

Question Number	Page in RFP	Section in RFP	Question	Answer
1			How many telehealth appointments are conducted at each facility on a monthly basis?	See ARD - Utilization Data Monthly Statistics.
2			How many appointments and what type of telehealth are conducted for behavioral health (e.g. psychiatry, psychology, MHP)?	See ARD - Utilization Data Monthly Statistics.
3			How many appointments and what type of telehealth are conducted for medical (e.g. nursing, mid-level, primary care)?	This information is not readily available, but they generally are related to chronic care and specialty care.
4			How many appointments and what type of telehealth are conducted for specialty medical services (e.g. cardiology, neurology, dermatology)?	This specific information is not readily available; however, information related to specialty clinics and chronic care is included in the ARD - Utilization Data.
5	24	Section 3.2.a.8	With regard to the Vendor requiring its subcontractors to use the federal e-Verify system, this RFP specification states, "The Subcontractor shall attest to such by sworn affidavit signed before a notary." Is the ADOC requiring these sworn, notarized statements from subcontractors to be submitted (a) with vendors' proposals or (b) only from the selected vendor, after contract execution?	Yes.
6	65	Section 5.23.b	This specification states, "Vendor will provide a copy of their Infection Control Manual, with supplemental updates, to OHS." Is the ADOC requiring this Infection Control Manual to be submitted (a) with vendors' proposals or (b) only from the selected vendor, after contract execution?	ADOC will require the Infection Control Manual for review upon contract execution.
7	112	Section 6.6.a	This specification states, "Minimum staffing requirements for each of the respective ADOC Facilities is outlined in Appendix A of this RFP." However, RFP Appendix A is a list of facility addresses and does not contain any information about minimum staffing requirements. Please confirm that this should read "Appendix G" rather than "Appendix A," otherwise, please provide the minimum staffing requirements that are currently missing from Appendix A.	Appendix G determines the requirements for minimum staffing.
8		General	Since the proposed schedule would only allow for seven full business days between answers to questions being released and when proposals would need to be produced and shipped, would the DOC consider an extension of the due date by one week? This would provide all bidders with sufficient time to analyze and incorporate the operational and financial information into their proposals, thereby reducing variables and resulting in stronger and more comparable proposals with better prices.	No; ADOC will not consider an extension of the due date.
9	68	5.26 Pharmacy Services	A competitor has stated that "true unit-dose dispensing is required in many states before a pharmacy vendor is allowed to accept returns and provide credit on returned medications. A pharmacy vendor that dispenses medication in blister cards (both stock and patient-specific) must individually label each bubble of the blister card with a medication's name, strength, manufacturer, NDC number, lot number and expiration date." However, not every pharmacy is required to label its stock and patient specific medications as identified above. The labeling requirement is applicable only to those who hold a repackager registration. Will the ADOC agree and acknowledge that bidders are not required to label their medications as identified above in order to service the ADOC?	Each bubble of a blister pack (i.e. 30 bubbles per card) does not require the stated label information. However, each individual dosing card does require the individual label as defined in Section 5.26 e. of the RFP.
10	68	5.26 Pharmacy Services	Will the ADOC allow pharmacy vendors to operate consistent with applicable state law and as further delineated by their existing Board of Pharmacy issued licensure specific to their business model?	Yes
11			It has come to our attention that certain bidders within the industry are submitting questions to state and local correctional agencies during the bid process with misleading information regarding pharmacy operations in an effort to eliminate competition. For example, a competitor in the industry stated that a "company must be an FDA Registered Repackager to legally repack stock medications from bulk containers into blister cards." However, not every pharmacy is required to hold a repackager registration merely because it is repackaging stock medication. The Code of Federal Regulations governing FDA Registered Repackagers provides certain specific exemptions from registration under Section 207.10. It provides that if a pharmacy is operating under all applicable local laws that regulate the dispensing of medication and further if it is manufacturing or processing drugs in the normal course of pharmacy business and those drugs are being supplied to a licensed practitioner for use in his or her professional practice, then a pharmacy is exempt from the registration requirements. Therefore, based on most business models, wherein it is providing stock medications in a container relabeled by a pharmacist to a physician, then the repackager registration is not required. This unnecessary requirement only serves to eliminate competition and prevent the use of other significantly qualified pharmacy vendors who would provide cost effective, efficient and clinically sound pharmacy services to ADOC. Will the ADOC agree and acknowledge that holding a FDA Repackager registration is not required in order to provide services?	All pharmacy services are expected to follow state and federal laws and pharmacy regulatory boards. Section 5.26, paragraph 1 of the RFP.
12	69	5.26.n	The RFP requires monthly inspections of the medication areas. Does this include the private facility?	Yes
13	68	5.26 Pharmacy Services	Please provide the total number of prescriptions written in the last 12 months	See ARD - Utilization Data Monthly Statistics.
14	68	5.26 Pharmacy Services	What is the total monthly spend on oncology medications for the last 3 years?	The current contract is comprehensive and the current vendor maintains that information.
15	68	5.26 Pharmacy Services	What is the total spend per month on pharmaceuticals for the last three years?	The current contract is comprehensive and the current vendor maintains that information.

Question Number	Page in RFP	Section in RFP	Question	Answer
16	68	5.26 Pharmacy Services	Do the facilities have their own DEA numbers?	Facilities do not have DEA numbers. They are administration centers. The facility physician has the DEA number.
