

Title and Summary

Request for Proposal: FY16-1113 (Pages 1 thru 18)
Request for Proposal: Health Care Services for Inmates- Orangeburg County Detention Center
RFP Bid Publication: As follows: 10/16/2015 <http://www.orangeburgcounty.org/>
10/16/2015 Bulletin board, Basement Fl., Admin. Centre
RFP Composition: RFP No. FY16-1113 is composed of the following:
•Title and Summary pages
Code Articles 1 through 7
Background
Objectives
Scope of Work
Deliverables
Vendor Qualifications and Information
Evaluation Criteria
Deliantion of Costs
Certified Proposal Costs Sheet
Certification of No Exceptions
Certification of Preference(s)
Addendum Acknowledgement
Appendix A

Invitation
Amendments: If any, will be published/posted on the following:
<http://www.orangeburgcounty.org/>
Bulletin boards located in/on
Administrative Centre, Procurement Office

Contracting Entity: A political subdivision of the State of S. C.
Orangeburg County, S. C. ('Owner')

Procurement
Coordinator: Procurement Director Jannella Shuler Orangeburg County
Procurement Office 1437 Amelia St. ("Administrative Center")
Basement Fl. Orangeburg SC 29115
(803) 533-6121 Office phone number (803) 535-2307 Office
fax number or e-mail jshuler@orangeburgcounty.org

Code and Articles Acknowledgement

Request for Proposal FY16-1113 Inmates Health Care Services — Orangeburg County

Incorporation by Reference.

Articles 1 through 7 of the Code are incorporated by reference as if set forth verbatim in this Invitation to Bid. As stated in the Code, by submitting a proposal, the vendor agrees that the Code governs this procurement from solicitation through completion of the resulting contract, including disputes, if any.

ACCESS TO CODE. On November 16, 2009, Orangeburg County Council, the governing body of Orangeburg County, repealed all aspects of its procurement policy and enacted the Orangeburg County Procurement Code (the "Code"). The Code may be accessed online without charge at <http://www.orangeburgcounty.org/Purchasing/code.html> In addition; a copy of the Code is available for review without charge at the Office of the Procurement Director. If neither of those options meets your needs, a hard-copy of the Code is also available for purchase at the Office of the Procurement Director.
<http://www.orangeburgcounty.org/> or

Method of Source Selection.

The source selection method applicable to this procurement is Request for Proposal Procurement Code §5-403.

The undersigned vendor understands and agrees to be bound to the Code regarding all matters arising from the Request for Proposal identified above.

Printed Vendor Name

Signature of Vendor's Authorized Agent

Printed Name of Vendor's Authorized Agent

Title with Vendor of Vendor's Authorized Agent

Pre-Submission of Proposal
Requirements:

Vendors can request a site visit by appointment only.

Contacts

Director Vernetia Dozier (803) 539-2093 M-F 10:00 — 11:00 only

Questions: If vendors have questions, same shall be

Directed to Procurement Director

Mode of Communication via e-mail only

No later than October 23, 2015 11:00 A.M.

Proposals:

Submission Composition: Each submitted proposal is required to be composed of the following, including fully completed and executed forms:

Code and Articles Acknowledgment

Proposal Cost Form

Addendum Acknowledgment

Vendor's Certification of Qualifications and Information

Certification of No Exceptions

Certification of Preference(s)

Addendum Acknowledgment Form

NO BID SECURITY REQUIRED

SAMPLE CONTRACT IF AVAILABLE

Submission Deadline: November 13, 2015 (No Late Proposals will be accepted)

Submission Location: Orangeburg County Procurement Office

Opening Time: 11:00 A.M. (Only names of proposers will be read aloud)

Opening Location: Orangeburg County Procurement Office Basement Floor,
1437 Amelia Street, Orangeburg, S. C. 29115

Special Conditions

Intent/Award/Contract:

The intent to award, award, and the contract regarding is subject to the following special conditions:

- Only as stated in the documents that composes the Request for Proposal

Background

Orangeburg County on behalf of The Orangeburg County Detention Center, is requesting proposals for the provision of inmate health care services to include but not limited to, medical, dental, health care personnel, and program support services for a population of approximately 350 inmates of Orangeburg and Calhoun Counties for an initial one year contract. The contract will contain a renewal clause for three additional one-year renewal options, after the first year by mutual and written agreement. The Orangeburg County Detention Center is a 420 bed facility.

