



**ADDENDUM 2  
REQUEST FOR PROPOSALS 2018-138  
KITSAP COUNTY SHERIFF  
INMATE HEALTH CARE SERVICE**

**TO:** All Respondents  
**FROM:** Colby Wattling, Buyer  
**CLOSING DATE:** August 23, 2018 at 3:00PM (UNCHANGED)  
**REF NO.:** 2018-138 RFP INMATE HEALTH CARE SERVICES  
**DATE:** August 14, 2018

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Below are answers to questions that were submitted by potential providers during the open question period. Attachments A1-A4 mentioned will be available online using the provided link: <https://spf.kitsapgov.com/das/Pages/Online-Bids.aspx>

QUESTION 1. Can you tell us more about the typical census demographic make-up of the 455 average?

a. What is the male/female make-up?

*Answer: As of 08/07/18, 442 total population, 87 females, and 355 males (80% male, 20% female.)*

b. What percentage of the patients that have a chronic disease?

*Answer: In July 2018, the 90 patients with a condition that CCS has identified as needing chronic care.*

c. What percentage of patients pregnant at any given time?

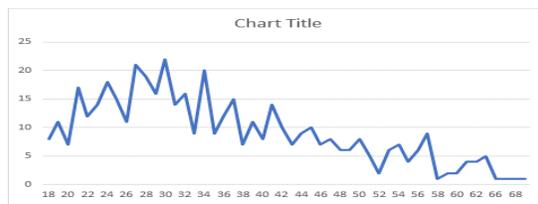
*Answer: less than 1% or approximately 3 patients at any given time.*

d. How many pregnant patients pass through the jail in a year)?

*Answer: In 2017, the jail housed a total of 38 pregnant women.*

e. What is the age breakdown of the population?

*Answer: Please note that the actual ADP is not 455. See page 10, Article 1, section 1.1*



f. What percent of patients have active serious mental illness diagnosis?

*Answer: This information is not available.*

g. What percentage of patients have any mental illness diagnosis?

*Answer: The current provider treats mental health services to 55 patients per week.*

h. What percentage of patients with active substance abuse diagnosis for opiates/heroin?

*Answer: The current contractor treated 51 inmates for opiate abuse in July 2018.*

i. What percentage of patients with active diagnosis for alcohol addiction?

*Answer: The current contractor treated 39 inmates for alcohol/benzo abuse in July 2018.*

j. What percentage of patients with active diagnosis for tobacco addiction?

*Answer: Treatment is not provided for tobacco addiction.*

QUESTION 2. Regarding Intakes

a. What is the typical number of intakes daily?

*Answer: 25 bookings*

b. What is an extreme, but still possible maximum number of intakes daily?

*Answer: 40 inmates is the extreme maximum number*

c. For what reasons are patients typically diverted at intake?

*Answer: Inmates may be diverted due to serious medical and/or mental health issues. See RFP, Article 3.*

d. How often are patients diverted at intake?

*Answer: Information is not available.*

e. Page 15, section 3.5. A, can we update the intake review to 24 hours for ease of tracking? (Currently says within 16 hours)

*Answer: Yes, if in compliance with the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

QUESTION 3. For the 2017 inmate medical contract

- a. How much was paid per inmate to the current contractor?

*Answer: The current contract is not set up with a total all-inclusive per inmate rate, which is what the County is requesting. The County paid the current contractor \$1,951,131 for 2017.*

- b. How much was spent per inmate or in total on in-patient care?

*Answer: We are unclear what information you are requesting. In 2017, the County's net expenditure for outside medical claims was \$224,756.*

- c. How much was spent per inmate or in total on emergency care?

*Answer: Information not available.*

- d. How much was spent per inmate or in total on ambulance transport?

*Answer: The County paid \$28,515 for ambulance services for 2017.*

- e. How much was spent per inmate or in total on outpatient surgery?

*Answer: Information not available.*

- f. How much was spent per inmate or in total on outpatient specialists?

*Answer: Information not available.*

- f. How much was spent per inmate or in total on diagnostics?

*Answer: Information not available.*

- g. How much was spent per inmate or in total on all pharmacy related costs?

*Answer: The County paid a total of \$334,026 for pharmacy costs.*

- h. Can we have a copy of the current health care services contract?

*Answer: Yes, see **Attachment A-1**.*

QUESTION 4. Regarding the incidence of care in a year, how many patients in 2017

- a. Delivered babies at the jail?

*Answer: None*

- b. Delivered babies while incarcerated?