17	68	5.26 Pharmacy Services	Do the facilities hold a State issued pharmacy license or State issued Control Substance license?	Facilities are individually licensed similar to those of long term care facilities.
18	68	5.26 Pharmacy Services	Is the Vendor responsible for providing medication carts? If so, what is the current number of medication carts? Are all current carts in good working condition? How many would possibly need to be replaced if in poor condition?	Medication carts can be purchased through the equipment fund when replacements are needed. See ARD - Miscellaneous for a list of Healthcare Property.
19	on	Section I Introduction	Section provides: "...management and delivery of a comprehensive healthcare program to all inmates in the care, custody, and control of the ADOC at each of ADOC's twenty-six (26) ADOC facilities and one (1) private facility for a total of twenty-seven (27) facilities listed and described in Appendix A." a. Please confirm the total number of ADOC facilities is 26 and bidders should provide staffing matrices for 35 units (including the Regional Office) based on Appendix G Minimum Staffing Requirements .	The expectation is that the vendor follows the minimum staffing matrix as outlined per unit in Appendix G.
20	23	3.2 Required Proposal Format	a. Please confirm offerors can submit an electronically signed cover letter. b. Please confirm the 'Cost Proposal' and subsequent copies should be bound and sealed separately from the Program Proposal. c. Please confirm the bid bond should be provided in the Program Proposal <u>not</u> the Cost Proposal. d. Please confirm the single "REDACTED" program and cost proposal can be bound and sealed together. e. Please confirm the single "REDACTED" program and cost proposal can be contained within the same secured portable USB flash drive.	a., b., c. - Yes d. "Redacted" program and cost proposal can <u>not</u> be bound together but can be sealed in a box together. e. Yes
21	30-32	3.3 Method of Selection	a. Please provide the formula for cost evaluations. b. Please provide an example of how the cost proposal is scored. For example, the lowest bidder would receive the maximum points available, and then the lowest bidder's cost is divided by each other bidder's cost and then multiplied by maximum points available. c. Please clarify whether the cost scoring is based on the first year or all years submitted.	See Section 3.3, Method of Selection, on pages 30-32 of the RFP.
22	30-32	3.3 Method of Selection	Please clarify whether bidders receive maximum points for acknowledging each Section and Subsection in I through IV of the RFP or whether additional points are provided for submitting responses that go above and beyond mere acknowledgement.	See Section 3.3, Method of Selection, on pages 30-32 of the RFP.
23	37	4.7 Confidentiality and Use of Work Product	Section provides "Any patent, copyright, or other intellectual ideas, concepts, methodologies, processes, inventions, and tools (including computer hardware and software, where applicable) that Selected Vendor previously developed and brings to the ADOC in furtherance of performance of the awarded contract will remain the property of Selected Vendor. Selected Vendor grants to the ADOC a perpetual, nonexclusive license to use and employ such software, ideas, concepts, methodologies, processes, inventions, and tools solely within its enterprise." a. Please confirm the ADOC's intent is to have continued access and use to Vendor's proprietary software in perpetuity.	a. No
24	46-50	5.3 Medical Intake Health Screening and Assessments	a. Please confirm the average weekly number of intakes by location. b. Please provide the name of the vendor currently performing onsite Mammograms.	a. See ARD - Utilization Data Monthly Statistics. b. The current vendor's subcontractor is Tech Care.
25	47	5.3 Medical Intake Health Screening and Assessments	Section provides: "An occasional rare initial intake may occur at Holman Correctional Facility (Death Row Inmate) or St. Clair Correctional Facility, depending on the special needs of the inmate." a. Please confirm RNs are required to cover initial intakes occurring at Holman Correctional Facility or St. Clair Correctional Facility. b. Please confirm Vendors can leverage telehealth to conduct initial intakes under these rare circumstances.	a. RNs are required to screen all initial intakes. b. Telehealth may be utilized for Psychiatry but not for physical health initial intakes.
26	47	5.3 Medical Intake Health Screening and Assessments	Section provides: "A <b>medical provider</b> must be consulted in person or by phone regarding all inmates arriving on certain critical medications within twelve (12) hours of arrival" and "For other medications, a consultation with the <b>physician</b> must occur within forty-eight (48) hours." a. Please provide a list of the "certain critical medications" as defined by the Department. b. Please confirm a medical provider, rather than only physicians, can provide consultations for other medications not on the critical medications list.	a. Critical medications are defined by the Vendor's licensed physicians and Medical Director. b. Yes.
27	47	5.3 Medical Intake Health Screening and Assessments	Section provides: "An inmate's medical and mental health coding (including SMI status) must be completed, documented on the Master Problem List, and communicated to the ADOC Classification Specialist, in writing and entered into the OHS Module within seven (7) working days of intake." a. Please confirm the OHS Module is an electronic platform.	a. Yes.

Question Number	Page in RFP	Section in RFP	Question	Answer
28	47	5.3 Medical Intake Health Screening and Assessments	Section provides: <i>"Inmates re-entering a Facility from alternative housing (out-of-state or county housing) within the previous ninety-one (91) days will have these tests regardless of the date of the last or previous assessment."</i> a. Please clarify how long patients are in alternative housing, on average.	a. The requested information is not available.
