



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 15
FOR INMATE HEALTH SERVICES**

DATE: June 30, 2017

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 29, 2017	Confirmed
6. Deadline for Vendor questions precipitated by PFC revisions		April 5, 2017	Confirmed
7. Tennessee Prison for Women (TPW) Site Tour	9:00 a.m. – 10:00 a.m.	April 24, 2017	Confirmed
8. Riverbend Maximum Security Institution (RMSI) Site Tour	9:00 a.m. – 11:30 a.m.	April 25, 2017	Confirmed
9. Lois M. DeBerry Special Needs Facility (DSNF) Site Tour	12:30 p.m. – 2:00 p.m.	April 25, 2017	Confirmed
10. State Response to additional vendor questions		May 19, 2017	Confirmed
11. Response Deadline	2:00 p.m.	June 19, 2017	Confirmed
12. State Completion of Technical Response Evaluations		July 3, 2017	Updated

13. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 5, 2017	Updated
14. Negotiations (Optional)	4:30 p.m.	July 5-21, 2017	Updated
15. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	July 28, 2017	Updated
16. End of Open File Period		August 4, 2017	Updated
17. State sends contract to Contractor for signature		August 7, 2017	Updated
18. Contractor Signature Deadline	2:00 p.m.	August 8, 2017	Updated
19. Performance Bond Deadline		August 24, 2017	Confirmed
20. Contract Start Date		September 1, 2017	Confirmed

2. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 14
FOR INMATE HEALTH SERVICES**

DATE: May 19, 2017

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 29, 2017	Confirmed
6. Deadline for Vendor questions precipitated by PFC revisions		April 5, 2017	Confirmed
7. Tennessee Prison for Women (TPW) Site Tour	9:00 a.m. – 10:00 a.m.	April 24, 2017	Confirmed
8. Riverbend Maximum Security Institution (RMSI) Site Tour	9:00 a.m. – 11:30 a.m.	April 25, 2017	Confirmed
9. Lois M. DeBerry Special Needs Facility (DSNF) Site Tour	12:30 p.m. – 2:00 p.m.	April 25, 2017	Confirmed
10. State Response to additional vendor questions		May 19, 2017	Updated
11. Response Deadline	2:00 p.m.	June 19, 2017	Confirmed
12. State Completion of Technical Response Evaluations		June 30, 2017	Confirmed

13. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 3, 2017	Confirmed
10. Negotiations (Optional)	4:30 p.m.	July 3-19, 2017	Confirmed
11. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	July 27, 2017	Confirmed
12. End of Open File Period		August 3, 2017	Confirmed
13. State sends contract to Contractor for signature		August 4, 2017	Confirmed
14. Contractor Signature Deadline	2:00 p.m.	August 7, 2017	Confirmed
15. Performance Bond Deadline		August 24, 2017	Confirmed
16. Contract Start Date		September 1, 2017	Confirmed

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION / COMMENT		STATE RESPONSE
1	<p>Amendment 9 Pro Forma Contract Pg. 15 A.3.a.5. General Requirements</p> <p>The Pro Forma Contract notes that any staffing additions or reductions shall be based upon 120% of the rates included in Attachment 5 Medical Positions Release 2. Attachment 5 does not include all facilities (TCIX, RMSI & TFPW), nor are all titles from the minimum staffing identified in Attachment 4 Staffing Pattern Release 2 included for all facilities in Attachment 5. Please clarify how TDOC intends to adjust reimbursement for staffing additions/reductions in the event base rates are not identified via Attachment 5 for any given facility/position.</p>	<p>All known changes to base salary have been shared by the State prior to proposals being submitted. Changes occurring after the close of the RFP will be adjusted on the invoices until the contract can be amended.</p>
2	<p>Amendment 9 Pro Forma Contract Pg. 40 Oncology</p> <p>Are DSNF and TFPW currently licensed/certified to provide chemotherapy</p>	<p>No. DSNF and TFPW are not currently certified. No certification is necessary.</p>

QUESTION / COMMENT	STATE RESPONSE
or will this need to be obtained?	
<p>3 Amendment 9 Pro Forma Contract Pg.43 Contract Management A.15.b.</p> <p>Is this Contractor Medical Director in addition to the Regional Medical Director for the vendor?</p>	<p>They may be one and the same. If the two positions are separate in the vendor's hierarchy, that would be a determination of the vendor. As stipulated by the contract, the Contractor's Medical Director must be physically located in the State of Tennessee.</p>
<p>4 Amendment 9 Pro Forma Contract Pg. 43 Contract Management A.15.c.</p> <p>Will the TDOC allow the vendor to shift the oversight of nursing orientation and training program from the CQI Coordinator to the Statewide Health Educator?</p>	<p>The vendor may propose such a change for consideration by the State.</p>
<p>5 Amendment 9 Pro Forma Contract Pg. 43 Contract Management A.15.</p> <p>Is there a staffing matrix to include all regional positions?</p>	<p>The incumbent vendor has designated regional positions (which were not defined by the State) to ensure the success of the contract. A vendor may elect to designate regional positions.</p>
<p>6 Amendment 9 Pro Forma Contract Pg. 48 A.17.b.</p> <p>This section, as well as many others, indicates Contractor responsibility for PC "preventative maintenance, servicing, and repair." However, the RFP also states that the State will image the PCs, use State sanctioned security software, and that no remote access to the PCs will be allowed. Is it correct to interpret this as the Contractor is only responsible for the upkeep of PC hardware, and is not responsible for PC: OS install, encryption, software patching, security software, adherence to the Tennessee Enterprise Information Security Policy, or the support of the OS and its functions in any way?</p>	<p>It is correct that TDOC will be responsible for OS install, hard disk encryption, software patching, and virus software. If the computer fails to function, TDOC will re-image the machine. However, if the problem is a hardware issue, the Contractor would be responsible for repair or replacement. This does not relieve the contractor from following the Tennessee Enterprise Information Security Policy, nor does encrypting the hard disk relieve the contractor from being responsible for encryption of data after it leaves the machine.</p>
<p>7 Amendment 9 Pro Forma Contract Pg. 48 A.17.b.</p> <p>What license will be used for the OS during the State PC imaging process and who is</p>	<p>It is the TDOC's intent to use the OEM OS license. However, the contractor will need to provide Office license, assuming it is needed.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>providing it? Will the State use the OEM OS license?</p>	
<p>8 Amendment 9 Pro Forma Contract Pg. 58 C.1. Maximum Liability</p> <p>Please clarify how the amount of the “maximum liability” will be computed. Is this the three-year contract total estimated expenditures, or will this number include the two one-year renewal options as well?</p>	<p>The proposer is asked to propose costs for five years, which would include the two possible one-year renewals. The five-year total would make up the maximum liability.</p>
<p>9 Amendment 9 Pro Forma Contract Pg. 58 C.3.b. Payment Methodology</p> <p>Attachment 12 includes notes that the average daily population (ADP) for purposes of the RFP is total TDOC ADP, less the ADP at the four private facilities. The language in C.3.b appears to mirror this assumption, which is different from the historical contracting relationship. Should the bidders assume the populations from the private facilities are excluded?</p>	<p>Yes. This is not a new requirement. The contractor operating the private facilities is required to provide services for that population as outlined in ProForma Contract section A.8.e.</p>
<p>10 Amendment 9 Pro Forma Contract Pg. 58 C.3.b. Payment Methodology</p> <p>The Pro Forma Contract notes that the blended per diem will be recalculated if the operating capacities are increased. Will TDOC also allow a recomputed blended per diem when operating capacities are decreased?</p>	<p>Yes. Please see RFP Attachment 6.3. Cost Proposal & Scoring Guide and RFP Attachment 6.3.1. Release #3. In addition, ProForma Contract C.3.b. has been revised.</p>
<p>11 Amendment 9 Pro Forma Contract Pg. 77 E.24.</p> <p>If the State is imaging the PCs and is providing the Contractor no administrative or remote access to the PCs post-image, how would a Contractor encrypt the PCs? Are we to interpret that PC level encryption and key management are the State’s responsibility?</p>	<p>TDOC will utilize Bitlocker to encrypt the hard drive.</p>
<p>12 Amendment 9 Pro Forma Contract Pg. 84 E.43.c.</p>	<p>The State has a contract with Dynetics, and would be comfortable with them performing these services.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>Would the State allow a mutually agreed upon 3rd party to define the risk rating of vulnerabilities via industry standard practices?</p>	
<p>13 Amendment 9 Q4 Pg. 2</p> <p>Q#4 notes that sick call services are required seven days per week. Does the revised staffing plan (Attachment 4) include appropriate nursing coverage to meet this new contractual requirement?</p>	<p>Nurses are required to be present 24 hours a day, 7 days a week. The vendor must provide sufficient nursing coverage to meet all contractual requirements including sick call.</p>
<p>14 Amendment 9 Q4 Pg. 3</p> <p>Q#13 notes that the State will cap HCV for the vendor's risk. Please confirm that the \$4.0 million cap represents the 50% of the total cost that the State will charge to the vendor, noting that total treatments expect to be \$8.0 million annually?</p>	<p>The contract cap for the vendor should be \$2 Million. The maximum for combined State and vendor expense is \$4 Million</p>
<p>15 Amendment 9 Q13 Pg. 3 and Pro Forma Contract C.3.c Payment Methodology 3 Pg. 58</p> <p>Q#13 states that the vendor's liability for HCV medications is limited to \$4 million annually. The Pro Forma Contract states that the \$4 million limit applies to medications for both HIV and HCV. Please confirm that the \$4 million limit covers both HIV and HCV medications.</p>	<p>The \$4 million limit covers HCV medications only.</p>
<p>16 Amendment 9 Q16 Pg. 4</p> <p>Q#16 notes a significant change in the payback/credits the State has assessed in FY2017. Please describe what has changed with services creating a substantial reduction in this amount. Has there been a contractual change in the terms? Has the vendor significantly increased the amount of hours provided?</p>	<p>There has been no contractual change in terms. The original response only reflected \$132,681.44 for July 2016. The updated response reflects all amounts as of late April for FY 17, including July 2016. As of late April, the figure was \$1,069,168.22.</p>
<p>17 Amendment 9 Q26 Pg. 5</p> <p>Please provide the current vendor vacancies as compared to the required staffing in the</p>	<p>The requested data is being added to the RFP as Attachment 6.14. as outlined in item 6 above.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>vendor contract, excluding any reference to state vacant positions.</p>	
<p>18 Amendment 9 Q30 Pg. 6</p> <p>The question references that Attachment 5 includes pay rates for the current vendor's employees. Please confirm that Attachment 5 only provides information on the pay rates for State employees and vacant State positions.</p>	<p>Attachment 5 only provides information on State employees and vacant State positions.</p>
<p>19 Amendment 9 Q35 Pg. 6 and Attachment 6.12.</p> <p>The State has provided an equipment listing for each facility. Only TPFW, MCCX, DSNF, NECX, NWCX & MLCC have listed equipment which is designated as non-State-owned. Should bidders assume the listing for all other facilities are entirely owned by the State?</p>	<p>TCIX – No. The copy machine is leased and does not belong to the State. The Digital X-Ray Processor is owned by Quality Mobile X-Ray.</p> <p>WTSP – No. The lab centrifuge is not owned by the State.</p> <p>WTRC (housed at WTSP Site 1) – Yes. All equipment belongs to the State.</p> <p>DSNF – Yes. All equipment belongs to the State.</p> <p>BCCX – Yes. All equipment belongs to the State.</p>
<p>20 Amendment 9 Q35 Pg. 66 and Attachment 6.12.</p> <p>Please confirm that equipment listed as owned by someone other than the State will be removed by the current vendor(s) and will not be available for the new contractor's use.</p>	<p>The State cannot confirm the vendor's supposition. Determination of equipment removal would be the result of conversations between the incumbent and the best evaluated proposer.</p>
<p>21 Amendment 9 Q65 Pg. 12</p> <p>For all positions (currently filled or vacant) on Attachment 5, please confirm that these FTEs are already included within the FTE totals on the revised Attachment 4 staffing plan.</p>	<p>The FTEs on the staffing pattern are what the Contractor is required to provide, and does not include State employee FTEs. Attachment 5 lists the employees eligible for employment offers by the Contractor, with the exception of positions to DSNF. DSNF positions must be covered by the Contractor, and current employees will have to receive offers to facilitate the transition to a Contractor-operated facility.</p>
<p>22 Amendment 9 Q65 Pg. 12</p> <p>Can the vendor offer more than 120% of the current salary to the State employees?</p>	<p>Yes. The vendor may offer State employees more than 120% of the current salary to State employees. Those additional expenses, however, should not be passed on to the State.</p>
<p>23 Amendment 9 Q123 Pg. 20</p> <p>How many computers are currently in place by the medical vendor that are charged the monthly network connection fee?</p>	<p>Approximately 235.</p>

QUESTION / COMMENT	STATE RESPONSE									
<p>24 Amendment 9 Q123 Pg. 20</p> <p>Please provide the specific dollar amount per device for the “monthly network connection fee.”</p>	<p>Computers are currently \$79.95 per month, and printers are currently \$12.50 per month.</p>									
<p>25 Amendment 9 Q 135 Pgs. 23-24</p> <p>Does the state or vendor maintain an active HCV log? If so, how many of the six patients currently have an APRI score of 2 or greater?</p>	<p>Yes. Although the State maintains an active HVC log, the information is not readily available.</p> <p>The information will be shared with the vendor awarded the contract. Because it is protected health information, it cannot be made available on a broader scale.</p>									
<p>26 Amendment 9 Q 137 Pg. 24</p> <p>For the total amounts provided for FY 2015 and 2016, what were the total number of patients covered in each category?</p>	<table border="1"> <thead> <tr> <th></th> <th>HCV</th> <th>HIV</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>3136</td> <td>230</td> </tr> <tr> <td>2016</td> <td>3594</td> <td>219</td> </tr> </tbody> </table>		HCV	HIV	2015	3136	230	2016	3594	219
	HCV	HIV								
2015	3136	230								
2016	3594	219								
<p>27 Attachment 6.3.1., Blended Per Diem Rate Worksheet Release 2 (Contract Years 1, 2, 4 & 5)</p> <p>The SCCF facility includes a formula that multiplies the ADP by the inmate per diem, however none of the other three private facilities include the same calculation. Could TDOC please clarify or correct?</p>	<p>The Blended Per Diem Rate Worksheet has been revised. The rates for the four private facilities are no longer included in the blended rate for State-managed facilities. The formulas have been revised for the four privately-managed facilities.</p>									
<p>28 Attachment 6.3.1., Blended Per Diem Rate Worksheet Release 2 (Contract Years 1-5)</p> <p>If it is the intent of TDOC to exclude the private prison In House Population in the calculation of the weighted per diem, please clarify where vendor expenses associated with these facilities (inpatient costs in excess of \$4,000) should be loaded amongst the State facilities.</p>	<p>Attachment 6.3.1. has been revised. The inpatient costs in excess of \$4,000 for inmates at privately managed facilities should be entered on the lower portion of the spreadsheet where indicated for each facility. The figures indicated by the proposer as inpatient costs for inmates at privately managed facilities will be separate from the blended per diem per inmate rates proposed for the State managed facilities.</p>									
<p>29 Attachment 6.3.1., Blended Per Diem Rate Worksheet Release 2 (Contract Years 1-5)</p> <p>The computation of the blended per diem rate includes the In House Population</p>	<p>Attachment 6.3.1 has been revised. The in-house populations for the private facilities have been removed from the calculation for the blended per diem per inmate calculation.</p>									