*Answer: Since January 2017, there have been at least two births, not more than 3.*

- c. Became in-patient while incarcerated?

*Answer: 22 patients*

- d. Became in-patient and had bills over \$5000?

*Answer: Two patients – one claim for \$12,961 and the other for \$5,161. Please note that when an inmate is admitted on inpatient status for more than 24 hours, Medicaid will cover the entire medical event. We also traditionally have discounted agreements with most providers at rates that will be made available to the Contractor.*

- e. Died while incarcerated (also include data for the last 5 years)?

*Answer: In the past five years there have been a total four deaths.*

- f. Committed suicide (also include data for last 5 years)?

*Answer: Of the total deaths, three committed suicide?*

- g. Attempted to commit suicide (also include data for last 5 years)?

*Answer: This information is not available.*

- h. Request sick call (break down to monthly/weekly/daily if more reasonable)?

*Answer: This information is not available.*

- i. Needed off-site referrals and can you give a breakdown of the purposes?

*Answer: This information is not available.*

QUESTION 5. Regarding sub-contractors

- a. Lab - What lab is currently being used and can we see the contract?

*Answer: The current contractor maintains a contract with LabCorp for laboratory services. The contract is not available.*

- b. Imaging - What imaging is currently being used and can we see the contract? Also, do you have any on-site x-ray ability?

*Answer: We currently use the services of Schryver Medical for portable x-ray services.*

*There is no contract in place at this time.*

- c. OB – what OB provider is currently being used and can we see the contract?

*Answer: The County has a contract with Kitsap OB/GYN. See **Attachment A-2***

- d. Methadone - Is there a methadone treatment program contracted currently and can we see the contract?

*Answer: There is no current contract for a methadone treatment program.*

- e. Rx – who is the current Rx contractor, and can we see that contract?

*Answer: The current contractor maintains a contract with Diamond Pharmacy for Rx services. The contract is held by the Contractor and not available.*

QUESTION 6.           Regarding medications

- a. Can we get a copy of the DOC formulary?

*Answer: Yes, see **Attachment A-3**.*

- b. Who determines what needs to be floor stock and can we get that list?

*Answer: The Contractor has been. Yes, see **Attachment A-4**.*

- c. Do we need to provide a crash cart? If so, who determines what is stocked in it and who determines how many crash carts are stocked in the facility? (We use crash bags for portability.)

*Answer: The crash cart should be stock consistent with applicable medical and crash cart preparedness standards. Crash bags are acceptable.*

- d. How do add formulary approved drugs to the exception list as new drugs enter the market or receive new indications?

*Answer: There is a discussion for contract negotiations.*

QUESTION 7.           Regarding staffing:

- a. Page 21, Section 5.2, Psychiatric ARNPS and Psychiatrists are very hard to find. Is a primary care prescriber acceptable to ensure coverage for the 5 days a week/30 hours a week piece? This model will also reduce the cost of the program while being clinically appropriate as primary care providers can prescribe psychotropic medications.

*Answer: There is a discussion for contract negotiations. Changes may be negotiated if in compliance with the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards, and the County's needs.*

- b. Page 21, Section 5.2, mental health professionals are also in short supply. Could the 10 hour a day requirement be flexible on weekends in times of staffing shortages and/or when staff are on vacation/FMLA/sick etc.?

*Answer: Yes, the hours are negotiable as long as patients' mental health needs are met in compliance with the RFP, and the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

- c. Page 31, Section 12.3 B, with the launch of telehealth, can the On-call physician, meet the one-hour requirement using telehealth versus coming on-site? Parts of Kitsap County are more than 60 minutes away accounting for traffic at various times of the day and telehealth has become an acceptable standard for the provision of care in many disciplines, including urgent care.

*Answer: Yes, if in compliance with the State of Washington Medical Quality Assurance Commission guidelines, and the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

- d. Page 32, Section 12.3 F, can we request an exemption for the professional staff positions as many of these higher-level positions don't seek out full-time employment?

*Answer: This is a discussion for contract negotiation. A full-time professional staff position may be filled by two part-time professional staff.*

- e. Page 32, Section 12.3 F, if not OK to the above, can we change the definition of part-time for professional staff to 19 hours or less?

*Answer: This is a discussion for contract negotiation.*

- f. Page 32, Section 12.3 F, for non-professional staff can we raise the 20% to 50% and/or change the definition of part-time staff to less than 19 hours?

*Answer: This is a discussion for contract negotiation.*

- g. Page 32, how often does the emergency call back typically have to be enacted in a year?