29	49	5.3 Medical Intake Health Screening and Assessments, d)	Section provides: <i>"Procedures should ensure that inmates who have difficulty communicating (e.g., foreign speaking, developmentally disabled, illiterate, mentally ill, deaf, blind) understand."</i> a. Please provide the number of patients with disabilities who required accommodations in FY2021, FY2020, and FY2019.	This information is not available in these specific categories.
30	51	5.5 Transfer and Receiving Screening	Section provides: <i>"Out-of-state transfer considerations require pre-screening health review and assessment utilizing the ADOC 'Out of State Transfer Criteria Screening' form."</i> a. Please provide the number of out-of-state transfers per year. b. Please confirm the contractor is not responsible for managing the care of out-of-state transfer patients once out of state.	a. This information is not currently available b. When the vendor routes care from an AL based facility to another state, the vendor is responsible for utilization management and payment of services for that patient.
31	52	5.6 Daily Triaging of Sick-Call	Section provides: <i>"For Facilities without daily nursing services, sick-call requests must be reviewed and triaged the next scheduled clinic day. A RN will evaluate Inmates presenting themselves for assessment in accordance with the ADOC approved sick-call protocol."</i> a. Please provide a list of facilities without daily nursing services. b. Please confirm the Department expects RNs to cover intake as well.	a. See ARD - OHS Policy and Procedure A-8 which includes a code map. b. Yes
32	53	5.8 Emergency Services, g)	Section provides: <i>"All healthcare and correctional staff on shift to be trained in emergency procedures for obtaining emergency medical care and responding to emergencies..."</i> a. Please confirm this training includes training on CPR and AED.	a. The ADOC provides CPR training for its correctional staff. The Vendor is responsible for providing training in regards to CPR and AED use for the medical and mental health staff.
33	53	5.8 Emergency Services, m)	Section provides: <i>"Current list of off-site community provider services, with contact information to include emergent cell numbers."</i> a. Please provide the current list of off-site community provider services with contact information, including emergent cell numbers. b. Alternatively, please confirm this list will be made available to the new vendor upon contract award.	a. See ARD - Utilization Data. b. Not applicable. See response to section a. of this question.
34	54	5.10 Chronic Care and On-Site Specialty Services	Section provides: <i>"At a minimum, the Vendor should secure the following physician specialist to provide onsite clinics in person or via telehealth at the major Facilities..."</i> a. Please provide a list of on-site specialty clinics currently offered by location. b. Please provide a list of any on-site specialty clinics the Department wishes to expand and/or gaps in service. c. Please confirm the Department is currently offering telehealth services. d. Please provide a list of specialty on-site services the Department wishes to expand through the use of telehealth. e. Please provide the number of chronic care patients for FY2019, FY2020, and FY2021.	a. See ARD - Utilization Data, 2020-2021 Monthly Statistics lists all specialty care provided by site. b. There are no gaps in service. A responsible vendor will make the assessment and recommend additional clinics. c. The department is not currently offering telehealth services. This is a responsibility of the vendor. d. A responsible vendor will make the assessment and recommend additional clinics.
35	56	5.13 Dialysis	a. Please clarify who is responsible for maintaining the dialysis certification. b. Please confirm current Dialysis schedule, including the number of treatment days and hours. c. Please confirm the number of on-site dialysis treatments for FY 2019, FY 2020, and FY 2021	a. The dialysis service provider is responsible for maintaining the dialysis certification(s). b. Dialysis service is offered at a minimum of 5 days per week. c. See ARD - Utilization Data Monthly Statistics.
36	57	5.14 Infirmary	Please provide the number of infirmary beds by facility.	Bibb-14, Bullock-8, Donaldson-20, Easterling-4, Fountain-10, Hamilton-20, Holman-5, Kilby-44, Limestone-39, St. Clair-27, Staton-22, Tutwiler-9, and Ventress-14
37	57	5.14 Infirmary, j)	Section provides: <i>"Vendor will arrange for negative airflow isolation rooms to be professionally inspected no less than yearly. Documentation will be maintained ensuring appropriate air exchange is being maintained."</i> a. Please confirm the Department is responsible for repair and maintenance of negative airflow isolation rooms as these are part of the physical plant.	Yes
38	57	5.14 Infirmary, k)	Section provides: <i>"Currently, Bibb, Donaldson, Kilby and Limestone Correctional Facilities and Tutwiler Prison for Women are equipped with negative pressure rooms."</i> a. Please provide the number of negative pressure rooms by location. b. Please confirm the Department is responsible for repairing negative pressure rooms not operational at the time of contract change.	a. Bibb - 1, Donaldson - 1, Kilby-3, Tutwiler - 2, , Limestone - 2 b. RainCrow Environmental is the current contractor that inspects and provides maintenance to the systems. Anything that exceeds \$500 in repairs is reimbursed by ADOC. It is the responsibility of the vendor to ensure that the follow routine guidelines and annual inspections are completed.

Question Number	Page in RFP	Section in RFP	Question	Answer
39	58	5.17 Off-Site Outpatient and Inpatient Services	Please provide off-site event data/utilization history, in excel format, including amounts billed and paid for FY 2019, FY 2020, and FY 2021 in the following categories (where possible): 1. ER Visits 2. ER Visits resulting in hospitalization 3. Observation 4. Long-term acute care (LTACH) or skilled nursing facility (SNF) 5. Inpatient hospitalization 6. One-day/outpatient surgeries 7. Other outpatient care/specialty visits 8. Claim-based on-site specialty care	See ARD - Utilization Data.
