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Office of the Secretary

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February 25, 2010

QUESTION AND ANSWERS

Solicitation: DPSCS Q0010019 - 22

INMATE HEALTH CARE SERVICES RFPS

Questions and Responses

DIVISION OF CORRECTION

DIVISION OF PAROLE AND
PROBATION

DIVISION OF PRETRIAL
DETENTION AND SERVICES

PATUXENT INSTITUTION

MARYLAND COMMISSION ON
CORRECTIONAL STANDARDS

CORRECTIONAL TRAINING
COMMISSION

POLICE TRAINING
COMMISSION

MARYLAND PAROLE
COMMISSION

CRIMINAL INJURIES
COMPENSATION BOARD

EMERGENCY NUMBER
SYSTEMS BOARD

SUNDRY CLAIMS BOARD

INMATE GRIEVANCE OFFICE

Question #1: RFP Section 3.17.1, Equipment and Supplies (RFP page 28). Does ownership of equipment transfer to DPSCS for equipment needed solely by the dental services staff to perform job functions associated with vendor's administrative operations?

Response: All equipment and supplies purchased under this contract become the property of the State. Off-site equipment and supplies to perform job functions associated with vendor's administrative operations are owned by the Contractor.

Question #2: RFP Section 3.30.1, Investigation and Follow-up of Grievances/ARPS Complaints (RFP page 33). Will the DPSCS accept tracking of grievances/complaints via an electronic format/application?

Response: Yes.

Question #3 Is it a requirement to have grievance reports proceed in electronic vs. paper format?

Response: Yes

Question #4 RFP Section 3.39.1, Patient Health Records (RFP page 36). Will the dental services provider be required to inventory the State's EMR site hardware?

Response: No.

Question #5 Will the dental services provider be required to maintain the State's documentation related to the State's EMR ?

Response: No.

Question #6 e.g., System Security Plan, EMR Account Administration Documents, etc. If so, please provide a comprehensive listing of the documents the dental services provider will be required to maintain. What is the maximum frequency per annum these documents will be updated?

Response: None.

Question #7 Will the State establish an EMR Help Desk or is it the State's intention that this function will be fulfilled by the dental services provider? If so are the other vendors (medical, mental health, pharmacy) expected to provide this support to their users or is the dental services provider expected to provide these services?

Response: The State will establish an EMR Help Desk.

Question #8 Will the State establish a unique 800# for providing user support for the State's EMR?

Response: Yes.

Question #9 Will the dental services provider be required to procure EMR hardware and software on behalf of the State?

Response: No.

Question # 10 Will the State require the dental services provider to develop custom EMR reports and queries on behalf of the State? If so what is the expected maximum elapsed time from request to first productive use of the report/query?

Response: No.

Question # 11 Does the State require the dental services provider to conduct periodic training for State staff in the use of the current EMR's (NexGen) query and reporting functionality? If so, what is the maximum frequency per annum training is required. Will this training be face-to-face class room, web-conference or other?

Response: No.

Question # 12 Will the State provide on-going training to the dental service provider's staff for completion of the Initial Medical and Mental screening in the State's new Offender Case Management System?

Response: Yes.

Question # 13 As it is a requirement of the dental services provider to provide on-going training to the dental services staff for the State's EMR, will the State support and maintain the EMR training environment as well as generic domain and EMR training accounts to enable training?

Response: TBD by NextGen and DPSCS/ITCD, not by OIHS.

Question # 14 Is the dental service provider expected to staff for monitoring, managing and merging duplicate medical records created by the State's various offender management data feeds?

Response: TBD by NextGen and DPSCS/ITCD, not by OIHS.

Question # 15 Is the dental services provider expected to staff to support/complete the State's current EMR template customization requests?

Response: No.

Question # 16 Will the State extend the site EMR access hardware to all points of care?

Response: EMR is deployed state-wide, there has not been many requests in the last 2 years to add additional hardware in locations for users to access EMR. If EMR is needed in a new location, it is ITCDs responsibility, not the Contractors.

Question # 17 Is the dental services provider expected to staff to assist/participate/complete quality assurance and/or user acceptance testing for the State's EMR upgrades/conversions/implementations?

Response: No.

Question # 18 Is the dental services provider expected to lead, project manage, coordinate or otherwise facilitate the State's EMR upgrades/conversions/implementations?

Response: No.

Question # 19 Is the dental services provider expected to interact directly with the State's EMR vendor for application support and maintenance issues

Response: No. or will the dental services provider report issues, bugs and enhancements to the State for prioritization, reporting and escalation to the EMR vendor? Yes.

Question # 20 Will the State fund train-the-trainer education for dental services provider relative to future NexGen upgrades or will the dental services provider be responsible for this cost?

Response: Contractor is responsible for this cost.

Question # 21 If it is a requirement of the dental services provider to use the NexGen EMR, what is the State's commitment to addressing network bandwidth issues that prevent utilization?

Response: Contractor EMR users are expected to open helpdesk tickets when EMR system problems occur, regardless if EMR-related or DPSCS network-related. As long as a ticket is established, the contractor will not be held responsible for a lack of EMR utilization.

Question # 22 Who is responsible for developing workflows for EMR documentation?

Response: The Contractors.