*Answer: There were no call backs in 2017. Typically, 911 would be called in the event of an emergency.*

- h. Does the staff only need to be BLS certified?

*Answer: No, see RFP Section 12.8. Some of the training is provided by the jail corrections staff. This is a discussion for contract negotiation.*

## QUESTION 8. SUCCESSFUL OFFEROR QUESTIONS

- a. Is the 60-day start-up negotiable as a new start-up?

*Answer: The current contract expires December 31, 2018. This is a discussion for contract negotiations.*

- b. As a new contractor, can we have the liquidated damages waived for the first year?

*Answer: This is a discussion for contract negotiations.*

- c. Section 11.4, can the wording “30 days from contract award” be changed to “before the delivery of services” so we have time to work on it?

*Answer: This is a discussion for contract negotiations.*

- d. Would the current contractor be required to provide access to their EHRS during the transition period and would the contractor have to pay for that access at what fee?

*Answer: The medical records are owned by the County. The process of transition of the EHRS, if necessary, is still undetermined. A new contractor will not have to pay for access.*

- e. Page 51, Article 10, Section 10.10, can we extend the verification of insurance coverage to 30 days after written receipt of intent to award to allow time for insurance to be quoted and obtained from multiple vendors (i.e. cyber can be procured from a different vendor than malpractice than auto)?

*Answer: Yes, as long as all required insurance coverage is in place at the time of contract execution.*

- f. As a new contractor, if we find our budgeting was not accurate for any category, at what time interval can we re-budget with proof to the additional charges?

*Answer: This is a discussion for contract negotiations.*

## QUESTION 9. RECORDS

- a. Page 53, since we maintain an integrated patient record, we cannot parse out the inmate period from the whole record a patient might have with us for their lifetime. We can prepare documents from an inmate’s time reflecting care paid for by the jail as the jail’s owned record set. Will this meet the requirement?

*Answer: This is a discussion for contract negotiations. Please note that the County owns all inmate medical records and must have the ability to access these records electronically.*

- b. If we are the successful offeror, can we work with the county on a clinically appropriate revision of the pre-booking triage form that integrates with our EHRS?

*Answer: Yes, as long as all forms meet the needs of the Jail, and are in compliance with the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

- c. What part of the Public Records request process will we be subject to as a contractor of the county – just our jail-related reports/business or all PCHS-related business?

*Answer: Reserved for discussion between the legal representatives for the County and the selected Contractor.*

- d. Page 36 and page 55, in regard to the reports where there is an inmate's name, it also represents a patient's HIPAA protected info, is a patient's privacy not protected during his/her time of incarceration?

*Answer: Reserved for discussion between the legal representatives for the County and the selected Contractor.*

- e. Does this include 42CFR Part 2 protected information?

*Answer: Reserved for discussion between the legal representatives for the County and the selected Contractor.*

QUESTION 10. Performance Indicators

- a. Page 65, regarding “all deaths are unavoidable”. Who determines this criteria? What if a patient was terminal upon admission – e.g. had end-stage cancer or died in a prison fight? This seems to indicate the contractor would be fined for this.

*Answer: This is a discussion for contract negotiations.*

- b. Page 65, who determines the target blood pressure for controlled hypertension –i.e. there are varying targets based on individual patient factors. Also, blood pressure can be elevated by stress and the patient can suffer from white coat hypertension.

*Answer: The Contractor is expected to provide appropriate medical treatment in compliance with applicable medical treatment standards, and the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards. This is a discussion for contract negotiations.*

- c. Page 65, this HgA1c goal does not match any current clinical guidelines. It is now more appropriate to pick a patient specific goal. Can this be clarified or removed? In fact, over-treating, especially in older adults, can be detrimental and lead to patient death.

*Answer: Contractor is expected to provide appropriate medical treatment in compliance with applicable medical treatment standards, and the current National Commission on Correctional Health Care Standards for Health Services in Jails and*

*the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards. This is a discussion for contract negotiations.*

#### QUESTION 11. MISCELLANEOUS

- a. Do you have a medically supervised protocol withdrawal protocol for alcohol? How often does this occur in a month/year? Can we see it?

*Answer: Contractor shall provide the applicable protocol consistent with the RFP, section 3.4, and in compliance with the applicable medical standards and the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

- b. Do you have a medically supervised protocol for opiate withdrawal? How often does this occur in a month/year? Can we see it?

*Answer: See answer to question 11 (a) above.*

- c. Can we have a copy of the Manual 700 series policies?

