**County of Winnebago**

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| **County Administration Building**  **404 Elm Street**  **Rockford, Illinois 61101** | **Ann Johns**  **Director of Purchasing**  **Phone: 815-319-4380**  **Fax: 815-319-4381** |

**July 17, 2018**

# ADDENDUM THREE

**INMATE HEALTH CARE SERVICES PROPOSAL NUMBER 18P-2140**

*Proposers are required to indicate on their Proposal Form 18P-2140 (Page 99) that they have received and acknowledged this* ***RFP Addendum #3*.**

Any questions should be directed to the Purchasing Department, 404 Elm Street, Room 202, Rockford, IL 61101 or by telephone 815-319-4380, or email Ann Johns at [purchasing@wincoil.us](mailto:purchasing@wincoil.us)

**ORIGINAL:**

Per **RFP §A7.4: Minimum Requirements for Follow-Up Care and Recordkeeping (page 51),** the provider is responsible for one-on-one observation for detainees in medical confinement by a mental health professional.

**REVISED:**

Per **RFP §A7.4: Minimum Requirements for Follow-Up Care and Recordkeeping (page 51),** the provider is **NOT** responsible for one-on-one observation for detainees in medical confinement by a mental health professional.

**Note: One on one observations of detainees in medical confinement is NOT the responsibility of the mental health professional. The County uses camera cells and the officers make the required 15-minute checks per DOC standards. The mental health professional is to check only on a daily basis and refer to Jail staff any concerns and treatment recommendations.**

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**The ADP is based on the total count of inmates during all 3 meals.**

**Example: for July 18, 2018. Breakfast at 0700 hours 924 inmates. Lunch at 1100 hours 935 inmates. Dinner at 1600 hours 922 inmates. All 3 counts are added from the 3 meals and then divided by 3.**

**Base your proposal response on JAIL ADP of 850 even though the ADP chart on page 62 of the RFP shows the average of 998.**

**BELOW IS THE SECOND SET OF RFP QUESTIONS WITH ANSWERS**

1. There was a room identified as SEG just inside the secure entrance and next to a room labeled INTAKE. What is the use of this room? Are medical contract staff involved when this room is occupied?

**Jail: No. Medical has no involvement.**

**JDC: Seg and Intake are areas in the detention center, which can house minors.  The facility, not the provider, determines the housing assignment.  The provider will be expected to provide services to minors in these areas.**

1. Is there a suicide prevention plan in place at the JDC? What is the Proposer’s role in preventing suicide and risk of self-harm at this facility?

**Jail: Previously answered.**

**JDC: The detention center has a suicide prevention procedure.  Because of the limited mental health coverage being requested in the contract the procedure calls for a SASS team to assess the minor.  If the mental health professional is in the building during the crisis they are expected to assist in counseling the minor but the SASS team member will be responsible for any hospitalization decisions.**

General Terms:

1. Noting that in Paragraph C48, there is reference to Performance Bond even though a requirement to post such a bond is not defined elsewhere in the RFP, please confirm that no Performance Bond is required. **There is NO Performance Bond with this RFP**
2. Average inmate population for the past year is reported at 998. Yet, the RFP asks for fixed price based on 850. Does the County plan to adjust this number? Accordingly will the County accept other pricing to reflect variable populations?

**Jail: The average population was not reported at 998. It should be 850**. **On RFP page 62 B2 Housing Population is not reflective the actual number of inmates, use the total of 850 for the Total Column on that chart as your guide to total average population.**

1. Noting that on page 73, professional liability insurance is defined as Professional Errors and Omissions Liability: $4,000,000 per claim and $4,000,000 as an annual aggregate. These are well above industry standard. Are they required in Winnebago County as a condition of an external party? May alternative coverage levels be proposed?  **Yes, the County is open to reviewing alternative amounts.**
2. Noting Liquidated Damages on page 85, these are well above penalties particularly in local detention centers (in comparison for example to state Departments of Correction). Will the County accept alterative performance incentives? Penalties? **Yes, please indicate your recommendations and explain the alternatives**.

Current Statistics, Costs, and Staffing

1. Please confirm that accurate and validated statistics will be provided, as well as a schedule of currently budgeted and staffed positions. Will this be in an amendment?  **Yes it was included in Addendum 1.**
2. Will there be a second time period for asking questions? **Yes**
3. To provide the reliable information necessary to price the contract, Providers need historical costs of those services added to the scope of the contract. How can the current costs of offsite medical visits/services, emergency department visits, and inpatient care be provided?