Question # 23 RFP Section 3.41.2, Data and Reports (RFP page 38). Can this be provided from the EMR or is there a sole intent by DPSCS to track and record these separately?

Response: If accurate Dental data is pulled out of NextGen, then a separate “database” is not necessary.

Question # 24 If this can be provided from the EMR, will the State contract with NexGen for delivery of these reports or is the dental provider expected to fund the reporting and/or provide a reporting analyst to produce the required reports?

Response: The State will have a contract with NextGen to customize the EMR.

Question # 25 If not NexGen, is there a preferred type of database tool that DPSCS prefers to see data stored/populated from?

Response: Excel.

Question # 26 RFP Section 3.41.6, Data and Reports (RFP page 39). What format should reports be provided?

Response: Excel. Is it at the discretion of the vendor to determine file format/media used? No, must be in form and format requested by the State.

Question # 27 RFP Section 3.16.6, Delivery of Pharmacy Services (RFP page 28). Does this system need to reside and be accessible by the DPSCS personnel or is it acceptable for the contractor to manage this information and provide reports summarizing the mentioned elements?

Response: TBD by Contractor to meet this requirement.

Question # 28 Will the DPSCS provide a comprehensive listing of all required reports and the frequency these reports are expected to be delivered?

Response: Yes.

Question # 29 Will DPSCS contract with NexGen to feed the medication orders from NexGen to the pharmacy vendor?

Response: Yes.

Question # 30 RFP Section 3.21.1, Investigation and Follow-up of Grievances/ARPS Complaints (RFP page 31). Will the DPSCS accept tracking of grievances/complaints via an electronic format/application?

Response: Yes. Is it a requirement to have grievance reports proceed in electronic vs. paper format? Yes.

Question # 31 RFP Section 3.30.1, Patient Health Records (RFP page 34). Can you please clarify the requirement for pharmacists to enter all patient specific medication into the patient health record, as appropriate? How does this process work currently? Given the fact pharmacists will not be located at each facility, how do you anticipate this requirement being fulfilled?

Response: The section only applies to facilities that have an on-site clinical pharmacist.

Question # 32 RFP Section 3.9.4, Orientation and Training (RFP page 30). Is it the expectation of the DPSCS that all training curriculum be provided via an electronic on-line training method? Is it the expectation that the contractor will provide the necessary equipment (i.e. computer terminals) dedicated for this purpose or will the DPSCS provide?

Response: Orientation and Training materials are in a variety of formats currently, it is up to the Contractor to gather these materials and present to their employees in whatever manner suits the Contractor and meets the requirements for proof of attendance. Contractor will establish training environment; if training is held off DPSCS-owned property, then Contractor is responsible for the equipment needed to provide training.

Question # 33 Does the State expect to contract with NexGen for correctional on-line learning curriculum?

Response: NextGen eLearning is available at no cost to the Contractor.

Question # 34 RFP Section 3.15.3, Equipment and Supplies (RFP page 35). Does ownership of equipment transfer to DPSCS for equipment needed solely by the mental health staff to perform job functions associated with vendor's administrative operations?

Response: All equipment and supplies purchased under this contract become the property of the State. Off-site equipment and supplies to perform job functions associated with vendor's administrative operations are owned by the Contractor.

Question # 35 Does this cost sharing also include any network costs needed to provide services such as TeleHealth?

Response: No, network costs needed to provide services such as Tele-Health are the responsibility of the State.

Question # 36 RFP Section 3.15.4.4, Equipment and Supplies (RFP page 35). Can you please clarify what is meant by a "data base"? Is this a simple log of all purchases such as a MS Word or Excel document?

Response: Yes.

Question # 37 RFP Section 3.17.5, Mental Health Consultation Services (RFP page 37). Please specify what services are expected to be provided for consultation.

Response: Any crisis or emergency referral as well as any treatment or medication issue.

Question # 38 RFP Section 3.22.1, Medication (RFP page 43). Is the cost of bar code scanners the responsibility of the mental health vendor or the pharmacy vendor?

Response: Per Pharmacy RFP Section 3.15.1 Bar code scanners and other inventory control equipment shall be the responsibility of the Pharmacy Provider.

Question # 39 RFP Section 3.23.2, Telepsychiatry (RFP page 44). Is the expectation that telemedicine visits will be logged in the EMR or is the electronic log to be kept separate?

Response: Logged in EMR.

Question # 40 Is DPSCS open to utilizing stand-alone telehealth carts for providing care (where appropriate) or is it the expectation that the equipment be installed in a fixed location?

Response: See attachment Z for current telemedicine equipment fixed locations.

Question # 41 Is DPSCS willing to upgrade (if necessary) and support a network that allows for streaming video and quick response times to support telehealth visits?

Response: Not in the near future. See attachment Z for current telemedicine equipment fixed locations.

Question # 42 Is DPSCS providing the telemedicine networking infrastructure to support site-to-site connectivity? If yes, what bandwidth/QOS will be provisioned for this service?

Response: Yes, see attachment Z for current telemedicine equipment fixed locations. All telemedicine locations run on dedicated T1 line.

Question # 43 RFP Section 3.25.1, Investigation and Follow-up of Grievances/ARPS Complaints (RFP page 45). Will the DPSCS accept tracking of grievances/complaints via an electronic format/application?

