



CLAY COUNTY SHERIFF'S OFFICE
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GREEN COVE SPRINGS, FLORIDA 32043-0548

ADDENDUM 2

Request for Proposal (RFP) #: B19-005

Project Name: CCSO Comprehensive Inmate Medical Services

June 11, 2019

Special Note: Questions are numbered sequentially through all issued addendums.

Question 72

The Calendar of Events referenced in this section states NONE for the Completion Date of the Pre-Proposal Submittal Conference. Please confirm that there will not be a pre-proposal conference/site tour for this RFP.

[Response to Question #72](#)

[See Change #1 from Addendum #1](#)

Question #73

Will the formula used to convert cost to points utilize first year costs, second year costs, third year costs, fourth year costs or a combination?

[Response to Question #73](#)

[See Response to Question #7 of Addendum #1](#)

Question #74

Please explain why emergency room visits for 10/1/18-11/30/18 were 40% higher than the previous fiscal year.

[Response to Question #74](#)

[This information is not currently available.](#)

Question #75

RN nursing hours worked = N/A for all three data periods. Does N/A = 0 in this case?

[Response to Question #75](#)

No. Please see the Nursing Schedule provided with Addendum #1.

Question #76

Chronic Care Clinic visits are N/A for all three data periods. Please confirm chronic care clinic visits are actually occurring.

[Response to Question #76](#)

Chronic Care is handled as needed.

Question #77

The Medical Services stats detail an increasing number of mental health visits, yet there are no mental health worker hours included in the "hours worked" section. Please explain how mental health visits are occurring, where they are occurring and who is conducting them.

[Response to Question #77](#)

CCSO staff does not conduct mental health visits as these services are provided by third-party vendors. Services are provided on site.

Please see Response to Question #5 of Addendum #1 for a list of on-site providers.

Question #78

Please provide a copy of the co-pay program policy.

[Response to Question #78](#)

Please see Exhibit 5.

Question #79

How many intake medical screenings were completed in the past 12 months?

[Response to Question #79](#)

This information is not currently tracked separately. However, the CCSO booked 2,158 person to date and 4,565 last year.

Question #80

- a. How many med passes are conducted daily?
- b. Which discipline(s) conducts med passes (e.g., CMT, LPN, RN, etc.)?
- c. How many med carts are utilized per med pass?
- d. How long does the average med pass take to complete?
- e. Does the Facility currently utilize an electronic Medication Administration Record (eMAR)?
- f. If so, please identify the eMAR software program.

Response to Question #80

- a. 5
- b. LPN
- c. 2
- d. 2 Hours
- e. Yes
- f. CorrecTek

Question #81

Please confirm Mental Health Services are required 7 days per week on-site. If so, does the County require a specific number of hours of Mental Health time on-site Saturday and Sundays?

Response to Question #81

Emergency Mental Health Services must be provided 7 days a week.

The Vendor is required to provide a 10 week schedule. The CCSO requires mental health services to meet the current days and times. See Response to Question 11 of Addendum #1.

Question #82

What mental health services are currently provided on site at the Facility?

Response to Question #82

Pharmacological management, Medical psychotherapy, Psychiatric evaluations, 50-60 minute counseling sessions, suicide watch/clearance, and patient crisis management.

Question #83

Are group therapy services required? If so, what types of groups are currently provided? Please indicate the number of times per week each group is provided.

Response to Question #11

No.

Question #84

Are discharge planning services required? If so, please provide specific requirements.

Response to Question #12

Yes, provision of a three (3) day supply of medication and/or medical clearance in addition to any items specifically addressed within RFP B19-004 which relate to discharge planning services which may include referrals to other providers and/or social services.

Question #85

Are there service agreements related to the timing of mental health evaluations and/or response to mental health referrals?

[Response to Question #85](#)

All existing vendor contracts were provided under Addendum #1.

Question #86

Is there a requirement for mental health staff's involvement with mental health court? If so, please describe the required involvement.

[Response to Question #86](#)

At this time, no.

Question #87

Are mental health staff responsible for coordinating trial competency examinations and transfers?

[Response to Question #](#)

No.

Question #88

Are any mental health services provided by a community services board (CSB) or private provider, other than those addressed in the RFP? If so, please identify the mental health services, personnel, and hours provided by the CSB/private provider. If so, will the County continue to use a CSB/private provider of mental health services in addition to those to be provided by the new Contractor?