**Jail: Currently, all services outside of the facility are paid for by the county. Subject to other options. Please provide your recommendations.**

Clinical Services:

1. Please identify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for:
2. Oral Surgery
3. Optometry
4. Fluoroscopy
5. Mammography
6. Dialysis
7. Chronic Care Clinics (please specify which clinics and frequency)
8. Specialty Clinics (please specify which clinics and frequency

**Jail: Previously answered.**

**JDC: None of these services are currently available onsite at JDC.  All of them are available in the local community.**

1. As noted in Paragraph A8, #8 (pp 32 & 51), the RFP requires contracted staff to do blood draws for forensic (i.e. non-medical/diagnostic) purposes. This is prohibited by NCCHC Guidelines. We are concerned that compliance with this requirement will place our staff in the chain of custody and therefore subject to subpoena in a criminal proceeding with resulting unproductive time away from the facility as well as in conflict of interest as the patient’s provider. Does the County provide independent court appointed contractor to perform this task?

**Jail: No. This is not a requirement for the provider.**

**JDC: We are not requesting that you do chain of custody blood draws at the detention center.  What we are referring to are draws for say a mental health provider so they know the levels of medication in the minor’s system.  The draw is requested or required by an outside agency not the police.**

1. The practice of family bringing in medications as discussed at the pre-bid meeting is fraught with potential problems and liabilities. Will the County reconsider this policy moving forward?

**Jail: Possibly. Subject to cost components.**

**JDC: No. The cost of providing the minors medication would be prohibitive.**

1. Can the County give assurances (preferably a written MOU) that the present community relationships with Crusader clinic (HIV meds), County Health Department (STD treatment), Remedies Clinic (methadone) and Rosecrance Health (JV mental health) be maintained with a new, private healthcare vendor?

**Jail: Yes.**

**JDC: The STD program is subject to yearly modification by the Health Department and Illinois Department of Public Health.**

Electronic Health Record:

1. Will the County accept a conversion cost to cover the temporary costs at the time of converting active records to digital format?

**Jail: Will consider based on cost and if we choose to go that direction.**

1. Will the existing facility network be available for EMR connectivity?

**Jail: Yes.**

1. Is there wireless access available in the:

* Pods, Housing Units **Should be available in the future in the housing units and clinics/Medical.**
* Clinic and Medical Offices, or
* Other areas of health delivery?

1. Is there a computer/work station for medical unit staff on each of the medical/mental health observation units? **Yes**
2. Can the EMR be installed on existing jail hardware? **Possibly**
3. Can the EMR be installed on existing jail hardware with upgrades? **Possibly**
4. Should servers be proposed as a stand-alone system? **Either way**
5. Does the existing jail data center/computer room have space available for any or all of the above? **Yes there is space**
6. Will the county pay the cost of facility improvements for the EMR through:

* Cable and wireless connections, or
* Additional power requirements for server and rack installation? **That must be figured into your proposal**.

1. Will the county assume the responsibility for system administration and routine maintenance of data center additions and/or upgrades? **No.**
2. Will the county assume responsibility for performing routine back-ups and offsite storage of back-ups? **Possibly**
3. Staffing: In order to comply with the request to accommodate the current medical, dental and mental health staff, please provide the following information for determining a budget. **See Addendum 1**
   1. Please provide titles, credentials, and salaries/pay rates of current staff (i.e., RN, LPN, Mid-level Practitioner, mental health staff, etc.)
   2. What are the current evening, night, and weekend shift differentials?
   3. Are there currently any unfilled positions?
      1. If so, please identify the position(s) and length of time unfilled.
   4. Are any of the medical staff unionized?
      1. If so, please provide the appropriate bargaining agreements.
      2. Is the current staffing plan considered adequate for the Facility? **Jail: Going forward, No it is not**

**JDC: This information is not in our contract and therefore not accessible to us.  The current provider, not the County, employs and compensates the staff listed in this question.**

1. Mental Health Services:
   1. What mental health services are currently provided on-site at each Facility? **Provided by Advanced Corrections Health.**
   2. What is the frequency of these services? **Mon-Fri, 8-5. See flowchart provided.**
   3. Where are Mental Health services provided in the Jail? **Housing units.**
   4. Are group therapy services required at both facilities? **No.**
      1. If so, what types of groups are currently provided?
      2. Please indicate the number of times per week each group is provided.
   5. Is there a requirement for mental health staff’s involvement with mental health court? **Indirectly.**
      1. If so, please describe the required involvement. **The Court may ask questions.**
   6. Are mental health staff responsible for coordinating trial competency examinations and transfers?