Response: Yes.

Question # 44 Is it a requirement to have grievance reports proceed in electronic vs. paper format?

Response: Yes.

Question # 45 RFP Section 3.32.3, Patient Health Records (RFP page 49). Will the mental health services provider be required to inventory the State's EMR site hardware?

Response: No.

Question # 46 Will the mental health services provider be required to maintain the State's documentation related to the State's EMR ?

Response: No.

Question # 47 e.g., System Security Plan, EMR Account Administration Documents, etc. If so, please provide a comprehensive listing of the documents the mental health services provider will be required to maintain. What is the maximum frequency per annum these documents will be updated?

Response: None.

Question # 48 Will the State establish an EMR Help Desk or is it the State's intention that this function will be fulfilled by the mental health services provider? If so are the other vendors (medical, dental, pharmacy) expected to provide this support to their users or is the mental health services provider expected to provide these services?

Response: The State will establish an EMR Help Desk.

Question # 49 Will the State establish a unique 800# for providing user support for the State's EMR?

Response: See response to question # 8.

Question # 50 Will the mental health services provider be required to procure EMR hardware and software on behalf of the State?

Response: No.

Question # 51 Will the State require the mental health services provider to develop custom EMR reports and queries on behalf of the State? If so what is the expected maximum elapsed time from request to first productive use of the report/query?

Response: No.

Question # 52 Does the State require the mental health services provider to conduct periodic training for State staff in the use of the current EMR's (NexGen) query and reporting functionality? If so, what is the maximum frequency per annum training is required. Will this training be face-to-face class room, web-conference or other?

Response: No.

Question # 53 Will the State provide on-going training to the mental health service provider's staff for completion of the Initial Medical and Mental screening in the State's new Offender Case Management System?

Response: See response to question answer to # 16.

Question # 52 As it is a requirement of the mental health services provider to provide on-going training to the mental health services staff for the State's EMR, will the State support and maintain the EMR training environment as well as generic domain and EMR training accounts to enable training?

Response: TBD by NextGen and DPSCS/ITCD, not by OIHS.

Question # 53 Is the mental health service provider expected to staff for monitoring, managing and merging duplicate medical records created by the State's various offender management data feeds?

Response: TBD by NextGen and DPSCS/ITCD, not by OIHS.

Question # 54 Is the mental health services provider expected to staff to support/complete the State's current EMR template customization requests?

Response: No.

Question # 55 Will the State extend the site EMR access hardware to all points of care?

Response: EMR is deployed state-wide, there has not been many requests in the last 2 years to add additional hardware in locations for users to access EMR. If EMR is needed in a new location, it is ITCDs responsibility, not the Contractors.

Question # 56 Is the mental health services provider expected to staff to assist/participate/complete quality assurance and/or user acceptance testing for the State's EMR upgrades/conversions/implementations?

Response: No.

Question # 57 Is the mental health services provider expected to lead, project manage, coordinate or otherwise facilitate the State's EMR upgrades/conversions/implementations?

Response: No.

Question # 58 Is the mental health services provider expected to interact directly with the State's EMR vendor for application support and maintenance issues

Response: No. or will the mental health services provider report issues, bugs and enhancements to the State for prioritization, reporting and escalation to the EMR vendor? Yes.

Question # 59 Will the State fund train-the-trainer education for the mental health services provider relative to future NexGen upgrades or will the mental health services provider be responsible for this cost?

Response: Contractor is responsible for this cost.

Question # 60 If it is a requirement of the mental health services provider to use the NexGen EMR, what is the State's commitment to addressing network bandwidth issues that prevent utilization?

Response: Contractor EMR users are expected to open helpdesk tickets when EMR system problems occur, regardless if EMR-related or DPSCS network-related. As long as a ticket is established, the contractor will no be held responsible for a lack of EMR utilization.

Question # 61 Who is responsible for developing workflows for EMR documentation?

Response: See response to question # 22.

Question # 62 RFP Section 3.33.1, Data and Reports (RFP page 50). Is a client facing portal an appropriate delivery mechanism for providing reports to the DPSCS on a recurring basis?

Response: Yes.

Question # 63 Will the DPSCS provide a comprehensive listing of the reports and frequency of reporting required?

Response: Yes.

Question # 64 Is the mental health provider expected to provide a NexGen reporting analyst to produce these required reporting from NexGen EMR?

Response: No. If so, will the mental health providers reporting analyst be granted the access to the NexGen database required to produce the reports? No. Contractor will produce reports from NextGen.

Question # 65 RFP Section 3.33.3, Data and Reports (RFP page 51). Is the mental health “database” the NexGen EMR? If so, does the State intend to contract with NexGen to customize the EMR, as necessary, to enable capture of the above data elements or is the mental health provider expected to fund customizations?

Response: If accurate Mental Health data is pulled out of NextGen, then a separate “database” is not necessary. The State will have a contract with NextGen to customize the EMR.

Question # 66 Will the State ensure the data elements required for this report are fed accurately, reliably and timely to the EMR from the offender management system?

Response: Yes.

Question # 67 RFP Section 3.33.6, Data and Reports (RFP page 52). Can this be provided from the EMR or is there a sole intent by DPSCS to track and record these separately?