40	58	5.17 Off-Site Outpatient and Inpatient Services (a)	Section provides: <i>"All offsite outpatient and inpatient physical health related services required in the diagnoses and treatment of an Inmate's illness or injury will be managed and paid for by Vendor."</i> a. Please provide the offsite utilization by specialty, per patient, each month for the last three fiscal years. b. Please provide the utilization data in excel format.	a. See ARD - Utilization Data. b. The requested data cannot be provided in excel format.
41	59	5.17 Off-Site Outpatient and Inpatient Services (g)	Section provides: <i>"Vendor is required to utilize the ADOC's Blue Cross and Blue Shield (BCBS) contracted hospital network arrangement, as administered by the State Employees Insurance Board (SEIB), for all inpatient services (greater than twenty-three (23) hours) and emergency room (hospital charges only) visits."</i> a. Please provide a list of the primary hospitals in network through BCBS. b. Please provide a list of the most commonly accessed hospitals by the Department. c. Please provide a list of the most commonly used providers of inpatient and outpatient services. d. Please provide a list of specific hospitals with Secure Units the Department typically uses to provide services to inmates. e. Does BCBS cover all inpatient expenses or are there exceptions? f. Given the language indicating BCBS is responsible for inpatient services, please clarify the Department's expectation for the partnership between the Vendor and BCBS. g. Does BCBS cover any outpatient services, or is that the Vendor's responsibility? h. What challenges does the Department currently face with offsite providers? i. Are there any gaps in specialty care? i. Please confirm whether the \$500,000 pre-paid monthly fee referenced in 5.17 g) would be applied to amounts in the "Blue Cross Paid" column of the 2019-2021 Inpatient Cost report.	a. See ARD - Utilization Data. b. See ARD - Utilization Data. c. See ARD - Utilization Data. d. Citizens Hospital for Hospital level of mental health care. e. See Section 5.17. H.1 and 2 of the RFP f. See Section 5.17.G of the RFP g. See Section 5.17.H of the RFP h. None i. No i. Yes
42	60	5.18 Off-Site Service Responsibilities, Requirements, & Financial Assumptions	a. As off-site medical and on-site specialty services are at the risk of the Vendor, will the Department amend FORM A-1-B to include a line for those services? b. For FY 2019, FY 2020, and FY 2021, please provide the count and amounts paid for inpatient hospital care of an individual inmate that exceeded \$100,000.	a. No b. See ARD - Utilization Data.
43	66-67	5.25 Dental Service	a. Please provide the current dental backlog. b. Please provide a list of current dental provider subcontractors. c. Please provide a list of current off-site dental specialists. d. Please confirm the number of patients on oral oncology medications in FY 2021, FY 2020, and FY 2019. e. Please confirm the total cost of oral oncology medications in FY 2021 and FY 2022.	a. - e. This information is not currently available.
44	66-67	5.25 Dental Service	a. Please provide the number of dental chairs in each dental clinic by facility. b. Please provide the type of x-ray system available. i. If wet film, please confirm the Department would consider a move to digital x-rays.	a. See ARD - Utilization Data. b. Majority are wet film. i. Digital x-ray is welcomed.
45	66-67	5.25 Dental Service	Section provides: <i>"Vendor's dentists must be available for treatment of dental emergencies. All dental emergencies will be responded to within twenty-four (24) hours of occurrence."</i> a. If medical staff is available on-site 24/7 to see emergent cases after hours, please confirm a Dentist is not required to be on call. b. Please confirm medical staff are able to treat dental emergencies with direction/guidance from an on-call Dentist. c. Please provide the Department's definition of a dental "emergency" requiring 24-hour evaluation. i. Please confirm the Vendor's staff can use clinical judgment to determine an "emergency" requiring 24-hour evaluation.	a. An on-call dentist is required. b. Medical staff is able to treat dental emergencies with direction/guidance from an on-call Dentist based on the orders given. c. This is a clinical decision. i. See response to question c.

