October 17, 2019

The following is to ensure that proposers have complete information prior to submitting a proposal response. Here are clarifications regarding our request.

Questions and/or statements of clarification are in **bold** font, and answers to specific questions are *italicized*.

**Main Facility**

1. **Is there a medical records area?**

   *Answer: All medical records are electronic.*

2. **Who owns the X-ray machines and dental equipment?**

   *Answer: The vendor handles all equipment.*

3. **Who is the current contractor?**

   *Answer: The facility's current medical contractor is Wellpath.*

4. **Who provides the Telehealth service?**

   *Answer: Securus Technologies supplies the Telehealth lines.*

5. **How many adjudicated juveniles does the facility usually have?**

   *Answer: The facility usually only has one adjudicated juvenile at a time; at the moment, we have two (2).*
6. How many nurses usually staff the Booking Clinic?

Answer: The Booking Clinic is always staffed 24/7 with at least one (1) nurse or more depending on how busy Booking is.

7. Does each housing unit have a clinic?

Answer: No, the facility only passes meds in each pod.

**Annex Facility**

8. What hours does this clinic run?

Answer: The Annex clinic is not yet open 24/7; it runs during normal business hours Monday-Friday.

9. Who does the med passing?

Answer: The detention staff does the med passing, but we would like to change that.

10. What determines who is housed at the Annex?

Answer: Eligibility to be housed at the Annex is based on Classification level (minimum or maximum security) and medical acuity.

11. Who provides the medical equipment?

Answer: Medical equipment is provided by the vendor, but retained by the county.

12. What is the volume of Telehealth interactions that occur?

Answer: Unknown.

13. Is there a list of the medical equipment?

Answer: There is a list of medical equipment spelled out in the RFP.

**General Questions**

14. Please provide a copy of the current contract for medical services for the Adult Detention Centers.

Answer: See copy of contract and amendments attached.

15. What is the current contract cost for the adult detention facilities?

Answer: $501,871.05 per month.
16. What company is the current provider of pharmaceutical services?

Answer: Diamond Pharmacy.

17. What were the costs for off-site services for the last full fiscal year for all of the facilities?

Answer: See attached Sedgwick KS CAP report.

18. What were the costs for pharmaceutical services for the last full fiscal year for all of the facilities?

Answer: Proprietary to current vendor.

19. Please provide the current medical staffing matrix for each of the facilities.

Answer: See attached Staffing Matrices.

20. Page 105 of the RFP #9.1 has two (2) different annual medical cap rates listed: $450,000.00 and $425,000.00. Which is correct?

Answer: $425,000.00 for Sheriff’s Office.

21. Will the county consider allowing the Health Services Administrator for the Sheriff’s facilities to also serve the DOC facilities? This is a fairly common practice for such situations to save the county money.

Answer: No.

**EMR Questions**

22. Will Sedgwick County allow for EMR services to be hosted “in the cloud” rather than through on-site servers, as long as the cloud hosting is secure?

Answer: We do not have opposition to cloud hosted. We do have questions on security and then on our responsibility.

23. If the county wants to host the EMR system with on-site servers, does the county want to utilize a Sedgwick County server or one provided by the EMR provider?

Answer: We can do on-premise, preference would be a virtual server on VMWARE 6.7+, and we build it. If it must be a physical server provided by vendor, we should load it. If we have to do physical, we can work with the vendor for proper specifications and quote one for you.

24. Shall the EHR system be ONC-ACB 2015 Certified in order to meet compliance measurements?

Answer: I am unfamiliar with this and not able to answer.
25. Is there an anticipated start and go-live date for the EHR system?

*Answer: Start of contract January 1, 2021.*

26. For the EHR data migration, what type of Data (i.e. medications, histories, etc.) and how much (i.e. number of records) data will need to be migrated from your current system and in what format?

*Answer: All from current electronic medical records and previous five (5) years.*

27. If a new EHR Vendor is selected, will the Agency ensure that the current vendor will work with the new vendor in the data migration process?