QUESTION / COMMENT	STATE RESPONSE
<p>associated with the four private facilities on these schedules. If it is the intent of TDOC to exclude the private prison ADP for purposes of payment (Pro Forma Contract Section C.3.b Payment Methodology), spreading the vendor's total cost over a population excluded from the payment. Vendors will not be reimbursed their full cost unless the calculations are revised to remove the private facility In House Population. Could TDOC please clarify their intent and adjust the schedules accordingly?</p>	
<p>30 Attachment 6.3.1., Blended Per Diem Rate Worksheet Release 2 (Contract Year 1)</p> <p>The Contract Year 1 tab is protected and no data can be entered for per diems. Could TDOC provide a correction to this tab?</p>	<p>The tab for year 1 has been revised.</p>
<p>31 Attachment 6.3.1., Blended Per Diem Rate Worksheet Release 2 (Contract Year 1)</p> <p>It appears that there is no formula listed for NWCX or MCCX to compute the weighted per diem for each facility. Could TDOC please clarify or correct?</p>	<p>The formulas for NWCX and MCCX have been added.</p>
<p>32 Attachment 6.3.1., Blended Per Diem Rate Worksheet Release 2 (Contract Year 2)</p> <p>It appears that there is no formula listed for TPFW, NWCX or MCCX to compute the weighted per diem for each facility. Could TDOC please clarify or correct?</p>	<p>The formulas for TPFW, NWCX and MCCX have been added.</p>
<p>33 Attachment 6.3.1., Blended Per Diem Rate Worksheet Release 2 (Contract Years 4 & 5)</p> <p>It appears that there is no formula listed for DSNF or MCCX to compute the weighted per diem for each facility. Could TDOC please clarify or correct?</p>	<p>The formula for DSNF and MCCX have been added.</p>
<p>34 Attachment 6.4., Reference Questionnaire Pgs. 32-35</p> <p>The page numbers for this attachment are different from the page numbers in the original RFP. If we have already had</p>	<p>Yes.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>references complete the original form, will it be acceptable?</p>	
<p>35 Attachment 6.10. TDOC Policies Pg. 2, VI.C.2</p> <p>There is reference to standing orders for nursing. We are under the impression that this is not allowed in the State of TN.</p> <p>Can the State please clarify this statement and provide a copy of the current standing orders?</p>	<p>Updated nursing protocols are being provided as noted in item 5 below.</p>
<p>36 Attachment 6.10. TDOC Policies</p> <p>Does the State require separate and different Clinical Protocols for the Mid-Levels vs physicians or can the contractor propose Clinical Pathways that would apply to both?</p>	<p>The scope of practice for mid-level providers is determined by agreement between the mid-level providers and the medical director. The scope of practice for physicians is dictated by State licensure requirements. Proposers may propose clinical pathways for consideration by the State's Chief Medical Officer.</p> <p>Any such proposed pathways would have to adhere to contract scope and limitations as outlined in the contract and staffing pattern to be acceptable to and or approved by the Chief Medical Officer.</p>
<p>37 Attachment 6.10. TDOC Policies</p> <p>Will the contractor be allowed to introduce their Nursing Protocols for the State's consideration if significantly different from the TDOC's?</p>	<p>A proposer may propose its own nursing protocols for consideration by the Chief Medical Officer.</p> <p>Any proposed nursing protocols would have to comply with TDOC policy in order to be approved by TDOC's Chief Medical Officer and Director of Nursing. Nursing protocols are established by TDOC policy.</p>
<p>38 Attachment 6.10.TDOC Policies</p> <p>The TDOC Nursing Protocol LOU reads: "nursing staff and lead physician have to mutually agree upon the protocols." Does the reference to nurses in this context apply to the DON/Nursing Supervisor and/or the Health Administrator and not the body of nursing staff?</p>	<p>Per State policy, the facility medical director must approve any individual from the body of nursing at the facility to use facility nursing protocols.</p>
<p>39 Attachment 6.10. TDOC Policies</p> <p>Once the lead physician has signed the nursing protocols that include the OTC medications allowed for administration, is it</p>	<p>Any and all medications given per nursing protocols are physician's orders must be co-signed within 14 days.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>the State’s mandate that a provider co-sign every nursing encounter even when only the pre-approved OTCs are given?</p>	
<p>40 Attachment 6.10. TDOC Policies</p> <p>Is the signing of the CR-2727 form completed by the nursing staff at every applicable encounter or is there an opportunity to have a single form signed by the inmate at intake that covers and educates the inmate about the various scenarios for which they may be charged?</p>	<p>Without a specific policy number to clarify the context of the question, the State cannot adequately respond.</p> <p>The Vendor will have to comply with TDOC policy as provided in RFP Attachment 6.10.</p> <p>No exceptions will be made to TDOC policy.</p>
<p>41 Attachment 6.10. TDOC Policies</p> <p>Are RNs allowed to perform the 14-day physicals if they have a proficiency statement signed by the facility’s lead physician and documentation maintained in the nurse’s HR file? The physician will be required to sign each before filed in the medical record.</p>	<p>Without a specific policy number to clarify the context of the question, the State cannot adequately respond.</p> <p>The Vendor will have to comply with TDOC policy as provided in RFP Attachment 6.10.</p> <p>No exceptions will be made to TDOC policy.</p>
<p>42 Attachment 6.10. TDOC Policies</p> <p>Is a 24-hr RN required to cover an infirmary when there are no medically acute admissions, but patients are housed in the infirmary for other reasons?</p>	<p>No.</p>
<p>43 Attachment 6.10. TDOC Policies</p> <p>113.13 - Treatment of facility employees by healthcare personnel</p> <p>How many of these screenings are completed per month per facility?</p>	<p>The number varies and depends on how many staff are hired and on-boarded.</p>
<p>44 Attachment 6.10. TDOC Policies</p> <p>113.13 - Treatment of facility employees by healthcare personnel</p> <p>Are these screenings the same as officer physicals?</p>	<p>No. These differ from officer physicals.</p>
<p>45 Attachment 6.10. TDOC Policies</p> <p>113.31 - Sick Call/Assessment of Health Complaints</p> <p>Does each facility have dedicated space for providing sick call to special and restrictive housing inmates?</p>	<p>Sick call for special and restricted housing inmates are performed in inmate cells.</p>
<p>46 Attachment 6.12. TDOC</p> <p>Hep C Pretreatment Program</p>	<p>The TACHH has a combined membership of vendor partners, State staff, representatives from</p>

QUESTION / COMMENT	STATE RESPONSE
<p>Who makes up the TACHH? Is it a combined membership between vendor and state?</p>	<p>CoreCivic (the operator of the four privately managed facilities), and could possibly include a private consulting physicians from the community.</p>
<p>47 Attachment 6.12. TDOC Hep C Pretreatment Program</p> <p>Does the recommendation for medical furloughs specifically related to decompensated liver disease come from the TACHH?</p>	<p>No. Recommendations come from the facilities, but TACHH may make recommendations.</p>
<p>48 Attachment 6.12. TDOC Hep C Pretreatment Program</p> <p>Who is the State's Hep C consultant?</p>	<p>The State has a private consultant selected from the community. The vendor would be expected to find, provide and fund such a consultant if awarded the contract.</p>
<p>49 Attachment 6.12. TDOC Hep C Pretreatment Program</p> <p>On page 11, there is reference to the current vendor's Guidelines on March 2015. Is the document provided a state program or the vendors'? If this is not the state's program, will the contractor be responsible for introducing their recommended HCV Treatment Program?</p>	<p>The provided document is a State program. The vendor will be required to contribute to the compilation of future updates.</p>
<p>50 Attachment 6.12. TDOC Hep C Pretreatment Program</p> <p>On page 13, the "note" at the top of the page and the language under the "Post-Treatment Monitoring" appear contradictory. Please clarify the post-treatment expectations.</p>	<p>There is no contradiction as written. The document states that additional testing is not required from the clinical perspective. Additional testing is, however, recommended.</p>
<p>51 Contract Attachment 4, Staffing Pattern Release 2 DSNF.</p> <p>The Optometrist is listed at 20 hours per month and also is listed as a .5 FTE, or 20 hours per week. Please clarify if the requirement is 20 hours per week or 20 hours per month.</p>	<p>The requirement is 20 hours per month.</p>
<p>52 Contract Attachment 4, Staffing Pattern Release 2 NWCX</p> <p>The Optometrist is listed at 20 hours per month, but has 5 hours per week and .125</p>	<p>The requirement is 21.7 hours per month.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>FTE. Please confirm: Is the requirement average weekly hours of 4.6 with an associated FTE of .12, or 21.7 hours per month?</p>	
<p>53 Contract Attachment 4, Staffing Pattern Release 2 RMSI</p> <p>The Optometrist is listed at 20 hours per month, but has 2 hours per week and .05 FTE. Please confirm: Is the requirement average weekly hours of 2 with an associated FTE of .05, or 20 hours per month?</p>	<p>The requirement is 20 hours per month.</p>
<p>54 Contract Attachment 4, Staffing Pattern Release 2 BCCX</p> <p>The Medical Records Clerk on evening shift has total weekly required hours of 88 (2.2 FTE).The detail by day totals to 96 hours for the week. Please clarify which calculation is correct.</p>	<p>The calculation has been corrected, with the total now showing 96 hours per week.</p>
<p>55 Contract Attachment 4, Staffing Pattern Release 2 BCCX</p> <p>The CNT on evening shift has total weekly required hours of 48 (1.2 FTE). The detail by day totals to 56 hours for the week. Please clarify which calculation is correct.</p>	<p>The calculation has been corrected, with the total now showing 56 hours per week.</p>
<p>56 Contract Attachment 4, Staffing Pattern Release 2 BCCX</p> <p>The RN Charge on evening shift has total weekly required hours of 48 (1.2 FTE). The detail by day totals to 56 hours for the week. Please clarify which calculation is correct.</p>	<p>The calculation has been corrected, with the total now showing 56 hours per week.</p>
<p>57 Contract Attachment 4, Staffing Pattern Release 2 TXCI-1</p> <p>The Optometrist is listed at 16 hours per month, but has 4 hours per week and .1 FTE.</p>	<p>The correct figure is 16 hours per month.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>Is the requirement average weekly hours of 3.7 with an associated FTE of .09, or 17.3 hours per month?</p>	
<p>58 Contract Attachment 4, Staffing Pattern Release 2 TXCI-2</p> <p>The Optometrist is listed at 8 hours per month, but has 2 hours per week and .05 FTE. Is the requirement average weekly hours of 1.8 with an associated FTE of .05, or 8.7 hours per month?</p>	<p>The correct figure is 8 hours per month.</p>
<p>59 Contract Attachment 4, Staffing Pattern Release 2 TPFW</p> <p>The LPN Lab on day shift has total weekly required hours of 40 (1.0 FTE). The detail by day totals to 48 hours for the week. Please clarify which calculation is correct.</p>	<p>The correct figure for the detail total is 48 hours for the week, and the FTE is 1.2.</p>
<p>60 Contract Attachment 4, Staffing Pattern Release 2 TPFW</p> <p>The MH LPN on night shift has total weekly required hours of 56, but the FTE is noted at 2.8 (not 1.4). The detail by day totals to 56 hours for the week. Please clarify which calculation is correct.</p>	<p>The FTE for the Mental Health LPN is 1.4.</p>
<p>61 Contract Attachment 4, Staffing Pattern Release 2 TPFW</p> <p>The Optometrist is listed at 16 hours per month, but has 4 hours per week and .1 FTE. Please confirm: Is the requirement average weekly hours of 3.7 with an associated FTE of .09, or 17.3 hours per month?</p>	<p>The correct figure is 16 hours per month.</p>
<p>62 Contract Attachment 4, Staffing Pattern Release 2 WTSP-1</p> <p>The Optometrist is listed at 32 hours per</p>	<p>The correct figure is 32 hours per month.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>month, but has 8 hours per week and .2 FTE. Please confirm: Is the requirement average weekly hours of 7.4 with an associated FTE of .19, or 34.7 hours per month?</p>	
<p>63 Contract Attachment 4, Staffing Pattern Release 2 WTSP-2</p> <p>The Optometrist is listed at 16 hours per month, but has 4 hours per week and .1 FTE. Please confirm: Is the requirement average weekly hours of 3.7 with an associated FTE of .09, or 17.3 hours per month?</p>	<p>The correct figure is 16 hours per month.</p>
<p>64 Contract Attachment 4, Staffing Matrix, Release 2</p> <p>In the new staffing matrix submitted with this release (#2) of RFP 32901-31230, 8.4 FTE Mental Health nurses have been removed from the staffing matrix for the Northwest Correctional Complex that were in the previous release of the RFP. A Supportive Living Unit was opened at NWCX recently. Was this an intentional change in the NWCX staffing matrix? How will mental health nursing support be provided at that site?</p>	<p>Mental Health nursing positions have been included in the Revised Minimum Staffing Requirements document referenced in item 4 below.</p>
<p>65 Contract Attachment 4, Staffing Matrix, Release 2</p> <p>There seems to be a large reduction in provider hours (Physician and PA/NP) at BCCX for this contract period. (removing 2.0 Physicians and 1.0 PA/NP) Was this intentional?</p>	<p>The hours for the PA/NP have been revised, and two Physician positions have been added to the Minimum Staffing Requirements document referenced in item 4 below.</p>
<p>66 Contract Attachment 5, Medical Positions Release 2</p> <p>Please clarify what facility is labeled as TCA on this attachment, so that vendors can correctly identify placement required for the Registered Nurse 3.</p>	<p>TCA is the Tennessee Correction Academy, which is located in Tullahoma.</p>
<p>67 Contract Attachment 12, 5-year ADP</p> <p>Please provide the definition of the title "LS" that includes 3,500 – 4,000 of the ADP.</p>	<p>LS stands for locally sentenced, which includes felons sentenced to a total of not more than three (3) years and not less than one year, housed in county jails with which TDOC has a contractual relationship. Locally sentenced felons are not part</p>