Question Number	Page in RFP	Section in RFP	Question	Answer
46	68	5.26 Pharmacy Services (a)	<p>a. Please provide the number of individuals that have received biological medications and blood coagulation factors by month for FY 2020 and FY 2021.</p> <p>b. Please provide the number of individuals that have received medications for the treatment of HIV by month for FY 2019, FY 2020 and FY 2021.</p> <p>c. Please provide the number of HCV patients that have received medications for the treatment of HCV by month for FY 2019, FY 2020, and FY2021.</p>	<p>a. See Section 5.26, Page 73, a) of the RFP.</p> <p>b. See ARD - Utilization Data.</p> <p>c. See ARD - Utilization Data.</p>
47	68	5.26 Pharmacy Services (a)	<p>a. Please provide the current process for daily accounting of all medications, sharps, and dental instruments.</p>	<p>The current process for daily accounting of all medications, sharps, and dental instruments are maintain in accordance with NCCHC and ACA and current security protocols.</p>
48	73	5.26 Pharmacy Services (b,2)	<p>Section provides: "The costs of medications provided for the treatment of hepatitis C will be the responsibility of the ADOC."</p> <p>a. Please confirm the number of patients that have received medications for the treatment of Hepatitis C by month for FY 2019, FY 2020, and FY 2021.</p> <p>b. Please provide the total cost of Hepatitis C medications per year for FY 2019, FY 2020, and FY 2021</p>	<p>The costs HCV of medications are pass through for the vendor.</p> <p>Total Treated</p> <p>2019- 85</p> <p>2020- 174</p> <p>2021- 183</p>
49	74-75	5.28 Radiology	<p>a. Please provide who is currently responsible for maintaining the radiology certification and registration.</p> <p>b. Please provide the number of radiology tests performed for FY 2019, FY 2020, and FY 2021 in the following categories:</p> <p>i. CT Scan</p> <p>ii. MRI</p> <p>iii. Ultrasound</p> <p>iv. X-Ray</p> <p>v. Other</p>	<p>a. The subcontractor who provides radiology services is responsible for maintaining the radiology certification and registration.</p> <p>b. See ARD - Utilization Data.</p>
50	75	5.29 Laboratory	<p>Section provides: "An independent CLIA certified laboratory is located at Kilby Correctional Facility where basic STI and CBC testing is performed and reported to the ADPH. A full time Registered Laboratory Technologist position is included in this RFP's minimum staffing levels to fulfill those duties."</p> <p>a. Please provide the name of the party currently maintaining the independent laboratory CLIA licensure for Kilby.</p> <p>b. Please confirm the Department will be financially responsible for maintaining the independent laboratory CLIA licensure.</p> <p>c. Please provide a list of any other facilities currently maintaining a CLIA waiver.</p> <p>d. Please provide the number of laboratory tests performed for FY 2019, FY 2020, and FY 2021 in the following categories:</p> <p>i. STAT</p> <p>ii. Other</p>	<p>a. The current vendor maintains the independent laboratory CLIA licensure for Kilby.</p> <p>b. Maintaining the independent CLIA certification is the vendor's responsibility.</p> <p>c. Kilby is the only facility that maintains a CLIA accreditation. All facilities are covered under Kilby's CLIA accreditation.</p> <p>d. If the information is available see ARD - Utilization Data.</p>
51	76	5.30 Healthcare Records	<p>Section provides: "Vendor will use the Healthcare forms and checklists utilized at the time of contract award. Any changes in Healthcare forms and checklists after contract award will require the approval of the ADOC."</p> <p>a. During the site tours, staff were observed using Corizon, ADC, and Wexford forms. Will the awarded vendor be required to use contract vendor forms or the Department's forms?</p> <p>b. Please confirm the awarded vendor will have access to master copies of these forms.</p>	<p>a. The awarded vendor will be expected to utilize both the awarded vendor's and the ADOC's forms.</p> <p>b. The awarded vendor will have access to master copies of the ADOC's forms.</p>
52	77	5.31 Healthcare Supplies and Equipment	<p>Section provides: "Vendor is responsible for all supplies, including, but not limited to pharmaceuticals and medical supplies, health education supplies, dental supplies, x-ray film, forms, office supplies, medical and record supplies, books, periodicals, dentures, glasses, prosthetic devices, and administrative supplies necessary to carry out the program and to perform the services specified in this RFP."</p> <p>a. Due to current supply chain limitations, please provide a list of all equipment currently in place that will remain upon contract transition to a new vendor.</p>	<p>a. See ARD - Miscellaneous.</p>
53	78	5.33 Nutrition Service/Therapeutic Diets	<p>Section provides: "The ADOC provides medically necessary therapeutic diets ."</p> <p>a. Please provide the number of medical diets the ADOC provides.</p> <p>b. Please provide a listing of the existing special/medical diets provided by the ADOC.</p>	<p>This is a fluid number depending on clinical need. ADOC has a dietician on staff that will collaborate with the vendor.</p>

Question Number	Page in RFP	Section in RFP	Question	Answer
54	78	5.34 Management Information System	<p>a. Please confirm the Department will provide the Local Area Network (LAN) that Vendor computers will be connected to.</p> <p>i. If the Department will not provide LAN connectivity, please confirm the Department wants Vendors to install LANs at all facilities.</p> <p>b. Please confirm the Department will provide a Medical VLAN to isolate Vendor computers from the Department's computers.</p> <p>c. Please confirm the Department will provide a robust Wide Area Network (WAN) that will interconnect the Medical VLANs, enabling Vendors to implement a single Internet Connection that will provide internet to all sites.</p> <p>i. If yes, please provide the bandwidth available to all sites.</p> <p>ii. If no, please confirm the Department wants Vendors to install internet circuits at all facilities.</p> <p>d. Please provide the network the current vendor is using for internet access.</p> <p>e. Please provide a timeframe for the approval process to add a new device to the network.</p>	<p>a. No</p> <p>i. Yes</p> <p>b. That is not necessary if they are not sharing the LAN.</p> <p>c. We would not be able to provide a robust WAN for the medical network, our current WAN would not be able to support additional traffic.</p> <p>i. N/A as we are not able to provide the WAN.</p> <p>ii. a. The vendor would need to provide their own connectivity, either internet or private circuit.</p> <p>d. Different facilities are using different network vendors.</p> <p>e. The timeframe varies depending on the device.</p>
55	80	5.37 Inmate Health Education	With regard to the inmate health education materials, please provide the languages most commonly used by the Department's patient population.	English
56	81	5.40 ADOC Services to Inmates of Community Work Centers and Work Release Centers	<p>Section provides: "Vendor will provide necessary Healthcare to individuals in the custody of the ADOC who are assigned to ADOC Work Release (WR) and Community Work Centers (CWC) within the State of Alabama (see Appendix A)."</p> <p>a. Please clarify the Department's expectation for coverage for CWC and WRC.</p> <p>i. Are these inmates on private insurance through their employers?</p> <p>b. What medical or mental health criteria prohibits a patient from being housed in a CWC or WRC?</p>	<p>a. The expectation is that the vendor covers all inmates in the facilities listed in Appendix A. Section 5.40 ADOC services to Inmates of Community Work Centers and Work Release Centers.</p> <p>i. No</p> <p>b. See ARD - OHS Policy and Procedure A-8 which includes a code map.</p>
57	87	5.42 Requested Mental Health Services	<p>Section provides: "The ADOC mental health system is a comprehensive program with seven (7) levels of care "</p> <p>a. Please provide the location and number of beds for each of the different levels of care.</p> <p>b. Please provide the average length of stay on each mental health unit.</p> <p>c. Please provide the number of individuals on the mental health caseload at each facility.</p> <p>d. Is there a specific mental health unit for females?</p> <p>e. Please provide a description of the types of patient symptoms/behaviors appropriate for each level of care in the mental health units.</p>	This information is detailed in the RFP.