*Answer: The 700 series of the policy manual is currently under revision and will be provided when available.*

- d. How much hazardous waste do you produce yearly? (# bins/size of bins/# of pick-ups)

*Answer: This information is unavailable.*

- e. Are there AEDs on site already?

*Answer: Yes*

- f. Page 54, 12.6, we do not have a lawyer on staff to help us figure out the ramifications of some of these new elements of service delivery, can we budget for potential legal fees/advice?

*Answer: The cost of professional and administrative services necessary to provide the services under the contract are typically incorporated into the price.*

- g. Page 36, Section 13.2 C, will the current county CQI Committee just transition with a new contractor? Who is on it now? Can we have last year worth of notes?

*Answer: This information is unavailable.*

- h. Regarding Section 11.6, can you clarify if this just applies to human issues versus facility issues? i.e. antibiotics for rat bites, bed bug treatment on skin, lice treatment versus removing rats in the lunchroom, playing a role in infested mattress removal in cells, etc.

*Answer: Yes, this applies to human issues. However, the Contractor may be requested to provide medical advice and direction to Jail corrections staff regarding these issues.*

- i. Does the jail pay for language line services?

*Answer: Yes*

- j. We utilize video interpreting which is typically less expensive than language line. Would the jail pay for that instead?

*Answer: This is a discussion for contract negotiations.*

- k. Can you clarify the choice and alignment of hours for med pass versus sick call hours versus mental health staffed hours?

*Answer: All medications must be passed consistent with the medical needs of the patients, the RFP, KCSO jail security concerns and in compliance with the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

- l. Page 60, notes mortality reports to be due 10 days after incident, however noted within RFP to be 30 days. Can you clarify the difference of what is due when?

*Answer: The dates are correct. We consider the mortality review identified in 13.3 different than the information the Mortality Case Abstract and Coversheet identified on page 60.*

- m. Regarding policies and procedures, page 28, Under 11.1, Section B and page 61, can you clarify that if we place jail related service delivery standards into larger organizational policies, that we can provide those larger documents for review of the jail-related sections only and that the jail only needs copies noting jail-related policies, not policies for our other lines of service delivery.

*Answer: We are requesting copies of all policies, procedures, and protocols related to the Services provided under the resulting Contract, not policies for other lines of service delivery. This is a discussion for contract negotiation.*

- n. During intake who makes the ultimate decision as to whether to an injured inmate?

*Answer: See Article 3, section 3.1*

- o. What equipment is provided?

*Answer: This information is unavailable at this time.*

- p. Who replaces the medical equipment, including the EKG?

*Answer: See 14.2(B). The EKG is currently provided by a subcontractor.*

QUESTION 12. Site Visit

- a. How do we define male and female inmates?

*Answer: Consistent with the Prison Rape Elimination Act 28 CFR Part 115)*

- b. What health care services are provided in the pods?

*Answer: Medicine pass, blood sugar testing, TB testing, and other services as deemed appropriate and in compliance with the KCSO jail security concerns and the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

- c. Will the jail be replacing the refrigerator to comply with CDC standards?

*Answer: The jail will comply with applicable CDC standards.*

- d. Who provides the medical equipment, CPAP machines, canes, crutches?

*Answer: It depends on the item, it may be the County, the Contractor, or the patient.*

- e. If the County is currently using a current vendor are three references still required?

*Answer: No*

- f. Are the jail AEDs certified?

*Answer: Yes*

- g. How does the provider review medication refusals?

*Answer: In compliance with the RFP, Article 6, and the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

- h. How are medical refusals handled?

*Answer: See answer to question 12 (g) above.*

- i. Who long does it take to get classified?

*Answer: The standard is 72 hours.*

- j. Who is the current food provider?

*Answer: Summit Foods*

- k. Are inmate grievances handled by Kiosk?

*Answer: All inmate grievances are handled by Kiosk. The Kiosk is not used for medical requests. Medical requests are written down by the inmate and handed directly to medical staff.*

- l. How many inmates are discharged daily?

*Answer: This information is not provided.*

- M. How long does it take to get a nurse through background?

*Answer: The criminal check takes 24 hours to five days.*

- m. Will the County consider reducing the number of years for the prior contracts with vendors?

*Answer: See answer to question 14.*

- n. Is the County requesting that Offerors submit a per inmate price?

*Answer: Yes, the County is requesting an all inclusive per inmate price. The Contractor may also propose secondary alternatives for consideration.*

QUESTION 13. IT Questions

- a. Do we use a private wireless network?

*Answer: Yes*

- b. What system is currently being used?

*Answer: RUCKUS access point over the County network.*

Where is the IT distribution and network centralized?

