COUNTY OF ALAMEDA

Questions & Answers

to

RFP No. 902016

### for

Comprehensive Medical Care Services

**Networking/Bidders Conference Held on September 23, 2021**

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| **This County of Alameda, General Services Agency (GSA), RFP Questions & Answers (Q&A) 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 Q&A will also be posted on the GSA Contracting Opportunities website located at** [**Alameda County Current Contracting Opportunities**](https://gsa.acgov.org/do-business-with-us/contracting-opportunities/)**.**  |

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Thank you for your participation and interest in the County of Alameda.

All the questions are direct copy and paste from written questions emailed by Bidders. In the answers of these questions, the County of Alameda shall be noted as “County”. The Questions and Answers are the final stance of the County. Please consider this document in preparation of your bid response.

**Clarification Statement:**

**Questions and Answers:**

1. Do you wish to retain any of the current medical staff?
	1. **The County will be utilizing the staff from the awarded Bidder. Please refer to page 33 of the RFP, section E. (SPECIFIC REQUIREMENTS), Item 25c. Transition from Providing Services, sub item 2 Contimuity of Care:**

***Contractor shall allow their personnel to apply for and receive a position with the new provider(s) without penalty or payment of a finder’s fee, or any other fee, assessment or charge of any nature, assessed to such provider or the County.***

1. Can you provide current staff’s salary range and seniority with the current vendor?
	1. **No. The County does not have this information to provide.**
2. How many deputy sheriff officers currently work at the Alameda County Correctional Facilities?
	1. **The County currently has 261 Deputy Sheriff’s reporting to work at Santa Rita Jail (SRJ) on a regular basis.**
3. Is the health services provider responsible for the cost of all drug screenings for employees at the facility?
	1. **Yes, all Contractor’s employees drug screenings are the responsibility of the Contractor.**
4. Who is/are your current physician(s)?
	1. **The employment records are between the current contractor and their current physicians that are employed under this contract. The County is not able to release this information.**
5. Would you like the vendor to work with this physician if possible?
	1. **The County does not have a preference. Each Bidder is encouraged to select physicians who they believe would be the best fit for working with the inmates at SRJ.**
6. How many days is the current physician in the facility?
	1. **Please refer to Exhibit D of the RFP, Staffing Numbers to be Used for Contractor Minimum Staffing Requirement.**
7. How long does the physician stay?
	1. **Please refer to page 16 of the RFP, Section E. (SPECIFIC REQUIREMENTS), Item 5.a. which states:**

***Physician Staffing. One hundred seventy-two hours per week shall be provided for on-site physician services. The minimum onsite coverage will include 24 hours each day, Monday through Friday, and rounds in the Out Patient Housing Unit (OPHU) on Saturday and Sunday.***

1. Please provide your current nursing schedule noting RN or LPN.
	1. **Please refer to Exhibit D of the RFP, Staffing Numbers to be Used for Contractor Minimum Staffing Requirement.**
2. What are the current salaries for the nurses? Is there a shift differential?
	1. **The salaries vary, depending on seniority. Yes, there is a shift differential.**
3. Is there a supervising nurse? If so, is he or she an RN or LPN? Is he or she administrative only?
	1. **Yes, there is a supervising RN on premises, 24 hours a day, 7 days a week. This position is not only an administrative position. The nursing supervisor can also respond to trauma or emergency calls. Patient care duties are not required unless the nursing staff is short-handed, then the supervisor is required to assist.**
4. Will the County or the Medical Service Provider be responsible for paying the bills of the current pharmacy company (Contract Pharmacy Services) under the new contract?
	1. **Yes. Please refer to page 27 of the RFP, Section E. (SPECIFIC REQUIREMENTS), Item 20.a. and b.1. and b.2. which states:**

***Alameda County Behavioral Health Care Services (BHCS) will pay for psychotropic medications it prescribes that are purchased from a pharmaceutical provider based on a pre-approved formula.***

***Contractor shall submit to the BHCS Director of Pharmacy Services the following:***

***For purposes of receiving payment for psychotropic medications provided to mental health clients, Contactor must submit a hard copy monthly invoice alphabetically listing each patient, medications dispensed, cost, and total monthly cost of the psychotropic medications. The invoice must be marked CONFIDENTIAL HEALTH CARE INFORMATION.***

***A monthly Excel report for each psychotropic medication administered, dosage, number of tablets, cost per unit, and client count. The total of this report should equal the cost reflected in the monthly invoice submitted.***

