



ADDENDUM I

DATE: September 22, 2023

TO: ALL PROSPECTIVE BIDDERS

FROM: Angie Perteet, Senior Buyer

RE: **ADDENDUM I, “RFP # 24013 Health Services for Offenders of ACC Corrections”**

Pursuant to RFP # 24013 the following information is provided:

1. QUESTION: Please provide salaries/pay rates of current staff (i.e., RN, LPN, Mid-level Practitioner, mental health staff, etc.).

ANSWER: ACC Corrections is not responsible for medical salary and cannot provide this information for specific contractor staff members.

2. QUESTION: Is the current staffing plan considered adequate for the Facility?

ANSWER: Yes.

3. QUESTION: Please provide a list of all medical equipment that will be available to the new Contractor, including the model, age, and condition.

ANSWER:

1. Desk – Model Unknown – Purchased prior to 1998 - Good condition
2. Scale – Model Unknown - Purchased prior 1998 - Bad condition
3. Examination Table – Model Unknown - Purchased prior to 1998 - Good condition
4. Refrigerator Model Unknown - Purchased 2022 – Good condition

4. QUESTION: 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.

ANSWER: None.

5. QUESTION: How many AEDs are on site?

ANSWER: 3 AED Machines

6. QUESTION: Who is responsible for maintaining the AEDs—the Contractor or the County?

ANSWER: County.

7. QUESTION: Please identify the following current vendors:

- a. Ambulance Service(s)
- b. Biohazardous waste removal services

ANSWER:

- a. Ambulance service(s) - National EMS
- b. Biohazardous waste removal services -Trilogy Medwaste

8. QUESTION: Please identify and provide contact information for the following individuals:

- a. Medical Director
- b. Mid-level Practitioner
- c. Psychiatrist
- d. Dentist

ANSWER:

- a. Medical Director - proprietary – Under current vendor
- b. Mid-level Practitioner – proprietary – Under current vendor
- c. Psychiatrist – Services not offered at this institution.
- d. Dentist – East Athens Family Dentistry – 348 Oak St. Athens Ga. 30605

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

ANSWER:

- a. Athens Piedmont/Regional Medical Center
- b. Athens Orthopedic and Sports Medicine
- c. East Athens Family Dentistry
- d. Quest Diagnostics
- e. CVS (Lexington Rd) for COVID vaccinations

10. QUESTION: During the past two (2) years, what is the average number of individuals receiving dialysis treatments?

ANSWER: 0

11. QUESTION: Are dialysis services provided on site or off site?

ANSWER: Dialysis is not provided at this institution.

12. QUESTION: Please identify the on-site and/or off-site dialysis provider.

ANSWER: N/A

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

ANSWER: Offenders are screened during the diagnostic process at the initial institution. LPN conducts annual health assessments.

14. QUESTION: How many med passes are conducted daily?

ANSWER: None - offenders are responsible for their own medications.

15. QUESTION: How long does the average med pass take to complete?

ANSWER: N/A

16. QUESTION: What medications are included in the KOP program?

ANSWER: Chronic care and over the counter medication.

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

ANSWER: Scribe via Georgia DOC.

18. QUESTION: Will internet connectivity be available to the Contractor?

ANSWER: Yes.

19. QUESTION: Does the Facility currently have wireless capability?

ANSWER: No.

20. QUESTION: Pharmacy Statistics: Please provide the following information for the past two (2) years:

- a. Number of inmates on psychotropic medication(s) per month.
- b. Number of inmates on HIV/AIDS medication(s) per month.
- c. Number of inmates on Hepatitis medication(s) per month.
- d. Number of inmates on Hemophilia medication(s) per month.
- e. Number of inmates with diabetes.

ANSWER:

- a. Number of inmates on psychotropic medication(s) per month. - 0
- b. Number of inmates on HIV/AIDS medication(s) per month. - 0
- c. Number of inmates on Hepatitis medication(s) per month. - 0
- d. Number of inmates on Hemophilia medication(s) per month. - 0
- e. Number of inmates with diabetes. - 0

21. QUESTION: On-site Service Statistics: Please provide statistical data for the past three (3) years by facility regarding on-site services, including but not limited to: Statistical data for past 1 11/2 years (3/2022-12/2022, 01/2023-08/2023).

- a. Nurse Sick Call,
- b. Mid-level Sick Call,
- c. Physician Sick Call

- d. Inmate physicals
- e. Number of chronic care visits by type.
- f. Number of on-site clinic visits by type (e.g., OB/GYN, orthopedics, ophthalmology, cardiology, etc.)
- g. Labs
- h. X-Rays
- i. Telemedicine encounters by specialty

ANSWER:

- a. Nurse Sick Call - 1212
- b. Mid-level Sick Call - None
- c. Physician Sick Call - 18
- d. Inmate physicals - 191
- e. Number of chronic care visits by type - 104
- f. Number of on-site clinic visits by type (e.g., OB/GYN, orthopedics, ophthalmology, cardiology, etc.) – 32/2 yrs Ultrasound, 30 Ophthalmology
- g. Labs – 2022/36, 2023/43 – Total 79
- h. X-Rays – 2022/24, 2023/18 – Total 42
- i. Telemedicine encounters by specialty – MD 122 (CCC and SC)