[Response to Question #88](#)

The awarded contractor will be responsible for all mental health services of the inmate population.

Question #89

How many inmates are currently receiving mental health services?

[Response to Question #89](#)

This information is being compiled and will be provided at a later date if available prior to the bid deadline.

Question #90

Please provide the following information:

- a. Number of attempted suicides in the past two (2) years
- b. Number of completed suicides in the past two (2) years
- c. Number of episodes of suicide watch per month in the past two (2) years
- d. Number of self-injurious events in the past two (2) years
- e. Number of psychiatric hospitalizations in the past two (2) years

- f. Number of psychiatric inpatient hospital days in the past two (2) years
- g. Total cost of psychiatric inpatient hospitalizations for each of the past two (2) years
- h. Number of episodes of restraint per month in the past two (2) years
- i. Number in restrictive housing in the past two (2) years
- j. Number of forced psychotropic medication events in the past two (2) years
- k. Number of mental health grievances per month
- l. Number of episodes of seclusions per month

Response to Question #90

- a. Not available at this time. May be able to obtain through JMS incidents.
- b. 1
- c. already provided
- d. Not available at this time.
- e. 0
- f. 0
- g. 0
- h. Not available at this time.

Question #91

Are there currently any specialty clinics being conducted on site? If so please identify:

- 1. Provider name and contact information
- 2. Frequency of clinic

Response to Question #91

A list of on-site vendors as well as the frequency of clinic is included under Addendum #1.

Contact information will not be provided at this time. Proposers may only contact or submit questions to the person listed within the RFP.

Question #92

Please provide a list of currently utilized off-site specialty providers and outpatient providers.

Response to Question #92

A list of off-site vendors is included under Addendum #1.

Question #93

- a. Please provide a list of all medical and dental equipment that will be available to the new Contractor, including the model, age, and condition.
- b. Please provide a list of all office/computer equipment that will be available to the new Contractor (e.g., computers, printers, fax machine, copier, etc.), including the model, age, and condition.
- c. How many AEDs are on site?
- d. Who is responsible for maintaining the AEDs—the Contractor or the County?

- e. If there is on-site X-ray equipment, is it film or digital?

Response to Question #93

- A. Please see Addendum #1.
- B. Please see Section 5.02.16 of the RFP.
- C. 13 are assigned to Detention.
- D. The CCSO.
- E. Film.

Question #94

- a. Please provide the current staffing plan by position, credential, and shift.
- b. Please provide salaries/pay rates of current staff (i.e., RN, LPN, Mid-level Practitioner, mental health staff, etc.)
- c. What are the current evening, night, and weekend shift differentials?
- d. Is the current staffing plan considered adequate for the Facility?
- e. Can more than one staffing option be provided and still be considered compliant with the RFP?

Response to Question #94

- A. Please see Addendum #1.
- B. Please see Addendum #1.
- C. Please see Addendum #1. Night differential is \$50 per month.
- D. Yes.
- E. No.

Question #95

Which discipline/credential conducts the intake/receiving screening (e.g., RN, LPN, EMT, Correctional Officer)?

Response to Question #95

A LPN and a Correctional Officer.

Question #96

Which discipline/credential conducts the 14-day health assessment (e.g., RN, Mid-Level Practitioner, Physician)?

Response to Question #96

A Physician.

Question #97

Which discipline conducts Nurse Sick Call—RN or LPN?

[Response to Question #97](#)
LPN.

Question #98

This section mentions “each facility” twice. Please confirm that there is one facility.

[Response to Question #98](#)
There is one facility.

Question #99

Please confirm that nursing staff other than the HSA must be scheduled for 12-hour shifts.

[Response to Question #99](#)
Yes.

Question #100

Will the County allow coverage by Registered Nurses and Licensed Practical Nurses 24/7 in place of “experienced emergency medical technician on-site 24/7?”

[Response to Question #100](#)
Yes.

Question #101

Can the physician be Board eligible/certified in Family Medicine?

[Response to Question #101](#)
The physician must be licensed as required by Florida Statute Chapter 458.