58	90	5.44 Social History Assessment and Testing	<p>Section provides: "An ADOC psychologist or psychological associate, within (14) days of the mental health intake screening, will conduct an SHA of every inmate."</p> <p>a. Please confirm the psychologist or psychological associate is employed by the Department, not the vendor.</p> <p>b. Please provide the number of psychologists employed by the Department statewide.</p> <p>c. Please provide the number of psychological associates employed by the Department statewide.</p>	<p>a. Psychological Associate is employed by the Department.</p> <p>b. 4 - these numbers are fluid</p> <p>c. 17 - these numbers are fluid</p>
59	90	5.45 Inmate Psychiatric Evaluation, a)	<p>Section provides: "Every inmate must be timely evaluated by the Vendor's psychiatrist or psychologist."</p> <p>a. Please confirm "every inmate" means all inmates identified with a mental health disorder and not all inmates in the system.</p>	a. See 5.45 a) of the RFP, which describes the evaluation process for "referred inmates".
60	91	5.45 Inmate Psychiatric Evaluation, a)	<p>Section provides: A psychiatrist or psychologist will evaluate referred Inmates within seven (7) working days of the referral (except where the mental health intake screening or another assessment results in an urgent of emergent referral for psychiatric evaluation).</p> <p>a. Please confirm a psychologist may complete the psychiatric evaluation.</p>	a. Yes.
61	94	5.49 Stabilization Units	Please provide the average length of stay on the Stabilization Units, RTs, SLU, and ReNu.	See ARD - Utilization Data - statistical reports for SU, RTU, SLU.
62	96-99	5.51 Residential Treatment Units	<p>a. Please provide a description of the types of patient symptoms/behaviors appropriate for each level of care in the RTU.</p> <p>b. Please provide a copy of current daily activity and programming schedule for each of the RTU levels.</p> <p>c. Please confirm a licensed social worker can be assigned as the treatment team coordinator.</p>	<p>a. This is a clinical decision.</p> <p>b. See ARD - Miscellaneous.</p> <p>c. See Section 5.51 a) 1) (page 97) of the RFP.</p>
63	98	5.51 Residential Treatment Units, c)	Please provide a list of the current job assignments for Level 3 RTU patients.	The requested information is not available.
64	100	5.52 Program Staffing and Schedule	Please provide building schedules for all facilities to include pill call, chow, count times, etc.	Providing this information for each facility would present a security breach.
65	100	5.54 Discharge Procedures	<p>a. Please confirm the number of patients DOC released in FY 2019, FY 2020, and FY 2021</p> <p>b. Please confirm the number of patients who received discharge medications in FY 2019, FY 2020, and FY 2021</p>	Annual statistics are posted on the ADOC website for your review.
66	105	5.62 Gender Dysphoria	<p>Section provides: "Vendor will be responsible for costs associated with ordered treatments for those with gender dysphoria."</p> <p>a. Please provide the number of gender dysphoria patients in the system.</p>	86 - This number is fluid and may represent individuals currently under the review on the committee and not yet confirmed diagnosis.

Question Number	Page in RFP	Section in RFP	Question	Answer
67	111	6.4 Staffing	a. Please provide the process for awarded contractors to adjust schedules and staffing pattern, as needed, according to staffing workloads, DOC operational needs, the needs of the patient population, settlement agreements, or the results of quality assurance activities. i. Would this process require additional negotiation?	a. Contract amendment process i. Yes
68	115	6.8 Mental Health and PRN Observers, a)	Section provides: <i>"When full-time Observer hours are below the designated percentage on a statewide level, the use of PRN Observer hours will be counted towards the quarterly staffing payback calculation."</i> a. Please provide a list of Mental Health Observer job duties and educational requirements. b. Who manages schedules for observers? c. Please confirm the Department expects Vendors to manage Observers as a pass through. d. If yes, please confirm Vendor is expected to recruit Observers.	a. See ARD - Miscellaneous. b. Vendor manages schedules for observers. c. That is not accurate. Please see Section 6.8. a. Mental Health PRN Observers of the RFP. d. Yes, the vendor is expected to recruit and hire observers.