QUESTION / COMMENT	STATE RESPONSE
	of the covered population for purposes of this procurement.
<p>68 Contract Attachment 12, 5-year ADP</p> <p>The five-year trend has a slight increase in FY18 and a slight reduction in FY20. The notes reference 12% - 25% declines in new admissions related to TVP intakes. Please elaborate on the historical number of TVP intakes. How will the TDOC overall ADP remain constant with reductions in these intakes?</p>	<p>The Public Safety Act of 2016 is expected to reduce new admissions resulting from a technical violation of probation / parole conditions, not the commission of a new crime. Historically, 40% of New Admissions in Tennessee have been the result of a Technical Violation (approximately 5,000). The 12% – 25% reductions are projected to occur in this segment of the population. However, as of March 2017, there were 4,300 offenders in the Jail Backup population awaiting a bed in the state system. Based on the current population projection and the current level of inmates in the jail backup, the population covered by this contract will remain relatively stable.</p> <p>If system conditions change and projections change, the best evaluated contractor will be notified.</p>
<p>69 Contract Attachments 12 & 13, Population Projections</p> <p>Both files note that the TDOC “covered” ADP is computed at Total TDOC ADP less the four private facilities. Please confirm that this statement reflects the intent of the TDOC to not reimburse a blended per diem to include the four private facilities.</p>	<p>Attachment 6.3.1. has been revised. The blended per inmate per diem rate will not include the four privately managed facilities.</p>
<p>70 Pro Forma, Section A.4.e., Pg. 24</p> <p>A.4.e now requires the Contractor to conduct Fitness for Duty examinations; a requirement that was not in the first release of 32901-31230. Was this the intent of the Department?</p>	<p>This is the department's intent.</p>
<p>71 Pro Forma, Section A.8.f.</p> <p>A.8.f. requires the Contractor to pay a \$400 fee per day beginning on the third day of an inpatient stay at a hospital which does not have a secure unit. As the care needs of the population become more and more complex, it will require the medical vendor to utilize the services of tertiary care hospitals that provide service lines beyond the capabilities of the current secure unit hospital provider</p>	<p>The \$400 fee per day covers the cost of a correctional officer accompanying an inmate in a hospital without a secure unit. As it would be an expense to the State, the State is not willing to waive the fee for services not provided at MNGH.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>(Metro Nashville General Hospital - MNGH).</p> <p>Will the Department consider waiving the fee for use of hospitals for services not rendered at MNGH?</p>	
<p>72 Pro Forma, Section A.6.</p> <p>The Department will require annual teeth cleanings for the inmate population. Since there are not sufficient dental hygienists in the staffing plan, will it be the role of the site Dentist to provide cleanings? If not, how does the Department anticipate hygiene services will be performed?</p>	<p>The vendor will have to propose a solution on who will perform the role of providing cleanings as required by the Contract.</p>
<p>73 Pro Forma Contract, Release 2, A.13.c., Pg. 41</p> <p>A.13.c. contains the following incomplete sentence: “The contractor shall establish specialty referral sites in all three regions in the -...” Should the sentence read, “The contractor shall establish specialty referral sites in all three regions in the state”?</p>	<p>This was corrected in Release 3 of the ProForma Contract.</p>
<p>74 Pro Forma Contract, Release 2, E.16. Performance Bond, Pg.74</p> <p>Will the Department adjust the required Performance Bond amount to a level reflecting the maximum liability of a one-year contract period (e.g., one-year average of the five-year maximum liability)?</p>	<p>The State revises E.16. Performance Bond as follows in red:</p> <p>The Contractor shall provide to the State a performance bond guaranteeing full and faithful performance of all undertakings and obligations under this Contract, specifically faithful performance of the work in accordance with the plans, specifications, and contract documents. The performance bond shall be in an amount equal to ten percent (10%) of the Maximum Liability, Written Dollar amount (\$Number). The State reserves the right to review the bond amount and bonding requirements at any time during the Term. The Contractor shall submit the bond no later than the day immediately preceding the Effective Date and in the manner and form prescribed by the State at Attachment Two. The bond shall be issued by a company licensed to issue such a bond in the state of Tennessee. The performance bond shall guarantee full and faithful performance of all undertakings and obligations for the Term, as the Contract is extended or renewed.</p>

QUESTION / COMMENT	STATE RESPONSE
	<p>Failure to provide to the State the performance bond(s) as required under this Contract may result in this Contract being terminated by the State. The performance bond required under this Contract shall not be reduced during the Term without the State of Tennessee Central Procurement Office's prior written approval.</p>
<p>75 Amendment 9 Q3, Q52 & Q54 Pgs. 2, 9 & 13</p> <p>Question/Answer #3, 52, & 74 notes that proposers should use the total dollar amount proposed to provide services throughout the potential 5-year contract term. The response implies that a performance bond equal to five times the annual contract value is required. Requiring a bond of this nature is likely prohibitive for all bidders. Industry standards include performance bonds closer to 20% – 50% of the annual contract value. Is it the State's desire to limit competition? If not, would TDOC please review the requirements and determine if a percentage less than or equal to the annual contract value would be accepted?</p>	<p>The State revises E.16. Performance Bond as follows in red:</p> <p>The Contractor shall provide to the State a performance bond guaranteeing full and faithful performance of all undertakings and obligations under this Contract, specifically faithful performance of the work in accordance with the plans, specifications, and contract documents. The performance bond shall be in an amount equal to ten percent (10%) of the Maximum Liability, Written Dollar amount (\$Number). The State reserves the right to review the bond amount and bonding requirements at any time during the Term. The Contractor shall submit the bond no later than the day immediately preceding the Effective Date and in the manner and form prescribed by the State at Attachment Two. The bond shall be issued by a company licensed to issue such a bond in the state of Tennessee. The performance bond shall guarantee full and faithful performance of all undertakings and obligations for the Term, as the Contract is extended or renewed.</p> <p>Failure to provide to the State the performance bond(s) as required under this Contract may result in this Contract being terminated by the State. The performance bond required under this Contract shall not be reduced during the Term without the State of Tennessee Central Procurement Office's prior written approval.</p>

3. **Delete RFP # 32901-31230 Release # 3, in its entirety, and replace it with RFP # 32901-31230, Release # 4, attached to this amendment.** Revisions of the original RFP document are emphasized within the new release. **Any sentence or paragraph containing revised or new text is highlighted.**
4. **Delete Pro Forma Contract Release # 2, in its entirety, and replace it with Pro Forma Contract, Release # 3, attached to this amendment.** Revisions of the original Pro Forma Contract document are emphasized within the new release. **Any sentence or paragraph containing revised or new text is highlighted.**

5. **Delete RFP Attachment 6.3.1. Release #2, in its entirety, and replace it with RFP Attachment 6.3.1. Release #3.**
6. **Delete Pro Forma Contract Attachment 4, Minimum Staffing Requirements Release # 2, in its entirety, and replace with the Pro Forma Contract Attachment 4, Minimum Staffing Requirements Release # 3.**
7. **Delete RFP Attachment 6.13., Nursing Protocols, in its entirety and replace with RFP Attachment 6.13., Nursing Protocols Release #2.**
8. **Add the document Vacancy Reports 05/15/17 as RFP Attachment 6.14.**
9. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 13
FOR INMATE HEALTH SERVICES**

DATE: May 18, 2017

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 29, 2017	Confirmed
6. Deadline for Vendor questions precipitated by PFC revisions		April 5, 2017	Confirmed
7. Tennessee Prison for Women (TPW) Site Tour	9:00 a.m. – 10:00 a.m.	April 24, 2017	Confirmed
8. Riverbend Maximum Security Institution (RMSI) Site Tour	9:00 a.m. – 11:30 a.m.	April 25, 2017	Confirmed
9. Lois M. DeBerry Special Needs Facility (DSNF) Site Tour	12:30 p.m. – 2:00 p.m.	April 25, 2017	Confirmed
10. State Response to additional vendor questions		May 19, 2017	Updated
11. Response Deadline	2:00 p.m.	June 19, 2017	Confirmed
12. State Completion of Technical Response Evaluations		June 30, 2017	Confirmed

13. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 3, 2017	Confirmed
10. Negotiations (Optional)	4:30 p.m.	July 3-19, 2017	Confirmed
11. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	July 27, 2017	Confirmed
12. End of Open File Period		August 3, 2017	Confirmed
13. State sends contract to Contractor for signature		August 4, 2017	Confirmed
14. Contractor Signature Deadline	2:00 p.m.	August 7, 2017	Confirmed
15. Performance Bond Deadline		August 24, 2017	Confirmed
16. Contract Start Date		September 1, 2017	Confirmed

2. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 12
FOR INMATE HEALTH SERVICES**

DATE: May 12, 2017

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 29, 2017	Confirmed
6. Deadline for Vendor questions precipitated by PFC revisions		April 5, 2017	Confirmed
7. Tennessee Prison for Women (TPW) Site Tour	9:00 a.m. – 10:00 a.m.	April 24, 2017	Confirmed
8. Riverbend Maximum Security Institution (RMSI) Site Tour	9:00 a.m. – 11:30 a.m.	April 25, 2017	Confirmed
9. Lois M. DeBerry Special Needs Facility (DSNF) Site Tour	12:30 p.m. – 2:00 p.m.	April 25, 2017	Confirmed
10. State Response to additional vendor questions		May 18, 2017	Updated
11. Response Deadline	2:00 p.m.	June 19, 2017	Updated
12. State Completion of Technical Response Evaluations		June 30, 2017	Confirmed

13. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 3, 2017	Confirmed
10. Negotiations (Optional)	4:30 p.m.	July 3-19, 2017	Confirmed
11. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	July 27, 2017	Confirmed
12. End of Open File Period		August 3, 2017	Confirmed
13. State sends contract to Contractor for signature		August 4, 2017	Confirmed
14. Contractor Signature Deadline	2:00 p.m.	August 7, 2017	Confirmed
15. Performance Bond Deadline		August 24, 2017	Confirmed
16. Contract Start Date		September 1, 2017	Confirmed

2. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 11
FOR INMATE HEALTH SERVICES**

DATE: April 28, 2017

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 29, 2017	Confirmed
6. Deadline for Vendor questions precipitated by PFC revisions		April 5, 2017	Confirmed
7. Tennessee Prison for Women (TPW) Site Tour	9:00 a.m. – 10:00 a.m.	April 24, 2017	Confirmed
8. Riverbend Maximum Security Institution (RMSI) Site Tour	9:00 a.m. – 11:30 a.m.	April 25, 2017	Confirmed
9. Lois M. DeBerry Special Needs Facility (DSNF) Site Tour	12:30 p.m. – 2:00 p.m.	April 25, 2017	Confirmed
10. State Response to additional vendor questions		May 12, 2017	Updated
11. Response Deadline	2:00 p.m.	June 12, 2017	Updated
12. State Completion of Technical Response Evaluations		June 30, 2017	Confirmed

13. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 3, 2017	Confirmed
10. Negotiations (Optional)	4:30 p.m.	July 3-19, 2017	Confirmed
11. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	July 27, 2017	Confirmed
12. End of Open File Period		August 3, 2017	Confirmed
13. State sends contract to Contractor for signature		August 4, 2017	Confirmed
14. Contractor Signature Deadline	2:00 p.m.	August 7, 2017	Confirmed
15. Performance Bond Deadline		August 24, 2017	Confirmed
16. Contract Start Date		September 1, 2017	Confirmed

2. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 10
FOR INMATE HEALTH SERVICES**

DATE: **April 17, 2017**

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 29, 2017	Confirmed
6. Deadline for Vendor questions precipitated by PFC revisions		April 5, 2017	Confirmed
7. Tennessee Prison for Women (TPW) Site Tour	9:00 a.m. – 10:00 a.m.	April 24, 2017	Updated
8. Riverbend Maximum Security Institution (RMSI) Site Tour	9:00 a.m. – 11:30 a.m.	April 25, 2017	Updated
9. Lois M. DeBerry Special Needs Facility (DSNF) Site Tour	12:30 p.m. – 2:00 p.m.	April 25, 2017	Updated
10. State Response to additional vendor questions		May 1, 2017	Updated
11. Response Deadline	2:00 p.m.	June 1, 2017	Updated
12. State Completion of Technical Response Evaluations		June 30, 2017	Updated

13. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 3, 2017	Updated
10. Negotiations (Optional)	4:30 p.m.	July 3-19, 2017	Updated
11. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	July 27, 2017	Confirmed
12. End of Open File Period		August 3, 2017	Updated
13. State sends contract to Contractor for signature		August 4, 2017	Updated
14. Contractor Signature Deadline	2:00 p.m.	August 7, 2017	Updated
15. Performance Bond Deadline		August 24, 2017	Confirmed
16. Contract Start Date		September 1, 2017	Confirmed

2. Add the following as RFP section 1.10 and renumber any subsequent sections as necessary:

1.10. Site Tours

The State will be conducting site tours at three (3) Department of Correction locations:

Tennessee Prison for Women (TPW): 3881 Stewarts Ln, Nashville, TN 37218; Monday, April 24, 2017, 9:00 a.m. - 10:00 a.m. CST. Begin the tour at the Administrative Building.

Riverbend Maximum Security Institution (RMSI): 7475 Cockrill Bend Blvd, Nashville, TN 37209; April 25th Tuesday, 9:00 a.m. - 11:30 a.m. CST.

Lois M. DeBerry Special Needs Facility (DSNF): 7575 Cockrill Bend Boulevard, Nashville, TN 37209; April 25 Tuesday, 12:30 p.m. – 2:00 p.m.

Please contact the RFP Solicitation Coordinator to participate. A listing of visitors and their date of birth are necessary for a background check. Please bring your state issued ID and follow all instructions for visiting a correctional facility below and on their website at <https://www.tn.gov/correction/article/tdoc-state-prison-tours#sthash.LWA20LnU.dpuf>.

Only the State's official, written responses and communications with Respondents are binding with regard to this RFP. Oral communications between a State official and one or more Respondents are unofficial and non-binding.

Personal Property. All persons entering the facility shall be subject to search. State law prohibits weapons, alcohol, drugs and illegal contraband on state property (including the parking areas). Tour participants shall leave all personal items in their vehicles, with the exception of vehicle keys and one form of photo ID (preferred but not required for minors). No money, cell phones, pagers, etc., are allowed. Use of tobacco products is prohibited on state property. All tobacco products must remain in the vehicle.

Dress Code. All individuals entering the institution must be dressed appropriately. Undergarments must be worn. Midriffs and torsos must be covered. Shirts must have sleeves. Dresses, split skirts, and shorts must extend to the top of the knee. Attire that is revealing, made of spandex, or is transparent or translucent is considered to be inappropriate. Clothing with logos that contain pictures, slogans, or

vulgarity, and any clothing determined by the processing officer to be associated with any Security Threat Group is inappropriate. (Association may be made by color combination, designs, or logos affixed to the clothing or how the clothing is being worn.) Camouflage attire, overalls, suspenders and tank tops are inappropriate. Shoes must be worn. NO FLIP FLOPS. NO SUN DRESSES. NO CAPRIS. NO OPEN TOE SHOES.

Metal Detector. All individuals entering the institution must clear the metal detector at checkpoint. Shoes or boots that contain metal will not clear the detector and will have to be removed. Excessive metal jewelry may set off the detector. Although these items are not prohibited, it is suggested that they not be worn because the time required for removing and replacing them will shorten your tour.

Parking. Street parking may be limited. To ensure timely arrival, carpooling is suggested.

Waiver of Liability. The State shall have no liability related to this site tour. In no event will the State be liable to the Respondent or any other party for any lost revenues, lost profits, loss of business, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise as a result of or in connection with the site visit.

Indemnity for Site Visit. The Respondent agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged out of or in connection with the site visit.

3. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 9
FOR Inmate Health Services**

DATE: March 29, 2017

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 29, 2017	Confirmed
6. Deadline for Vendor questions precipitated by PFC revisions		April 5, 2017	Confirmed
7. State Response to additional vendor questions		May 15, 2017	Confirmed
8. Response Deadline	2:00 p.m.	June 15, 2017	Confirmed
9. State Completion of Technical Response Evaluations		July 17, 2017	Confirmed
10. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 18, 2017	Confirmed
10. Negotiations (Optional)	4:30 p.m.	July 19-21; July 24 2017	Confirmed
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	July 27, 2017	Confirmed

12. End of Open File Period		August 7, 2017	Confirmed
13. State sends contract to Contractor for signature		August 8, 2017	Confirmed
14. Contractor Signature Deadline	2:00 p.m.	August 9, 2017	Confirmed
15. Performance Bond Deadline		August 24, 2017	Confirmed
16. Contract Start Date		September 1, 2017	Confirmed

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION / COMMENT		STATE RESPONSE
1	The RFP states a performance bond is due upon approval of contract. Can this be waived?	Due to the critical nature of the services provided through RFP 32901-31230 the State will not be waiving the performance bond requirement.
2	1.Are any TDOC facility site tours scheduled ? 2. If so, could you publish the dates? 3. If not, could {vendor name omitted} go on record requesting site tours at either the 'infirmary institutions' or the Regional Institutions and the Nashville-centric facilities?	The RFP schedule of events will remain as updated by amendments. A vendor interested in arranging a site visit may contact the RFP coordinator at Kelly.x.johns@tn.gov
3	These materials {RFP Section 1.9 and ProForma Contract Section E.14} state, "The amount of the performance bond shall be a sum equal to Written Dollar Amount (\$Number)..." <ul style="list-style-type: none"> Was it the State's intent to not have a specified amount in this statement? Please specify the amount of the performance bond. 	The Performance Bond amount will be determined by the dollar amount from the cost proposal of the best evaluated proposer. The performance bond will equal the contract's maximum liability. For proposal purposes, a proposer should use the total dollar amount proposed to provide services throughout the potential five year contract term.
4	The Pro Forma Contract {Section A.3.d.4.} states that sick call will be conducted seven days per week, an increase from five (5) days per week in the current contract that will require increased contractual staffing. <ul style="list-style-type: none"> Does the TDOC wish sick call to be provided seven days per week at all sites? 	The ProForma Contract has undergone revision. As specified in the new Section A.4.d., TDOC wishes sick call to be provided seven days per week at all sites.
5	The Pro Forma Contract {A.3.d.4.} includes annual cleanings as part of the Dental Services to be provided, a requirement that is not included in the current contract and one that will require increased contractual staffing. Currently, only 0.8 FTE dental hygienists are provided statewide. Does the TDOC intend the Contractor to provide annual cleanings for the inmate population?	The ProForma Contract has undergone revision. As specified in the new Sections A.4.d., and A.6, TDOC intends for the Contractor to provide annual cleanings for the inmate population.
6	The Pro Forma Contract {A.4.b.} states that the Contractor will be required to utilize mobile radiology services targeting mammography, ultra sound, echocardiogram, CT, MRI, and PET at all regional sub-acute centers. Please confirm that the State intends for each of these services to be provided at each regional sub-acute center.	The ProForma Contract has undergone revision. As specified in the new Section A.12.b., X-ray including mammography and ultrasound shall be available at all sites. CT and MRI services must be available

QUESTION / COMMENT	STATE RESPONSE
	at DeBerry skilled nursing facility. A solution to provide services Tennessee prison for CT and MRI must be proposed by the vendor.
<p>7 The Pro Forma Contract {Section A.5.c} requires the Contractor to provide mental health nursing coverage 24 hours a day, 7 days a week “on” the Supportive Living Units (SLUs). We note that there are not designated work areas in all SLUs for the mental health nurses to perform certain tasks, such as preparing medications and completing documentation.</p> <ul style="list-style-type: none"> • Would the State consider changing the wording of this requirement to require 24/7 mental health nursing coverage “for” the SLUs? 	<p>The ProForma Contract has undergone revision. The new Section designation is A.3.b.3.</p> <p>No. The State will not consider changing the wording of this requirement to require 24/7 mental health nursing coverage “for” the SLUs.</p>
<p>8 The Pro Forma Contract {A.7.f} does not provide the amount of the daily reimbursement charge owed the State by the contractor for use of non-secure unit hospitalization starting on the third day of the patient’s hospitalization.</p> <ul style="list-style-type: none"> • Was it the State’s intent to not have a specified amount in this statement? • Please specify the amount of the reimbursement charge. 	<p>The ProForma Contract has undergone revision. The new Section A.8.f has been revised to include the amount of \$400.00</p>
<p>9 The summary table on page four of the Key Performance Indicators Manual {Attachment Three} indicates that the on-call physician must “respond to emergency calls within 30 minutes. Damages per 30-minute increment after deadline has passed.” On page 12, the Key Performance Indicators Manual indicates that damages will be assessed “for every 15-minute increments of non-compliance after the 30 minutes deadline.”</p> <ul style="list-style-type: none"> • Please clarify whether penalties will be imposed using 30-minute or 15-minute increments. 	<p>The physician must respond to emergency calls within 30 minutes. After that damages will be assessed at 15 minute increments.</p>
<p>10 The <i>Minimum Staffing Requirements</i> {Attachment Four} template for MLCC does not appear to reflect the recent mission change that converted this facility to house male rather than female inmates. An OBGYN position is still included. Additionally, the staffing template for WTRC/WTSP differs substantially from the current site staffing.</p> <ul style="list-style-type: none"> • Please clarify the staffing requirements for MLCC in light of the recent mission change. • Are the differences between the <i>Minimum Staffing Requirements</i> template and the current staffing at WTRC/WTSP intentional? 	<p>The Minimum Staffing Requirements document {ProForma Contract Attachment Four} has been revised.</p>
<p>11 Please confirm if the RFP requirement of two nurses per regional infirmary for the wound care is a part of the current staffing levels. Are these two-person wound care teams per site meant to be part of the current staffing plan or should they be separate/distinct personnel? Are the two-person teams anticipated to be 40 hour/week positions?</p>	<p>DeBerry and Tennessee Prison for Women must have full-time wound care nurses. Other sites may utilize this position in a part-time capacity with the remainder of their time being dedicated to other assignments. All wound care nurses must be trained for wound care.</p>
<p>12 The RFP {ProForma Contract Section A.22.b} points to highlights on Attachment Five. There are no yellow highlights on Attachment Five. Could the State please provide an updated Attachment with highlights and/or clarify this section?</p>	<p>The ProForma Contract has undergone revision and the reference to highlighted positions has been deleted.</p> <p>All positions listed in the Revised Attachment 5 will be positions assumed by the Contractor OR TDOC staff the Contractor will have to make employment offers to.</p>
<p>13 The level of inmates receiving treatment for Hepatitis C in the Tennessee program with the more expensive medications on the market currently averages around four per month at an</p>	<p>TDOC’s intends to increase utilization of Direct Acting Antiviral (DAA) therapy for inmate patients with HCV. TDOC</p>

QUESTION / COMMENT	STATE RESPONSE
<p>average monthly cost of approximately \$100K. Correctional programs around the country are under pressure to expand treatment of Hepatitis C with new expensive medications continuing to arrive on the market. Vendors submitting proposals are compelled to negotiate risk reduction mechanisms in contracts or incorporate these potential risks in the form of higher pricing. The State's approach to share this risk with the vendor helps to mitigate the vendor's risk, but due to the significant potential costs, vendors will still be compelled to include risk factors in their pricing.</p> <p>Assuming the number of inmates receiving treatment will expand exponentially in the next year in Tennessee, will the State consider alternative methods of handling Hepatitis C costs, such as an annual cap on the vendor's responsibility or removing Hepatitis C completely from vendor responsibility?</p>	<p>recognizes that it is quite difficult to predict the cost of utilization for DAA, beyond the near future, given the fact of pending litigation against TDOC and other States' Correctional authorities, concerning inmate access to DAA therapy. TDOC therefore intends to cap the vendor's share of responsibility at four million dollars per year and therefore asks that prospective vendors bid on that basis. However so, TDOC asks that bidders recognize that it may become necessary to revisit this allocation after year one of the contract, if it is determined as a matter of law that the State must offer DAA to every inmate with HCV.</p>
<p>14 Please provide a copy of the current health services contract for the Tennessee Department of Correction ("TDOC" or "State") system, including any exhibits, attachments, and amendments.</p>	<p>A copy of the current contract and amendments is available by request from RFP Coordinator Kelly Johns. The request may be sent to Kelly.x.johns@tn.gov</p>
<p>15 Please provide the names and participation levels (dollars spent) of all small/minority/ woman/veteran-owned subcontractors used under the current contract.</p>	<p>This information is not available to the State.</p>
<p>16 Please provide (by year) the amounts of any <u>staffing</u> paybacks/credits the State has assessed against the incumbent contractor over the term of the current contract.</p>	<p>FY 2014 \$,1437,124.93 FY2015 \$2,101,722.02 FY2016 \$1,911,812.87 FY2017 \$132,681.44</p>
<p>17 Please provide (by year) the amounts and reasons for other (<u>non-staffing</u>) liquidated damages the State has assessed against the incumbent vendor over the term of the current contract.</p>	<p>LD collected in FY2015 \$1,688,732.00 LD collected in FY 2016 \$654,200.00</p> <p>Non-staffing liquidated damages are primarily related to metrics derived from ACA standards.</p>
<p>18 Are any of the facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.</p>	<p>There are no TDOC facilities subject to present Court orders or directives.</p>
<p>19 With regard to lawsuits pertaining to inmate health care at the State's facilities, frivolous or otherwise:</p> <ol style="list-style-type: none"> a. How many have been filed against the TDOC and/or the incumbent health care provider in the last three years? b. How many have been settled in that timeframe? 	<p>Litigation against the State about inmate healthcare is managed by the Tennessee Attorney General. The office of the Attorney General does not track healthcare litigation that it manages. There is thus no meaningful data available to TDOC describe the frequency or outcome of such litigation against the State.</p> <p>TDOC from time to time will have notice of litigation filed against the incumbent vendor. However so, TDOC does not have comprehensive data about the vendor's litigation experience.</p>
<p>20 Please provide a five-year inmate population projections for the TDOC.</p>	<p>A document containing five-year population projections is being added as ProForma Contract Attachment Twelve.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>21 Please provide two years' worth of historical data on the number of intakes at the TDOC.</p>	<p>FY 2015 13,596 FY 2016 12,834</p>
<p>22 Is the State aware of any upcoming legislation or government policy that could result in a drop in the number of inmates in any of the facilities (e.g., compassionate release, population reduction measures, etc.)? If yes, please describe and provide a timeframe for the legislation/policy implementation.</p>	<p>The State is not aware of any legislation, which as filed in its original form, would reduce the State's current inmate population or jail backup populations. Legislation could, however, be filed during the upcoming session for consideration.</p>
<p>23 Does the TDOC have any plans to change the mission, size, or scope of any of its facilities within the term of the contract? If so, please provide details (including timeframe) on the planned change.</p>	<p>TDOC has no such plans at this time. TDOC reserves the right, however, to make any necessary facility mission or scope changes during the contract term.</p>
<p>24 We understand that all of the State's 14 prisons are currently accredited by the American Correctional Association (ACA). Are any or all of the State's prisons accredited by the National Commission on Correctional Health Care (NCCHC)? If "yes," please provide the following ACA and NCCHC information for each facility.</p> <ul style="list-style-type: none"> a. Most recent accreditation date BY FACILITY. b. Copy of most recent accreditation audit report BY FACILITY. 	<p>No. None of the State's prisons are accredited by the National Commission on Correctional Health Care (NCCHC).</p>
<p>25 Please provide the <u>actual</u> health service staffing currently in place at all of the TDOC prison facilities, i.e., any positions being provided and/or hours being worked over and above what is required by the contract.</p>	<p>The list in Attachment five (5) includes all of the current State employees and vacant positions broken down by facility.</p>
<p>26 Please provide a listing of the current health service vacancies by position for all 14 State facilities.</p>	<p>The Revised Attachment 5 (as referenced in item 6 below) lists all State positions at the 10 State-managed facilities. Positions at the four facilities managed privately by CCA are beyond the scope of the RFP.</p> <p>Only the DeBerry Special Needs Facility (DSNF) has current State vacancies, they are listed in Attachment five (5). At all other facilities as the positions become vacant their funding reverts to the contract vendor and become their responsibility to fill.</p>
<p>27 With regard to drug testing for potential employees, does the TDOC have any requirements on the testing methodology, e.g., saliva, urinalysis, etc.?</p>	<p>The State's required testing methodology is serum.</p>
<p>28 Will the State allow "grandfathered" credentialing for incumbent professional staff already employed or contracted by the current contractor?</p>	<p>Yes. Incumbent professional staff already employed or contracted by the current contractor may be 'grandfathered.'</p>
<p>29 Are any members of the current health service workforce unionized? If yes, please provide the following.</p> <ul style="list-style-type: none"> a. A copy of each union contract b. Complete contact information for a designated contact person at each union 	<p>There is only one County with a union. There is only one state employee nurse in that region. This nurse is a supervisor therefore union terms do not apply.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>c. The number of union grievances that resulted in arbitration cases over the last 12 months</p>	
<p>30</p> <p>We thank you for providing the wage/pay rates your incumbent health service contractor is paying to its staff at all of the 14 State prisons, but can you please answer the following questions about that data.</p> <p>a. How old is the data?</p> <p>b. Where did the data come from (e.g., TDOC records, data from the incumbent Contractor, etc.)?</p>	<p>The data was provided by TDOC's Human Resource Division while the RFP was being developed and was accurate as of 5/9/2016. An updated Attachment 5 is included as part of this amendment.</p>
<p>31</p> <p>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.</p>	<p>Orientation and in-service count towards contract requirements. Continuing education does not count.</p>
<p>32</p> <p>Please confirm that overtime and agency hours will count toward the hours required by the contract.</p>	<p>Yes. Overtime and agency hours will count toward the hours required by the contract.</p>
<p>33</p> <p>Please confirm that paid-time-off hours will count toward the hours required by the contract.</p>	<p>No. Paid-time-off hours will not count toward the hours required by the contract.</p>
<p>34</p> <p>Please provide an inventory of <u>office equipment</u> (e.g., PCs, printers, fax machines, copiers, etc.) currently in use at each of the 14 State prisons and identify which equipment will be available for use by the selected contractor.</p>	<p>Please reference RFP Attachment 6.11, the document titled Equipment Inventory which is added in item 10 below.</p>
<p>35</p> <p>Please provide an inventory of <u>medical equipment</u> (e.g., blood pressure cuffs, ultrasound, x-ray machines, etc.) currently in use at each of the 14 State facilities and identify which equipment will be available for use by the selected contractor.</p>	<p>There are no x-ray or ultrasound machines available. There is no accurate count of blood pressure cuffs throughout the state. There are five blood pressure cuffs at DeBerry Special Needs Facility.</p>
<p>36</p> <p>Please provide the name of the incumbent's current laboratory services vendor.</p>	<p>Laboratory services are provided by Garcia and State laboratories.</p>
<p>37</p> <p>Please provide the name of the current onsite, mobile radiology vendor.</p>	<p>The current vendor is Quality mobile a.k.a. Shryer Medical.</p>
<p>38</p> <p>How are dental services currently provided: (a) onsite, with permanent State-owned equipment; or (b) onsite, through mobile dentistry (PLEASE IDENTIFY VENDOR)?</p>	<p>Services are provided on-site with state-owned equipment.</p>
<p>39</p> <p>Please provide the name of the current dialysis services vendor.</p>	<p>The current vendor is Chardonay Dialysis.</p>
<p>40</p> <p>Please provide the names of the current emergency or "911" facilities (hospital or other urgent care provider) that are utilized {sic} by the TDOC?</p>	<p>Metropolitan Nashville General Hospital is the main central hospital utilized for outpatient services. Other hospitals are utilized for emergency services as needed. Specific hospital names are not available.</p>
<p>41</p> <p>Does the TDOC have a reception center? If so, what is the average length of time an inmate spends at a reception center before being transferred to his/her permanent housing</p>	<p>As indicated in the RFP Bledsoe County is the intake facility for male inmates. Tennessee Prison for Women is the intake center for female inmates. TDOC</p>