Question #102

Will the County accept a report to the Detention Director at 0900 Monday through Friday with the Saturday and Sunday report being provided on Monday morning?

[Response to Question #102](#)
No.

Question #103

- a. During the past two (2) years, what is the average number of individuals receiving dialysis treatments?
- b. What are the average weekly number of treatments?
- c. Are dialysis services provided on site or off site?
- d. Please identify the on-site and/or off-site dialysis provider.
- e. How much has been spent annually on dialysis over the past two (2) years?

[Response to Question #103](#)

The CCSO has had zero (0) dialysis needs over the past two (2) years.

Question #104

How long is the CCSO orientation training and how often is it offered?

[Response to Question #104](#)

Less than 6 hours. The orientation would be provided as needed.

Question #105

How long is the current background check process and cost of finger printing?

[Response to Question #105](#)

The background check process is estimated to be completed within two to four weeks. The costs for a fingerprint card is \$5 per card.

Question #106

When was the last FMJS Audit? Were there any deficiencies? If so, please provide information on resulting corrective actions.

[Response to Question #106](#)

February 27, 2019. None.

Question #107

When was the last FCAC Audit? Were there any deficiencies? If so, please provide information on resulting corrective actions.

[Response to Question #107](#)

March of 2018. None.

Question #108

Please provide a list of current community-based providers utilized for reentry services.

[Response to Question #108](#)

Please see Addendum #1, Question 35

Question #109

Please identify the current EMR.

Does the current EMR have established interfaces with the jail management system, laboratory and pharmacy systems?

Would the County be open to alternative EMR solutions?

Does the facility have wireless capability?

[Response to Question #109](#)

CorrecTek.

Yes.

No.

No.

Question #110

Please provide the current backlog of medical records to be scanned into the EMR at this time. Does the County have a time frame in which scanning of records is to be completed.

[Response to Question #110](#)

All medical records are scanned in daily. There is no current backlog.

Question #111

Please identify the Facility's Jail Management System (JMS).

[Response to Question #111](#)

OneSolution by Central Square Technologies.

Question #112

Please provide a list of existing vendors the medical contractor will be required to assume responsibility under existing agreements. If not included in this requirement, please identify: Laboratory, Radiology and Ambulance Services providers.

[Response to Question #112](#)

Please see Addendum #1 for a list of vendors and contracts.

The CCSO does not currently have an ambulance services agreement with a for-profit entity.

Question #113

Please provide a list of currently utilized off-site specialty providers and outpatient providers.

[Response to Question #113](#)

Please see Addendum #1.

Question #114

Please identify the local hospital(s) utilized for emergencies and inpatient stays.

[Response to Question #114](#)
Please see Addendum #1.

Question #115

Please identify the current CCSO's pharmaceutical contractor and when the initial term expires.

[Response to Question #115](#)

The current vendor is Atkinson's Healthcare. However, the CCSO will execute an agreement with a new vendor this month. The resulting award will expire in three (3) years. A copy of the awarded vendor's cost proposal is included under Exhibit 4.

Question #116

Please provide total pharmacy costs for 2016 and 2017.

[Response to Question #116](#)

| | |
|-----------------------|--------------|
| 10/1/2016 - 9/30/2017 | \$281,652.97 |
| 10/1/2017 - 9/30/2018 | \$218,696.74 |
| 10/1/2018 - 5/1/2019 | \$97,681.14 |

Question #117

Please provide total HIV medication costs per month for each of the past two years.

[Response to Question #117](#)

This information is not currently available.

Question #118

Please provide the number of inmates with diabetes per month for each of the past two years.

[Response to Question #45](#)

This information is not available.

Question #119

Does the CCSO have a Keep On Person policy? If so, please provide.

[Response to Question #119](#)

Yes. The CCSO has a Keep On Person policy for topical or internal creams.

Question #120

Please provide CCSO's policy regarding discharge medications.

[Response to Question #120](#)

Yes.

Question #121

The RFP requests a staffing plan for a 10-week shift. If the staffing plan proposed is recurring and identical for every seven-day period, would the County accept a staffing plan represented in a 7-day period?

[Response to Question #121](#)

No. See Addendum #1.

Question #122

Section Seven indicates contract cost will be 65% of total evaluation points; however, Section 2.11 indicates it is 80%. Please clarify.