Response: If accurate Mental Health data is pulled out of NextGen, then a separate “database” is not necessary.

Question # 68 If this can be provided from the EMR, will the State contract with NexGen for delivery of these reports or is the mental health provider expected to fund the reporting and/or provide a reporting analyst to produce the required reports?

Response: The State will have a contract with NextGen to customize the EMR.

Question # 69 If not NexGen, is there a preferred type of database tool that DPSCS prefers to see data stored/populated from?

Response: Excel.

Question # 70 RFP Section 3.32.3.2, Patient Health Records (RFP page 70). Is this pool of NexGen Super Users considered in the staffing allocation at the site?

Response: Who Super Users are; be they onsite staff, admin/mgmt staff are determined by Contractor.

Question # 71 What percentage of designated FTE’s are allocated for Super Users Training?

Response: Who Super Users are; be they onsite FTE staff or admin/mgmt staff are determined by Contractor.

Question # 72 Please provide the number of seriously mentally ill (SMIs) by facility and service area.

Response: See recently posted Addendum.

Question # 73 Please provide the number of behavioral health telehealth encounters by provider and facility location.

Response: Not available.

Question # 74 Please provide an organizational chart for the current mental health services provider.

Response: Not available for distribution.

Question # 75 Please provide an overview of any utilization management activities for mentally ill inmates.

Response: Less than 15 during a 12 month period.

Question # 76 Please provide the number of off-site psychiatric hospitalizations by facility.

Response: Off-site psychiatric hospitals are state-run facilities and do not charge for DPSCS admissions that occur.

Question # 77 Do the mental health clinicians carry a caseload of mentally ill inmates they see on a regular basis? If so, how many inmates are typically on the mental health caseload?

Response: See recently posted Addendum.

Question # 78 RFP Section 3.1.4, General Provisions (RFP page 21). The appointment of a guardian would not appear to be a medical contractor function. Why is the medical contractor responsible for litigation related to the appointment? Would the DPSCS consider eliminating this provision of the RFP?

Response: See posted addendum from BJ Said.

Question # 79 RFP Section 3.2.3.3, Introduction (RFP page 21). Please confirm that the population at BCBIC will not be included in the count. If so, it is assumed the vendor will have no responsibility for health care provided to this population. Is that correct?

Response: See posted addendum from BJ Said.

Question # 80 RFP Section 3.2.3.4, Introduction (RFP page 21). This section of the RFP indicates the capitated rate should include all off site services including hospitalization. Please confirm inpatient hospital costs are still subject to the \$50,000 annual acute care limit with risk sharing of 50/50 between the State and the Contractor beyond the \$50,000 cap.

Response: See posted addendum from BJ Said.

Question # 81 RFP Section 3.4.1.3, Geographical & Inmate Status Scope of Responsibility (RFP page 23). As professional liability and other insurance coverage can not be afforded to a population not covered in the count for payment purposes, will the State accept all liability for health care services provided to BCBIC detainees prior to commitment?

Response: No, they are covered under 3.4.1.3.

Question #82 Can the vendor move staffing from one institution to another and/or one service area to another if deemed necessary?

Response: Yes, as long as it is documented and communicated in the electronic staff scheduling and timekeeping application.

Question # 83 MCAC does not include any physician staffing – is this correct?

Response: MCAC physician coverage should be described in your response to the RFP. The staffing matrix provided is just a baseline for the bidder to use for their submission.

Question # 84 MCAC does not include any staff for medication administration on the evening shift – is this correct?

Response: MCAC medication administration on the evening shift should be described in your response to the RFP. The staffing matrix provided is just a baseline for the bidder to use for their submission.

Question # 85 BCC does not include any staff for medication administration on the evening shift – is this correct?

Response: BCC medication administration on the evening shift should be described in your response to the RFP. The staffing matrix provided is just a baseline for the bidder to use for their submission.

Question # 86 RFP Section 3.9.3.3, Orientation and Training (RFP page 28). Is it the expectation of the DPSCS that all training curriculum be provided via an electronic on-line training method? Is it the expectation that the contractor will provide the necessary equipment (i.e. computer terminals) dedicated for this purpose or will the DPSCS provide?

Response: Orientation and Training materials are in a variety of formats currently, it is up to the Contractor to gather these materials and present to their employees in whatever manner suits the Contractor and meets the requirements for proof of attendance.

Question # 87 Does the State expect to contract with NexGen for correctional on-line learning curriculum?

Response: NextGen eLearning is available at no cost to the Contractor. The Contractor will need to pay for “Train-the-Trainer” training from NextGen.

Question # 88 RFP Section 3.17.2, Equipment and Supplies (RFP page 33). Is it the preference of the DPSCS to lease equipment where possible over purchasing?

Response: The cost of equipment shall be determined with reference to the annual cost to lease or lease/purchase such equipment. The Director of Inmate Health Services shall be the sole determiner of equipment value and the Director’s determination is final.

Question # 89 RFP Section 3.19.1, Dispensary Services (RFP page 35-36). SMPRU and EPRU are not listed in the Jessup Service Area. Are these facilities not included as part of this RFP? Also, although BPRUW is not listed here, there is staffing associated with this facility on the staffing matrix. Can you please clarify? Should this staff be provided elsewhere?

