


ADDENDUM 2
 REQUEST FOR PROPOSALS 2024-022
 KITSAP COUNTY SHERIFF'S OFFICE
 CORRECTIONAL HEALTH CARE SERVICES

TO: All Respondents
FROM: Glen McNeil, Purchasing Program Supervisor
DATE: June 12, 2024

	ATTACHMENT J RFP 2024-022	Purchasing Department 619 Division St., 4 th Floor Port Orchard, WA 98366
	REQUIRED REPORTING	

	NAME	DESCRIPTION	FREQUENCY	DUE DATE
1.	Chronic Condition, Disease Management Program Report	Number of inmates identified with a chronic condition and/or disease by condition and/or disease.	Monthly	10th of Month
2.	Clinical Data Report	Detailed health services data, to include chronic condition, infectious disease and notification of reporting to County Health Dept., and outside consult data.	Monthly	April 15, July 15, Oct. 15, Jan. 15
3.	Sick Call Needs Requests, Appointment Report	Appointments resulting from inmate Sick Call requests submitted to health unit, include number of appointments, date of request, date seen, and by whom.	Monthly	10th of Month
4.	Hepatitis C Report	Number of inmates with Hepatitis C in treatment. Number of inmates with Hepatitis C - end of treatment responses.	Monthly	10th of Month
5.	Emergency Room and Hospitalization Statistics Report	Hospitalization information including number of admissions, length of stay; to include levels of care, i.e. emergency room, ICU, surgery, routine, maternity, psychiatric, etc.	Monthly	10th of Month
6.	Infectious Disease Report	Number of inmates with Infectious Diseases, including but not limited to, HIV/AIDS, Chlamydia, Gonorrhea, Hepatitis A, B, C, Active TB, Syphilis.	Quarterly	April 15, July 15 Oct. 15, Jan. 15
7.	Inmate Wait Times Report	Identify wait times for inmates to be seen by Health Care Staff.	Monthly	10th of Month

8.	Medical Transports Statewide Report	Report, by inmate, of all medical off-site transports.	Monthly	10th of Month
9.	Medication Report	Medication data by unit, include number of inmates taking medication, medication, purpose, cost, and number of inmates started on psychiatric medications. Medication expiration reports. Non-formulary tracking for requests, denials, and alternative therapy responses.	Monthly	10th of Month
10.	Medication Dispensing and Refusals Report	Report, by inmate, i) for all new prescriptions, ii) time between prescription and first delivery of medications, and iii) all problems and refusals when dispensing and administering medications.	Monthly	10th of Month
11.	Mortality Review Reports	Mortality Review Case Abstract and Cover Sheet.	Per Incident	10 days after incident
12.	Professional Licensing Board Notifications	Notification of Professional Licensing Board violations.	Per incident	Day of occurrence
13.	Staffing Report	Health care services detailed staffing and vacancy rate by employee and position.	Monthly	10th of Month
14.	Third Party Claims	Insurance claims submitted and/or paid for third party claims reimbursement.	Quarterly	April 15, July 15 Oct. 15, Jan. 15
15.	Update of Policies and Procedures	Inform Jail of all policy changes.	Per Incident	Within 24-hours of occurrence
16.	Unaudited Quarterly and Audited Annual Financial Statements specific revenue and expenses of Contract.	One copy of Financial Statements (in a format determined by the Department) including but not limited to an income statement.	Quarterly and Annually	April 15, July 15 Oct. 15, Jan. 15
17.	Ad Hoc Reports	Information pertaining to contract compliance or other reports or information that may be required to respond to grievances, inquires, complaints and other questions raised by inmates or other parties.	Per Request	Within 72 hours of receipt of request
18.	Annual Reporting	Comprehensive annual statistical report for previous year.	Annually	February 1

19.	Daily Reporting	Daily statistical report reflecting the prior 24 hours. At minimum, Contractor shall provide the following statistical data in the daily report: Transfers to off-site hospital emergency rooms; Communicable/infectious disease reporting; Suicide data (i.e., attempts & precautions taken); Mortality data; Status of inmates in local hospitals; Completed medical incident reports; Completed medical grievance reports; 14-day intake reports; Medication refusals; and History and physical status report.	Daily	Daily prior to 9:00 am
20.	Weekly Mental Health Services requests	Identify date and time request received, inmate name and identification number, date and time inmate examined by a mental health professional.	Weekly	Mondays at 9:00 am
21.	Daily Shift Coverage and Attendance	Identify names, job title, shift and specific hours to be worked for all Staff providing Services under the Contract for the next 24 hours as well as verifying attendance and hours for the prior 24 hours. Report should identify all vacancies.	Daily	Daily by 9:00 am
22.	Monthly Shift Coverage – Current Month	Identify names, job title, shift and specific hours filled for the prior month and to be worked for subsequent month. Report should identify vacancies, new hires, resignations, terminations, etc.	Monthly	By the last day of each month
23.	Monthly Shift Coverage – Prior Month	A monthly shift coverage report identifying names, job title, shift, actual hours worked, supporting payroll and automated time-keeping information that demonstrates and verifies filled and unfilled hours per position, for the prior month consistent Staffing Matrix. Report should identify vacancies, new hires, resignations, terminations, etc.	Monthly	By the 5 th day of each month

- *Monthly due date is for the following month.*
- *Reports shall be submitted in a format approved by the Chief.*
- *All reports are to be submitted both to the Chief and Lieutenant. Waiver of receipt of a report by the Chief, will not waive receipt of the report due the Lieutenant and vice versa.*