*Answer: In the server room in the County courthouse.*

- c. Where is the networking/system and will the vendor have access?

*Answer: The Contractor will be provided a segmented piece of the County network to enable access to the Contractor's own network.*

- d. Can the vendor use their own telecommunication system?

*Answer: Yes, refer to d above.*

QUESTION 12. ITEM 3 (p. 4): “Offerors must submit an original, plus six (6) hard copies and one (1) electronic copy on CD in pdf format, of Offeror’s “Proposal” in response to the RFP.” Will you accept an electronic copy on a USB “thumb drive” instead of a CD?

*Answer: Yes*

QUESTION 13. ITEM 5.B.1.4 KEY PERSONNEL (p. 5): “Identify and describe the roles and qualifications of all individuals who will be part of the management team and *relevant staff* that would be providing services to the Jail under the resulting Contract;

Could you please define “relevant staff” to ensure we identify only those you need?

*Answer: We are reading your question to be regarding Item 5.B.1 and not 5.B.1.4. Section 5.B.1. is hereby amended to remove the word “relevant” from the sentence.*

QUESTION 14. SECTION 5.F.8. PERFORMANCE, (p. 6): “Provide a list of all active and inactive contracts in the U.S. in the past ten (10) years...For every contract, provide: 1. A complete copy of the contract, contract number, customer’s organization name, full address, phone number, email address, and customer’s contract representative. ”

Could you please clarify the requirement for providing copies of a decade of active and inactive contracts and related information? With over 375 contracts, this could be an enormous undertaking resulting in a deliverable containing tens of thousands of pages as some providers will have several hundred separate contract documents ranging from 50 to 1,000 pages each. Will Kitsap County accept comprehensive client lists with all required information, and individual contracts upon specific request?

*Answer: Yes*

QUESTION 15. Section 3.4.A. MEDICALLY SUPERVISED WITHDRAWAL (p. 15): “Medical Staff shall utilize drug/alcohol testing as part of the withdrawal assessment process.” Is Blood-Alcohol Content acceptable for use for the alcohol segment of the withdrawal assessment process? Otherwise for afterhours and possibly during normal hours, this would require for the patient to possibly be refused at booking, so this testing could be accomplished, via blood draw.

*Answer: Yes, blood-alcohol content is acceptable. The inability to complete the test is not an acceptable basis to refuse the patient at booking.*

*Section 3.4.A. is hereby amended and replaced with the following:*

*“Medical Staff will utilize drug/alcohol testing as part of the withdrawal assessment process, when reasonably possible.”*

QUESTION 16. Section 3.4.C. MEDICALLY SUPERVISED WITHDRAWAL (p. 15) states: “The proposal shall provide for the use of medicated assisted treatment for withdrawal as

appropriate for all inmates, including pregnant women and sufficient certified medical Staff to prescribe the medication.”

Does the county wish to become a Federally Licensed Methadone Treatment facility? If not, does the county currently have local resources to collaborate with for this type of treatment or does the county expect the medical vendor to establish a collaboration with a local MAT provider?

*Answer: Please identify the available options in the Proposal in compliance with the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

QUESTION 17. Section 3.5.A. FOLLOW-UP CARE (p. 15): “Contractor shall review the Receiving/Intake Screening form within 16- hours of the Inmates’ arrival into the Jail. This review must be completed by a mid-level provider or higher.”

QUESTION: A Registered Nurse is conducting the Receiving/Intake Screening, as per section 3.3. Does the county still require these to be reviewed by a mid-level provider or higher within 16-hours?

*Answer: Section 3.3.A. is hereby amended and replaced with the following:*

*The Contractor shall perform an initial comprehensive Receiving/Intake Screening (“Screening”), in compliance with all applicable Standards, of all Inmates booked into the Jail. The Screening is critical to prevent epidemics and reduce the severity of untreated illnesses and conditions. The Screening shall be performed by medical staff, at minimum an RN, who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for patients. All Screenings shall be in writing and documented in the Inmate’s Health Care record. The Screening is intended to determine the Inmate’s immediate medical and mental health care needs and identify appropriate steps to assure these needs are addressed throughout the Inmates stay. This Screening shall take place no more than four (4) hours after arriving at the Jail. At least one RN or higher shall be assigned to handle Screenings 24/7.*

*Answer: Section 3.5.A is amended to strike the first sentence in the paragraph: ~~Contractor shall review the Receiving/Intake Screening form within 16 hours of the Inmates’ arrival into the Jail.~~*

QUESTION 18. SECTION 12.3.F. PART-TIME EMPLOYEES (p. 32): No more than 20% of Contractor’s employees in each staffing position shall be part-time. A part-time employee is any person who works less than 36-hours weekly and/or does not receive employee benefits, such as health care, vacation and retirement. At no time shall there be greater than 50% of the part-time employees of the Contractor's Staff working on-site. Does the KCSO include PRN staff in the definition of part-time employees?