1. Please provide the following information about medication administration. Who administers medications, e.g., RNs, LPNs, medical assistants? How many medication passes per day do you currently have and at what times? Are medications passed out in the housing unit and by whom? Are any medications sent with inmates/detainees upon discharge? Are the medication carts owned by the county?
	1. **LPN’s/LVN’s and RN’s administer medications. The County currently has four (4) medication passes per day, during the hours of 0500-0600, 0800-0900, 1300-1400, and 1900-2100. The medications are passed out in the housing units by medical personel. Medications are also sent with inmates upon discharge. The medication carts are not owned by the County.**
2. Are any medications allowed to be brought in from home?
	1. **Only in rare situations, i.e., a specific chemotherapy medication, are medications allowed to be brought in from home.**
3. Are any medications allowed to be “kept on person” within the jail? If so, which are allowed?
	1. **Yes. Asthma inhalers, creams, and lotions are allowed with proper approval and supervision.**
4. Please provide a listing of current medical commissary items.
	1. **Ibuprofen.**
5. Are there over-the-counter medications on commissary? If so, are the inmates/detainees allowed to keep commissary medications on person?

**Yes, Ibuprofen is available on commissary and is allowed to be kept on person.**

1. Under the current contract, who is financially responsible for the cost of HIV medications and other AIDS-related drugs? Will this remain the same under the new contract?
	1. **Please refer to page 21 of the RFP, Section E. (SPECIFIC REQUIREMENTS), Item 8.f. which states:**

***County shall be responsible for all eligible HIV medication established by the AIDS Drug Assistance Program to eligible inmates in accordance with State regulations. This will remain the same under the new contract.***

1. What time(s) and location(s) are sick call currently conducted?
	1. **Please refer to Addendum No. 2 for revised language to the RFP, page 10, Section E. (SPECIFIC REQUIREMENTS), item 1, Services, sub item (d) sick call.**
2. Are there specific times that jail security does not want inmate/detainee movement for sick call? If so, when?
	1. **Yes, from 2300-0500 hours.**
3. Is a security officer currently present for every sick call?
	1. **Yes.**
4. What on-site specialty clinics are conducted?
	1. **Please refer to page 16 of the RFP, Section E. (SPECIFIC REQUIREMENTS), Item 5.c. which states:**

***Clinic Hours. Hours for specialty clinics are as indicated below. The hours included are estimates, and subject to change dependent on inmate needs. Any hours in excess of the estimate must be approved in writing by ACSO, except in cases of emergency, in which case Contractor shall immediately notify the Contracts Lieutenant and request the approval. The specialty clinics to be provided are:***