Orangeburg County currently has an agreement with the local hospital, Regional Medical Center of Orangeburg-Calhoun Counties, which allows for the first \$200,000.00 in inmate medical bills to be written off. After the write-off amount is reached, all other submitted hospital invoices/bills are at fifty percent (50%) of the costs. Additionally, Orangeburg County carries insurance with Correctional Risk Services that allows us \$10,000 per hospital visit per inmate. Correctional Risk Services reimburses the jail after the \$10,000 is reached per hospital visit per inmate. There will be no Cost Pool Allowance

Objectives

1. To deliver quality health care services according to the standards of the National Commission on Correctional Health Care (NCCHC).
2. To operate the health care program in a cost-effective manner with full reporting and accountability to the Orangeburg County
3. To operate a health care program at adequate nursing staff Monday thru Sunday, seven (7) days per week 7:00 A.M. to 12:00 P.M. and use only licensed certified and professionally trained personnel that meet all the licensing requirements of the State of South Carolina. Weekly onsite visits from a Physician and Mental Health Provider are required. Monthly Dental visits (either onsite or offsite)
4. To draft/revise and implement a written health care plan with clear objectives, policies, procedures with an annual evaluation.
5. To operate the health care program that will meet or exceed standards established by the National Commission on Correctional Health Care (NCCHC), SC Department of Corrections, and American Correctional Association.
6. To maintain an open and cooperative relationship with administration and staff of the Orangeburg County Detention Center, the Orangeburg County Council/ Administrator and Orangeburg County employees.
7. To provide continuing education of staff, and inmate health education programs.
8. To maintain complete and accurate records and to collect and analyze health statistics on a regular basis.
9. To operate the health services program in a humane manner with respect to basic health care services for inmates.
10. The Provider shall be responsible to arrange for and coordinate all medically necessary health services required by the detainee population, including care provided by any outside provider. This includes but is not limited to emergency care, surgery, dental and specialty referrals.
11. The Provider shall provide health referrals and medical information necessary for post-release or transfer treatments.

Scope of Work

Vendor will be expected to incorporate objectives and shall provide the following services but not limited to and as so stated in RFP FY16-1113, comprehensive, preliminary, primary and continuing health, dental and medical care services to all inmates based on the average daily population; while housed in the Orangeburg Detention Center under the authority of the Orangeburg Detention Center as part of the health services program. South Carolina State Minimum Standards (SCMS) must be met, NCCHC must be attained/maintained, and ACA Medical Standards followed:

Recruitment

Provider must recruit, interview, hire, train and supervise all health care staff and such health care staff must be adequate to meet all conditions and specifications of this contract. All medical staff providing services under this contract must be licensed to practice in the State of South Carolina.

Medical Screening

All medical screening forms will be completed by medical staff within 24 hours after being admitted to the Detention Facility. A health screening form must be filled out immediately upon evaluation.

The screening must include but not limited to:

1. Any current illnesses and/or health problems including those specific to females
2. Medications taken and special health requirements
3. Screening of other health problems designated by the Physician
4. Notation of body deformities, trauma markings, bruises, lesions, eye movement, jaundice
5. Condition of skin, notes of any rashes and/or infestations
6. Behavioral observation, including state of consciousness and mental status
7. Disposition
8. Assessment of suicidal risk
9. Document referral of inmates to qualified medical personnel for emergency treatment
10. Notation of personal physician and any medical needs

A health physical, including a physical examination by qualified health personnel will be given within 14 days after admission to the detention facility. Providers may propose a shorter timeline for the history and physical. Any abnormal results from the history and physical will be reviewed by the physician for appropriate care.

Inmate Workers

All inmate workers must be screened for medical clearance, prior to being placed in the assignment. Any testing necessary must be completed within 72 hours from the time the Detention staff forward the paperwork to the medical staff. The medical clearance for each inmate worker must include the following:

1. Past medical history, including communicable diseases, heart problems, respiratory problems, allergies, and/or back problems
2. Current vital signs
3. General examination of current physical and mental condition
4. Questions for any signs of current symptoms of illness
5. Current test for tuberculosis, hepatitis, and HIV
6. Current test for venereal disease

Inmates from other Jurisdictions

Inmates from other jurisdictions outside of the county but housed at the Detention Facility by written contracts between the County and other jurisdiction will be the responsibility of the Provider. Any medical care that cannot be performed onsite at the Detention facility will be arranged by the Provider however, the Provider will have no financial responsibility for such services.