Response: SMPRU and EPRU are in the Jessup Service Area.

Question # 90 RFP Section 3.22.7.1, Intake Triaging and Screening (RFP page 39). Is there dedicated staffing included in the staffing matrix for detox and withdrawal? If so, can you please identify?

Response: Staffing for detox and withdrawal should be described in your response to the RFP. The staffing matrix provided is just a baseline for the bidder to use for their submission.

Question # 91 RFP Section 3.22.10, Intake Triaging and Screening (RFP page 40). How is the contractor notified of bedside commitments? Is there a guaranteed time frame for notification of the commitment in order for the vendor to assume treatment?

Response: Bedside commitment reports are faxed to OIHS within 24 hours of the commitment, then the OIHS forwards e-fax upon receipt to Contractor named point of contact.

Question # 92 RFP Section 3.23.2.3.5, Complete Reception Medical Health Examination (RFP page 42). Will the DPSCS maintain responsibility for court ordered testes for forensic purposes?

Response: No, contractor is responsible for court ordered testes for forensic purposes and should sub-contract this out to avoid conflicts-of-interest.

Question # 92 RFP Section 3.26.1, Medication (RFP page 44). Is the cost of bar code scanners the responsibility of the medical vendor or the pharmacy vendor?

Response: Per Pharmacy RFP Section 3.15.1 Bar code scanners and other inventory control equipment shall be the responsibility of the Pharmacy Provider.

Question # 93 RFP Section 3.26.2.7, Medication (RFP page 46). Is the medical services provider expected to provide on-going training to their staff in use of an electronic medication administration record? If so, will the DPSCS fund train-the-trainer training for the medical services provider in use of an electronic medication administration record?

Response: NextGen eLearning is available at no cost to the Contractor. The Contractor will need to pay for "Train-the-Trainer" training from NextGen and eMAR.

Question # 94 Will the DPSCS work with the vendor on best practice process revision in the event that a change is warranted to ensure it supports and aligns with the vendor provided policy and procedures?

Response: Yes, must comport with NCCHC and scope of work in RFP. In addition, DPSCS will be doing customization of NextGen to meet the needs of MD correctional healthcare delivery and expect input from medical contractor staff.

Question # 95 RFP Section 3.26.5, Medication (RFP page 46). Does this include psychotropic medication or would this be the responsibility of the mental health services provider?

Response: Approval for the use of non-formulary psychotropic medications shall be in consultation with the Pharmacy Provider. See posted Addendum to Mental Health RFP Section 3.22.6.

Question # 96 RFP Section 3.31.2, Specialty Care – In General (RFP page 49). Is the expectation that telemedicine visits will be logged in the EMR or is the electronic log to be kept separate?

Response: Logged in EMR.

Question # 97 Is DPSCS open to utilizing stand-alone telehealth carts for providing care (where appropriate) or is it the expectation that the equipment be installed in a fixed location?

Response: See attachment Z for current telemedicine equipment fixed locations.

Question # 98 Is DPSCS willing to upgrade (if necessary) and support a network that allows for streaming video and quick response times to support telehealth visits?

Response: Not in the near future. See attachment Z for current telemedicine equipment fixed locations.

Question # 99 Is DPSCS providing the telemedicine networking infrastructure to support site-to-site connectivity? If yes, what bandwidth/QOS will be provisioned for this service?

Response: Yes, see attachment Z for current telemedicine equipment fixed locations. All telemedicine locations run on dedicated T1 line.

Question # 100 Is DPSCS responsible for three or more multi-point calling using telemedicine equipment between DPSCS facilities? Does this video bridge have ISDN capabilities?

Response: Yes to both.

Question # 101 Is DPSCS responsible for network connectivity and telemedicine equipment to outside providers?

Response: Yes.

Question # 102 Are these labs referring to outpatient labs only?

Response: All labs are the responsibility of the medical contractor and will accept lab orders from the mental health and dental contractors.

Question # 103 Can you define “immediately”?

Response: As clinical needs indicate.

Question # 104 Who is responsible for notifying the medical provider for the need of a medical clearance?

Response: Mental health contractor must notify the medical contractor when a medical clearance is required.

Question # 105 Who is responsible for notifying the medical provider that an inmate has arrived in the mental health unit and requires an examination?

Response: Mental health contractor shall notify the medical contractor when a medical examination is required.

Question # 106 RFP Section 3.46.1.1, Infection Control (RFP page 59). Is the monthly meeting required in each service area here in addition to the monthly statewide meeting?

Response: Each Service Delivery Area (SDA) and Statewide.

Question # 107 RFP Section 3.58.2, Medical Diets (RFP page 67). Does this mean Ensure or an equivalent?

Response: Equivalents can be used.

Question # 108 RFP Section 3.62.4, Methadone Program (RFP page 69). Is there dedicated staff included in the staffing matrix to provide this function? If so, can you please identify? Can you provide the job responsibilities of these positions?

Response: Staffing for Methadone Program should be described in your response to the RFP. The staffing matrix provided is just a baseline for the bidder to use for their submission. Methadone Program job responsibilities should comport with the licensing requirements of the Methadone Program.

Question # 109 RFP Section 3.64.3, Patient Health Records (RFP page 69-70). Will the medical services provider be required to inventory the State's EMR site hardware?