***1. Optometry, 4 hours per month***

***2. Orthopedics, 4 hours per week***

***3. Physical Therapy, 2 hours per week***

***4. Obstetrics, 4 hours per week***

***5. AIDS/HIV, 16 hours per month***

***6. Radiology, 3 hours per day***

***7. Nephrology, 4 hours per month***

***8. Tuberculosis, 5 hours per week***

***9. Asthma, 6 hours per week***

***10. Diabetes, 4 hours per week***

***11. Hypertension, 6 hours per week***

***12. Seizure, 4 hours per week***

***13. Lipid and Coumadin, 3 hours per week***

***14. Ultrasound, 16 hours per month***

***15. Dialysis, 8 hours per week***

***16. Oral Surgery, 6 hours per week.***

***17. On-site oral surgical procedures shall include:***

***a. All facial lacerations***

***b. Maxillary LeFort I fractures***

***c. Zygomatic arch fractures***

***d. Traumatic Nasal-Septal deformities***

***e. Mandible fractures (both open and closed)***

***f. Denoalveolar fractures***

***g. Incision and drainage of maxillofacial abscesses***

***h. Complex ondontetomies***

***i. Complex biopsies***

1. How many health assessments are performed each week?
	1. **Approximately 50 per week.**
2. Do you have a dental room and equipment?
	1. **Yes, the County has a dental room outfitted with full dental equipment.**
3. Do you currently have a dentist who comes on-site? If so, how long is the dentist onsite? How many days per week is the dentist on-site? Does the dentist have an assistant?
	1. **Yes. Please refer to Exhibit D of the RFP, Staffing Numbers to be Used for Contractor Minimum Staffing Requirement. The Dentist does have an assistant, Dental Assistant.**
4. Please provide a list of medical equipment that is currently on-site for use by the vendor.
	1. **A complete list would be too exhaustive, but the Contractor shall be supplied with the customary equipment needed, to provide the inmates with the necessary medical care.**
5. Do you use a mobile x-ray service? If so, who?
	1. **No.**
6. Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform in 2020? How many done so far in 2021?
	1. **The County does TB skin tests during intake, when the inmate is booked into custody. In 2020, the County conducted approximately 8,000 TB tests. In 2021, the County has conducted 5,932 TB tests so far.**
7. Are there any special business license fees or taxes that are to be paid to the city or county?
	1. **No.**
8. How much is the current co-pay?
	1. **$0.00. Inmates are not responsible for paying a co-pay.**
9. Who is your current medical services contractor?
	1. **California Forensic Medical Group, Inc. (aka Wellpath).**
10. Can you please provide a copy of the current medical services contract?
	1. **Yes. Please submit a California Public Records Request (CPRA) using the following link:** [**https://gsa.acgov.org/i-want-to/request-a-public-record**](https://gsa.acgov.org/i-want-to/request-a-public-record)
11. Would you like the new contractor to re-price all medical claims?
	1. **No.**
12. What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory?
	1. **This information is not available as the County does not track this.**
13. May we provide an alternate proposal?
	1. **Yes. Page 49 of the RFP, Section S. (SUBMITTAL OF BIDS), Item 6. states the following:**

***Only one bid response will be accepted from any one person, partnership, corporation, or other entity; however, several alternatives may be included in one response. For purposes of this requirement, “partnership” shall mean, and is limited to, a legal partnership formed under one or more of the provisions of the California or other state’s Corporations Code or an equivalent statute.***

1. Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the invoice for the county (act as a third-party administrator)?
	1. **Please refer to page 32 of the RFP, Section E. (SPECIFIC REQUIREMENTS), Item 24.e. which states:**

***In the event that healthcare services provided to inmates of the Facilities are covered by third party payments, e.g., Workers Compensation, fault insurance, private health insurance etc., Contractor shall bill the third party payor for the provision of such covered services in the same manner as if the healthcare services were provided by a private physician or health service. For each year of the Agreement, Contractor shall - as an offset to its costs, retain 50% of all payments it receives from third party payers. The remaining 50% received by Contractor shall be credited to the County in the next invoice following their receipt. Contractor shall not be entitled to claim reimbursement from County programs including Medically Indigent Adult Program, County Workers' Compensation, and County employee health insurance.***

1. Is there a dedicated fax line to medical? If not, is a fax line available?
	1. **Yes, there is a dedicated fax line; however, the incumbent currently utilizes a dedicated email account for these purposes.**
2. Do you have an existing Electronic Medical Record (EMR) system?
	1. **Yes.**
3. Is there an internet connection already in the medical unit?
	1. **Yes.**
4. How many simultaneous med passes occur?
	1. **Ten (10) during the daytime hours and eight (8) during the evening hours.**
5. Who is you Jail Management System (JMS) provider?
	1. **ATIMS - Advanced Technology Information Management System.**
6. How many desktop computers do the medical staff currently use?
	1. **Fifty (50).**
7. How many laptops do the medical staff currently use?
	1. **Fifteen (15).**
8. Are there internet capabilities where the medical staff will be seeing patients? Exam rooms? Booking areas? Hardwire? Wireless?
	1. **Yes, there are internet capabilities hardwired in the housing units and in the administration areas, the pill room, and the Outpatient Housing Unit (OPHU). In addition to hardwire internet capabilities, the jail has wireless capabilities in the administration areas, the pill room, and the OPHU.**
9. How many scanners do the medical staff currently use?
	1. **Nine (9).**
10. Can we please have a copy of all questions/answers received by other vendors?
	1. **This Q&A document includes all questions submitted via email by all vendors.**
11. When is the desired start date?
	1. **October 1, 2022.**
12. Are any members of the jail’s current health service workforce unionized? If yes, please provide the following: A copy of each union contract, Complete contact information for a designated contact person at each union, The number of union grievances that resulted in arbitration cases over the last 12 months.
	1. **Yes, the current workforce is unionized. The contract is between the current contractor and the union. The County does not have this information.**
13. Is the site accredited? If so, by who and when is the next accreditation date? Can we get a copy of the last audit?
	1. **Yes the site is accredited. There are multiple accredidations, through both correctional and medical organizations, such as American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCHCC). The County recently was recertified by NCHCC and will be up for re-accredidation again in three (3) years. The next ACA and NCHCC accredidation dates are August 2022 and July 2023 accordingly. For a copy of the of the ACA and NCHCC audits, please submit a public records request:**