Nursing Services

Nursing services will be performed on a daily basis.

1. Triage of Complaints

- Daily triaging of health complaints from inmates will be performed according to the following:

P1 Medical staff will solicit and act upon all complaints from inmates with referrals to the appropriate health care providers as indicated

E Physician will determine the appropriate triage mechanism to be utilized for each specific complaint

2. Sick Call

- Sick call providing routine triage and treatment of minor health problems will be performed daily. Inmates with a custody status that enables them to attend a sick call visit must have the appropriate care provided to them at their place of confinement.

Specialty Services

Occasionally specialty services are needed to provide adequate health care to the inmates at the Detention Facility. Services such as radiology and laboratory services should be provided onsite when possible. In the case that specialty services cannot be rendered onsite the Provider will make arrangements for offsite specialty services to be performed. These services should be included in the cost pool.

Hospitalization

There are times when inmates may require hospitalization due to illness or injury. The Provider will be responsible in making arrangements for these services. Orangeburg County Detention Facility uses the local hospital for these services.

Dental Care

Basic dental care will be provided to all inmates. The Provider is responsible for arranging for dental visits for the inmates. Ten (10) or more inmate request on-site services, less than 10 to negotiate with local provider.

Discounts

The Provider will work with Orangeburg County to negotiate discount agreements with local providers when necessary for inmate health care. These discounts will help maintain cost —efficiency of the Provider's program. A copy of all written vendor discounts agreements will be provided to Orangeburg County by the Provider.

Pharmaceuticals

The Provider will arrange for prescription and over the counter medications for the inmates. All medications will be given by the nurse. All controlled substances, needles, syringes and any surgical instruments will be stored under secured conditions.

Special Medical Conditions

Inmates with special medical conditions may require close medical supervision. This includes chronic and convalescent care, treatment plans should be developed by the physician and should include written directions to all healthcare and other personnel regarding their roles in the care of the inmate.

Medical Records

All medical records must be kept up-to-date at all times on each inmate within the facility. This record will be present at every health encounter and will be forwarded to the appropriate facility in the event of transfer. All medical and dental records should be completed by nurses or a medical records clerk. All rights concerning the confidentiality of medical records must be followed at all times.

Detoxification Program

A detox program should be furnished by the Provider as an "in-house" program for inmates addicted to opiates, benzodiazepines, barbiturates, alcohol and other drugs. Detox protocols will be established by the Provider.

Communicable Diseases

It is important for the Detention Center to work with the local health department in reporting communicable diseases. The Provider will work with the Health Department to provide appropriate counseling and treatment to the inmate.

Medical Care

The Provider will identify the need, schedule and coordinate for any emergency and non-emergency medical care rendered to detainees inside or outside the detention center. In the case of an emergency, Provider will administer emergency medical care at the Detention Center to any Detention Center Employee or visitor until EMS arrive.

Inpatient Hospitalization

In the case that inpatient hospitalization is required for an inmate; the Provider will identify the need, schedule and coordinate for the hospitalization. This also includes making emergency arrangements for EMS if needed. These services will be billed to the jail.

Mental Health Services

Weekly Mental Health Services are requested by the Detention Center. The Provider will identify the need, schedule, and coordinate for such services rendered to the inmates.

Contract Monitoring

The Detention Center Director or his designee retains the right of access to all data and records as deemed necessary to monitor the contract services.

A sample data report should be submitted with the proposal.

General

Orangeburg County Detention Center will provide adequate office and medical space. The County will be responsible for providing maintenance and housekeeping for this area.

CQI

The Provider shall institute a CQI program, which may include but not be limited to audit and medical chart review procedures.

Computers and Phones

A computer will be supplied by the Detention Center for the Providers use. Phone service, including fax lines and machines and internet service will be provided by the County but service costs will be the responsibility of the vendor.

Medical Equipment

The County is responsible for all medical equipment (capital and non-capital items, stethoscopes, etc.) currently at Detention Center. The Vendor will be responsible for new and additional equipment required.

Deliverables General Requirements

Insurance

The Provider will be responsible for maintaining General Liability insurance with a limit of not less than \$1,000,000 each occurrence and a \$3,000,000 annual aggregate limit. Such insurance will include the County, its officials, officers, and employees as insured with respect to performance of services. The coverage shall contain no special limitations on the scope of protection afforded to the above listed insured. Be primary with respect to any insurance of self-insured retention programs covering the County, its officials, officers and employees.