[Response to Question #122](#)

Section 2.11 states "In the generic example below, cost is weighted as 80% of the overall total score. The weighting of cost may be different in your particular RFP."

The weighting is 65%.

Question #123

Two forms listed are not included in the RFP: 3. – Form 3A – Interest in Competitive Bid for Public Business and 13. – Proposal Completeness Checklist. Will these be included in an addendum?

[Response to Question #123](#)

Form 3A and the Proposal Completeness Checklist form are hereby deleted from the form section.

Question #124

Re: Ancillary Fees

Should first year fees such as start-up costs, be listed on the First Year Cost-Fee Schedule or as an Ancillary Fee?

[Response to Question #124](#)

You may include start-up costs under the First Year Cost or as an Ancillary Fee.

Question #125

Please provide Average Daily Population (ADP) numbers for the past three (3) years.

[Response to Question #125](#)

The average population for the last three years is between 370-390.

Question #126

Please provide a breakdown of the inmate/detainee population included in the overall population figures, as follows:

1. County
2. State DOC
3. ICE
4. U.S. Marshals Service
5. Work Release
6. Other

[Response to Question #126](#)

1. 94
2. 12
3. 0
4. 0
5. 0
6. 263 pretrial

Question #127

Please provide a breakdown of the inmate population included in the overall population figures, as follows:

1. Men
2. Women
3. Juveniles
4. Transgender

[Response to Question #127](#)

1. 296
2. 76
3. 0
4. 0

Question #128

What is the Facility's policy regarding the cost of care for pre-booking?

[Response to Question #128](#)

The Facility follows Florida Statutes as well as relevant court cases related to the time care begins.

Question #129

Will the County consider the use of telemedicine services?

[Response to Question #129](#)

No.

Question #130

Please identify and provide contact information for the following individuals:

1. Medical Director
2. Mid-level Practitioner
3. Psychiatrist
4. Dentist

[Response to Question #130](#)

1. Connie Adams
2. None.
3. Please see Addendum #1
4. Please see Addendum #1

Question #131

Please provide historical utilization statistics for the past three (3) years regarding off-site and specialty services, including but not limited to:

- a. Number of ambulance transfers by facility
- b. Number of non-ambulance transfers
- c. Number of 911 transfers
- d. Number of Life Flight/helicopter transfers
- e. Number of inpatient days
- f. Number of hospital observations
- g. Number of office specialty visits by provider type
- h. Number of off-site radiology exams by type (e.g., CT scan, MRI, etc.)

[Response to Question #131](#)

Please see Addendum #1 for available information.

Question #132

Please provide the following information for the past two (2) years:

- a. Total pharmacy costs
- b. Total psychotropic medication costs
- c. Total HIV/AIDS medication costs
- d. Total ER visit costs

- e. Total inpatient hospitalization stay costs
- f. Total off-site specialist visit costs
- g. Total off-site, one-day surgery costs
- h. Total pre-booking hospital costs
- i. Total ambulance service costs

[Response to Question #132](#)

- a. Please see Addendum #2 Question #116.
- b. This information is not currently available.
- c-i See Addendum #1 for available information.

Question #133

Please identify and provide contact information for the following individuals:

- 1. Is methadone provided to any patients other than pregnant females?
- 2. Is methadone provided on site or off site?
- 3. Who is the local methadone provider?

[Response to Question #133](#)

- 1. No.
- 2. Offsite.
- 3. River Region.

Question #134

How many weekly hours are included in current staffing plan for RNs?

[Response to Question #134](#)

40.

Question #135

Please provide the hospital used for mental health inpatient referrals?

[Response to Question #135](#)

Orange Park Medical Center.

Question #136

What are the requirements for mental health training for staff?

[Response to Question #136](#)

Training must meet annual in-service requirements established by FCAC and FMJS.

COST/FEE SCHEDULE

For Evaluation Purposes, all proposers shall complete the attached Evaluation Based – Cost/Fee Schedule. The information contained therein is forward year order data for the Clay County Jail Facility from the previous fiscal year. This data is provided for evaluation purposes only and in no way is intended to limit, project, or predict the intended types or quantities of medication ordered during the life of the awarded contract.