**Jail: No. They do not transport.**

**JDC: Detention currently has a MSW level person 20 hours per week at the facility. Those 20 hours are spread over Monday-Friday.  We are open to group therapy but the current staff does not conduct group therapy sessions.**

* 1. Please provide the number and capacity of mental health housing units. **Previously done.**
  2. What are the number and location of suicide watch cells? **Two housing have cells for suicide inmates. For females, we have 10 calls and 14 beds. For men we have 17 cells and 22 beds**
  3. How many inmates are currently receiving mental health services? **Too broad**
  4. Who is financially responsible for psychiatric emergencies and/or psychiatric hospitalizations—the Contractor or the County? **County**
  5. Please identify the hospital used for mental health inpatient referrals. **We do not have one. It is based on inmate’s needs.**

1. Mental Health Statistics: Please provide the following information: **See previous answers**
   1. Number of attempted suicides in the past two (2) years
   2. Number of completed suicides in the past two (2) years
   3. Number of episodes of suicide watch per month in the past two (2) years
   4. Number of self-injurious events in the past two (2) years
   5. Number of psychiatric hospitalizations in the past two (2) years
   6. Number of psychiatric inpatient hospital days in the past two (2) years
   7. Number of episodes of restraint per month in the past two (2) years
   8. Number in restrictive housing in the past two (2) years
   9. Number of forced psychotropic medication events in the past two (2) years
   10. Number of inmates on psychotropic medications per month
   11. Number of Psychiatrist visits per month
   12. Number of Mental Health Professional visits per month
   13. Number of mental health grievances per month
   14. Number of episodes of seclusions per month
2. What is the Facility’s policy regarding the cost of care for pre-existing conditions? **Previously answered.**
3. In order to comply with the request to accommodate the current medical, dental and mental health staff, please provide the following information for determining a budget.

Please identify and provide contact information for the following individuals: **Already provided**

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

1. Please identify the preferred local hospital utilized for emergencies and inpatient stays.

**Jail: Currently there is an incentive for Swedish American Hospital, but in the future whichever is better for their medical needs.**

**JDC: Due to the proximity, we prefer to use Mercy Hospital on Rockton Ave.**

1. Dialysis:
   1. During the past two (2) years, how many inmates required dialysis? **No stat.**
   2. How many inmates are currently dialysis patients? **None**
   3. Are dialysis services provided on site or off site? **Off**
   4. Please identify the current on-site and/or off-site dialysis provider. **Whoever their current provider was. It is all pre-existing.**
   5. How much has been spent annually on dialysis over the past two (2) years? **No stat.**

**JDC: One minor required dialysis over the last two years.  The dialysis service was provided off-site at DaVita on Rockton Avenue.  The cost of the service, as with all treatment the minor receives, was the responsibility of the parent**.

1. How many intakes are conducted on average per day, per month, and per year? **Previously provided**

**JDC: In 2017 there were 601 admissions to the detention center.  The number per day varies greatly but the average would be less than two per day.**

1. Which discipline/credential conducts the 14-day health assessment (e.g., RN, Mid-Level Practitioner, and Physician)? **LPN**
2. Does the Facility have an infirmary in accordance with NCCHC standards, or is it a Medical Observation Unit? **Yes. It meets NCCHC requirements.**
   1. How many infirmary or medical housing beds are available? **See previous question.**
   2. Number of Infirmary admissions and inmate days in the infirmary, by month, over the last two (2) years? **Not known**
3. Medication Administration:
   1. How many med passes are conducted daily? 2 primary; morning/ early evening. **Evening and limited based on necessity.**
   2. How many med carts are utilized per med pass? **Four carts property of the pharmacy company.**
   3. How long does the average med pass take to complete? **15 minutes to 1 hour per floor (there are 4 floors total) based on number of housing units and current census.**

**JDC: The number of med passes varies but on any given day approximately 35% of the minors in detention are on one or more medications.  We currently have one med cart in the facility.  Generally from start to finish the med pass takes under an hour (that includes the set up/dosing of the medication, distribution and recording**).