The Provider will also maintain Medical Professional Liability insurance with a limit not less than \$1,000,000 per claim and \$3,000,000 in the aggregate annually. Such insurance shall protect the Provider, his agents, representatives, employees, subcontractors, and sub-subcontractors while performing medical services associated with this agreement. If required by the insurance company, separate policies may be issued for certain classes of employees or subcontractors, but the separate policies shall have the same per claim and aggregate limits, and certificates evidencing this coverage shall be reported to County in the same manner as the Provider's certificates.

Provider shall furnish the County with certificates of insurance which shall clearly evidence all insurance required in this section. Provider agrees that such insurance will not be cancelled, allowed to expire or be materially reduced in coverage except with a 30 days prior written notice to the County.

Officer Health: We require that nurses test all officers working at the jail for tuberculosis, if requested by the Director. Provider to respond to emergencies within the jail facility, including officer treatment until an ambulance arrives.

Vaccines: Inoculate officers of the jail with any vaccine if supplied by the County.

Officer Training: Provide training to officers working in the jail to clarify the responsibilities of the nurses versus the officers, and additional training about various topics of importance in a jail setting.

Vendor Qualifications and Other Information

Vendor shall provide with its RFP, the following which should be collated, fastened together, and clearly labeled "Vendor's Certification of Qualifications and Information for Request for Proposal FY16-1113. Vendors interested in being considered for this proposal should respond with one (1) original and (3) copies of the following information:

1. Letter of Interest- To include whether the firm is a partnership, corporation, or sole proprietorship. Identify location and who will be primarily responsible contact, and any other pertinent information. —Limit to 3 typewritten pages.
2. Brief implementation Plan
3. Documentation of vendor's general comparative experience(s) to demonstrate vendor has a minimum of three (3) years correctional inmate medical service experience providing full, on-site operation. The minimum general comparative experience for this procurement is the successful completion of three (3) years of correctional inmate medical service experience. All three (3) years do not have to be with the same correctional client: vendor may accumulate the three (3) year minimum from vendor's service to several correctional clients.
4. Documentation of vendor's specific comparative experience(s) to demonstrate that vendor has a minimum of one successfully completed, one-year period of being the exclusive provider of medical services to a confined population of 300 or more. The minimum specific comparative experience required for this procurement is one successfully completed, one-year period of being the exclusive provider of medical services to a confined population numbering 300 or more. The description of vendor's experience(s) should highlight whatever parallels vendor believes exist between the procurement described in RFP No. FY16-1113.
5. Documentation of a contractual relationship between vendor and a client for a current or recent medical services contract pursuant to which vendor has been the exclusive provider on a daily basis for 300 or more of each of the following services: medical, dental, health care personnel and program support services. The minimum contractual relationship required for this procurement is one successfully completed, one-year period. Please limit documentation to no more than five (5) contracts.
6. Three positive client references.
7. Documentation of the qualifications of vendor's proposed staff for each of the following key positions, including, where noted, confirmation that vendor shall fill the position with a person who possesses the minimum qualifications:
 - Medical Director (MD, PA, FNP)
 - Nurse Admin RN/LPN
 - Med Tech
8. Vendor's current organizational chart and a description of the general history of the vendor and a Staffing Model — up to 350 Inmates.
9. Documentation of the vendor's financial stability, such as a copy of its most recent annual report
10. A list of vendor's general or medical service affiliations
11. A description of any litigation within the last 10 years to which vendor has been a party

Evaluation Criteria

RFP No. FY16-1113 Health Care Services — Orangeburg Regional Detention Center

If the County decides to go forward with the procurement, the award shall be made to the vendor whose proposal the County determines to be the most advantageous to the County taking into consideration the evaluation factors stated in this section. The evaluation shall be based in part on the County's review and/or verification of the Vendor Qualifications Responses. The factors to be considered in evaluating proposals are as follows, and are list in order of relative importance:

1. Comparative experience of vendor in providing Health Services in an environment similar to that described in the Scope of Work
2. Competitive pricing
3. Qualitative evaluation of vendor based on vendor's response to Vendor Qualifications and Information and by Responses County obtains from questioning vendor's submitted references.
4. Comparative experience of proposed key staff
5. Vendor's financial/corporate stability
6. Vendor's willingness, in connection with the Scope of Work, to (1) recruit qualified Orangeburg County residents