69	116	6.9 Personnel – Hired by Vendor g)	Section provides: <i>"All full-time Vendor personnel are required to complete sixteen (16) hours of annual training at the ADOC at training sites designated by the respective facilities. Part-time and temporary staffs are required to complete eight (8) hours of training. In addition to annual ADOC training, all full-time contracted health care staff must complete sixteen (16) hours of annual Vendor training, with eight (8) hours related to professional responsibilities. Training hours must be documented. Vendor will not be penalized for hours not worked when an employee is attending required ADOC training. Physicians and dentist are exempt from this part of training."</i> a. Please provide the location(s) for the training facilities. b. Please provide the schedule of pre-service/in-service trainings. a. Alternatively, how often will pre-service/in-service training be offered? c. Please provide the minimum staff required to initiate pre-service training.	a. Varies by facility b. Training is conducted routinely at each facility. Hiring is not delayed based on the staff members ability to attend the training. a. There is not a preset training schedule as the location and timing varies by facility. c. This question is unclear.
70	119	6.12 Orientation of New Employees, In-Service Activities, and Attendance at ADOC Training, c)	Section provides: <i>"c) Vendor staff will provide annual training to correctional staff within the institutions..."</i> a. Is there a specific education format required for annual training? i. If so, please provide the education format. b. Please confirm the Department will be responsible for maintaining training records for custody staff.	a. There is no set format for this section but the subject matter is specified in Section 6.12 of the RFP. i. N/A b. It is expected that attendance roles will be maintained by the Vendor and shared with the facility leadership.
71	121	6.14 Personnel Issues and Specifications, k)	a. Please provide staffing vacancies and paybacks assessed for FY 2020 and FY 2021, by facility and position. b. Please provide staffing vacancies and paybacks for the current quarters of FY22 (specifically Q2 and Q3).	a. See ARD - Miscellaneous. b. These documents have not been reconciled for audit purposes and cannot be produced at this time.
72	125	7.4 Miscellaneous Provisions, g)	Section provides: <i>"Should the ADOC house Inmates from other states or federal agencies within Alabama Facilities, Vendor will be responsible for providing all necessary Healthcare services to these Inmates ."</i> a. Please provide the number of federal patients housed within Alabama Facilities (per month) for FY 2021, FY2020, and FY2019. b. Specifically, what percentages are under the jurisdiction of the US Marshals Service (USMS) and US Immigrations and Customs Enforcement (ICE).	Annual statistics are posted on the ADOC website for your review.
73	129	Section VIII, Compensation and Adjustment, 8.2 Adjustments for Unfilled Positions	a. Please provide staffing payback reporting to include the detailed calculation of any payback for January 2022 and February 2022. b. Please provide staffing payback reporting to include the detailed calculation of any payback for FY22, including Q2 and Q3.	These documents have not been reconciled for audit purposes and cannot be produced at this time.
74		Appendix H— Proposed Minimum Salary Requirements	Please provide a minimum salary requirement range for the Psychological Associate position.	This is not a required position for the vendor, and, thus, is not relevant to this RFP.
75		ARD Files, Utilization Data	Please provide the Utilization Data in excel format to enable vendors to conduct appropriate analysis.	The requested data not available in the requested format.
76		2019-2021 Inpatient Cost	a. For FY 2020, does the combination of amounts paid by ADOC (\$3,235,284.73) and the Vendor (\$30,776,414.03) represent all amounts paid for off-site and on-site specialty services, including inpatient hospital care, specialty care visits, emergency transport services/ambulance, and administrative fees? Given our experience operating statewide DOC medical services contracts, it appears this amount may include off-site specialty services. Please clarify whether these amounts represent all amounts paid for offsite and onsite specialty services. b. What is the basis / payment methodology for Blue Cross administrative fees? c. What is the basis / payment methodology for SEIB administrative fees? d. For FY 2021, does the combination of amounts paid by ADOC (\$7,866,545.10) and the Vendor (\$32,289,623.57) represent all amounts paid for off-site and on-site specialty services, including inpatient hospital care, specialty care visits, emergency transport services/ambulance, and administrative fees?	a. No. b. Blue Cross administrative fees are paid by ADOC. c. SEIB administrative fees are paid by ADOC. d. No.

Question Number	Page in RFP	Section in RFP	Question	Answer
77		Monthly Statistics Report	a. Is the population due care under this RFP's scope of services limited to the "ADOC Jurisdictional Population"? b. Please provide the Monthly Statistics Report for FY 2019 and FY 2020. c. On page 4, are "ER Visits resulting in Hospitalization" included in the "Hospital Admissions" total above?	a. No, Vendor is responsible for those inmates who have been rendered by the courts to the physical custody of the ADOC. b. Monthly statistical reports are available on the ADOC Website. <a href="http://www.doc.alabama.gov">www.doc.alabama.gov</a> c. Yes.
78		Monthly Outpatient Activity Report	a. Please provide the Monthly Outpatient Activity Report for the calendar year 2020, January 2022, and February 2022. b. Does the Monthly Outpatient Activity Report include off-site outpatient services?	a. See ARD - Utilization Data. b. This question is not clear. MH outpatient activities occur on site.