22. QUESTION: This is listed as Full Risk Contract; can we take exception and bill back for offsite? If not, can you provide off-site spending (hospitalizations, specialty visits, etc.) Off-site Service Statistics: Please provide historical utilization statistics for the past 2) years by facility regarding off-site and specialty services, including but not limited to:

- a. Total number of ER visits.
- b. Number of ER visits that resulted in inpatient admissions.
- c. Number of ambulance transfers by facility.
- d. Number of non-ambulance transfers.
- e. Number of 911 transfers.
- f. Number of Life Flight/helicopter transfers.
- g. Number of inpatient admissions.
- h. Number of inpatient days.
- i. Number of hospital observations.
- j. Number of one-day surgeries.
- k. Number of office specialty visits by provider type.
- l. Number of off-site radiology exams by type (e.g., CT scan, MRI, etc.)

ANSWER: Yes

- a. Total number of ER visits - 2022/21, 2023/14, Total: 35
- b. Number of ER visits that resulted in inpatient admissions – 2022/0, 2023/3, Total: 3
- c. Number of ambulance transfers by facility – 2022/6, 2023/4, Total: 10
- d. Number of non-ambulance transfers – 2022/15, 2023/10, Total: 25
- e. Number of 911 transfers. Unknown
- f. Number of Life Flight/helicopter transfers. None
- g. Number of inpatient admissions – 2022/0, 2023/3, Total: 3
- h. Number of inpatient days – 2022/0, 2023/20, Total: 20
- i. Number of hospital observations. Unknown
- j. Number of one-day surgeries – 2022/0, 2023/1, Total: 1

k. Number of office specialty visits by provider type.

1. 2022:
 - a. Ophthalmology: 17
 - b. Surgical: 2
 - c. Orthopedic: 5
2. 2023:
 - a. Ophthalmology: 4
 - b. Orthopedic: 7

23. QUESTION: Expenses: 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.

ANSWER:

- a. Total pharmacy costs. None
- b. Total psychotropic medication costs. None
- c. Total HIV/AIDS medication costs. None
- d. Total ER visit costs. None
- e. Total inpatient hospitalization stay costs. None
- f. Total off-site specialist visit costs. None
- g. Total off-site, one-day surgery costs. None
- h. Total pre-booking hospital costs. None
- i. Total ambulance service costs. None

24. QUESTION: Have the costs for capitated services fallen below or exceeded the capitation limits in the past two (2) years?

ANSWER: Under the current contract, the cap is fixed and will not go under.

25. QUESTION: By how much has the current Contractor fallen below or exceeded the cap in each of the past two (2) years.

ANSWER: Any overages have solely been the TC population and discrepancies from the prior contract make it difficult to provide information.

26. QUESTION: Has the current Contractor been assessed any penalties in the past two (2) years?

ANSWER: No.

a. If so, please identify the penalty type and amount for each of the past two (2) years. Health care assessment is mandatory to be completed by NCCHC standards in 14 days in a jail and 7 days in a prison. Per the RFP, penalties start after 1 business day. Are we adhering to Prison Standards vs jail standards?

a. N/A – Not applicable to current contract.

27. QUESTION: What/how often is the required GDOC training?

ANSWER: Medical staff is contracted. Requirements include annual one-hour Security and Awareness Training, annual PREA training either online or in person, multiple one-time online PREA certifications trainings, and other trainings may be added as GDC mandates.

28. QUESTION: Difference in TC requirements vs CI?

ANSWER: Transition Center residents are assigned from GDC, are eligible to work, are encouraged to seek outside medical services and receive healthcare through their employers. TC residents may still require medical services through this contract if GDC identifies them as “chronic care” which will likely be limited to ongoing relevant prescriptions to that status. Also, in instances where security is a concern, and for public safety purposes contract medical visiting onsite is preferable to allowing the resident to travel to a local provider.

29. QUESTION: What percentage of TC offenders currently have employer insurance coverage?

ANSWER: 62% as of 9/18/23.

30. QUESTION: Do you wish to retain any of the current medical staff?

ANSWER: Yes, that is our preference, but not a requirement.

31. QUESTION: Can you provide current staff’s salary range and seniority with the current vendor?

ANSWER: \$57,000 - \$60,000

32. QUESTION: How many officers currently work at the Athens-Clarke County Department of Corrections?

ANSWER: 46

33. QUESTION: Is the health services provider responsible for the cost of all drug screenings for employees at the facility?

ANSWER: No.

34. QUESTION: Who is/are your current physician(s) and would you like the vendor to work with this physician if possible?

ANSWER: Dr. Joseph Hastie, but we do not have a preference.

35. QUESTION: Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician?

ANSWER: Yes.

36. QUESTION: Is the practitioner required to have a Medicaid Number?

ANSWER: Yes.

37. QUESTION: What are the current salaries for the nurse?

ANSWER: \$57,000 - \$60,000

38. QUESTION: Are any medications allowed to be brought in from home?

ANSWER: No, Offenders may not receive medications from home.