Response: No.

Question # 110 Will the medical services provider be required to maintain the State's documentation related to the State's EMR ? e.g., System Security Plan, EMR Account Administration Documents, etc. If so, please provide a comprehensive listing of the documents the medical services provider will be required to maintain. What is the maximum frequency per annum these documents will be updated?

Response: No.

Question # 111 Will the State establish an EMR Help Desk or is it the State's intention that this function will be fulfilled by the medical services provider? If so are the other vendors (mental health, dental, pharmacy) expected to provide this support to their users or is the medical services provider expected to provide these services?

Response: The State will establish an EMR Help Desk.

Question # 112 Will the State establish a unique 800# for providing user support for the State's EMR?

Response: Yes.

Question # 113 Will the medical services provider be required to procure EMR hardware and software on behalf of the State?

Response: No.

Question # 114 Will the State require the medical services provider to develop custom EMR reports and queries on behalf of the State? If so what is the expected maximum elapsed time from request to first productive use of the report/query?

Response: No.

Question # 115 Does the State require the medical services provider to conduct periodic training for State staff in the use of the current EMR's (NextGen) query and reporting functionality? If so, what is the maximum frequency per annum training is required. Will this training be face-to-face class room, web-conference or other?

Response: No.

Question # 116 Will the State provide on-going training to the medical service provider's staff for completion of the Initial Medical and Mental screening in the State's new Offender Case Management System?

Response: Yes.

Question # 117 As it is a requirement of the medical services provider to provide on-going training to the medical services staff for the State's EMR, will the State support and maintain the EMR training environment as well as generic domain and EMR training accounts to enable training?

Response: TBD by NextGen and DPSCS/ITCD, not by OIHS.

Question # 118 Is the medical service provider expected to staff for monitoring, managing and merging duplicate medical records created by the State's various offender management data feeds?

Response: TBD by NextGen and DPSCS/ITCD, not by OIHS.

Question # 119 Is the medical services provider expected to staff to support/complete the State's current EMR template customization requests?

Response: No.

Question # 120 Will the State extend the site EMR access hardware to all points of care?

Response: EMR is deployed state-wide; there has not been many requests in the last 2 years to add additional hardware in locations for users to access EMR. If EMR is needed in a new location, it is ITCDs responsibility, not the Contractors.

Question # 121 As the State is requiring the medical services provider to lead the cross-vendor EMR User's Group, what authority does the State grant the medical services provider over the mental health, dental, and pharmacy vendors? What are the goals and objectives of the EMR User's Group?

Response: To bring use of NextGen from different perspectives (medical, mental health, dental, and pharmacy) to the same table and resolve any cross-vendor issues as it relates to the use of NextGen. Medical contractor is expected to be the lead for notification of meeting dates to participants, meeting minutes and problem resolution.

Question # 122 Is the medical services provider expected to staff to assist/participate/complete quality assurance and/or user acceptance testing for the State's EMR upgrades/conversions/implementations?

Response: No.

Question # 123 Is the medical services provider expected to lead, project manage, coordinate or otherwise facilitate the State's EMR upgrades/conversions/implementations?

Response: No.

Question # 124 Is the medical services provider expected to interact directly with the State's EMR vendor for application support and maintenance issues

*Response: No. or will the medical services provider report issues, bugs and enhancements to the State for prioritization, reporting and escalation to the EMR vendor?
Yes.*

Question # 125 Will the State fund train-the-trainer education for the medical services provider relative to future NextGen upgrades or will the medical services provider be responsible for this cost?

Response: Contractor is responsible for this cost.

Question # 126 If it is a requirement of the medical services provider to use the NextGen EMR, what is the State's commitment to addressing network bandwidth issues that prevent utilization?

Response: Contractor EMR users are expected to open helpdesk tickets when EMR system problems occur, regardless if EMR-related or DPSCS network-related. As long as a ticket is established, the contractor will no be held responsible for a lack of EMR utilization.

Question # 127 Who is responsible for developing workflows for EMR documentation?

Response: The Contractors.

Question # 128 Who will provide the training for the Medical Provider for EMR upgrades or changes from the current EMR product?

Response: NextGen eLearning is available at no cost to the Contractor. The Contractor will need to pay for "Train-the-Trainer" training from NextGen and eMAR.

Question #129 Is there designated staffing for EMR training?

Response: Contractor will need to designate staff for EMR training

Question # 130 Will there be a training environment?

Response: Contractor will establish training environment

Question # 131 Will there be computers available for training and if so, who is responsible for the equipment?

Response: NextGen eLearning is accessible via any already deployed DPSCS PC/Wyse Terminal via the Internet at no cost to the Contractor. Contractor will establish training environment; if training is held off DPSCS-owned property, then Contractor is responsible for the equipment needed to conduct training.

Question # 132 RFP Section 3.64.3.2, Patient Health Records (RFP page 70). Is it the intent of the DPSCS to have the Medical Provider troubleshoot NexGen bugs?

Response: No.

Question # 133 Is this pool of NexGen Super Users considered in the staffing allocation at the site?

Response: Who Super Users are; be they onsite staff, admin/mgmt staff are determined by Contractor.

Question # 134 What percentage of designated FTE's are allocated for Super Users Training?

