

**Request for Proposal FY12-0110 Health Care for Inmates Orangeburg- Calhoun Detention Center
Addendum No.: 1 (herein referred to as "Addendum")**

This Addendum revises the above-described procurement, and is hereby incorporated and made a part of the above-described procurement as if the Addendum had been included in the original procurement documents.

The Addendum is as follows: Questions/Responses/Clarifications January 3, 2012

Responses in Blue

1. Who is the current provider? Please provide a copy of the current contract, and all amendments and extensions, with the current provider. [County of Orangeburg – No contract or Outside Provider.](#)
2. Please confirm ADP to be used as the basis for pricing. [350-375 Average Daily](#)
 - a) Please identify the number of inmates/detainees from the Federal Marshall's Service, ICE, State, or other jurisdictions. [Contract for 15, but average about 5 daily](#)
 - b) How many HIV patients on average are included in the current ADP? [10 Inmates daily](#)
3. Accreditation
 - a) Is the facility currently accredited by NCCHC and/or ACA? [NO](#)
 - b) If so, what were the audit results? [N/A](#)
 - c) Were there any deficiencies? Was there an action plan? [N/A](#)
 - d) If not already accredited, is the facility looking to become accredited? By which agency (ies)? [N/A](#)
 - e) If looking for accreditation, who is financial responsible? [N/A](#)
4. Is the facility currently operating under a Court Decree or legal directive? If so, please provide details. [N/A](#)
5. Please provide details of any litigation involving Orangeburg-Calhoun Detention Center over the last five (5) years. [Can be research under the Freedom of Information Act](#)
6. Does the County feel the current staffing is adequate for the needs of the facility?
 - a) Are there any vacancies / unfilled positions? [YES](#)
7. Is it the County's expectation that the new Contractor would retain the current staff? [YES](#)
8. Please provide the current staffing matrix, by shift and credential, with current salaries and benefits. [See Personnel](#)

9. Please confirm the number of hours of staffing.
 - a) Does the 12:00 p.m. time in the RFP represent Midnight? **YES**

10. What is the expectation for coverage when the Contractor's staff is not onsite? **To have someone available by phone when needed.**

11. Does the facility have an infirmary? **If so, how many beds? Yes (1)**

12. Does the facility have a medical observation unit? **NO**

13. Are there any negative pressure rooms? How many? **NONE**

14. Intake Screening
 - a) Who is currently conducting Screening during medical staffing hours (by credential)? **NURSE**
 - b) Who is currently conducting Screening during hours when medical staff is not onsite? **N/A**
 - c) Please confirm that Screening is to be accomplished within 24 hours of the inmate's arrival. **YES**
 - d) Who notifies Medical when inmates arrive in Booking, and how? **C/Officers by telephone or radio**
 - e) Where are inmates housed awaiting Screening during hours when medical staff is not onsite? **Housing areas**
 - f) What is the average number of admissions / intakes conducted daily, by shift? **15-20 per shift**
 - g) Please provide statistics for the past 36 months on admissions/intake by shift. **See Letter (f) x2 shifts than multiply by 36 months**

15. What is the current practice / policy regarding PPD implants (TB screening) and when they are administered? **TB is done during the 14 day assessment, but is done within the first 24 hours, all new employees during physical, and all others once a year.**

16. Medication Administration
 - a) How many med passes per day? **(3)**
 - b) Who currently is doing the med passes (by credential)? **Nurses/officers**
 - c) If currently done by nursing staff, can a CMT be used? **No**
 - d) Does the facility have an EMAR? **NO**
 - e) Does the facility have a Keep on Person (KOP) policy **NO**

17. Pharmacy
 - a) Who is the current Pharmacy provider? **IHS**
 - b) Please clarify statement, as it applies to chronic care medications, "All medications including over the counter medications should be billed to the cost pool." **As indicated by RFP**
 - c) Please confirm who is financial responsible for the cost of medications used for chronic care treatment. Are chronic care medications paid directly by the County, or are they paid