<https://www.acgov.org/clerk/forms/publicrecordsrequest.pdf>

1. Is the jail currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive.
	1. **No.**
2. Of the total population, how many are:

|  |
| --- |
| County |
| ICE |
| US Marshal |
| Juveniles |
| Native American |
| Federal |
| DOC |
| Work Release |
| Indigent |
| Other |

* 1. **Please see answers in table below:**

|  |  |
| --- | --- |
| **County** | **1,576** |
| **ICE** | **60** |
| **US Marshal** | **387** |
| **Juveniles** | **0** |
| **Native American** | **4** |
| **Federal** | **390** |
| **DOC** | **18** |
| **Work Release** | **0** |
| **Indigent** | **0** |
| **Other** | **0** |

1. Does your jail provide mental health services to inmates/detainees? **Yes.**
2. Can inmates/detainees request mental health services? **Yes.**

If yes, are inmates/detainees charged a fee for mental health services? **No.**

1. Indicate who provides mental health services.

County agency (Human or Social Services, etc.) **Yes –** **Human.**

Contracted provider (Y/N)

Jail/sheriff’s department hired staff (Y/N)

Other (please explain) (Y/N)

1. Is your mental health program accredited by any professional organization? **Yes by NCCHC and ACA.**
2. What mental health services are available to inmates/detainees in your jail?

Crisis intervention **Yes.**

Medications and their management **Yes.**

Psychiatric medications and their management **Yes.**

Referral of inmates/detainees to mental health provider **Yes.**

Individual counseling/therapy **Yes.**

Group counseling/therapy **No.**

Substance abuse treatment/services **Yes.**

In-depth physical evaluation assessment (typically occurs after 14 days in custody - includes mental health issues) **Yes.**

Case management **Yes.**

Release planning **Yes.**

Other (please explain) **No.**

1. Is crisis intervention available 24 hours per day/7 days per week? **Yes.**
2. Indicate the titles of the provider(s) of mental health services in your jail. Please check all that apply and indicate the average number of hours **per week** for each.

\_x\_\_\_ Psychiatrist \_\_60\_\_\_hours/week

\_x\_\_\_\_ Psychologist \_\_\_\_0\_\_hours/week

\_x\_\_\_ Masters Level Social Worker \_336\_\_\_\_hours/week

\_x\_\_\_\_ Registered Nurse (RN) \_\_\_40\_\_\_hours/week

\_x\_\_\_\_ Nurse Practitioner \_\_40\_\_\_\_hours/week

\_\_\_x\_\_ Licensed Practical Nurse (LPN) \_\_40\_\_\_\_hours/week

\_\_\_x\_\_ Jail Chaplain \_\_\_32\_\_hours/week

\_\_\_\_\_ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_hours/week

* 1. **Please see answers in bold above.**
1. Indicate the level of screening for inmates/detainees at your jail. (Check all that apply)

\_\_\_\_**x**\_Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer.

\_\_\_\_**x**\_ Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer.

\_\_**x**\_\_\_ Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional.

\_\_\_\_\_ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Please see answers in bold provided above.**
1. Is there a secondary review of screening reports for accuracy, completeness, legibility, and the referral process? (e.g., by first line supervisor, jail nurse, etc.) Yes, by whom? Or No.
	1. **Yes. The secondary review is conducted by the RNs (peer-to-peer review).**
2. Is staff required to use a prescribed form when making mental health referrals? (Y/N)
	1. **Yes.**
3. Are arresting/transporting officers and probation agents, etc. required to complete a preincarceration form identifying mental health risk issues? (Y/N)
	1. **Not by the arresting agency, but this question is asked by an RN (during intake) in front of the arresting officer, which allows the person being arrested to give input to the RN if needed.**
4. Does your jail staff receive ongoing training on mental health issues?Yes, How often? (please explain) How is training delivered? (please explain), or No.
	1. **Yes. Training on mental health issues is conducted on a regular basis in documented classes and in muster training.**
5. Does your jail staff receive ongoing training on suicide prevention issues?Yes, How often? (please explain) How is training delivered? (please explain) or No.
	1. **Yes. Suicide prevention issue training is provided on a regular basis in documented classes and in muster training.**
6. Will the county want the vendor to do CPR and AED training with their staff at the Jail?
	1. **No. The Alameda County Sheriff’s Office (ACSO) does this on a regular basis in documented classes at their Training Center.**
7. Will the County allow for the top 2 or 3 vendors to make oral presentations after the panel scores the responses?
	1. **Please refer to pages 35-40 of the RFP, Section G. (EVALUATION CRITERIA/SELECTION COMMITTEE).**
8. Please list the programs offered to inmates/detainees in your jail, such as education, religious, recreation, life skills, substance abuse, etc.
	1. **Substance abuse counseling, NARCAN® administration training, chaplaincy program, legal services, library services, General Education Development (GED)/High School Diploma/English as a Second Language (ESL), parenting classes, art therapy, anger management, financial literacy, mindfulness and healing.**
9. Please clarify how many references are required.