1. Which discipline currently conducts Nurse Sick Call—RN or LPN – in each facility?

**Jail: LPN**

**JDC: The person doing the med pass does the sick call.  It is always at least an LPN level person.**

1. Is there a Keep-on-Person (KOP) policy at the Facility?

**Jail: Yes.**

**JDC: Due to the ages of the minors we are working with we do not allow medication to be kept on person.**

1. What is the WCSO’s policy on providing medication to inmates upon discharge? **No policy**
2. Who will be responsible for off-site costs—the County or the Contractor? **Currently the County, going forward it will be based on contract agreements.**
3. Pharmacy Statistics: Please provide the following information for the past two (2) years:
   1. Number of inmates on psychotropic medication(s) per month **See previous answer; we have not kept this stat.**
   2. Number of inmates with diabetes. **Same as above**
4. Performance Bond: Page 86 of the RFP references a performance bond. However, it is not described in detail. Is there a performance bond? If so, what is the required amount?  **County: None required for this RFP**
5. Page 86 Section C48 provides that “the County also reserves the right to terminate at any time for cause…” However, the following paragraphs state the County agrees to first give notice and a 30 day cure period. Can you clarify?  **If the contractor is not able to “cure” any major issues following their cure notice and appropriate length of time the County has the right and may terminate. This is standard contract language.**
6. Dental Services:
7. You *state prophylaxis* required to be provided, is the expectation for oral prophylaxis (dental cleaning)? **Extractions only**
8. If so is it to be provided for patients who have been there a year or longer? **No**
9. Accreditation (p 11. g): A facility is accredited, not the medical program. Please confirm that the Jail will receive all accreditation certificates and that CCS will be asked to retain a copy. **Due to cost constraints we are not accredited, but will meet the standards.**
10. Training (p 12. r) Will the WCSO accept web-based training instead of using DVDs? **Yes**
11. Contracts (p 17) Please confirm that the County will accept Letters of Intent from subcontractors, in place of contracts, with the submission of proposals. **Yes, this is acceptable.**
12. Physical Therapy: please provide the number of patients receiving PT services per month for the last two (2) years. **Previously answered; only been in place since February 2018. Stats are not available.**
13. County Responsibilities (P. 85. 4): Please provide a sample of the report that will be provided each month. **Please see attached report- ADDENDUM THREE- EXHIBIT A**
14. Will there be opportunity after the July 12, 2018 deadline to ask further questions?  **Yes**
15. Please provide a copy of all current WCSO health services contracts (i.e., Medical, Mental Health, Physical Therapy, Pharmaceutical, Dental), including any exhibits, attachments, and amendments.  **See Addendum 2 for contracts.**
16. Please provide the names and participation levels (dollars spent) of all small/minority/ woman-owned subcontractors used under the current contract. **None for this RFP**
17. Please provide (by year) the amounts of any staffing paybacks/credits the WCSO has assessed against the incumbent vendor over the term of the current contract. **Unknown.**
18. Please provide (by year) the amounts and reasons for any non-staffing penalties/ liquidated damages the WCSO has assessed against the incumbent vendor over the term of the current contract. **Have not been any accessed damages collected.**
19. Are either the Winnebago County Jail or the Juvenile Detention Center (JDC) currently subject to any court orders or legal directives? If “yes,” please provide copies of the order/directive.

**Jail: No.**

**JDC: We are not under any court orders, legal directives or consent decrees.**

1. With regard to lawsuits (frivolous or otherwise) pertaining to inmate health care: **No exact number but approximately a dozen filed with Medical and am only aware of 2 that were settled.**
   1. How many have been filed against the WCSO and/or the incumbent health care provider in the last three years?
   2. How many have been settled in that timeframe?
2. Please provide five-year population projections for the Winnebago County Jail and the JDC. **Already answered.**
3. We understand and appreciate from the Pre-Proposal Conference that the WCSO will provide the minimum health service staffing required by the current contract (by shift and day of the week).