For Contracting Purposes, all proposers shall complete the following pricing information:

Medication Pricing

Recognized industry database utilized to obtain Average Wholesale Price. If different than the NADAC (National Average Drug Acquisition Cost) from Medicaid.gov, provide a link and, if necessary, access rights for a CCSO employee:

Medispan

- Average Wholesale Price +(Plus) or – (minus) 95 % (Generic)
- Average Wholesale Price +(Plus) or – (minus) 24 % (Brand Name)

Dispensing Fee

Dispensing Fee per Prescription: 0 (In US Dollars and Cents)

Credits

Unused, returned medication (as described in RFP) shall be credited at actual cost to the CCSO. Initial if you agree to this provision. Agreed SP

Ancillary Fees, Administration, or Value Added Services

I, the proposer, request the CCSO’s consideration of the following additional fees. Further, I affirm that no additional fees, unless listed below and specially incorporated into a future agreement between myself and the CCSO, shall be charged to the CCSO under a potential award.

| Description of Service | Amount | Basis for Billing |
|------------------------|--------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Shubhro Pal, RPh, PhD, VP Pharmacy Operations
Print Name and Title


Signature and Date

• **Westwood Pharmacy will not sell items below cost. Any items below cost will be billed at Westwood Pharmacy’s invoice cost.**

| | |
|--------------------------------------------------------------------------------------|------------------------------------------------------|
| CLAY COUNTY SHERIFF'S OFFICE CLAY COUNTY, FLORIDA STANDARD OPERATING PROCEDURE | NUMBER: 4200.8 |
| DEPARTMENT: DETENTION | DISTRIBUTION: DETENTION & FINANCE |
| TITLE: INMATE MEDICAL FEES | EFFECTIVE DATE: 02/10/2006 UPDATED: 03/22/2018 |
| SUBJECT: INMATE MEDICAL FEES | ANNUAL REVIEW DATE: MARCH 2019 |
| RELATED DOCUMENTS: GO 3000.18, Secondary Employment | |

CFA #: 3.01M
FCAC #: 2.01M

PURPOSE:

It is the purpose of the Clay County Sheriff's Office to provide each inmate the opportunity for medical, dental and mental health services.

This procedure consists of the following number sections:

- I. General
- II. Procedures

All written directives will be reviewed and updated on an annual basis by the Chairman of the Directive Review Committee or **designee**. The reviews will be documented and sent to **Professional Development**, which will maintain a review log of all directives.

(CFA 3.01M)
(FCAC 2.01M)

I. GENERAL

- A. A reimbursement for medical/dental services, medication, and transportation provided to the inmate may be levied against the inmate's commissary account. At no time will any inmate be denied access to the medical system for lack of funds. The level of medical care will be the same regardless of the ability to pay.
- B. Medical cost for services provided will be deducted from the inmate's account in accordance with a set fee schedule.
- C. The courts, the control release authority and the parole commission can require payment of unpaid medical bills acquired while the inmate was incarcerated as a condition of probation, control release, and conditional release.

II. PROCEDURES

- A. Inmates will be advised of the fee schedule and policy via the inmate handbook and posted notices.
- B. If the inmate is covered by a health insurance plan, a copy of the health card or any information must be obtained and forwarded to the Medical Services Coordinator. Insurance claims will not be processed by the Clay County Sheriff's Office, however, that information will be given to the provider (doctor, hospital, etc.) and the provider will file the claim.
- C. Sick Call
 - 1. If the inmate is screened by the health authority or a nurse, a fee will be assessed according to the fee schedule and debited against the inmate's account.
 - 2. If the inmate is requested by Medical to return for a follow-up examination of the existing condition, and less than thirty (30) days has passed, no fee will be assessed.
- D. Dental
 - 1. Inmates who are treated by the facility dentist will be assessed a fee according to the fee schedule.
 - 2. If the inmate is seen by the dentist and decides not to be treated, the same fee will be assessed, as if treatment had been done.
 - 3. If the inmate is requested by the dentist to return for a follow-up examination of the existing condition, and less than thirty (30) days has passed, no clinic fee will be assessed.
- E. Medications
 - 1. Prescription medication will be assessed according to the actual cost of the medication.
 - 2. An inmate will be charged full price for prescription medications, regardless if it is refused or if the inmate does not use the full amount. Prescription medications will not be returned for a credit to the inmate's account. When the inmate is released or transferred from the detention facility, no more than three (3) days of their remaining medication(s) will go with the inmate unless otherwise directed by the health authority/Medical Manager. Upon release of the inmate, acceptance or refusal of the medications(s) will be documented on the release of medication form.