*Answer: This is a discussion for contract negotiations.*

QUESTION 19. FULL STAFF COVERAGE AND CREDIT (p. 32): The Contractor shall not move an employee from a filled position into a vacant position more than twice per year. Please provide further clarification. What does the KCSO desire to achieve with this requirement?

*Answer: This is a discussion for contract negotiations.*

QUESTION 20. SECTION 12.5.C. MENTAL HEALTH MANAGER (p. 34): “Contractor shall provide a Mental Health Manager, with a current Washington State license (psychiatrist or psychologist), with appropriate credentials and professional experience to function as the Mental Health Director.” Will the Mental Health Manager be expected to be on-site full-time?

*Answer: No. However, the Contractor is expected to comply with the requirements in Article 5.*

QUESTION 21. From Section 12.3 (D) in the RFP: “Accordingly, it is important that wages meet or exceed the average wage in the surrounding area. The average hourly wage of registered nurses, licensed practical nurses, nurses’ assistants, and medical assistants shall be no less than \$1.25 of the U.S. Department of Labor Consumer Price Index average for the same positions.”

a. We are unable to locate the above reference.

*Answer: See answer to (b) below.*

b. Will the mean hourly wage for the various nursing roles (LPN/LVN/RN) as reported for Washington State in the Bureau of Labor Statistics 2017 Occupational Wage report suffice as a wage benchmark?

*Answer: Yes, with the wages amended during the contract terms to remain consistent with the then current the US Department of Labor Bureau Statistics for Washington State.*

c. Also, we assume that 1.25 or 125% is intended, not \$1.25.

*Answer: Not less than \$1.25 of the average hourly wage is correct. The Contractor can pay more than the average wage, but not less than \$1.25 of the average wage.*

QUESTION 22. Who is responsible for the cleaning of the health clinic area?

*Answer: Kitsap county*

Should those costs be included in the RFP response if to be provided by the offeror from a sub-contractor?

*Answer: This is not a cost passed on to the Contractor.*

If provided by the jail, can the healthcare provider pick the products used for infection control purposes?

*Answer: This is a discussion for contract negotiations.*

QUESTION 23. ARTICLE - OFF-SITE MEDICAL SERVICES, UTILIZATION MANAGEMENT: Section 8.3:

- a. Is off-site facility care a rehab facility? And is the \$5000 cap per incident in this case or per patient?

*Answer: We have not used off-site facility care for rehab. Rehab services have been provided on-site by an outside provider. The cap would be per incident.*

- b. Same section as above, is each daily episode of dialysis treatment subject to a cap of \$5000 or is the entire course of dialysis care capped at \$5000?

*Answer: The cap would be the entire course of treatment.*

- c. Same section as above, is when talking about ambulance services, is the \$5000 cap for transport round-trip?

*Answer: The ambulance service is normally one-way. The jail corrections staff provide the transport back to the jail.*

- d. Is there a current subcontractor for ambulance services? And if so, can we see the contract?

*Answer: There is no subcontract. The County has a contract with Olympic Ambulance and South Kitsap Fire and Rescue.*

QUESTION 24. ARTICLE 3. HEALTHCARE SERVICES: Section 3.11 EMERGENCY MEDICAL SERVICES: Section B:

- a. who transports the inmate back from being in the Emergency Room or admitted in the hospital when they went via 911 transport and is that cost on the health services provider?

*Answer: The jail corrections staff provides the transport. This is not a cost passed on to the Contractor.*

- b. Does a DOC officer stay with the inmate the entire time they are admitted and is any of that cost transferred to the health services provider?

*Answer: This is fact specific. This is not a cost passed on to the Contractor.*

QUESTION 25. Section 3.19 HAZARDOUS WASTE:

- a. Who is the current subcontractor for hazardous waste? And can we get a copy of

that contract?

*Answer: Stericycle. There is no contract. The cost does not exceed \$40 per month.*

- b. Does the jail pay for the shredding of confidential patient information?

*Answer: Yes, the jail pays this cost.*

- c. If not, assuming that cost is to be paid by the offeror, who is the current sub-contractor? And can we get a copy of the contract?