QUESTION / COMMENT	STATE RESPONSE
location?	Policy #113.20 stipulates completion of the intake health examination within 14 days of an inmate's arrival at the reception/classification center.
42 How many (if any) inmates does the State currently have housed in community (non-TDOC) long-term care facilities?	TDOC has no inmates housed in long-term care facilities.
43 Please identify any specialty clinics currently conducted onsite, and indicate how many hours per week each clinic is held.	Please see the response to question 100, within.
44 Please identify the number, type, and timeframes of any backlogs (e.g., chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the State facilities.	<p>There are currently no "backlog" appointments. There are pending appointments as the process is ongoing. Information on pending appointments will be provided to the awarded vendor at the time of contract award.</p> <p>A pending appointment is one that is anywhere in the process between an order being written up by the provider or a request being made by the utilization management team until the appointment actually takes place.</p> <p>An appointment would be considered backlog if it was beyond the contract requirements. An inmate with an urgent appointment must be seen by a provider within 14 days. An inmate with a regular appointment must be seen within 60 days.</p>
45 Please provide the following information about medication administration. a. How often is medication distributed each day? b. How long does it take to perform the average medication distribution process?	Morning pass approximately 2 hours. Noon pass approximately 2 hours. Night pass approximately 2 hours.
46 What is the average number of inmates at all TDOC facilities receiving pharmaceutical treatment each month for the following conditions? a. Hepatitis C b. HIV/AIDS	HCV=4.5. HIV=209
47 Please provide monthly statistical data for each of the following categories. a. Number of inpatient offsite hospital days per State facility b. Number of outpatient surgeries per State facility c. Number of outpatient referrals per State facility d. Number of trips to the emergency department per State facility e. Number of ER referrals resulting in hospitalization per State facility	Approximately 69 admissions per month. Average length of stay approximately five days. Approximately 50 trips to the emergency room per month. Approximately 30 patients on dialysis. No further detailed data is available.

QUESTION / COMMENT	STATE RESPONSE
<p>f. Number of ambulance transports per State facility</p> <p>g. Number of dialysis treatments per State facility</p>	
<p>48</p> <p>Please provide annual spend amounts for the past two years for the following categories.</p> <p>a. Total offsite care at each State facility</p> <p>b. Total amount spent on the treatment of:</p> <p style="padding-left: 40px;">i. Hepatitis C</p> <p style="padding-left: 40px;">ii. HIV/AIDS</p> <p>c. Laboratory services at each State facility</p> <p>d. X-ray services at each State facility</p>	<p>As the contract is billed on a blended per diem per inmate rate, TDOC does not have information requested in parts a, c and d of this question.</p> <p style="text-align: center;">HIV</p> <p>HEP.C</p> <p>FY2015 \$2,823,679.00</p> <p>\$276,260.10</p> <p>FY2016 \$2,730,892.32</p> <p>\$392,907.57</p> <p>FY2017 \$230,867.39</p> <p>\$68,449.17</p>
<p>49</p> <p>Please confirm that under the new contract, the Contractor will <u>not</u> be financially responsible for any of the following services.</p> <p>a. Neonatal or newborn care after actual delivery</p> <p>b. Elective or mandated abortion</p> <p>c. Cosmetic surgery, including breast reduction</p> <p>d. Sex change surgery (including treatment or related cosmetic procedures)</p> <p>e. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such)</p> <p>f. Extraordinary and/or experimental care</p> <p>g. 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)</p> <p>h. Autopsies</p> <p>i. 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.</p> <p>j. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX</p>	<p>In accordance with section A.6. of the Proforma Contract, the contractor is expected to provide the standard of care consistent with community standards. The State's chief medical officer is the final authority on medical concerns associated with medical care.</p>
<p>50</p> <p>RFP {Attachment 6.2 } § B.13 requires bidders to provide resumes for the bidder's proposed staff. This gives the incumbent Vendor a distinct and unfair advantage. Other bidders will not hire specific individuals for a correctional health care 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 County accept job descriptions in lieu of actual names and resumes?</p>	<p>The State will not change the requirement. A key personnel roster and resumes are required as outlined in RFP Attachment 6.2 Section B.13.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>51</p> <p>Please indicate the order of precedence among the solicitation documents (e.g., the RFP, <u>initial</u> responses to questions, <u>subsequent</u> responses to questions, exhibits and attachments, etc.) so that in case of contradictory information among these materials, bidders know which of the conflicting data sets to use to create their narratives and calculate their prices.</p>	<p>The RFP, exhibits and attachments and State written responses to vendor written questions are all of equal import.</p> <p>Vendors are advised to pay close attention to amendment content, as clarifications and revisions to the RFP as originally published are included.</p> <p>Please revisit RFP section 1.4.9. which reads as follows:</p> <p style="padding-left: 40px;">1.4.9. Any data or factual information provided by the State (in this RFP, an RFP amendment or any other communication relating to this RFP) is for informational purposes only. The State will make reasonable efforts to ensure the accuracy of such data or information, however it is the Respondent's obligation to independently verify any data or information provided by the State. The State expressly disclaims the accuracy or adequacy of any information or data that it provides to prospective Respondents.</p>
<p>52</p> <p>RFP § 1.9 contains a blank space which states, "The amount of the performance bond shall be a sum equal to Written Dollar Amount (\$Number), and said amount shall not be reduced at any time during the period of the contract." Please provide the actual amount of the performance bond for the contract.</p>	<p>The Performance Bond amount will be determined by the dollar amount from the cost proposal of the best evaluated proposer. The performance bond will equal the contract's maximum liability.</p> <p>For proposal purposes, a proposer should use the total dollar amount proposed to provide services throughout the potential five year contract term.</p>
<p>53</p> <p>With regard to RFP {Attachment 6.2} § C.4, can you please discuss why the TDOC is requiring such a tight (28 days) transition period? The typical transition timeframe for a correctional health care contract the size and scope of the TDOC's is at least 60 to 90 days.</p>	<p>TDOC's desired transition timeline is 28 days. The State reserves the right to revise the transition timeframe, if needed, at a later date in the procurement process.</p>
<p>54</p> <p>Pro Forma § A.4.e: We understand that pharmaceuticals will be provided by the "State Central Pharmacy Contractor," as opposed to a pharmacy subcontractor of ours.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.9.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>a. Who is the State Central Pharmacy Contractor? b. We understand we will be responsible for “fifty percent (50%) of the costs of all HIV/Acquired Immune Deficiency Syndrome (AIDS) and Hepatitis C antiretroviral medications.” What is the medical contractor’s financial responsibility for other pharmaceuticals obtained through the State Central Pharmacy Contractor?</p>	<p>a. The State’s Central Pharmacy Contractor is Clinical Solutions. b. Other pharmaceuticals will remain the responsibility of the Central Pharmacy Contractor.</p>
<p>55 Pro Forma § A.4.e also states that “The Contractor shall administer Hepatitis-B Vaccine (HBV) for all clinical institutional staff, regardless of employer.” On average, how many HBV vaccines have been given in each of the past three years?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.9. The requested data is not available to the State.</p>
<p>56 Pro Forma § A.5.i: Electronic health records: a. Does the incumbent medical contractor use an electronic health record? b. If so, which one? c. Will the TDOC require the outgoing medical vendor to leave an electronic copy of all offender data behind, to be uploaded into the incoming vendor’s EHR?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.h. a. The incumbent does not use an electronic health record. b. Not Applicable c. Yes. TDOC will require that the incumbent vendor provide an electronic copy of all inmate data to the State for upload into the system used by the new vendor. Inmate chronic care information is entered into a vendor information system which is not an electronic health record. An electronic copy will be needed at the end of the current contract to be transitioned to the system used by a new vendor.</p>
<p>57 Pro Forma § A.6.c: Does the incumbent medical vendor currently provide mobile CT and MRI services in the Central and Western regions? If so, what company does the incumbent use for these services?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.c. Yes. The incumbent medical vendor provides mobile CT and MRI services in the central Tennessee regional only. Schryver provides mobile CT services. MRI services are provided by subcontractor Alliance Imaging.</p>
<p>58 Pro Forma § A.7.a(3): This section states, “The Contractor’s hospitals must provide vehicle parking, local telephone calls and appropriate meals for staff. The Contractor shall pay any costs associated with providing these items.” On average, what have these costs been in each of the past three years?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.8.a.(3). The requested information is unavailable to the State.</p>
<p>59 Pro Forma § A.7.f contains a blank space which states, “Starting on day three (3) of an inpatient stay at a hospital that does not contain a secure unit, the Contractor shall pay (\$xxx.00) per day per inmate to cover the cost incurred by the State to provide security.” Please provide the missing dollar amount.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.8.f, which has been revised in the re-issued ProForma Contract to include the amount of \$400.00</p>
<p>60 Pro Forma § A.7.g: Please provide a list of the (a) location;</p>	<p>The ProForma Contract has undergone</p>

QUESTION / COMMENT	STATE RESPONSE
(b) capacity; and (c) average fill rate for each hospital secure unit used by the TDOC.	<p>revision. The new section reference is A.8.g.</p> <p>12 dedicated beds at Metropolitan Nashville General Hospital. Three overflow beds. Total of 15 beds at MNGH</p>
<p>61 Pro Forma § A.9.c: Dialysis</p> <p>a. How many dialysis chairs are in the dialysis unit at DSNF?</p> <p>b. Does onsite dialysis currently occur at TPFW?</p> <p>c. If yes, how many chairs are in the dialysis unit at TPFW?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.12.f.</p> <p>There are eight chairs at DeBerry only. Expansion has been approved to 14 chairs at DeBerry.</p>
<p>62 Pro Forma § A.9.d: Please describe the location, size, and scope of the current TDOC hospice/palliative care program.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.12.g.</p> <p>Palliative care in TDOC presently consists of a dedicated unit at Lois Deberry and clinic/infirmarary services at TPFW.</p> <p>16 palliative care beds exist at DSNF. There is not a finite number of palliate care beds at TPW as palliative care is provided as determined necessary on a case by case basis.</p>
<p>63 Pro Forma § A.9.e: Please describe the location, size, and scope of the current TDOC oncology program.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.12.h.</p> <p>.Several factors determine the number of inmates receiving chemotherapy treatment under the Onsite Chemotherapy Infusion Program (OChIP).</p> <p>The number of inmates eligible to receive treatment in a non-hospital setting is one deciding factor.</p> <p>The other factor is whether an eligible inmate is determined to be clinically stable enough to receive treatment in a non-hospital setting. If it is determined that an inmate requiring treatment is not clinically stable enough for non-hospital treatment, the inmate is transported to a hospital for treatment.</p> <p>The number of patients receiving treatment through the OChIP program ranges from 0-10 in a given month.</p>
<p>64 Pro Forma § A.15: With regard to telehealth services, please provide the following information:</p> <p>a. Is telehealth currently used for TDOC offender encounters?</p> <p>b. If "yes," at which facilities?</p> <p>c. If "yes," for which clinical areas (e.g.,</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.18.</p> <p>a)Yes. Telehealth is currently used for TDOC offender encounters</p>

QUESTION / COMMENT	STATE RESPONSE
<p>cardiology, psychiatry, etc.)?</p> <p>d. For each clinical area seen via telehealth, please indicate how many hours per week are currently provided.</p> <p>e. Is there currently any telehealth equipment in place at any of the TDOC facilities?</p> <p>f. If "yes," please provide a list of the equipment, BY FACILITY.</p>	<p>b) BCCX, DSNF, TPW, RMSI, WTSP, NWCX, MCCX, NECX, TCIX, MLCC (including all facilities associated with each site)</p> <p>c) Cardiology, Dermatology, Otolaryngology, Gastroenterology, HCV Committee, Infectious Disease, Nephrology, Neurology, Nutrition, Hematology/Oncology, Nurture, Psychiatry</p> <p>d) Basing the number of telehealth visits on a 25 min visit, excluding psychiatry it is approximately 18 hours per week.</p> <p>e) Yes there is equipment present currently at all facilities. Some is owned by TDOC and some is owned by the current behavioral health provider.</p> <p>f) The list of equipment is not available.</p>
<p>65</p> <p>Pro Forma § A.22.b: This section refers to "positions on Attachment Five which are highlighted in yellow." We do not see any yellow-highlighted lines in this Excel spreadsheet. Will the TDOC please issue a version of Attachment Five that contains the referenced highlighting?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.24.b.</p> <p>ProForma Contract section A.24.b. is being revised as indicated as part of item 3 below. All positions listed in the Revised Attachment 5 will be positions assumed by the Contractor OR TDOC staff the Contractor will have to offer employment.</p> <p>All medical staff must be offered employment by the contract vendor at 120% of their current salary at the time of implementation. Employees with 60 months or more service credit may opt to remain State employees. As their positions become vacant they will revert to the contract vendor for staffing.</p>
<p>66</p> <p>Please provide the TDOC's policy on the treatment of Hepatitis C, including which clinical guidelines and medications the Department currently uses to address this disease.</p>	<p>The current Hepatitis C pre-treatment program is being added to the RFP as per item 11 below.</p>
<p>67</p> <p>The aggressive timeline and lack of site visits in the current RFP present substantial barriers to fair competition. This could result in many viable bidders declining to participate in the State's solicitation process.</p> <p>a. In the interest of fielding a large number of responsive and responsible vendors;</p>	<p>The RFP will proceed with the schedule of events originally published and as revised by RFP amendments.</p> <p>Vendors interested in site visits may contact the RFP coordinator by email at</p>

QUESTION / COMMENT	STATE RESPONSE
<p>receiving the most accurate and cost-effective bids; and spending Tennessee taxpayer dollars in the most efficient manner; will the TDOC please extend its calendar for the RFP for six to eight weeks — both proposal due date and contract start date — in order to provide bidders other than the incumbent with a level playing field and a fair chance to succeed at this business opportunity?</p> <p>b. Bidders cannot accurately estimate the cost of operating a health care unit in a prison unless they have some sense of the size, condition, layout, work ethic, and general “feel” of the correctional facility. Will the TDOC please schedule site tours to allow vendors other than the incumbent to gain this vital site-specific knowledge?</p>	<p>Kelly.x.johns@tn.gov .</p>
<p>68 In light of (a) the current Hepatitis C lawsuit regarding mandatory medication treatment of all diagnosed offenders; (b) the uncertainty of the litigation outcome; and (c) the volume of offender patients numbers that would need to be treated; would the State consider making the cost of Hepatitis C medications a pass through cost? Alternatively, would the State consider capping the contractor’s financial responsibility for the cost of Hepatitis C medications?</p>	<p>Please see item 3 below and the revised ProForma Contract section C.3.c. As revised, the payment methodology includes a cap.</p>
<p>69 RFP pg. 3, 1.1: Is there a hospice/palliative program currently in place and if so, is it an internal program or provided by a community organization?</p>	<p>Please revisit the State’s Response to Question 62.</p>
<p>70 RFP pg. 3, 1.1: Is the State allowed to acquire a DEA license that is assigned to the facility (versus an individual) to allow for stock controlled substances?</p>	<p>Yes.</p>
<p>71 RFP pg. 3, 1.1: Which of the State run facilities currently have medical practitioner vacancies of 30 days or more?</p>	<p>None of the State-run facilities have medical practitioner vacancies of 30 days or more.</p>
<p>72 RFP pg. 3, 1.1: Will the Contracted provider or the State serve as the authority for admissions to the DSNF?</p>	<p>TDOC expects the Contractor to manage the admissions process on a day-to-day basis. At any time, however, the office of the Chief Medical Officer may elect to override Contractor decisions.</p>
<p>73 RFP pg. 3, 1.1: Will the State have a coordinator dedicated for transfers/admissions to infirmary beds and DSNF?</p>	<p>Please revisit the State’s response to Question 72.</p>
<p>74 RFP pg. 7, 1.9: The State did not include a dollar amount in this requirement; what bond amount should be used when responding to the RFP?</p>	<p>The Performance Bond amount will be determined by the dollar amount from the cost proposal of the best evaluated proposer. The performance bond will equal the contract’s maximum liability.</p> <p>For proposal purposes, a proposer should use the total dollar amount proposed to provide services throughout the potential five year contract term.</p>