Exhibit A, p. 21 requires five current and five former references. This same section also requires “a minimum of two (2) references per location where comprehensive medical services are currently being provided” and “a minimum of two (2) references per location where comprehensive medical services were provided during or before January 2021.” Please clarify: Is the County requiring five current and five former references or two current and two former references?

Additionally, Exhibit A, p. 9 requests “at least two references with titles and contact information…for each facility.” Please clarify: Is the County seeking two references from every facility the Bidder has operated in for at least five years and every facility the Bidder operates in that is accredited?

* 1. **Please refer to Addendum No.2 for revised language.**
1. Exhibit A, p. 28 requires “proof of any permits, licenses, and/or professional credentials necessary to supply product and perform services as specified in this RFP.” Is this where staff resumes and licenses should go? Or is the County looking for a business license in this section?
	1. **Key personnel resumes should bee added in the Organization Chart/Table of of Key Personnel section of the Exhibit A – Bid Response Packet. Any other any permits, licenses, and/or professional credentials necessary to supply product and perform services as specified in this RFP should be added in the Credentials section of the Exhibit A – Bid Response Packet.**
2. Please clarify, will failure to meet the full 20% Small Local Emerging Business (SLEB) requirement result in disqualification?
	1. **Please complete the SLEB information and sign on page 27 of the Exhibit A – Bid Response Packet. If the prime Bidder is a SLEB, complete this page with your certification details. If the prime Bidder is not a SLEB, but has located a SLEB to subcontract with, have the SLEB subcontractor complete the indicated fields and sign the bottom of the form. Please note that not only is the prime Bidder’s signature necessary but also the SLEB subcontractor’s signature. If the prime Bidder is not a SLEB and not able to subcontract with a SLEB, the Bidder will still need to sign the bottom of the page and note “N/A” in both boxes of the SLEB page.**

**Keep in mind that the County is under no obligation to accept any exceptions and clarifications. Any such exceptions and clarifications may be a basis for bid disqualification. For example, if Bidders are making any clarifications and/or taking exceptions to requirements of this RFP, including those to the County SLEB policy, these must be submitted in the Exceptions and Clarifications section of the Exhibit A – Bid Response Packet.**  **If the Bidder takes an exception to the SLEB program and other Bidders ARE able to sub-contract with a SLEB, the Bidder’s exception will be viewed as not meeting the minimum requirement and may be disqualified.**

1. Please clarify, will preference points be given to a prime contractor if they subcontract with an SLEB?
	1. **No. Preference points are only given to prime Bidders or local prime Bidders only. Please refer to Item 8 on page 4 of the Exhibit A - Bid Response Packet which states:**

***The undersigned acknowledges ONE of the following (please check only one box):***

***[ ]  Bidder is not local to Alameda County and is ineligible for any bid preference; or***

***[ ]  Bidder is a certified SLEB at the time of bid submittal and is requesting 10% bid preference; (Bidder must check the first box and provide its SLEB Certification Number in the*** [***SLEB Information Sheet***](#SLEB_Info_Sheet)***); or***

***[ ]  Bidder is LOCAL to Alameda County and is requesting 5% bid preference, and has attached the following documentation to this Exhibit:***

* ***Copy of a verifiable business license, issued by the County of Alameda or a City within the County; and***
* ***Proof of six months business residency, identifying the name of the vendor and the local address. Utility bills, deed of trusts or lease agreements, etc., are acceptable verification documents to prove residency.***