Response: Who Super Users are; be they onsite FTE staff or admin/mgmt staff are determined by Contractor.

Question # 135 RFP Section 3.64.4.3, Patient Health Records (RFP page 70). Will there be scanners available at each facility?

Response: See Attachment I-Medical Equipment Inventories. If scanners are not available where needed, the Contractor will be required to purchase scanners (and follow equipment guidelines) to meet this requirement.

Question # 136 RFP Section 3.69.7, Data and Reports (RFP page 82). Will the DPSCS accept tracking of grievances/complaints via an electronic format/application?

Response: Yes. Is it a requirement to have grievance reports proceed in electronic vs. paper format? Yes.

Question # 137 Federal Inmates?

Response: MCAC 226, MCIW 28, MRDCC 20, MTC 1 = Total 275 Federal Inmates as of Feb 24, 2010.

Question # 138 Clarification of the Annual \$50,000 cap and cost sharing:

Response: The annual CAP applies to outside hospitalization only (it does include the specialists seen while an inmate is an in patient only) the cap does not include prosthetic's. The CAP is annual, per-patient per fiscal year and does include more than one hospital admission in a given year.

Question # 139 Approval or use of non-formulary medication shall be in consultation with the pharmaceutical provider, does this apply to psychotropic medication?"

Response: This statement applies to any medication, somatic or psychotropic that is not on the formulary. However, the internal non formulary review process for both mental health medications and medical medications should be exhausted to support either an alternative formulary substitution prior to consultation with the pharmaceutical provider to concur with the need to do a non formulary approval. And only if the reviewing internal provider can not identify an alternative substitute should the pharmacy vendor be requested to give input

Question # 140 Patuxent what is the expectation when they arrive, that there is a medical exam by the medical provider within 12 hours? "

Response: It is expected under the terms of the contract section Medical 3.43 Medical Providers Role in Delivery of Mental Health Services 3.43.2 The provider shall conduct a medical exam of any inmate transferred to an acute unit within 12 hours as required by correctional standards. 3.21.2.5 The mental health contractor shall insure that all inmates admitted to mental health Inpatient or Residential treatment services are immediately referred to the Medical care provider for medical consultation and ongoing medical management as required

Question # 141 Is the infectious disease meeting is it statewide monthly?

Response: One Statewide Meeting monthly and one in each service delivery area monthly 3.46 Infection control 3.46.1.1 a monthly infection control meeting chaired by the provider in each service delivery area 3.46.1.4 Shall attend the monthly Agency statewide Infection control meetings.

Question # 142 Clarification on data on parole violators returns, where and how many.

Response: The average non-DPDS local intake is in the 335 range per month. All male inmates are received at MRDCC; female inmates are received at MCIW with the exception of returns from escape in the east and west regions of the state. They are held at ECI or RCI overnight and then transported to MRDCC or MCIW the next morning.

Question # 143 Do we have data on total population fulgurations, do we predict any dramatic changes in the next three years.

Response: The RFP Price Proposals have our FY11 (26,025), FY12 (25,813) and FY13 (25,695) inmate population projections. For historical relevance, here are previous ADP figures: FY07 (26,503), FY08 (26,869), FY09 (26,623).

Question # 144 Can providers share staff from one facility to another?

Response: Yes, however this contract is centered on services and hours of service. If a facility is to staff as an example, a full time physician 5 days a week 4 weeks a month, then at the end of the month that facility must receive 160 hours of physician coverage. The same applies to all services (Doctors, Nurses, Mental Health etc.) Changes to staffing must be approved ahead of time.

Question # 145 will we have to clarify what things are going to be part of the medical record hard copy.

Response: See Medical Records Manual posted on <http://www.dpsecs.state.md.us/publicservs/procurement/ihs/>

Question # 146 Clarification on equipment cost sharing;

Response: The 10,000 cost sharing by the state is on one piece of equipment.

Question # 147 Does EPR has a dental scheduling component?

Response: NextGen will have EMR and EPM. EPM is the scheduling application for medical, mental health and dental.

Question # 148 Clarification in addition to the inventory and the condition of equipment do we have anything to add.

Response: Every fiscal year-end a complete physical equipment inventory report is submitted to the Agency; the RFP contains a copy of the FY09 year-end inventory. Each inventory is conducted by a staff member from each contractor and verified by each facilities property officer. Within the first 90 days of contract award, the contract is to complete an equipment inventory report and submit to the Agency.

Question # 149 will you post the Mental Health Manual “response “No additional postings will be made”.

Response: Mental Health 124 series manuals are posted on <http://www.dpscs.state.md.us/publicservs/procurement/ihf/>

Question # 150 Number of bed

Response: Bon Secours hospital will have 16 secured hospital beds specifically dedicated for inmate and pre-trial detainee services, as well as a 20 to 30 patient waiting room for out patient clinics.

Question # 151 On mental health and medical make segregation rounds.

Response: Medical 3.25.7.1 A registered nurse shall conduct rounds daily documentation entered into EMR 3.25.7.3 documentation visual verbal referrals, inmate complaints Mental health 3.18.5 The mental health provider shall conduct weekly segregation rounds to determine the mental health needs of inmates on seg. 3.18.5.1 -5.3 face to face verbal contact inmate complaints and disposition

Question # 152 On page 22 under the pharmacy 3.5.3, with regard to retaining all federal and state licenses, obtaining and maintaining, that are in the name of the agency. Are we speaking about people, licenses? So under this RFP you would like the pharmacy to apply for this on the behalf of the agency.