**JDC: I am not certain how to respond to this.  The facility capacity is 48 and we are not anticipating expanding during the next five years.  The proposal calls for an average population of 50 and we believe that will be adequate over the term of the contract.**

1. We also understand that the WCSO will provide the actual staffing that your current health care vendor is providing at each facility. Please provide any positions and/or hours being worked over and above what is required by the contract. **Provided in Addendum 1**
2. For each WCSO facility, please provide a listing of any current health service vacancies, by position. **There are none at this time since the UIC has recently filled several vacancies.**
3. With regard to background checks, who is financially responsible for paying for this service: the WCSO or the Vendor? **County**
4. With regard to drug testing for potential employees, does the WCSO have any requirements on the testing methodology (saliva testing, urinalysis, etc.)? **No requirements.**
5. Will the WCSO allow “grandfathered” credentialing for incumbent staff already employed by (or contracted with) the current health care Vendor? **Yes**
6. Are any members of the current health service workforce unionized? If yes, please provide the following. **No**
   1. A copy of each union contract
   2. Complete contact information for a designated contact person at each union
   3. The number of union grievances that resulted in arbitration cases over the last 12 months
7. Please provide the salaries/wages your incumbent health service Vendor is paying to its staff at the WCSO facilities. **Unknown to the County and not available to the County at this time.**
   1. How old is this data?
   2. Where did this data come from, for example, State/County records, data from the incumbent Vendor, etc.?
8. Please confirm that the time health services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract.

**Jail: Yes**

**JDC: Because of the minimal staffing at the detention center, the time spent in those activities will not count towards the hours in the contract.**