- for by the Contractor and passed through to the County in the “cost pool?” [As indicated by RFP](#)
- d) Please identify which medications are “chronic care medications” i.e., HIV, Chemotherapy, Hepatitis, etc. [All of the above](#)
 - e) What is the average number of inmates on medications? [70% of inmate population](#)
 - f) How many inmates are currently on psychotropic medications? Per month? [35% of inmate population](#)
 - g) Please provide historical data on number of inmates receiving:
 - HIV/AIDS medications [10 inmates](#)
 - Hepatitis C medications [0](#)
 - Hemophilia medications [0](#)
 - h) What were the total Pharmacy expenses for the most recent 12 months? \$216,000
 - for HIV/AIDS medications [\\$74,443.08](#)
 - for psychotropic medications [\\$59,582.02](#)
18. Can the Contractor utilize the services of a Mid-level Provider (PA/ARNP)? [If certified to practice in South Carolina](#)
19. What is the facility's policy on providing medication to inmates upon release? [3 days supply upon release](#)
20. Please provide an inventory of all furniture, equipment and medical supplies that will remain onsite for the new Contractor. [As indicated in RFP](#)
- a) What furniture / equipment will the new Contractor be expected to purchase?
 - b) How many AEDs are on-site? Who is responsible for maintaining this equipment?
21. Is there photocopying equipment that will remain for the new Contractor? [YES](#)
- a) Who is responsible for cost associated with photocopying equipment? [County](#)
22. Dental Services
- a) Please clarify and describe how dental services are determined to be onsite and offsite, including frequency of when dental sick call requests for treatment. [Determine by medical staff as needed](#)
 - b) What is the current demand for dental services and how is it being provided? [Twice a month/offsite](#)
 - c) Who is financial responsible for dental costs when provided offsite – the County or the Contractor? [Contractor](#)
 - d) Please provide statistics for the past 36 months on the number of off-site dental visits and on-site dental treatments. [Average 18 inmates per month x 36 offsite only](#)
 - e) Please describe how on-site dental services are currently provided. Is there an on-site dental operator? If not, is there a space with a sink that can be used to provide dental treatment? [No on site](#)
 - f) Please provide an inventory of on-site dental equipment and instruments. [N/A](#)
 - g) Does the facility use the services of a mobile dental unit to provide on-site dental services? If so, please describe – is it an RV/van unit where the inmates treated, or is there mobile equipment that can be set up within the facility? [N/A](#)
 - h) Please provide contact information of the mobile unit currently used, if applicable. [N/A](#)

- i) Please provide the contact information for the off-site dental provider. [Edisto Dental](#)
 - j) Please provide statistics for the past 36 months for costs for off-site dental visits, including correctional office and transportation costs. [See Finance](#)
23. X-Ray
- a) Please provide an inventory of all on-site X-ray equipment that will be available to the new Contractor. [N/A](#)
 - b) Is the on-site equipment digital or film? [N/A](#)
 - c) Does the facility utilize the services of a mobile X-ray unit? If so, please provide contact information. [N/A](#)
24. Does the facility use any other local hospitals for emergency, specialists and off-site services other than Regional Medical Center of Orangeburg-Calhoun Counties? [NO](#)
25. What hospital is used for inpatient hospitalization of mental health patients? [Determine by Mental Health](#)
26. Mental Health
- a) Is the current Mental Health provider a private provider or a community-based agency? [Community based](#)
 - b) What is the staffing and credentials of the Mental Health providers? [S.C. State Mental Health system](#)
 - c) What is the schedule of current on-site coverage by the Mental Health providers? [N/A](#)
 - d) How is detainee movement handled for Mental Health visits? [Transported by corrections officers](#)
 - e) Is telepsychiatry an option for providing Mental Health Services? [YES](#)
 - f) Please provide the number of Mental Health Professions (MHP) visits for the last 12 months. [16 inmates per month x 12](#)
 - g) Please provide the number of Psychiatrist visits for the last 12 months. [See F](#)
 - h) How many attempted/completed suicides were there in the last three (3) years? [3 attempt/0 completions](#)
 - i) How many mental health grievances were there in the last 12 months? [NONE](#)
 - j) How many psychiatric hospital admissions were there in the last three (3) years? [12](#)
27. What laboratory is currently used by the facility? [Lab Corp](#)
28. What is the current average number of sick call visits per day / week? [12 per day](#)
29. Is there a co-pay system? [Yes](#)
30. How many hours of orientation and training are required? [12 hours of operational training for new medical staff/ongoing training will be provided](#)
31. What is the facility's Jail Management System? [H.T.E. software](#)

32. Does the facility utilize Electronic Medical Records (EMR)? **NO**
 - a) If not, is the facility interested in receiving a proposal for an EMR system? **Maybe in future**
 - b) Is the existing IT infrastructure suitable for EMR installation – or will additional cabling and drops be required? **Additional cabling and drops will be required**
33. Please confirm all costs associated with off-site care services will be the responsibility of the County and the vendor should not include an allocation for these costs in pricing, i.e., emergency department, outpatient specialists, inpatient hospitalization, etc. **See RFP**
34. Please confirm all services will be paid by the Contractor and passed through the “cost pool.” **See RFP**
35. Specialty Services. “In the case that specialty services cannot be rendered onsite, the Provider will make arrangements for off-site specialty services to be performed. **These services should be included in the cost pool.**” **See RFP**
 - a) Please clarify the above as this statement seems to contradict the Tentative Delineation of Responsibility for Costs and Expenses of the Program (p.14) that states that “off-site medical services” are the responsibility of the county (if required).
 - b) Please confirm financial responsibility.
36. Please describe the required statistical reporting required. **Reporting that is required by State, Local, and Federal Laws**

Operations

1. Is Internet access available in the Medical Unit / offices? **YES**
2. Is wireless access available in the Facility? **NO**
3. What is the current average number of ER visits per week / month? **3 per week**
4. What was the total number of ER visits during the most recent 36 months? **3 inmates x 36**

Key Contacts

1. Who is the Warden of the Facility?
 - a) Contact information including title, address, telephone number and e-mail address.

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Vendor shall acknowledge completed Addendum Acknowledgement with its submission. Vendor may be disqualified from this procurement unless vendor submits a completed Addendum Acknowledgement form referring to this Addendum with vendor's submission.