1 The method of selection, Competitive Seal Proposals, does not require a numerical weighting for each factor. See Code §5-304.7. 14

Tentative Delineation of responsibility for costs and expenses of the program:

Category of cost/expense	Party Responsible
Nurse wages and benefits	Vendor
Physician medical director on-site	Vendor
Policies and Procedures development	Vendor
Medical supplies	Vendor
Minor equipment	Vendor
Repairs on existing equipment	Repairs to vendor equipment, vendor pays. Otherwise, County pays
Over-the-counter medications	Vendor
Clinical lab procedures	Vendor
Office supplies to include folders/forms	Vendor
Travel expenses	Vendor
Long-distance phone calls	Vendor
Publications and subscriptions	Vendor
Any necessary pharmacy licenses/permits	Vendor
Medical hazardous waste disposal	Vendor
All required insurance as offered	Vendor
Administrative services (cell phone, fax machine, etc.)	County will provide office furniture and space Cell Phone/Fax machine — Vendor
Training for officers in the jail on various topics	Vendor
All other specific on-site services	Vendor, but Renal Dialysis and other major chronic care would be responsibility of County
On site mental health services	Vendor
Off-site mental health services	County (if required)
On-site medical services	Vendor
Off-site medical services	County (if required)
X-ray services on-site	Vendor
X-ray services off-site	County (if required)
All prescription medications (except Feds, etc.)	Vendor (except chronic care medications)
Dental Services — Vendor responsibility thru mobile unit or local dentist provider.	
Eye Services — Vendor responsibility thru mobile unit or local eye provider	

Certified Proposal Costs

Vendor proposes to perform the Scope of work for a period one (1) years with 3 (three) one (1) year renewal option if required.

Base Cost for All Services (1 Year) _____ (24 hours a day seven days a week)

Excess Prisoner Charge (1 year) _____

By signature below, the submitting vendor certifies the foregoing proposal in the following respects: proposal prices are firm for a minimum of 90 days from the date of opening; this proposal is made without prior understanding, agreement, or connection with any other submitting vendor; and this proposal is in all respects fair and without collusion or fraud.

Printed Vendor Name

Signature of Vendor's Authorized Agent Date of Signature

Printed Name of Vendor's Authorized Agent

Title with Vendor of Vendor's Authorized Agent

Title with Vendor of Vendor's Authorized Agent

Certification of No Exceptions

Request for Proposal FY16-1113

Health Care Services for Inmates- Orangeburg County

The Code requires vendors to give written notice with a submission if vendor will not accept a term of the Request for Proposal and the incorporated Code as a contract term. See Code §5-304. In connection with that requirement, a vendor must complete this certification and include it in its submission.

Vendor certifies the following regarding its bid:

1. Vendor AGREES to all of the terms of the Invitation to Bid (including the incorporated Code terms) and takes NO EXCEPTIONS: Yes No

2. Vendor does NOT AGREE to all of the terms of the Invitation to Bid (including the incorporated Code terms), and a COMPLETE LIST OF VENDOR'S EXCEPTIONS to same are listed and described below:

Yes No

Identification

Of Excepted Vendor's

Term Description of vendor's substituted term Initials

Exception 1:

Exception 2:

Exception 3:

Exception 4:

The undersigned vendor hereby certifies that the above-listed exceptions comprise the only exceptions vendor has to the Request for Proposal (including the incorporated Code terms). The undersigned vendor understands and agrees that if it is the successful vendor, its attempt to claim any exceptions other than those listed above, shall result in the County having the right to claim the bid security bond, retract the intent to award or award, award to another vendor, and suspend and/or debar the vendor.

Printed Vendor Name

Signature of Vendor's Authorized Agent

Printed Name of Vendor's Authorized Agent

Title with Vendor of Vendor's Authorized Agent

Certification of Preference(s)

Request for Proposals FY16-1113

Health Care Services for Inmates- Orangeburg County

The Code authorizes specific preferences. See Article 3. If a vendor is qualified for one or more preferences and desires to exercise the preference(s), then the vendor must complete and submit this form with it proposal. If a vendor is either (1) not qualified for any preference OR (2) is qualified, but does not desire to exercise any preference, then the vendor does not need to complete or submit this form with its proposal.