*Answer: N/A*

QUESTION 26. Information technology questions

- a. Does the building DMARC have PUD fiber termination?

*Answer: There is KPUD fiber available in the Kitsap Courthouse Computer Room. We can extend the KPUD via fiber if needed at a cost. The Contractor will be assessed a charge for connection to the KPUD.*

- b. If not, would we be permitted to have it brought into the DMARC allowing clinic systems connectivity into our existing private WAN? Would those costs be paid by the county?

*Answer: Yes. The costs would not be paid by the County. If connecting to the Contractor's WAN, then connection to the County's secured network resources won't be permitted.*

- c. Is there a separate access controlled IDF space for the clinic with network & telecom cabling tying into the DMARC?

*Answer: No, currently all the IDF spaces are combined with County network/telecom. There is one IDF that is primarily used for Jail Medical; it's VERY small. Currently all IT and Keith Hall has access to the various IDF spaces. If a vendor wants to use the existing Jail Medical IDF, we will have to determine if the IDF is large enough for their equipment. This is smallest IDF in the Jail.*

- d. If not, where does the network/telecom cabling within the clinical spaces terminate and who has access to that space?

*Answer: See answer to (c) above.*

- e. If there are IT issues and staff need to be brought in to address them, how much of the jail training, clearance, pre-approval process applies to those staff that support the healthcare services, but don't deliver daily care?

*Answer: The same background clearance requirements are required for all persons providing services under the contract. See section 12.8, of the RFP for training*

*requirements. Some of the training is provided by the jail corrections staff. This is a discussion for contract negotiation.*

- f. Does the building have backup power generators in the event of line power loss and does it extend into the DMARC, IDF, and clinical spaces?

*Answer: This would depend on your needs and is a discussion for contract negotiations.*

- g. May we utilize secure private wireless networking (WiFi) within the clinical spaces for clinical system and peripheral network connectivity?

*Answer: The County is currently providing secured network for Jail Medical. The County is using Ruckus Access Points with 802.1x security. For the secured Jail Medical network, the Windows devices are Kitsap County Active Directory integrated, each user must have an Active Directory account. We typically wire all peripherals since*

- QUESTION 27. Would there be any issue with a pharmacist filling the proposed role of an RN if the expected work was being done and the pharmacist was within the scope of his/her licensure? For example, the amount of work regarding medication dosing, interactions, timing and especially the addition of MAT services easily falls within the clinical expertise of pharmacist management.

*Answer: This would be acceptable if the pharmacist filling the RN role by virtue of their education, credentials, and experience is permitted by law to evaluate and care for patients as required for the specific position being filled and in compliance with the current National Commission on Correctional Health Care Standards for Health Services in Jails and the Washington Association of Sheriffs and Police Chiefs Jail Accreditation Standards.*

- QUESTION 28. Pursuant to the on-call physician requirement

- a. How many times in 2017 was the 'on-call' physician called for a telephonic consult only?

*Answer: This occurs on a frequent daily basis. The clinic RN will assess the patient then contacts the on-call provider to obtain orders for medications or treatment. The number of calls during any given day or over the year is not available.*

- b. How many times in 2017 was the 'on-call' physician actually called to the jail site.

*Answer: None*

- c. Is the information available by time of day?

*Answer: The on-call provider is most frequently contacted during 8:00 am and 10:00pm. After 10:00pm, the on-call provider is typically only called for urgent matters, with non-urgent matters held until the next day.*

QUESTION 28. Section 4.3 of the BAA references a Quarterly Audit of the Contract paid for either in-full or half by the Contractor depending upon the result of the audit. As this auditor is selected/contracted by the County how do we estimate a cost of this service?

*Answer: Section 4.3 of the HIPAA Business Associate Agreement is amended to substitute the word "will" with the word "may" in the first sentence. See below. The County does not anticipate conducting a quarterly audit unless required by law or a business need. As to the remainder of your question, this is a business decision and/or a discussion for contract negotiation.*

*Quarterly Audit. The County ~~will~~ may contract with an independent third-party vendor to quarterly audit the Contract to determine Contract compliance, staffing credits, and liquidated damages.*

QUESTION 29. Page 16 Article 3.7 Subsection A "The Contractor shall perform a comprehensive full population follow-up Health Assessment Examination ("Assessment"), which includes a complete physical examination, on all Inmates confined in the Jail for longer than 72-hours within 14 days of the Inmate's arrival in the Jail and annually thereafter for Inmates confined in the Jail over one (1) year." What if an inmate is released or otherwise removed from the jail between 72 hours and something less than 14 days? E.g. departs after 5 days. How is this requirement applied?