1. Please confirm that overtime and agency hours will count toward the hours required by the contract. **Yes**
2. Please confirm that paid-time-off hours will count toward the hours required by the contract. **Yes**
3. While some of the current office equipment was mentioned in the RFP, please provide a complete inventory of office equipment (PCs, printers, fax machines, copiers) currently in use at the WCSO facilities and identify which items will be available for use by the new Vendor. **Previously provided.**
4. We understand that the Vendor can access the Internet via County connectivity provided firewall requirements are met; however, who will be financially responsible for that Internet? **County**
5. Please identify with whom your incumbent Vendor subcontracts to provide laboratory services. **Swedish American Hospital.**
6. How do inmates currently receive vision services: (a) onsite, with permanent WCSO-owned equipment; (b) onsite, but through a mobile optometry vendor (PLEASE IDENTIFY VENDOR); or (c) offsite? **Onsite with an eye chart and if deemed necessary, offsite optometry office.**
7. How do inmates currently receive dialysis services: (a) onsite, with permanent WCSO-owned equipment; (b) onsite, but with Vendor-owned equipment (PLEASE IDENTIFY VENDOR); or (c) offsite? **Offsite, but onsite with peritoneal**
8. What are the hospitals most frequently used by the WCSO facilities? **Swedish American Hospital**
9. For each WCSO facility, please (a) identify any specialty clinics currently conducted onsite; and (b) indicate how many hours per week each clinic is held. **PT; 2 days per week as needed, based on patients.**
10. Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the WCSO facilities. **None**
11. Do any of the WCSO facilities have special medical housing, observation beds, and/or an infirmary? If “yes,” please provide the following information about the unit. **Previously provided.**
    1. Number of beds
    2. Average occupancy/fill rate for the unit
    3. Staffing schedule for the unit’s clinical personnel
    4. Are patients in the unit always within sight or hearing of a qualified health care professional?
12. Do any of the WCSO facilities have mental health units, or beds assigned to mental health patients? If “yes,” please describe the mission and size of each unit. **Already answered.**
13. How many medication carts will the WCSO make available for the use of the incoming Vendor? **Will not be providing.**
14. Does the WCSO currently maintain a Keep-On-Person (KOP) program? **No**
15. Please provide the following information about medication administration.
    1. Who administers medications (RNs, LPNs, medical assistants)? **RN & LPN**
    2. Where does medication distribution take place, i.e., do medication carts go to the housing units or do inmates come to the medical units? **Yes; both**
    3. How often is medication distributed each day? **Already answered**
    4. How long does it take to perform the average medication pass? **Already answered**
16. Please provide copies of the following documents.
    1. The drug formulary currently in use **See the Exhibit A – Jail from RFP**
    2. The laboratory formulary currently in use
    3. A current pharmacy/formulary management report
17. On average, what percentage of WCSO inmates are prescribed psychotropic drugs each month? **Unknown**
18. What is the average monthly number of inmates receiving pharmaceutical treatment for the following conditions? **See previously answered question**
    1. Hepatitis C
    2. HIV/AIDS
    3. Hemophilia and other bleeding disorders
19. Please provide monthly statistical data for each of the following categories. **See previously answered questions**
    1. Number of (offsite) inpatient hospital days
    2. Number of outpatient surgeries
    3. Number of outpatient referrals
    4. Number of trips to the emergency department (ED)
    5. Number of ED referrals resulting in hospitalization
    6. Number of ambulance transports
    7. Number of dialysis treatments
20. Please provide annual spend amounts for the past three years for the following categories. **The County does not categorize these specifically**.
    1. Total offsite care
    2. Total pharmaceutical expenditures
    3. Laboratory services
    4. X-ray services
21. Under the new contract, who will be financially responsible for these items: the WCSO or the Vendor? **All subject to the selected Proposer’s terms and options.**
    1. Inpatient hospitalization
    2. Outpatient surgeries
    3. Other outpatient referrals
    4. ER visits
    5. Ambulance transports
    6. Offsite dialysis
    7. Offsite diagnostics (lab/x-ray)
    8. Pharmaceuticals
22. Under the **current** contract, who is financially responsible for these items: the WCSO or the Vendor?
    1. Inpatient hospitalization **County**
    2. Outpatient surgeries **County**
    3. Other outpatient referrals **County**
    4. ER visits **County**
    5. Ambulance transports **County**
    6. Offsite dialysis **County**
    7. Offsite diagnostics (lab/x-ray) **Current Provider**
    8. Pharmaceuticals **Current Provider**
23. Please confirm that under the new contract, the Vendor will not be financially responsible for any of the following services. **Yes to a through i. J may be negotiated.**
    1. Neonatal or newborn care after actual delivery
    2. Elective or mandated abortion
    3. Cosmetic surgery, including breast reduction
    4. Sex change surgery (including treatment or related cosmetic procedures)
    5. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such)
    6. Extraordinary and/or experimental care
    7. Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate’s health to deteriorate or cause definite and/or irreparable harm to the inmate’s physical status)
    8. Autopsies
    9. Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant, etc.
    10. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX
24. Please confirm that the following costs will be included under any cap on offsite care. **They will be based on the final contract terms and conditions with selected Proposer. We suggest you outline in your proposal what you propose. Include more than one option as well. The County is open to other ways to bill or cover cost for services.**
    1. Inpatient hospitalization
    2. Outpatient surgeries
    3. Other outpatient referrals
    4. ER visits
    5. Ambulance transportation
    6. Offsite dialysis
    7. Offsite diagnostics (lab/x-ray)
25. With regard to the cap on offsite care and pharmaceuticals:
    1. Please identify the cap amount for which the WCSO wishes bidders to submit pricing. **Unknown, please list options.**
    2. Please identify the amount of any offsite care and pharmacy cap in the current contract. **None**
    3. For each of the past three (3) years, please indicate by how much (if at all) total WCSO offsite care and pharmaceuticals expenses have exceeded the contracted cap amount. **N/A**
26. **RFP §16.f: Key Personnel Plan** (page 15) requires bidders to provide resumes for the bidder's key personnel. This gives the incumbent Vendor a distinct and unfair advantage. Other bidders will not hire specific individuals for the WCSO project prior to being awarded the business. Therefore, in the interest of maintaining a fair and equitable solicitation process and providing a level playing field for all bidders, will the WCSO accept job descriptions in lieu of actual names and resumes? **Yes, Resumes and job descriptions are acceptable.**
27. In the last full paragraph under **RFP §C48: Termination** (page 86), it mentions a “foreclosure of the performance bond.” Is there a performance bond requirement with this contract? Please provide details about the performance bond. **No there is no Performance Bond for this RFP.**
28. Is the WCSO willing to consider alternatives—such as holding a portion of the successful Vendor’s payment or establishing a reserve fund—to the performance bond described in the RFP? Unlike other common forms of guaranty, the expense associated with implementing a performance bond will add unnecessary dollars to the contract price. **There is NO Performance Bond requirement for this RFP**
29. Please indicate the type and amount of performance guaranty provided by the WCSO’s incumbent Vendor under the current contract. **Not sure what is being asked for, Insurance levels? There is no performance bond with this RFP nor the previous RFP 6 years ago.**
30. We have noticed that in many cases, different components of a solicitation contain conflicting language and specifications. Please confirm the latest dated document always holds precedence, so bidders know which information to use in case of conflicting data sets among the WCSO solicitation materials (original RFP, addenda, responses to questions). **Yes the latest dated will hold precedence.**
31. Does the WCSO require bidders to submit their Technical and Pricing proposals in separately sealed envelopes? **No we prefer everything together for ease of evaluation. Only finance records should be is a sealed envelope.**
32. Per the Pre-Proposal Conference, please provide an updated schedule of deadlines for the submission of questions and the proposal**. See Addendum 1**
33. Per **RFP §12.o (page 9),** the vendor is required to provide a training program for jail staff, including CPR. Please clarify, does this mean the vendor is responsible for formal CPR instruction to all of WCSO staff at the Jail? If so, how many employees are at the Jail that would need this training? **Yes, the County pays for training based on staffing number.**
34. Per **RFP §A7.4: Minimum Requirements for Follow-Up Care and Recordkeeping (page 51),** the provider is responsible for one-on-one observation for detainees in medical confinement by a mental health professional. Please provide data on the number of one-on-one observations over the past two years, as well as the title of the persons who provided this observation requirement?