	QUESTION / COMMENT	STATE RESPONSE
75	RFP pg. 17, 5.2.: Is the evaluation of the cost proposal over the entire 5-year potential term of the contract or the initial 3-year term?	The cost proposal will be evaluated over the potential five year contract term.
76	<p>Proforma Contract pg. 2, A.2.a.: Please provide utilization statistics for the last 2 fiscal years by facility (including private facilities) to include:</p> <p>(a) Number of Inpatient Admissions (by hospital provider)</p> <p>(b) Number of Inpatient Days (by hospital provider)</p> <p>(c) Number of Emergency Department Visits (admitted vs non-admitted)</p> <p>(d) Number of Outpatient Surgeries (by surgery type if possible)</p> <p>(e) Number of Ambulance trips</p> <p>(f) Number of Chemotherapy / Radiation Therapy visits</p> <p>(g) Number of Specialty Office visits</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.13.a.</p> <p>Please revisit the State's response to Question 47.</p>
77	Proforma Contract pg.3, A.2.b.2: How soon after Contract award is the contracted provider required to finalize staffing with each TDOC facility's warden? To the extent that the TDOC facility warden requests staffing above the RFP minimum staffing, will TDOC modify the compensation to the contractor?	<p>The ProForma Contract has undergone revision. The new section reference is A.3.a.2.</p> <p>Staffing requirements are established by the contract and approved by Central Office. This is finalized at contract signing.</p>
78	Proforma Contract pg.3, A.2.b.7: Attachment Five does not list all positions that are included in the RFP minimum staffing plan on Attachment 4. How will the State adjust compensation for positions which are not included on Attachment Five?	<p>The ProForma Contract has undergone revision. The new section reference is A.3.a.5.</p> <p>Both the Minimum staffing plan (Attachment 4) and Attachment 5 have been revised.</p> <p>Compensation adjustments will only be made on positions which are included in Attachment 5. Meeting the minimal staffing pattern may require contractor positions not reflected in Attachment 5.</p>
79	Proforma Contract pg. 3, A.2.b.7: Attachment Five	Attachment 5 has been revised as noted in item 6 below.

QUESTION / COMMENT	STATE RESPONSE
<p>does not include a column noted at 120%. Could the State please clarify or update Attachment Five.</p>	<p>This rate can be calculated by multiplying 120% times the employee's current base salary, at the time of the implementation of the contract. Most State employees with 12 months or more service as of September 2016 received a pay-for-performance increase in their monthly salary effective January 1, 2017, which is reflected in Attachment Five.</p>
<p>80 Proforma Contract pg. 5,A.3.d: Is the physician requirement of 3.5 hours per week per 100 inmates applicable to the facility capacity or to the actual ADP? Does the RFP minimum staffing plan meet this criteria?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.4.d.</p> <p>Expected staffing is based on ADP. The stated level of 3.5 hours per 100 inmates is a typographical error. The actual level is a minimum of 3.5 hours per one thousand (1,000) inmates.</p>
<p>81 Proforma Contract pg.5, A .3.d.: Will LPNs be allowed to provide sick call only when a RN is on site at the same time or will it be acceptable for the RN to be available at least one shift per 24 hours to review and sick call assessments performed by the LPN?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.4.d.</p> <p>Yes, while an RN is on site.</p>
<p>82 Proforma Contract pg. 6, A.3.d.1.b.: Are these specific clinical criteria for admissions to DSNF and TPW versus the required infirmaries?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.4.d.1</p> <p>The intent is for the vendor to make optimal utilization of institutional infirmaries, where medically appropriate and consistent with the applicable standard of care.</p>
<p>83 Proforma Contract pg. 6, A.3.d.1.b.: Is there a current tool that the State uses to assess the competency of the Contractor's clinical professionals?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.4.d.1.</p> <p>State licensure is the benchmark for assessing clinical professional competency.</p>
<p>84 Proforma Contract pg. 8,A.3.d.4.: Is there currently a dentist at each facility required by the RFP?</p>	<p>The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6.</p> <p>Yes, a dentist is present at every site.</p>
<p>85 Proforma Contract pg. 8,A.3.d.4.: Are dental supplies available at each Facility?</p>	<p>The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6.</p> <p>Please revisit ProForma Contract section A.17, which states "Contractor shall be responsible for the provision of all medical and dental supplies required in conjunction with providing Services".</p>
<p>86 Proforma Contract pg.8, A.3.d.4.: Is there a current backlog for dental visits, and if so, please identify the specific facilities and the number of visits on the backlog for each?</p>	<p>The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6.</p> <p>There is currently no backlog for dental visits.</p>
<p>87 Proforma Contract pg.8, A.3.d.4.: Does the requirement</p>	<p>The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6.</p>

QUESTION / COMMENT	STATE RESPONSE
to have a dentist see a patient within 48 hours for urgent needs exclude triage by a nurse that could possibly lead to an intervention before the actual face to face?	Yes.
88 Proforma Contract pg. 8, A.3.d.4.: Is the State requiring the dentist to return to the facility if the urgent need starts on a Friday, to satisfy the 48-hour assessment requirement?	The ProForma Contract has undergone revision. The new section references are A.4.d.4. and A.6. Yes.
89 Proforma Contract pg. 8, A.4.b.: Please list the radiology equipment available onsite at each facility .	The ProForma Contract has undergone revision. The new section reference is A.12.b. Mobile x-ray is currently available at all facilities. CT and MRI are available on-site at DeBerry in mobile trailers.
90 Proforma Contract pg. 8, A.4.b.: Please provide the number of the following procedures performed onsite/mobile unit for the last two full years: a. CT b. MRI c. Ultrasounds	The ProForma Contract has undergone revision. The new section reference is A.12.b. The requested data is not available to the State.
91 Proforma Contract pg. 9, A.4.d.: What are the connectivity requirements for installing EKG systems? What are the security restrictions? Are there dedicated phone lines at each location that an EKG device is required?	The ProForma Contract has undergone revision. The new section reference is A.12.d. All dedicated phone circuits for data are the responsibility of the Contractor. The Contractor will make arrangements with the local phone provider (commonly AT&T) to establish needed phone circuits to the demarcation point at each site. The state will provide the copper connection from the demarc to required locations at the facility. There are no dedicated EKG lines.
92 Proforma Contract pg. 10, A.4.d.: Please specify the State equipment for which the Contractor shall be responsible for supplies and repair costs.	The ProForma Contract has undergone revision. The new section reference is A.12.d. Please see the response to question 127 within.
93 Proforma Contract pg. 10, A.4.e.: Will the Contractor be responsible for administering HBV vaccine to the clinical institutional staff at the CCA facilities?	The ProForma Contract has undergone revision. The new section reference is A.9. No. The Contractor will not be responsible for administering HBV vaccine to the clinical institutional staff at the CCA facilities.
94 Proforma Contract pg. 10, A.4.e.: Please provide State Clinical Guidelines for nursing protocols with reference to the applicable medications specified in these guidelines.	The ProForma Contract has undergone revision. The new section reference is A.9. Nursing protocols are being incorporated into the RFP as per item 12 below.

QUESTION / COMMENT	STATE RESPONSE
<p>95 Proforma Contract pg. 11,A.5.e.: Please list the current TDOC partner academic institutions.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.d.</p> <p>TDOC is currently partnering with the University of Tennessee, Bethel, and Tennessee State University. Other institutions have indicated interest in partnering with TDOC.</p>
<p>96 Proforma Contract pg. 11,A.5.a.: Will mid-levels be allowed to share on-call duties,with a physician as back up?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.b.1.</p> <p>No.</p>
<p>97 Proforma Contract pg. 12,A.5.g.: Will the Contractor be responsible for repair or replacements of prosthetics or durable medical equipment for those inmates who enter the facility with these items in poor condition?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.f.</p> <p>Please revisit the State's response to question 49.</p>
<p>98 Proforma Contract pg. 12, A.5.h.: Regarding mid-level non-compliance with their supervisory physician agreement, will the Contractor be allowed to resolve matters before referring to the State's CMO?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.g.</p> <p>Yes.</p>
<p>99 Proforma Contract pg. 13, A.5.o.: Over the past three years, how often has the State Medical Officer been required to intervene in a patient treatment plan?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.3.m.</p> <p>The requested data is not available.</p>
<p>100 Proforma Contract pg. 14, A.6.: Please list the all specialty clinics currently provided onsite by facility with the frequency indicated for each.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.</p> <p>Tennessee Prison for Women: podiatry, optometry, obstetrics and oncology. DeBerry Special Needs Facility: nephrology, oncology, gastroenterology, cardiology, podiatry, and optometry.</p> <p>Average specialty clinic hours at TPFW = 164 hours per month Average specialty clinic hours at DSNF = 110.5 per month</p>
<p>101 Proforma Contract pg. 14,A.6.: Please list the current specialty medical services that utilize telemedicine and the provider for each.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.</p> <p>All medical specialties listed in Section A.5. use telemedicine. The provider for each depends on availability.</p>
<p>102 Proforma Contract pg. 14, A.6.: Please list the hospitals that provide emergency services for each facility.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.</p> <p>Please See the State's response to Question number 40.</p>
<p>103 Proforma Contract pg. 14,A.6.: How many pregnant inmates were located in the facilities during the past 12 months?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A.5.</p>

QUESTION / COMMENT		STATE RESPONSE
		Approximately 12.
104	Proforma Contract pg. 15, A.6.c.: Who currently provides mobile CT/MRI in the Central and Western regions?	<p>The ProForma Contract has undergone revision. The new section reference is A.5.c.</p> <p>Services are currently available in the Central Region at DeBerry. Schryver provides CT and mobile X-ray services. Alliance Imaging, a subcontractor for Schryver, provides MRI services.</p> <p>Services are not available in the Western Region at this time.</p>
105	<p>Proforma Contract pg. 15, A.7.: Please provide the total annual Offsite Medical expenses over the last two fiscal years, to include:</p> <ul style="list-style-type: none"> a. Inpatient hospital b. Outpatient hospital c. Specialty Providers 	<p>The ProForma Contract has undergone revision. The new section reference is A.8.</p> <p>The requested data is not available to the State.</p>
106	<p>Proforma Contract pg. 15, A.7.: Please provide off-site service encounters and statistics by site (including private facilities), by DRG/CPT/HCPCS/ICD9/ICD10/DSM-IV codes for the last two calendar years plus the current year thru 6/30/16 that includes the following specific information:</p> <ul style="list-style-type: none"> a. Unique patient identifier b. Dates of Service c. Facility of Assignment d. Service Provider Name e. Service Provider Type (Hospital, non-hospital) f. Primary Diagnosis g. Number of Inpatient Days/Admissions h. Procedures delivered i. Amount Paid 	<p>The ProForma Contract has undergone revision. The new section reference is A.8.</p> <p>The requested data is not available to the State.</p>
107	Proforma Contract pg. 16, A.7.d.1.: Please provide details on how the State Medical Officer currently receives notifications of emergency room transports within one hour.	<p>The ProForma Contract has undergone revision. The new section references are A.8.d. and A.25.c.</p> <p>Information is reported by email and on OSEL (online sentinel event log) log within six hours.</p>
108	Proforma Contract pg. 16, A.7.e.: How are the tracking, coordination and cost of inpatient charges currently being shared between the healthcare provider and CCA for the four private prisons? Is CCA currently paying the hospitals directly for the initial \$4,000 per admission?	<p>The ProForma Contract has undergone revision. The new section reference is A.8.e.</p> <p>Please revisit the relevant portions of A.8.e. included here for your convenience:</p> <p>... "The first four thousand dollars (\$4,000) of a single hospitalization is the</p>

QUESTION / COMMENT		STATE RESPONSE
		responsibility of the privately managed facility. These facilities are responsible for notifying the Contractor of all hospital admissions as soon as an inmate is transferred to a hospital not to exceed 24 hours of admission.”
109	Proforma Contract pg. 17, A.7.f.: Please provide the cost of the charge to the Contractor for use of a non-secure unit. How many non-secure inpatient days were incurred for each calendar year of the last two years?	The ProForma Contract has undergone revision. The new section reference is A.8.f. FY 15 None FY 16 \$59,600.00 149 Days FY17 \$12,800.00 32 Days
110	Proforma Contract pg. 18, A.8.a.: Knowing it is not uncommon for patients to be admitted prior to a Contractor being notified creating difficulty for the Contractor to notify the States' CMO; will the State consider allowing a grace period of twenty-four (24) hours, with supporting documentation?	The ProForma Contract has undergone revision. The new section reference is A.11.a. Notification is required within three hours for death row inmates, and six hours for all other inmates as stated.
111	Proforma Contract pg. 19, A.8.d.: Recognizing the State will own the rights, title and interest in its data related to the services provided by the Contract; please clarify if the use of the term "software" refers to such non-executable data.	The ProForma Contract has undergone revision. The new section reference is A.11.c. Software does not refer to the data owned by the State. “Software” is to be construed as having the ordinary meaning of being an executable application.
112	Proforma Contract pg. 20, A.9.b.: Are there ventilators onsite for long-term care services? If so, who owns the ventilators, how many are currently available and what is their age/condition?	The ProForma Contract has undergone revision. The new section reference is A.12.e. No. There are no ventilators onsite for long-term care services.
113	Proforma Contract pg. 20, A.9.c.: Please provide the average number of male and average number of female dialysis patients for the last 12 months.	The ProForma Contract has undergone revision. The new section reference is A.12.f. 29 male. One female.
114	Proforma Contract pg. 20, A.9.c.: Who owns the current dialysis equipment? Please list the number of dialysis chairs by facility, indicating age/condition of the dialysis equipment.	The ProForma Contract has undergone revision. The new section reference is A.12.f. Chardonay Dialysis. Please revisit the State's response to Question 61.
115	Proforma Contract pg. 21, A.9.e: How many patients are currently receiving chemotherapy at DSNF and TPFW?	The ProForma Contract has undergone revision. The new section reference is A.12.h. Two patients are currently receiving chemotherapy at DSNF and TPFW.
116	Proforma Contract pg. 21, A.9.d: Are all hospice patients housed in the same Facility? If not, which Facilities are utilized for hospice care? How many hospice beds are available at each facility?	The ProForma Contract has undergone revision. The new section reference is A.12.g. No. All hospice patients are not housed in the same facility. DeBerry Special Needs and Tennessee Prison for Women are the primary hospice sites.