Vendor is qualified for and desires to exercise the following preference(s) as vendor has marked, below:

- Preference 1. Vendor is a resident of the State of South Carolina: Yes No
- Preference 2. Vendor is a resident of Orangeburg County, SC: Yes No
- Preference 3. Vendor is an MBE: Yes No

The undersigned vendor hereby certifies that vendor is qualified for the preference(s) above to which the vendor has indicated "Yes". In addition, the undersigned vendor understands and agrees that if it is not qualified for a preference, but claims to be qualified for a preference on this form, the County shall have the right to suspend and/or debar the vendor in accordance with the Code.

Printed Vendor Name

Signature of Vendor's Authorized Agent

Printed Name of Vendor's Authorized Agent

Title with Vendor of Vendor's Authorized Agent

Addendum Acknowledgement

Request for Proposal FY16-1113

Health Care Services for Inmates- Orangeburg County

Vendor acknowledges receipt of the follow Addendum to the above-described procurement, agrees that same is/are hereby incorporated and made a part of the above-described procurement as if the Addendum had been included in the original procurement documents:

Addendum No. Addendum Date Initials of Vendor's Authorized Agent

_____	_____	_____
_____	_____	_____
_____	_____	_____

Printed Vendor Name

Signature of Vendor's Authorized Agent

Printed Name of Vendor's Authorized Agent

Title with Vendor of Vendor's Authorized Agent

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.

APPENDIX A

BOARD OF PHARMACY REQUIREMENTS

Policy and Procedure #141

A correctional facility does not require a SC Board of Pharmacy permit if they operate under the following standards:

1. They do not store stock-bottles of legend drugs or maintain an emergency box or auxiliary kit of legend medications.
2. All medications on-site are labeled inmate-specific and are administered;
 - a. by the inmate himself,
 - b. by a medically licensed professional (i.e. RN, LPN, etc.),
 - c. by a facility officer/staff caregiver.

A correctional facility will be required to obtain an SC Board of Pharmacy permit if they store stock-bottles of legend drugs or maintain an emergency box or auxiliary kit of legend medications.

This permit would be a Non-Dispensing Drug Outlet Permit.

Requirements for obtaining a SC Board of Pharmacy permit for these facilities are as follows:

40-43-86(A) (1) Must have sufficient space for safe & proper storage.

40-43-86(A) (10) Storage areas must have adequate temperatures.

40-43-86(A) (13) Medication storage area must have physical or electronic barrier.

40-43-86(A) (16) (a) Medication storage area must be in a dry, well-ventilated, adequate lighting.

40-43-86(A) (16) (b) Medication storage area must be free from dust, insects, rodents, and contamination.

40-43-86(A) (16) (c) Outdated, damaged, unlabeled drugs must be removed from active stock.

40-43-86(A) (16) (d) Refrigerator Temperature must be between 36-46 degrees F.

40-43-86(C) (1) (a) Consultant RPh must establish P&P's for procurement, storage, compounding, and

distribution of drugs. 40-43-86(C) (1) (b) Consultant RPh must establish record-keeping system for

purchase, possession, storage, safe-keeping of drugs. 40-43-86(C) (1) (c) Consultant RPh must facilitate

recalls and removal of outdated and adulterated drugs.

40-43-86(C) (1) (d) Consultant RPh must supervise all employees related to procurement, compounding, distribution, and storage of drugs. 40-43 -86(C) (1) (e) Consultant RPh must act as information source for facility staff.

40-43-86(C) (1) (0) Consultant RPh must perform written monthly inspections.

All medications administered must be checked and prepared by a SC-licensed healthcare professional prior to administration to the patient. All legend drugs obtained by a correctional facility must be obtained from a facility permitted by the SC Board of Pharmacy. Must have policy in place for identification of drugs brought into facility by inmates.

Those facilities that maintain stock bottles of legend drugs to dispense to inmates must obtain a pharmacy permit and meet the statutory requirements of the SC Pharmacy Practice Act Section 40-43-86. This permit would be a Dispensing Pharmacy Permit. 21

Those facilities that do not have SC-licensed healthcare professional to administer medications to inmates must have their non-medically trained personnel complete a Board of Pharmacy-approved training course in drug administration and accountability and must be renewed biennially. These facilities may not floor-stock any legend medications. They must also have a Policy & Procedure in place for identification of drugs brought in by inmates.