**One on one observations is NOT provided by the mental health professional. See first paragraph of Addendum 3 for the Revised wording.**

1. Can you provide us with a copy of all of the current healthcare agreement(s)? **Already provided in Addendum 2**
2. Please provide us with Monthly Service Statistical Reports for the past 2 years. **All available reports have been provided.**
3. Please provide us with the annual expenditures for the past 2 years for: **Previously provided. All available was provided.**
   1. Total Health Care Services
   2. Total Pharmacy Services
   3. Total Hospital Services
   4. Total Specialty Services (Outside Physician, Surgery costs)
4. Have medical employees been required to report or subpoenaed to local court systems in the past year, and if so, how many times?

**Jail: Few**

**JDC: The current provider was called to testify in Juvenile Court 1 time in the last two years.**

1. Does the County or the current medical provider have any type of catastrophic medical cost insurance plan in place for this facility? **Unaware of any**
2. Please provide a listing of any current open medical positions and the length of time they have been open/unfilled.  **Not available**
3. Please provide an inventory list of all medical and office equipment which is owned by the County and will be made available for use by the incoming vendor. **Already provided.**
4. Please provide an approximate number of calls received by medical staff to report to intake/booking for medical clearance of an inmate into the facility. **Already provided; listed as number of bookings.**
5. Please detail the charges for the current medical co-pay system in place for patients who are seen by medical staff. And if so, what is that policy/practice? **$10.00 for physician / dentist/ NP. $5.00 for nurse.**
6. The County does not currently have an Electronic Medical Record, and has expressed interest in one for the future. There is an intranet on-site as stated on the site tour. Would vendor be allowed to piggyback off that system? If so, please detail any charges. **Yes.**
7. Is there a discharge planning process in place? And if so, can you explain the process? **Previously answered.**
8. Who is the current vendor? **University of Illinois**
9. Please provide a copy of the current contract for inmate health care and all associated amendments thereto. **Done**
10. Does the County currently utilize a catastrophic limitation on off-site services? **No**
11. Are the matrices on pages 66 and 67 the most up to date? If not, please provide the most current Staffing matrix by shift and position/title. Does the County believe this to be a sufficient staffing plan? Does the County have a desired matrix available? Relying on your expertise based on Current inmate population.
12. Please identify any current vacancies by position/title, shift and length of vacancy. Please identify current turnover rate. Please identify if any positions are currently being filled by agency personnel. **NA**
13. Please provide current salaries for all positions listed on the current staffing matrix. **See Appendix 1**
14. Are any members of medical personnel represented by a union? If so, please supply bidders with a copy of all applicable union agreements. **No**
15. Who provides the personnel responsible for enrollment of inmates in Medicaid/medical coverage? **We do not currently provide this service. It is an option for the new contract.**
16. Please provide annual Health Service Statistics extended to cover the last three years. **Already provided everything we know.**
17. Please identify the average length of stay (LOS) for inpatient hospitalizations over the last three years. **No stat available**
18. Please provide a list of any hospitals and current subcontractors used for the delivery of health care services. **No contracts**
19. Who is the ambulance provider? **Currently, Rockford Fire Dept.**
20. Who is the current pharmaceutical provider? Is there currently a cap on pharmaceutical costs? Correct Rx Pharmacy Services Inc. **There is not cap at this time, however there are a few drug limitations as noted in the Agenda for the Pre-Proposal Meeting.**
21. What is the current percentage of inmates on prescribed medications? What is the current percentage of inmates on prescribed psychotropic medications? **UIC**
22. What are the average number of pregnancies per year, and the number of deliveries? Are newborns accepted back into the facility and, if so, who pays associated costs? **No. Once the child is delivered and patient is cleared to return, infant is left at hospital in DCFS care.**
23. Please provide a list of currently-held onsite clinics. Are there any additional such onsite clinics the County finds particularly desirable? **No**
24. Who is the current provider for Hemodialysis? Please provide the number of treatments completed by day and month. **Previously answered.**
25. Are there any HIV/AIDS inmates currently receiving treatment/medication for their condition? **Yes**
26. Are there any Hepatitis C inmates currently receiving treatment/medication for their condition? **Multiple inmates positive for Hep C but none receiving treatment for that condition.**
27. Are any other outside agencies involved in mental healthcare? **Rosecrance, Stepping Stone.**
28. Is the County taking advantage of any grants, fellowships or associations with universities, medical schools or non-profit organizations as part of its correctional healthcare program? **Yes, Crusader Clinic.**
29. Who is currently responsible for the Infectious Waste removal?