QUESTION / COMMENT		STATE RESPONSE
		<p>This does not preclude patients receiving hospice care at other facilities.</p> <p>Please revisit the State's Response to Question 63.</p>
117	Proforma Contract pg. 21, A.10.: Please confirm if administrative staff must be proficient with the Statistical Analysis System (SAS).	No. It is not required that administrative staff be proficient with the Statistical Analysis System (SAS).
118	Proforma Contract pg. 23, A.10.g.2.: Please clarify for what upcoming period of time the required staff training curriculum should be (e.g., six months, 1 year, etc.).	The required staff training curriculum should cover one year at a minimum.
119	? Proforma Contract pg. 23, A.10.g.4.: Is in-service training to be included in the annual forty (40) hours of job-related training outlined in A.10.g.1?	Although the ProForma Contract has undergone revision, the section reference remains A.10.g.4. Yes.
120	Proforma Contract pg. 23, A.10.g.6.: for the purposes of continuing education, will the State allow contracted health services staff to use nationally accredited web-based training in lieu of attendance at national conferences?	Although the ProForma Contract has undergone revision, the section reference remains A.10.g.6. Yes.
121	Proforma Contract pg. 26, A.12.h.: Will the Contractor be responsible for the cost of the diagnostics conducted for "fitness for duty Physicals" on Correctional Officers?	<p>The ProForma Contract has undergone revision. The new section reference is A.4.e.</p> <p>No.</p>
122	Proforma Contract pg. 27, A.13.b.: Is the State's Peer Review Chairperson a physician?	<p>The ProForma Contract has undergone revision. The new section reference is A.16.B.</p> <p>Yes.</p>
123	Proforma Contract pg. 28, A.14.b.: Will all computers purchased by the Contractor and sent to the State for imaging be placed on the State's network?	<p>The ProForma Contract has undergone revision. The new section reference is A.17.b.</p> <p>Computers which match the state's current specifications (including specified manufacturer and model) will be purchased by the Contractor and sent to TDOC ITS for imaging. Those computers will be placed by ITS on the state's network for use by the Contractor. The Contractor will be responsible for the monthly network connection fee for each computer.</p>
124	Proforma Contract pg. 28, A.14.b.: Will State imaged PC's be updated and patched with Windows and security updates by State IT personnel?	<p>The ProForma Contract has undergone revision. The new section reference is A.17.b.</p> <p>Yes, virus protection software as well as Windows security updates will be managed by TDOC ITS. Note: any required software licenses for Office, etc. must be provided by the Contractor.</p>
125	Proforma Contract pg. 28, A.14.b.: If PC's are placed on State network, will Contractor IT support be granted access to the State network for purposes of support and	The ProForma Contract has undergone revision. The new section reference is A.17.b.

QUESTION / COMMENT	STATE RESPONSE
maintenance?	Remote access over the Internet will not be granted. Any software issues will be handled by TDOC ITS re-imaging the computer. Hardware issues would require on-site service.
126 Proforma Contract pg. 28, A.14.b.: Will the Contractor be required to implement Internet circuits at each facility or will access be granted from the State's network?	<p>The ProForma Contract has undergone revision. The new section reference is A.17.b.</p> <p>Computers provided by the Contractor for the Contractor's staff use will be imaged by the State, and connected to the state network. Telemedicine equipment provided by the Contractor would be on a private network circuit provided by the Contractor. Additional language has been added to ProForma Contract Section A.18. to clarify.</p>
127 Proforma Contract pg. 28, A.14.c.: Please provide a list of all medical equipment, to include age and condition.	<p>The ProForma Contract has undergone revision. The new section reference is A.17.c.</p> <p>Please reference RFP Attachment 6.11, the document titled Equipment Inventory which is added in item 10 below.</p>
128 Proforma Contract pg. 29, A.16.a.: What is the current process/procedure for the transportation officer to transport medical records for intra-system transfers?	<p>The ProForma Contract has undergone revision. The new section reference is A. 19.a.</p> <ol style="list-style-type: none"> 1. Medical/Transportation. List of inmates received by clinic from count room staff 2. Medical records staff pulls medical records 3. Nurse completes CR 1895 Transfer Discharge Summary (see attached) (if MH seclusion or suicide MH must complete section) on each inmate 4. Nurse retrieves dose by dose medications from medication room and lists remaining amounts of dose by dose medications on the CR 1895 5. Nurse packs medications & medical record in large manila envelope (s) 6. The pink copy of the CR 2176 is placed inside the envelope. 7. The nurse tapes the manila envelope closed. 8. The white copy of the CR 2176 is taped to the outside of the manila envelope containing the medical record. 9. The yellow copy of the CR 2176 is stapled to the outside of the envelope containing the medical record, over the white copy. 10. Once all records & medications are packaged they are taken to the facility designated area- inmate

QUESTION / COMMENT	STATE RESPONSE
	records/count room/chain bus, etc.
<p>129 Proforma Contract pg. 29 A.17.a:What is the anticipated expense associated with the third party reviewer?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A. 20.a.</p> <p>The State cannot project reviewer costs but expects such costs to depend on factors including Contractor performance, and the time to perform research necessary to provide a complete review.</p>
<p>130 Proforma Contract pg. 31, A.17.h.: Does the prescribing physician have the discretion to decide which meds the patient receives a 30-day supply upon discharge, or will they be required to write for all medications the patient is currently on upon release?</p>	<p>The ProForma Contract has undergone revision. The new section reference is A. 20.h.</p> <p>Provider has discretion within the confines of State policy and the applicable standard of care. The agency chief medical officer or designee is the final authority.</p>
<p>131 Proforma Contract pg. 32, A.22.: Please list separately the title and FTE for each of the current state employees who meet the professional qualifications as delineated in the approved minimum staffing requirements, Attachment Four, and whose positions appear in Attachment Five.</p>	<p>The ProForma Contract has undergone revision. The new section reference is A. 24.</p> <p>State employees are listed by title which indicates professional qualification such as State of Tennessee licensure.</p> <p>Requirements for licensure are defined by and regulated by the Tennessee Department of Health. The applications and associated policies which govern licensure as well as conduct are found on the website for the Tennessee Department of Health, Division of Health Licensure and Regulations as noted below:</p> <p>Licensure requirements</p> <p>https://www.tn.gov/health/section/health-professional-boards</p> <p>The specific licenses in question may be accessed by the links provided below:</p> <p>Dentist https://www.tn.gov/assets/entities/health.attachments/PH-3168.pdf</p> <p>Dental Hygienist https://www.tn.gov/assets/entities/health.attachments/PH-0915.pdf</p> <p>Dental Assistant https://www.tn.gov/assets/entities/health.attachments/PH-3166.pdf</p>

QUESTION / COMMENT		STATE RESPONSE
		<p>Advanced Practice Nurse (APN/Nurse Practitioner) https://www.tn.gov/assets/entities/health.attachments/PH-3824.pdf</p> <p>Registered Nurse https://www.tn.gov/assets/entities/health.attachments/PH-0291.pdf</p> <p>Licensed Practical Nurse (LPN) https://www.tn.gov/assets/entities/health.attachments/PH-0899.pdf</p> <p>Physician Assistant https://www.tn.gov/assets/entities/health.attachments/PH-3563.pdf</p> <p>Physical Therapy https://www.tn.gov/assets/entities/health.attachments/PT_Online_Application.pdf</p> <p>Physical Therapy Assistant https://www.tn.gov/assets/entities/health.attachments/PT_Online_Application.pdf</p> <p>The contractor must determine how to reach the required minimum staffing requirement using available State positions and contractor personnel.</p>
132	Proforma Contract pg. 32, A.22.b.: Attachment Five submitted does not include any positions highlighted in yellow. Please clarify which positions are intended to be assumed by the contractor.	<p>The ProForma Contract has undergone revision. The new section reference is A.24.</p> <p>The mention of highlighting is being deleted as all listed positions will either be assumed by the Contractor OR the Contractor will be required to offer employment to the position incumbent.</p>
133	Proforma Contract pg. 33, A.22.e.: Are all vacant State health positions included within the designated FTEs per RFP Minimum Staffing plan on Attachment Four? If not, please identify the position(s), facilities and number of FTEs that will be required of the Contractor that are above the RFP minimum staffing plan.	<p>The ProForma Contract has undergone revision. The new section reference is A. 24.</p> <p>All are identified.</p>
134	Proforma Contract pg. 33, A.22.a-e.: In the event that the actual State employee plus the required positions that the Contractor should assume is greater than the RFP minimum staffing plan on Attachment Four, should vendors assume the higher total of FTEs for purposes of the bid response?	<p>The ProForma Contract has undergone revision. The new section reference is A. 24.</p> <p>Yes.</p>
135	Proforma Contract pg.40, C.3.c.: How many patients are currently being treated for Hepatitis C	Six.

QUESTION / COMMENT		STATE RESPONSE
	{HCV}?	
136	Proforma Contract pg. 40, C.3.c.: How many patients are projected to require HCV treatment for each of the five years of the potential Contract?	No reliable prediction can be made while litigation is pending here and elsewhere, which seeks broad access to direct acting therapy by all inmates.
137	Proforma Contract pg. 40, C.3.c.: What has been the Contractor's 50% share of the cost of HIV and HCV medications for each of the past two years?	FY2015 \$2,823,679.00 FY2016 \$2,730,892.32
138	Proforma Contract pg. 40, C.3.c.: With the uncertain outcome of current litigation regarding the treatment of Hepatitis C within TDOC, how should vendors project costs for the treatment of HCV?	Please revisit the State's response to Question 13.
139	Proforma Contract pg. 40, C.3.c.: With the uncertain outcome of current litigation regarding the treatment of Hepatitis C within TDOC, will this be considered a change in scope that allows the contract to be amended with increased pricing to reflect certain outcomes of the court case?	Please revisit the State's response to Question 13.
140	Proforma Contract pg. 40, C.3.d.: Please detail the costs above the initial \$4,000 for the private facilities for the last two fiscal years, to include total cost as well as number of inpatient admissions or offsite encounters.	The requested data is not available as vendors bill each other directly.
141	Proforma Contract pg. 40, C.3.d.: How much has the State spent on its share of the cost of inpatient hospital admissions over the \$50,000 threshold for each of the past two fiscal years?	Payment in FY 15 \$2,828,640.26 Payment in FY 16 \$2,405,511.30
142	?? Proforma Contract, Attachment Four (Minimum Staffing Requirements): Please explain the State's use of green shading for certain cells, its use of red text, highlighted text, and data underlined and in parentheses.	Attachment 4 has been revised as indicated in item 5 below. Items in red type indicate changes to the Minimum Staffing Requirements (Attachment 4) since the RFP was originally issued. Green highlighting indicates staffing pattern column totals.
143	Proforma Contract, Attachment Four (Minimum Staffing Requirements): The Bledsoe facility lists a position titled "DC". Please provide a description of the full title and degree/licensure requirements for this position.	An Assistant HSA was the intent. However so, Attachment 4 has been revised to eliminate such position.
144	Proforma Contract, Attachment Four (Minimum Staffing Requirements): Several facilities include a Case Manager. Please describe the duties, degree and licensure required for this position. Proforma Contract Attachment 4, BCCX Medical Records Clerk: The total weekly hours listed on the evening shift are 88; with the FTE listed is 2.2. The hours by day total 96 for a 2.4 FTE. Please clarify which is correct?	The ProForma Contract has undergone revision. The new section reference is A. 20.h Please see Section A.20.h regarding transition services. The case manager should possess a bachelor's degree in social work, psychology, or closely related field of study. 96 hours/2.4 FTE is correct.
145	Proforma Contract Attachment 4, BCCX CNT: The total weekly hours listed on the evening shift are 48; with the FTE listed is 1.2. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	56 hours/1.4 FTE is correct

	QUESTION / COMMENT	STATE RESPONSE
146	Proforma Contract Attachment 4, BCCX RN Charge: The total weekly hours listed on the evening shift are 48; with the FTE listed is 1.2. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	56 hours/1.4 FTE is correct
147	Proforma Contract Attachment 4, MCCX RN Charge: The total weekly hours listed on the night shift are 48; with the FTE listed is 12. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	56 hours/1.4 FTE is correct
148	Proforma Contract Attachment 4, MCCX LPN: The total weekly hours listed on the night shift are 96; with the FTE listed is 2.4. The hours by day total 112 for a 2.8 FTE. Please clarify which is correct?	112 hours/2.8 FTE is correct
149	Proforma Contract Attachment 4, MCCX CNT: The total weekly hours listed on the night shift are 576; with the FTE listed is 14.4. The hours by day total 672 for a 16.8 FTE. Please clarify which is correct?	672 hours/16.8 FTE is correct
150	Proforma Contract Attachment 4, TPFWRN Charge: The total weekly hours listed on the night shift are 112; with the FTE listed is 14. The hours by day total 112 for a 2.8 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
151	Proforma Contract Attachment 4, TPFWRN CNA: The total weekly hours listed on the night shift are 56; with the FTE listed is 1.0. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
152	Proforma Contract Attachment 4, TPFWRN PA/APN Chattanooga: The total weekly hours listed on the night shift are 32; with the FTE listed is 0.8. The hours in the description are 8 hours per week for a 0.2 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
153	Proforma Contract Attachment 4, WTSP Site 1CNT: The total weekly hours listed on the day shift are 96; with the FTE listed is 2.4. The hours by day total 104 for a 2.6 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
154	Proforma Contract Attachment 4, WTSP Site 1LPN: The total weekly hours listed on the night shift are 160; with the FTE listed is 3.8. The hours by day total 160 for a 4.0 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
155	Proforma Contract Attachment 4, WTSP Site 2 MH LPN: The total weekly hours listed on the night shift are 56; with the FTE listed is 2.8. The hours by day total 56 for a 1.4 FTE. Please clarify which is correct?	The Staffing Pattern has been revised as per item 5 below.
156	Proforma Contract Attachment 4, DSNF Optometrist: The total weekly hours listed are 0, but the hours in the description are 20 hours per month. Please clarify which is correct?	20 hours is the correct figure
157	Proforma Contract Attachment 4, MCCX Optometrist: The total weekly hours listed are 7 or 28 hours per month, but the hours in the description are 20 hours	20 hours is the correct figure

QUESTION / COMMENT	STATE RESPONSE
<p>per month. Please clarify which is correct?</p> <p>158 Proforma Contract Attachment 4, NECX Optometrist: The total weekly hours listed are 0, but the hours in the description are 20 hours per month. Please clarify which is correct?</p>	<p>20 hours is the correct figure</p>
<p>159 Proforma Contract Attachment 4, RMSI Optometrist: The total weekly hours listed are 2 or 8 hours per month, but the hours in the description are 20 hours per month. Please clarify which is correct?</p>	<p>20 hours is the correct figure</p>
<p>160 Proforma Contract, Attachment Four (Minimum Staffing Requirements): Is the current contracted staffing plan the same as the minimum staffing requirement in Attachment Four? If not, please provide the current contracted staffing plan.</p>	<p>The current contracted staffing plan differs from the staffing plan requirements set forth in the revised Attachment Four.</p> <p>The current staffing pattern would not assist proposers in responding to this solicitation. Proposers are better served using the revised staffing pattern provided with the revised RFP and ProForma Contract.</p>
<p>161 Proforma Contract, Attachment Five (State Staff): Please confirm that the line items that do not have a person title or hired date are current open positions with the State.</p>	<p>Those were the vacant positions in May 2016 when that staffing spreadsheet was completed. Updated information has been provided.</p>
<p>162 Proforma Contract, Attachment Five (State Staff): For positions listed with a salary amount above \$1,000, please clarify what time period this salary represents (two weeks, bi-monthly, monthly, etc.).</p>	<p>All full-time employees base pay are monthly salaries (they may also receive shift differential). Part-time employees are hourly rates.</p>
<p>163 Proforma Contract, Attachment Eleven: Please provide the projected offender population for each of the potential five years of the Contract.</p>	<p>A document containing five-year population projections is being added as Pro-Forma Contract Attachment 12.</p>
<p>164 Proforma Contract, Attachment Eleven: Historically, TDOC population has remained well below capacity (the offender population for FY 2015 was 20,714 vs. a capacity of 24,104) and it appears the TDOC is requesting bids based on the capacity of 24,104. Given the capitated per diem nature of the pricing structure, having bids based on an artificially inflated ADP results in underfunding of the contract when the actual ADP used for payment purposes is lower. Will the TDOC consider modifying the RFP requested ADP to a number more consistent with the current and projected population so that a more realistic per diem will be received and evaluated?</p>	<p>The Cost Proposal and Blended Per Diem worksheet have been revised to reflect bed space as of January 2017.</p> <p>Item 8 below reflects a revision to address the concern.</p>
<p>165 General Question: The Proforma Contract makes references to the Contractor's electronic health record as well as the possibility of the State providing an electronic health record. As optional services and alternate bids are not allowed as part of this procurement, please clarify if the State is requiring bidders to include an electronic health</p>	<p>The RFP requirements do not include an electronic health record system or any associated costs, so no such cost should be included in vendor proposals.</p>

QUESTION / COMMENT	STATE RESPONSE
record and its associated cost in response to this RFP.	