*Answer: Yes, we would work with the outgoing and incoming vendor to help with a smooth transition.*

28. Are there any EHR Functionalities that the Agency is looking for that the current vendor currently does not provide?

*Answer: No.*

29. Will the EHR Contract be held with the Agency or with the Health Service Vendor?

*Answer: Vendor.*

30. Please describe your current IT setup:
   a. Is your facility(s) equipped with Wi-Fi?

   *Answer: Limited Wi-Fi in main facility core section is all which exists.*

   b. How many, and what kind, of computer workstations are you currently on? What kind of software are they running (i.e. what version of Microsoft, etc.)?

   *Answer: 23 computers total: Five (5) are running Windows 7, and 18 are running Windows 10.*

31. Can the Agency please provide the name of every vendor and system with which the EHR must interface? This is critical in order to provide an accurate cost associated with all interface/integration projects. Will the Agency need to interface with the local HIE and/or their Hospital EHR system(s)? Please provide all necessary information:

   a. **Offender Management System** – *ADAM in house JMS (But this is out for RFP so the vendor will change)*
   b. **Pharmacy** – Yes
   c. **Laboratory** - Yes
   d. **Radiology** – Yes
   e. **Commissary** - No
   f. **Hospital** - No
g. HIE - No  
h. Telemedicine - Yes  
i. State Health Registries - No  
j. Etc. (please list any others) – None

32. During the Implementation, does the Agency provide any staff to assist in the implementation? If so, what roles (IT, Medical, etc.) are these staff that will assist in the implementation?

   Answer: The county can provide some support with enough notice.

33. Does the Agency require any mandated workflows to be developed for the EHR system? If so, please explain the workflows.

   Answer: At this time no.

34. Please tell us which Sedgwick County Jail Administration members will need to be trained on the EHR system or at least the number of staff that will need training on the system.

   Answer: Six (6).

35. Are there any state or local regulations requiring the separation of adult and juvenile data? Specifically, requiring separate servers, instances, etc.?

   Answer: Will only be sued for adult data.

   
a. Please elaborate on “If an individual provider utilizes a signature stamp for clarity of reading the name, that individual shall initial with the signature stamp to validate the stamp. The name stamp may not be utilized by nursing staff or any other provider.”
   
   i. Specifically, is this referring to a paper record?

   Answer: Yes, which may come from an outside specialty appointment and would need to be added to electronic medical records.

37. What are the county’s policies on record retention requirements as it relates to historical health information?

   Answer: Six (6) years from current year.
38. What counties does Sedgwick County Department of Corrections (SCDOC) work with?

Answer: SCDOC will work with other counties if it is necessary to meet client needs, but typically SCDOC only serves Sedgwick County Residents.

39. Does SCDOC only have one (1) contract?

Answer: Yes, SCDOC currently only has one (1) contract for Medical services. SCDOC would like to explore the cost of extending medical services to Adult Residential Center.

40. What medical record does SCDOC have?

Answer: SCDOC utilizes paper medical records. SCDOC does not have an electronic medical record.

41. Who owns the medicine carts?

Answer: The medicine carts are property of the current vendor. Equipment in the exam rooms are property of SCDOC.

42. Are there two (2) medical records kept, one (1) paper and one (1) electronic?

Answer: SCDOC only keeps one (1) medical record and are the custodian of that record.

43. What is the difference between pre-adjudicated and adjudicated?

Answer: Adjudicated Youth: formal judgment has been rendered. Pre-adjudicated youth: court process has not been completed.

44. Does the vendor provide on-call services?

Answer: Yes, the vendor is expected to provide on-call services.

45. Will the County consider allowing the Health Services Administrator for the Sheriff’s facilities to also serve the DOC facilities? This is a fairly common practice for such situations to save the county money.

Answer: At this time, SCDOC would like to have their own Health Service Administrator.

46. In reference to EMR Questions – SCDOC doesn’t have an EMR/HER at this time.
General Questions

47. Please confirm how many flash drives are required. RFP p. 13 states one (1) electronic copy on flash drive, while p. 15 states five (5) flash drives.
Answer: Five (5) flash drives.

48. RFP p. 14, section 2.4 requires a minimum of five (5) years’ experience in providing services similar to those specified in the RFP. Please confirm that bidders must have five (5) years of corporate operational experience, versus five (5) years of individual experience in the industry.
Answer: Five (5) years corporate.