F. Non-chargeable Services

1. Initial screening.
2. Follow-up treatment ordered by Medical **Services** within thirty (30) days after initial problem.
3. TB tests.
4. Mental health medications ordered by the mental health provider.
5. HIV screening, if required by **Medical Services** or court ordered.
6. Injuries resulting from use of force in restraining an inmate or inmate-to-inmate confrontations.
7. Injuries other than recreational or self-inflicted.
8. Medical evaluation for Work Programs.
9. Injuries resulting from Work Programs.
10. Any medical service ordered as a medical necessity by the Medical Manager and deemed non-chargeable.
11. Repairs or replacements of hearing aids.

G. Transportation

1. If an inmate is transported to his/her personal physician/dentist at his/her request (including Workmen's Compensation and Insurance), the inmate will be charged the scheduled hourly, mileage and administrative fees as provided in General Order 3000.18, Secondary Employment.
2. Transportation arrangements and appointments will be made through the medical staff in conjunction with **Warrants/Transport**.

H. Disbursement

1. When services are provided, a medical staff member will note the charges in the Electronic Medical Records system. A medical clerk will then charge the inmate's account based on daily reports for medical services. A receipt will be printed and disbursed to the inmate.

2. Financial Responsibility

- a. Custody Required: Before the duty to provide and pay medical services arises, there must be an arrest or "custodial detention." Thus the Sheriff is not responsible for medical costs of indigent patients merely because officers deliver them to the hospital.
- b. Order of Liability for Costs: Florida State Statute 901.35 provides: (1) Notwithstanding any other provision of law, the responsibility for paying the expenses of medical care, treatment, hospitalization, and transportation for any person ill, wounded, or otherwise injured during or at the time of arrest for any violation of state law or county municipal ordinance shall be the responsibility of the person receiving such care, treatment, hospitalization, and transportation. The provider of such services shall seek reimbursement for the expenses incurred in providing medical care, treatment, hospitalization, and transportation from the following sources in the following order:
 - (1) From insurance companies, health care corporations, or other sources if the prisoner is covered by an insurance policy or subscribes to a health care corporation or other source for those expenses.
 - (2) From the person receiving the medical care, treatment, hospitalization, or transportation.
 - (3) From a financial settlement for the medical care, treatment, hospitalization, or transportation payable or accruing to the injured party.
- c. Upon a showing that reimbursement from the sources listed in subsection (1) is not available; the costs of medical care, treatment, hospitalization, and transportation shall be paid:
 - (1) From the general fund of the county in which the person was arrested if the arrest was for violation of a state law or county ordinance; or
 - (2) From the municipal general fund if the arrest was for violation of a municipal ordinance.

The responsibility for payment of such medical costs shall exist until such time as an arrested person is released from the custody of the arresting agency.

- d. An arrested person who has health insurance, subscribes to a health care corporation, or receives health care benefits from any other source shall assign such benefits to the health care provider pursuant to Florida State Statute 901.35.
- e. Authority to Seek Reimbursement: Florida State Statute 951.032 provides that a county or municipal detention facility incurring expenses for providing medical care, treatment, hospitalization, or transportation may seek reimbursement for the expenses incurred in the following order:
- (1) From the prisoner or person receiving medical care, treatment, hospitalization, or transportation;
 - (2) From insurance companies, health care corporations, or other sources if the prisoner or person is covered by an insurance policy or subscribes to a health care corporation or other source for those expenses.
 - (a) Federal Health Care coverage, Medicare Part A, and Medicare Part B are not eligible while incarcerated.
 - (b) State aid health care: Medicaid is not permitted while incarcerated.
- A prisoner who receives medical care, treatment, hospitalization, or transportation shall cooperate with the county or municipal detention facility in seeking reimbursement from his insurer for expenses incurred by the facility for the prisoner.
- f. Termination of Duty: Termination of the sentence, or release of the prisoner on his own recognizance, even while he is in the hospital, ends the Sheriff's responsibility in the matter.



Sheriff D.R. Daniels