39. QUESTION: Please provide a listing of current medical commissary items.

ANSWER: See Below:

1. Nasal/Allergy Tablets
2. Ibuprofen
3. Denture tablets
4. Effergrip
5. Denture Bath
6. Rolaid
7. Halls Cough Drops
8. Visine-eye drops.

40. QUESTION: 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?

ANSWER: We do not house offenders that require that type of medical attention.

41. QUESTION: Are there specific times that jail security does not want inmate/detainee movement for sick call?

- a. If so, when?

ANSWER: Yes.

- a. When conducting mass movement.

42. QUESTION: Please provide a list of medical equipment that is currently on-site for use by the vendor.

ANSWER: The current vendor has held the contract for a number of years and we anticipate no other materials will remain.

1. Desk
2. Scale
3. Examination Table

43. QUESTION: Do you currently do TB screening by asking questions and/or TB skin test?

ANSWER: Yes, Skin test.

44. QUESTION: Are there any special business license fees or taxes that are to be paid to the city or county?

ANSWER: No.

45. QUESTION: Do you currently have a financial limit (POOL) with the current contract?
a. If so, what does it cover and how much is it?

ANSWER: Yes.

- a. It covers all inmates, this amount includes an annualized Aggregate Cap of \$28,500.00.

46. QUESTION: Have you gone over the financial limit (POOL)?

- a. If so, how many months into the contract was it before you went over the limit?
- b. If so, how much over the financial limit (POOL) did you go over every year?

ANSWER: No.

- a. If so, how many months into the contract was it before you went over the limit? N/A
- b. If so, how much over the financial limit (POOL) did you go over every year? N/A

47. QUESTION: Would you like the new contractor to re-price all medical claims?

ANSWER: No.

48. QUESTION: Do you have a state statute that you reprice to?

ANSWER: No, the current vendor handles all costs.

49. QUESTION: What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory?

ANSWER: The current vendor will not provide this information as they deem this to be proprietary.

50. QUESTION: 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)?

ANSWER: Yes, this is how it has been done in the past.

51. QUESTION: Is there a dedicated fax line to medical?

a. If No, is a fax line available?

ANSWER: Yes.

a. N/A

52. QUESTION: Is there internet connection already in the medical unit?

a. Is this provided by the county or the current contractor?

b. If the current contractor is providing, do you know the cost?

c. What kind of network gear is needed or currently in place for internet at your facility if contractor must supply?

ANSWER: Yes.

a. Is this provided by the county or the current contractor? County

b. If the current contractor is providing, do you know the cost? N/A

c. What kind of network gear is needed or currently in place for internet at your facility if contractor must supply? The county handles all network connections and issues.

53. QUESTION: How many desktop computers do the medical staff currently use?

ANSWER: None.

54. QUESTION: How many laptops do the medical staff currently use?

ANSWER: 1.

55. QUESTION: Are there internet capabilities where the medical staff will be seeing patients? Exam rooms? Booking areas? Hardwire? Wireless?

ANSWER: Yes; hardwire.

56. QUESTION: How many scanners do the medical staff currently use?

ANSWER: 1

57. QUESTION: How many printers do the medical staff currently use?

ANSWER: 1

58. QUESTION: Is the facility currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive.

ANSWER: No.

59. QUESTION: Is crisis intervention available 24 hours per day/7 days per week?

Yes No

ANSWER: Yes.

60. QUESTION: Indicate the level of screening for inmates/detainees at your facility. (Check all that apply)

Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer.

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

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

Other (please explain) Annual H&P

61. QUESTION: 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? Dr. Smith No

62. QUESTION: Is staff required to use a prescribed form when making mental health referrals?

Yes No

63. QUESTION: Are arresting/transporting officers and probation agents, etc. required to complete a pre-incarceration form identifying mental health risk issues? Yes No

64. QUESTION: Does your facility staff receive ongoing training on **mental health issues**?

Yes, How often? (please explain) Yearly

65. QUESTION: How is training delivered? (please explain)

ANSWER: It is completed online or in person by the training instructor.

66. QUESTION: Does your facility staff receive ongoing training on **suicide prevention issues**?

Yes, How often? (please explain) Yearly, it is a mandatory training
 No

67. QUESTION: How is training delivered? (please explain)

ANSWER: It is completed online or in person by the training instructor.

68. QUESTION: Will the county want the vendor to do CPR and AED training with their staff at the facility?

ANSWER: No.

OTHER IMPORTANT INFORMATION:

Questions and Answers are hereby added to and become a part of **RFP # 24013 Health Services for Offenders of ACC Corrections**. This Addendum modifies and forms a part of the Quote Documents. All other terms and conditions remain unchanged.

Any inquiries concerning this Request for Proposal should be made to Angie Perteet, Senior Buyer, (762) 400-6053, or email accbids@accgov.com.

The Unified Government of Athens-Clarke County reserves the right to reject any and all proposals, to waive any technicalities or irregularities and to award the proposal based on the highest and best interest of the Unified Government of Athens-Clarke County.