49. RFP p. 37, section 5.1.6 asks bidders to provide a cost option for RN sick call on site daily, including weekends, and to indicate the cost difference between RN sick call five days per week and seven days per week. However, p. 38 (2nd paragraph) states that “RN sick call shall be available at all Sheriff’s Office sites seven (7) days per week.” Please clarify: Is daily RN sick call optional or a requirement?
Answer: The required will be RN sick call five days per week. But we want to see a cost option for RN sick call seven days per week.

50. RFP p. 82 says, “The contractor will be expected to replace existing medical equipment at the beginning of the contract…” There is also a current inventory of clinic equipment on p. 82-83. Please clarify: Would the contractor need to immediately replace only existing equipment in fair or poor condition, then subsequently replace other equipment as needed?
Answer: All equipment will need to be replaced at the beginning of the contract.

51. RFP p. 85, section 5.21: How many Sheriff’s Office staff will need TB screening on a yearly basis?
Answer: Up to 301 staff members will have the option to be TB screened.

52. RFP p. 99, section 7.2, states that bids must be based on 1421 inmates for the Sheriff’s Office. Capacities and ADPs are listed for the DOC facilities and Option 2 programming, but a bidding ADP is not explicitly stated. Please confirm the bidding ADPs for the DOC facilities and Option 2 programming.
Answer: Option 2 Adult Programming – Total Capacity is 165. Projected ADP is 150 as stated in the RFP. We do not have a full year of ADP for the work release facility, as it was a new service in 2018. Our listed ADPs are the bidding ADPs for the Juvenile Programs and Option 2 Adult Programming.
53. Please confirm that the number of patients being treated with medications for HIV on-site per month has doubled over the past 12 months.

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<td>30.77%</td>
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Utilizing the statistics above, if the current treatment rate remains consistent, we are on track to provide HIV meds to approximately 40-45 more patients this year than we did in 2018. While there is no definitive way to tell exactly how many patients will be on HIV meds for the remainder of 2019, it can be inferred that the total patients treated will be up from the previous year. It does not appear that the number treated will double. It can be estimated that based on the current treatment rate, the population treated will rise approximately 20-25% in 2019.
54. The county learned this week their secondary vendor for the existing Telemedicine located at the Detention Facility and Annex will no longer support the technology. The county will retain the telemedicine equipment listed below. The equipment is still able to be used through a digital conference type platform.

The following is a listing of the cart and devices:

<table>
<thead>
<tr>
<th>Device</th>
<th>Model</th>
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<tbody>
<tr>
<td>Blood Pressure</td>
<td>A&amp;D UA-767Pbt</td>
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<tr>
<td>Scale</td>
<td>A&amp;D UTC-351Pbt</td>
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<tr>
<td>Glucometer</td>
<td>ForaCare D30f</td>
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<tr>
<td>Thermometer</td>
<td>ForaCare R20b</td>
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<tr>
<td>Pulse Oximeter</td>
<td>Nonin 9580</td>
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<tr>
<td>Stethoscope</td>
<td>Littmann 3200</td>
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<tr>
<td>Otoscope</td>
<td>Welch Allyn 23920</td>
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<tr>
<td>Microscope</td>
<td>Proscope HR2</td>
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<tr>
<td>Pan Tilt Zoom Camera</td>
<td>Mirrray UV510las</td>
</tr>
<tr>
<td>Speaker Phone</td>
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<td>Seal Shield</td>
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<tr>
<td>Mouse</td>
<td>Seal Shield Wireless Mouse</td>
</tr>
<tr>
<td>Cart</td>
<td>Ergotron StyleView SV44</td>
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</tbody>
</table>

Based on this change the county expects the Contractor to use this technology, OR their own telemedicine technology, when possible to reduce send outs and out of facility appointments.

Describe your plan to use the existing telemedicine equipment OR describe your telemedicine solution in detail. Also, indicate wellness and ability to use telemedicine technology to reduce outpatient appointments and send outs.

Submittals are due NO LATER THAN 1:45 pm, CST, Tuesday, December 3, 2019. Late proposals will not be accepted and will not be considered for award recommendation.

PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE PROPOSAL RESPONSE PAGE.

Joseph Thomas, CPSM, C.P.M.
Purchasing Director

JT/ch