*Answer: Based on the scenario provided, the Contractor would have conducted the Receiving/Intake Screening. If the inmate is later released from custody within 14-days from their arrival in the jail, the Contractor would have no obligation to complete the Health Assessment Examination.*

QUESTION 30. Page 32 Article 12.3 Subsection F What is the purpose of the 20% ceiling for part-time employee (<36 hrs) staffing?

*Answer: This is a discussion for contract negotiations.*

QUESTION 31. How many inmates are processed through intake on average in any 4-hour period? And how many are processed on average per day? And what is a typical breakdown over 24 hours on an hourly basis - I.e. how many come in during the day, evening, over-night?

*Answer: The estimate is that appropriately 10-15 inmates are processed through intake in an eight-hour shift. This number will vary on a variety of factors and is not definitive.*

QUESTION 32. How many labs were processed as stat requests in 2017?

*Answer: This information is not available.*

QUESTION 33. Regarding offsite services:

a. How many inmates required offsite services in 2017?

*Answer: 154*

b. For what purpose/s?

*Answer: This information is not available*

c. How many incidents requiring off-site care occurred in 2017 where the cost per incident was equal to or less than \$5,000 per incident?

*Answer: 142*

d. For what purpose/s?

*Answer: This information is not available.*

e. How many incidents requiring off-site care occurred in 2017 where the cost per incident exceeded \$5,000 per incident?

*Answer: 12*

f. For what purpose/s?

*Answer: This information is not available.*

QUESTION 34. Please provide the total dollar amount spent for all offsite expenditures for FY 2016, FY 2017, and YTD 2018.

*Answer: FY 2016: Gross \$105,386 Net \$52,960  
FY 2017: Gross \$305,234 Net \$224,757  
YTD 2018: Gross \$182,713 Net \$33,147*

QUESTION 35. Please provide the total dollar amount of offsite overages for which the County was responsible over the \$5,000.00 per inmate per incident cap in each of these years (if applicable).

*Answer: The cap requirement was not a requirement in previous contracts. Please note: we did not start receiving Medicaid rates from Harrison Medical Center until January 1, 2018, so the figures identified below for Harrison are higher than what we would expect in the future. Also, the County will continue to pass-on medical costs for inmates to the cities when authorized by the County's contracts with the cities. The total number of incidents that were over \$5,000 is as follows:*

*FY 2016: There were two events for a gross amount of \$11,189.07 with \$2753 reimbursed by the Cities leaving a net amount of \$8,436. During this FY year, St. Anthony's was utilizing mainly for which we have had Medicaid rates for years.*

*FY 2017: There were 12 events for a gross amount of \$155,458 with \$76,074 reimbursed by the Cities, leaving a net amount of \$79,384. Ten of these events occurred at Harrison Medical Center prior to implementation of Medicaid rates.*

*YTD 2018: There were three events for a gross amount of \$39,703 with \$24,937 reimbursed by the Cities, leaving a net amount of \$14,766.*

QUESTION 36. Please provide the dollar amount spent on total pharmaceuticals for FY 2016, FY 2017, and YTD 2018.

*Answer: FY 2016: \$185,979  
FY 2017: \$341,750  
FY 2018: \$164,167 (thru June)*

QUESTION 37. Please detail the dollar amount for psychotropic meds, HIV meds, HEP C meds, and blood factors for each year.

*Answer: The psychotropic are not included in the amount below.  
FY 2016: This information is not available.  
FY 2017: \$146,752  
FY 2018: \$61,191 (thru June)*

QUESTION 38. What is the average number of inmates receiving pharmaceutical treatment each month for the following? HIV, HEP C, and Blood Factors?

*Answer: The following are estimates only.*

- HIV: The Jail typically has less than two inmates receiving medication for HIV at any given time.*
- HEP C: This occurs infrequently. In the past six months, we estimate that there were 2 or 3 patients that have received medications for Hep C.*
- Blood Factors: This information is not available.*

QUESTION 39. Please provide the current staffing provided by the contractor.

*Answer: See Attachment A-1*

QUESTION 40. Please provide the annual compensation of the current contract.

*Answer: See Attachment A-1*

QUESTION 41. Please explain the contractor's financial risk for pharmacy and offsite services under the current contract.

*Answer: We are unable to respond without clarification from you regarding the question.*

QUESTION 42. Does the facility have an area with the potential to be used to provide dental care on-site?

*Answer: We are unable to answer this question with additional information regarding the nature and type of space needed to provide dental care.*

**END OF ADDENDUM 2**