3. Delete RFP 32901-31230 and the related ProForma Contract as originally issued and replace with RFP 32901-31230 Release 2 and ProForma Contract Release 2 as included in this Amendment.

4. Delete RFP Attachment 6.3.1. in its entirety and replace with the Revised for Release 2 RFP Attachment 6.3.1.

5. Delete ProForma Contract Attachment Four in its entirety and replace it with the Revised for Release 2 Attachment Four.

6. Delete ProForma Contract Attachment Five in its entirety and replace it with the Revised for Release 2 Attachment Five.

7. Delete ProForma Contract Attachment Eight in its entirety and replace it with the Attachment Eight (Reports List).

8. Add the document titled 5 Year Population Projections as ProForma Contract Attachment Twelve.

9. Add the document Population Projection as ProForma Contract Attachment Thirteen.

10. Add the document Standards for correctional Officers Physical Exam as ProForma Contract Attachment Fourteen.

11. Add the document HIPAA Business Associate Agreement as ProForma Contract Attachment Fifteen.

12. Add the document entitled Equipment Inventory as RFP Attachment 6.11.

13. Add the document entitled HEP C Pre-Treatment Program as RFP Attachment 6.12

14. Add the document entitled Nursing Protocols as RFP Attachment 6.13

15. STATE NOTE: The ProForma Contract has undergone substantial revision by the State since the RFP was issued. Proposers are strongly urged to review the re-issued RFP, ProForma Contract and attachments closely to prepare proposals.

16. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 8
FOR Inmate Health Services**

DATE: **March 24, 2017**

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 29, 2017	Updated
6. Deadline for Vendor questions precipitated by PFC revisions		April 5, 2017	Updated
7. State Response to additional vendor questions		May 15, 2017	Updated
8. Response Deadline	2:00 p.m.	June 15, 2017	Updated
9. State Completion of Technical Response Evaluations		July 17, 2017	Updated
10. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 18, 2017	Updated
10. Negotiations (Optional)	4:30 p.m.	July 19-21; July 24 2017	Updated
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	July 27, 2017	Updated

12. End of Open File Period		August 7, 2017	Updated
13. State sends contract to Contractor for signature		August 8, 2017	Updated
14. Contractor Signature Deadline	2:00 p.m.	August 9, 2017	Confirmed
15. Performance Bond Deadline		August 24, 2017	Confirmed
16. Contract Start Date		September 1, 2017	Confirmed

2. Delete RFP Section 1.4 in its entirety and replace with the following:

1.4. RFP Communications

1.4.1. The State has assigned the following RFP identification number that must be referenced in all communications regarding this RFP:

RFP # 32901-31230

1.4.2. **Unauthorized contact about this RFP with employees or officials of the State of Tennessee except as detailed below may result in disqualification from consideration under this procurement process.**

1.4.2.1. Prospective Respondents must direct communications concerning this RFP to the following person designated as the Solicitation Coordinator:

Kelly Johns, Category Specialist
 Department of General Services, Central Procurement Office
 3rd Floor, WRS Tennessee Tower
 312 Rosa L. Parks Avenue
 Nashville, TN 37243
 Telephone: (615) 741-8852
Kelly.X.Johns@tn.gov

1.4.2.2. Notwithstanding the foregoing, Prospective Respondents may alternatively contact:

a. staff of the Governor's Office of Diversity Business Enterprise for assistance available to minority-owned, woman-owned, Tennessee service-disabled veteran owned, and small businesses as well as general, public information relating to this RFP (visit <http://www.tn.gov/generalservices/article/godbe-general-contacts> for contact information); and

b. the following individual designated by the State to coordinate compliance with the nondiscrimination requirements of the State of Tennessee, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, and associated federal regulations:

Helen Crowley, Compliance Team Lead
 Department of General Services, Central Procurement Office
 3rd Floor, WRS Tennessee Tower
 312 Rosa L. Parks Avenue
 Nashville, TN 37243

Telephone: (615) 741-3836

Helen.crowley@tn.gov

- 1.4.3. Only the State's official, written responses and communications with Respondents are binding with regard to this RFP. Oral communications between a State official and one or more Respondents are unofficial and non-binding.
- 1.4.4. Potential Respondents must ensure that the State receives all written questions and comments, including questions and requests for clarification, no later than the Written Questions & Comments Deadline detailed in the RFP Section 2, Schedule of Events.
- 1.4.5. Respondents must assume the risk of the method of dispatching any communication or response to the State. The State assumes no responsibility for delays or delivery failures resulting from the Respondent's method of dispatch. Actual or digital "postmarking" of a communication or response to the State by a specified deadline is not a substitute for the State's actual receipt of a communication or response.
- 1.4.6. The State will convey all official responses and communications related to this RFP to the prospective Respondents from whom the State has received a Notice of Intent to Respond (refer to RFP Section 1.7).
- 1.4.7. The State reserves the right to determine, at its sole discretion, the method of conveying official, written responses and communications related to this RFP. Such written communications may be transmitted by mail, hand-delivery, facsimile, electronic mail, Internet posting, or any other means deemed reasonable by the State. For internet posting, please refer to the following website:
<http://tn.gov/generalservices/article/request-for-proposals-rfp-opportunities>.
- 1.4.8. The State reserves the right to determine, at its sole discretion, the appropriateness and adequacy of responses to written comments, questions, and requests related to this RFP. The State's official, written responses will constitute an amendment of this RFP.
- 1.4.9. Any data or factual information provided by the State (in this RFP, an RFP amendment or any other communication relating to this RFP) is for informational purposes only. The State will make reasonable efforts to ensure the accuracy of such data or information, however it is the Respondent's obligation to independently verify any data or information provided by the State. The State expressly disclaims the accuracy or adequacy of any information or data that it provides to prospective Respondents.

3. Delete RFP section 3.2.4 in its entirety and replace with the following:

- 3.2.4. A Respondent must ensure that the State receives a response no later than the Response Deadline time and date detailed in the RFP Section 2, Schedule of Events at the following address:

Kelly Johns, Category Specialist
Department of General Services, Central Procurement Office
3rd Floor, WRS Tennessee Tower
312 Rosa L. Parks Avenue
Nashville, TN 37243
Telephone: (615) 741-8852
Kelly.X.Johns@tn.gov

4. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
Correction

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 7
FOR Inmate Health Services**

DATE: **March 10, 2017**

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 24, 2017	Updated
6. Deadline for Vendor questions precipitated by PFC revisions		March 31, 2017	Updated
7. State Response to additional vendor questions		May 10, 2017	Updated
8. Response Deadline	2:00 p.m.	June 12, 2017	Updated
9. State Completion of Technical Response Evaluations		July 12, 2017	Updated
10. State Opening & Scoring of Cost Proposals	2:00 p.m.	July 13, 2017	Updated
10. Negotiations (Optional)	4:30 p.m.	July 17-21, 2017	Updated
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	July 26, 2017	Updated
12. End of Open File Period		August 4, 2017	Updated
13. State sends contract to Contractor for signature		August 7, 2017	Updated
14. Contractor Signature Deadline	2:00 p.m.	August 9, 2017	Updated
15. Performance Bond Deadline		August 24, 2017	Updated
16. Contract Start Date		September 1, 2017	Updated

RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
Correction

REQUEST FOR PROPOSALS # 32901-31230 AMENDMENT # 6 FOR Inmate Health Services

DATE: **February 22, 2017**

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. **Any event, time, or date containing revised or new text is highlighted.**

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		March 1, 2017	Updated
6. Deadline for Vendor questions precipitated by PFC revisions		March 8, 2017	Confirmed
7. State Response to additional vendor questions		April 17, 2017	Confirmed
8. Response Deadline	2:00 p.m.	May 17, 2017	Confirmed
9. State Completion of Technical Response Evaluations		June 16, 2017	Confirmed
10. State Opening & Scoring of Cost Proposals	2:00 p.m.	June 19, 2017	Confirmed
10. Negotiations (Optional)	4:30 p.m.	June 20-23, 2017	Confirmed
11. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	June 28, 2017	Confirmed
12. End of Open File Period		July 6, 2017	Confirmed

13. State sends contract to Contractor for signature		July 10, 2017	Confirmed
14. Contractor Signature Deadline	2:00 p.m.	July 11, 2017	Confirmed
15. Performance Bond Deadline		July 31, 2017	Confirmed
16. Contract Start Date		August 1, 2017	Confirmed

2. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
Correction

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 5
FOR Inmate Health Services**

DATE: February 1, 2017

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. **This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.**

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		Feb. 22, 2017	Updated
6. Deadline for Vendor questions precipitated by RFP and PFC revisions		March 8, 2017	Updated
7. State Response to additional vendor questions		April 17, 2017	Updated
8. Response Deadline	2:00 p.m.	May 17, 2017	Updated
9. State Completion of Technical Response Evaluations		June 16, 2017	Updated
10. State Opening & Scoring of Cost Proposals	2:00 p.m.	June 19, 2017	Updated
10. Negotiations (Optional)	4:30 p.m.	June 20-23, 2017	Updated
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	June 28, 2017	Updated
12. End of Open File Period		July 6, 2017	Updated
13. State sends contract to Contractor for signature		July 10, 2017	Updated
14. Contractor Signature Deadline	2:00 p.m.	July 11, 2017	Updated
15. Performance Bond Deadline		July 31, 2017	Updated
16. Contract Start Date		August 1, 2017	Updated

RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
Correction

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 4
FOR Inmate Health Services**

DATE: January 11, 2017

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		February 1, 2017	Updated
6. Response Deadline	2:00 p.m.	March 8, 2017	Updated
7. State Completion of Technical Response Evaluations		April 5, 2017	Updated
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	April 6, 2017	Updated
10. Negotiations (Optional)	4:30 p.m.	April 7-13, 2017	Updated
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	April 19, 2017	Updated
12. End of Open File Period		April 26, 2017	Updated
13. State sends contract to Contractor for signature		April 27, 2017	Updated
14. Contractor Signature Deadline	2:00 p.m.	April 28, 2017	Updated

15. Performance Bond Deadline		May 5, 2017	Updated
16. Contract Start Date		May 8, 2017	Updated

2. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
Correction

REQUEST FOR PROPOSALS # 32901-31230 AMENDMENT # 3 FOR Inmate Health Services

DATE: December 8, 2016

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		Jan. 11, 2017	Updated
6. Response Deadline	2:00 p.m.	Feb. 15, 2017	Updated
7. State Completion of Technical Response Evaluations		March 15, 2017	Updated
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	March 16, 2017	Updated
10. Negotiations (Optional)	4:30 p.m.	March 20-24, 2017	Updated
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	March 29, 2017	Updated
12. End of Open File Period		April 5, 2017	Updated
13. State sends contract to Contractor for signature		April 6, 2017	Updated
14. Contractor Signature Deadline	2:00 p.m.	April 7, 2017	Updated

15. Performance Bond Deadline		April 13, 2017	Updated
16. Contract Start Date		April 15, 2017	Updated

2. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
Correction

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 2
FOR Inmate Health Services**

DATE: November 22, 2016

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		Dec. 8, 2016	Updated
6. Response Deadline	2:00 p.m.	Jan. 11, 2017	Updated
7. State Completion of Technical Response Evaluations		Feb. 10, 2017	Updated
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	Feb. 13, 2017	Updated
10. Negotiations (Optional)	4:30 p.m.	Feb. 14-17, 2017	Updated
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	Feb. 23, 2017	Updated
12. End of Open File Period		March 2, 2017	Updated
13. State sends contract to Contractor for signature		March 3, 2017	Updated
14. Contractor Signature Deadline	2:00 p.m.	March 6, 2017	Updated

15. Performance Bond Deadline		March 14, 2017	Updated
16. Contract Start Date		March 15, 2017	Updated

2. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.



STATE OF TENNESSEE
Correction

**REQUEST FOR PROPOSALS # 32901-31230
AMENDMENT # 1
FOR Inmate Health Services**

DATE: November 09, 2016

RFP # 32901-31230 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE	Updated/Confirmed
1. RFP Issued		Sept. 19, 2016	Confirmed
2. Disability Accommodation Request Deadline	2:00 p.m.	Sept. 22, 2016	Confirmed
3. Notice of Intent to Respond Deadline	2:00 p.m.	Sept. 28, 2016	Confirmed
4. Written "Questions & Comments" Deadline	2:00 p.m.	Oct. 12, 2016	Confirmed
5. State Response to Written "Questions & Comments"		Nov. 22, 2016	Updated
6. Response Deadline	2:00 p.m.	Dec. 19, 2016	Updated
7. State Completion of Technical Response Evaluations		Jan. 17, 2017	Updated
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	Jan. 18, 2017	Updated
10. Negotiations (Optional)	4:30 p.m.	Jan. 19-25, 2017	Updated
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	Jan. 30, 2017	Updated
12. End of Open File Period		Feb. 6, 2017	Updated
13. State sends contract to Contractor for signature		Feb. 7, 2017	Updated
14. Contractor Signature Deadline	2:00 p.m.	Feb. 14, 2017	Updated

15. Performance Bond Deadline		Feb. 24, 2017	Updated
16. Contract Start Date		Feb. 27, 2017	Updated

2. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.