td>Contact Person</td>
<td>Phone Number</td>
<td>Email</td>
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<tr>
<td>Wexford Health Sources, Inc.</td>
<td>425 Holiday Drive</td>
<td>Pittsburgh, PA</td>
<td>15220</td>
<td>Wendelyn R. Pekich</td>
<td>412-937-8590</td>
<td><a href="mailto:sales@wexfordhealth.com">sales@wexfordhealth.com</a></td>
<td></td>
</tr>
<tr>
<td>Vendors added after Bidder's Conferences</td>
<td></td>
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</tr>
<tr>
<td>Correction Medical Services</td>
<td>6745 Academy Ste A</td>
<td>Albuquerque, NM</td>
<td>87109</td>
<td>J.M. Courtney</td>
<td>(505) 856-5900</td>
<td><a href="mailto:jcourtney@cmsstl.com">jcourtney@cmsstl.com</a></td>
<td></td>
</tr>
<tr>
<td>Correction Medical Services</td>
<td>3919 Marble Lane</td>
<td>St. Joesph, MD</td>
<td>64505</td>
<td>Rhonda Almanza</td>
<td>(816) 261-0615</td>
<td><a href="mailto:ralmanza@cmsstl.com">ralmanza@cmsstl.com</a></td>
<td></td>
</tr>
<tr>
<td>Prison Health Services, Inc.</td>
<td>105 Westpark Drive, Suite 200</td>
<td>Brentwood, TN</td>
<td>37027</td>
<td>Chris Bell</td>
<td>(615) 371-7830</td>
<td><a href="mailto:bellcb@asgr.com">bellcb@asgr.com</a></td>
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</tr>
<tr>
<td>Prison Health Services, Inc.</td>
<td>105 Westpark Drive, Suite 200</td>
<td>Brentwood, TN</td>
<td>37027</td>
<td>John Sully</td>
<td>(707) 823-9894</td>
<td><a href="mailto:josull@comcast.net">josull@comcast.net</a></td>
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</tr>
<tr>
<td>Prison Health Services, Inc.</td>
<td>105 Westpark Drive, Suite 200</td>
<td>Brentwood, TN</td>
<td>37027</td>
<td>Jon Walker</td>
<td>(615) 376-0648</td>
<td><a href="mailto:walkerjw@asgr.com">walkerjw@asgr.com</a></td>
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<tr>
<td>Prison Health Services, Inc.</td>
<td>105 Westpark Drive, Suite 200</td>
<td>Brentwood, TN</td>
<td>37027</td>
<td>Bill Wilson</td>
<td>(925) 551-6707</td>
<td></td>
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</tr>
<tr>
<td>Correction Medical Services</td>
<td>2 Central St., Suite 201</td>
<td>Middleton, MA</td>
<td></td>
<td>Nancy Elmer</td>
<td>(978) 395-1056</td>
<td><a href="mailto:nelmer@cmsstl.com">nelmer@cmsstl.com</a></td>
<td></td>
</tr>
<tr>
<td>Wexford Health Sources, Inc.</td>
<td>2308 Mecan Dr.</td>
<td>Naperville, IL</td>
<td>60564</td>
<td>Darius Holmes</td>
<td>(630) 428-7650</td>
<td><a href="mailto:dholmes@wexfordhealth.com">dholmes@wexfordhealth.com</a></td>
<td></td>
</tr>
<tr>
<td>Wexford Health Sources, Inc.</td>
<td>425 Holiday Drive</td>
<td>Pittsburgh, PA</td>
<td>15220</td>
<td>Robert Matonte</td>
<td>(561) 499-4253</td>
<td><a href="mailto:sales@wexfordhealth.com">sales@wexfordhealth.com</a></td>
<td></td>
</tr>
<tr>
<td>Prison Health Services, Inc.</td>
<td>105 Westpark Drive, Suite 200</td>
<td>Brentwood, TN</td>
<td>37027</td>
<td>Janet Vogel</td>
<td></td>
<td><a href="mailto:jvogel@asgr.com">jvogel@asgr.com</a></td>
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<tr>
<td>Prison Health Services, Inc.</td>
<td>105 Westpark Drive, Suite 200</td>
<td>Brentwood, TN</td>
<td>37027</td>
<td>Lawrence Pomeroy</td>
<td>(615) 376-1377</td>
<td><a href="mailto:lhpomeroy@asgr.com">lhpomeroy@asgr.com</a></td>
<td></td>
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</table>