Response: The answer is yes. The agency will pay the fees and the original licenses and certifications shall be held by the designated facility staff with copies to OIHS and copies retained by the pharmacy vendor who made the application on our behalf.

Question # 153 The 1.5 clinical pharmacists I was not clear 1.5 mental health or 1.5 medical.

Response: The Agency expects the pharmacy provider to have a full time pharmacist to cover both medical and mental health medication issues with a part time i.e. 0.5 FTE to assist in that coverage assignments through a job description that outlines those possibilities

Question # 154 The amount of equipment for a pharmaceutical vendor on site would be very limited, office supplies and a computer terminal linked to the pharmacy, equipment and supplies at the pharmacy itself are the total responsibility of the vendor not cost sharing.

Response: Office supplies for pharmaceutical vendor on site would be very limited are the total responsibility of the vendor.

Question # 155 Can there be some dental statistics

Response: There are approximately 45 dental off-site referral cases per year statewide. Here are on-site dental patient statistics for FY09:

<i>SDA</i>	<i>PATIENTS SCHEDULED</i>	<i>PATIENTS SEEN</i>
<i>BSDA</i>	<i>29,007</i>	<i>10,857</i>
<i>ESDA</i>	<i>6,418</i>	<i>4,638</i>
<i>WSDA</i>	<i>17,848</i>	<i>15,598</i>
<i>JSDA</i>	<i>14,018</i>	<i>10,215</i>
<i>TOTALS</i>	<i>67,291</i>	<i>41,308</i>

Question # 156 Can I direct your attention to page 58 of the mental health. You are very precise in terms of the listing of the requirements for psychiatrists in 10.1 and I was wondering if you could share with us how you envision allocating them amongst the various facilities. Also the RN and LPN nurse ratios that are given for 25 patients in the in-patient unit is that, for each shift or is that a total for 24 hours. Bonnie “we will be responding in writing “

Response: Additional data has been posted regarding the volume of services. Your response to staffing needs and deployment should be based on the services as well as your firm’s expertise in this area.

Question# 157 I do not recall the page but CMHC indicated 190 bed units and a variety of different levels is there addition populations and step down? “We will clarify in writing “

Response: We expect 24 hour coverage; however the number per shift and the shift differential should be defined and responded to by the bidder along with your rationale as to how this will provide a proper level of service.

Question # 158 Could you provide me with the annual drug expenditures the Department currently assumes?

Response: “As supplemental information the total annual drug expenditures for DPSCS FY 08 \$24,786,970 and FY 09 \$25,598,456 “

Question # 159 With reference to 3.2.1 please spell out the specifically what dental services are to be provided on site and does this include on site oral surgical services as presently provided under the current contract and is reflected within the State’s recommended BAFO per 0.1 FTE.

Response: The phrase “all medically necessary dental specialist care, and off site Will be referred to the Medical Provider.”, Is slightly contrary to the existing services provided and the State’s recommended BAFO which reflect 0.1 FTE Oral Surgeon per week, therefore indicating that dental vendor is responsible for on site oral surgical care that can be provided. Does this than refer to other specialty care i.e. fixed prosthodontics, orthodontics, periodontal surgery, TMD, complicated oral surgery etc which are all considered under the OTS Oral Health Care Policy to be

assessory care which must be authorized by the DOC Dental Consultants and UM under extenuating circumstances per policy.

Question # 160 3.4.2.2 Please explain whether the requirements “dental... is responsible for all dental and periodontal specialty care on site”, comports and is congruent with the scope and limitations of care as specified within the OTS Manual titled Oral Health Care, Chapter 11? Does this refer specially to offsite consultations and referrals (treatment i.e. fractures, oral cancer etc.) for maxillofacial surgery?

Response: The oral surgeon services on site must be continued at the current level of services. Services on site are not considered secondary. Offerors are cautioned that this area of secondary care will be monitored, and services currently available on site shall not under the new contract be provided off site as a means to push cost “on to the medical um vendor”. Off site services should be limited too, any assessory dental care not available on site which must be authorized by the DOC dental consultants and the UM (medical contractor) these limited services are considered secondary care covered by medical contractor.

Question # 161 We believe that there appears to have been two unintentional omissions in regards to Liquidated Damages (Attachment V-1, Medical Liquidated Damages Table, V-2, Dental Liquidated Damages Table, V-3 Pharmacy Liquidated Damages Tables and V-4 Mental Health Liquidated Damages Table) and corresponding RFP sections.

*Response: 3.16.1 under Pharmacy Contract
This section does not require an addition or deletion; this section simply needs to be clearly understood. The intention of the liquidated damage of \$500 of each occurrence of medication not delivered means the delivery to the specific institution on a daily basis; it is not referencing each individually prescribed medication.*

3.18.4
No change

3.18.4.1
No change

3.18.4.2
No change

3.23.2
No change

3.22.1
No change

Date Issued: February 25, 2010 By: BJ Said-Pompey
BJ Said-Pompey, Procurement Officer