**UIC - The current provider is responsible for the costs and contracting for infectious waste removal.  At JDC, this occurs every other month.**

1. How many deaths and suicides (successful or attempted) have there been in the past two (2) years? One. Can the information on page 63 under “Reports of Extraordinary or Unusual Occurrence reported to DOC” be broken down into its individual categories? **Yes**
2. In 2017, only one month had a total ADP lower than 850. Has this changed significantly in 2018? Please verify the Average Daily Population (ADP) that should be used for bid purposes. **No, our numbers have increased**. **Please use the number 850 for ADP and your proposal detail.**
3. How old is the current equipment and furniture? Is all infirmary equipment permanent or will the contracted vendor need to purchase replacement equipment?

**Jail:** **Furniture is 11 years old and is the responsibility of the County for any replacement.**

1. What is the age of the current dental equipment? When was it was last serviced? Is the dental x-ray inspected and licensed and if so, when was the last time?  **Most equipment has been purchased in 2007, and has been maintained annually. When needed, equipment has been replaced.**
2. What is the age of current X-Ray equipment? When it was last serviced? Is the current X-Ray equipment digital? **Same as answer to 136.**
3. Does the County project that there will be a need to replace or purchase any on-site medical equipment as listed on page 69 during the term of this contract? **Unknown at this time.**
4. Are there negative pressure rooms and how many?

**Jail: Yes. 2 in Medical/Mental Health- female and 4 for male Medical.**

**JDC: The detention center has no negative pressure rooms.**

1. How many beds are in the infirmary? Please break down by male/female beds**. See previous answer to this question.**
2. Where are inmates housed that are going through withdrawal? **Based on severity, may be general housing, medical or mental health; camera cell.**
3. Will the current AED stay or must one be purchased, and is it in good working order?

**Jail: Currently have five, which are up to date.**

**JDC: The AED is owned by the Detention Center and will remain.**

1. How many med passes occur per day? **See previous response.**
2. What is the Jail Management system utilized? Will the Jail Management company work with the vendor regarding an Electronic Medical Record (EMR) to provide basic demographic information, booking information, housing location changes, and release information? Will the County assist with these data requirements? **Yes, if possible, and the County will assist.**
3. Does the County currently employ telemedicine? If so, in what specialties and who is currently providing the equipment and technical support thereof? **No**
4. Are you currently having issues with the current staff or vendor that are causing penalties to be imposed? **No**
5. Is the facility currently under any court orders or mandates? **No**
6. The RFP requests three references for each facility. May we provide only one for the juvenile facility? **Yes**
7. Page 15 of the RFP states regarding the HSA, DON, and Medical Director “Include detailed resumes indicating their experience managing inmate health care services in operations of similar size and scope.” Will job descriptions be acceptable instead of resumes? If not, may we submit the resumes with personal information redacted? If the County desires the retention of current personnel (as indicated on page 16), may we have copies of the current HSA, DON, and medical director’s resumes?

**Resumes or job descriptions are acceptable to the County.**

1. The RFP states: “Either party may terminate a resulting contract without cause or penalty upon giving the other party not less than one hundred and fifty (150) days written notice of termination. The County also reserves the right to terminate a resulting contract at any time for “cause” which includes, but is not limited to, any breach of contract or security violations.” Would the County be willing to lower this number from 150?

**Possibly but not by much because of the time it would take to find an acceptable replacement Contractor. The 150 days would be the maximum amount of time it would take.**

# END OF ADDENDUM THREE