79		General	Please provide a list of facilities not currently providing 24/7 on-site medical care.	See ARD - OHS Policy and Procedure A-8 which includes a code map.
80		General	Please confirm the Department will be providing additional on-site or off-site storage for bulk volumes of medical records.	The Department is considering additional storage space.
81		General	Please confirm medical and IT equipment will remain the property of the Department at the end of the contract.	All equipment purchased by ADOC or through the Escrow account will remain the property of the Department at the end of the contract.
82		General	Please provide inmate medical transport utilization, amount billed, and amount paid by month for FY 2020 and FY 2021 in the following categories: 1. Air ambulance 2. Ground emergency 3. Ground non-emergency	<b>FY2020 Allowed Amount</b> 1. \$640,133.58 2. \$1,117,438.13 3. \$108,119.79 <b>FY2021 Allowed Amount</b> 1. \$767,518.17 2. \$1,148,011.96 3. \$107,273.31
83		General	Please provide the Department's ADP projections related to this scope of service for FY 2023, FY 2024, and FY 2025.	This information is not yet available. The ADOC Annual Reports for previous years are located on the ADOC website at <a href="http://www.doc.alabama.gov">www.doc.alabama.gov</a> .
84		General	Please provide liquidated damages (unsatisfactory service or other specified requirements) assessed for FY 2020 and FY 2021 by penalty or liquidated damage category.	Audits for performance were suspended during the COVID-19 pandemic. No penalties were assessed for the majority of 2020 and 2021 for liquidated damages. In early 2020, the ADOC levied penalties for nonperformance prior to the pandemic in the amount of \$8,000. The nonperformance was at St. Clair, and the tools used measured performance in infirmary care systems and specialty care systems.
85		General	Please provide a list of facilities with Mental Health Units.	This information is detailed in the RFP.
86		General	Please provide the historical off-site financial data for the last 3 fiscal years in excel format.	This information is not available in these specific format.
87		General	Please provide penalties assessed for FY 2020, FY 2021 and FY 2022 YTD by facility and position.	FY 2020, 2021, and 2022 Q1 paybacks are included on the ARD - Miscellaneous.
88		General	Please provide current staff wages, salaries, and benefits by position.	This information is not available; refer to the current vendor.
89		General	Please provide current fringe benefits for existing staff.	This information is not available; refer to the current vendor.
90		General	Please provide templates for each report the Agency wishes to receive from the Vendor.	This information is under development.
91		General	Please provide a list of reports which come directly out of the Agency's existing EMR and/or OMS.	This information is not available; refer to the current vendor.
92		General	Please provide the current number of Automated External Defibrillators (AEDs) and their location.	See ARD - Miscellaneous.
93		General	Please provide the number of patients with dementia and neurological disorders in FY2021, FY2020, and FY2019.	This information is not readily available.
94		General	a. Please provide the number of individuals currently engaged in substance use treatment that are not involved in the MAT program. b. Please provide the number of individuals on a waitlist (if any) for mental health services, substance use treatment services, or MAT services. c. Please provide mental health statistics (e.g., # of contacts, # of groups, etc.) for FY2019, FY2020, and FY2021. d. Please provide the number of patients under Medically supervised withdrawal or medication assisted treatment services at each facility for FY2019, FY2020, and FY2021 broken down by medication type (i.e., Buprenorphine, methadone, and naltrexone) e. Is MAT delivered via a separate med line? If so, please provide the procedures for delivery of the medication. f. Please provide the number of individuals releasing monthly from each facility who require MAT care coordination and/or discharge planning services for FY2019, FY2020, and FY2021.	ADOC's MAT program is currently under development. Subsequently, the information in a. - f. is not currently available.
95		General	Please confirm the total psychotropic medication cost (per year) for FY 2019, FY 2020, and FY 2021.	This information is not available.

Question Number	Page in RFP	Section in RFP	Question	Answer
96		General	Please provide current programming schedules.	This is not a clear question.
97		General	a. Please provide the number of patients currently being treated for hemophilia, as well as the number of patients treated for hemophilia each year over the past five years. b. Please confirm the number of hemophilia patients on meds in FY 2019, FY 2020, FY 2021	This information can be found in the RFP and ARD - Utilization Data.
98		General	a. Would ADOC consider a Nurse Practitioner or Physician Assistant occupying the role of Medical Director (with remote supervision by a Medical Director at a different facility) in locations that have historically struggled to hire Physicians. b. Will the DOC consider alternative models of care for specialties or locations where recruiting providers has shown to be an extreme challenge?	a. For the purpose of the response to the RFP, the vendor is to assume that each position outline in Appendix G as a Medical Director is a MD or DO. b. No
99		General	Please provide floor plans for each facility.	Providing this information for each facility would present a security breach.
100		General	a. Please provide the current COVID and flu testing plan along with a copy of any policies and procedures. b. Please confirm if any rapid testing is being done for COVID and the flu. c. Is Antigen testing and/or Antibody testing being done? d. If yes, who is financially response, the vendor or DOC? e. If there are required timelines for testing, please provide. f. Please provide the following utilization information for COVID testing to include the number of tested number positive, number asymptomatic, etc.	a. - f. See the ADOC's website and ARD - Utilization Data. ADOC follows CDC guidelines, which are fluid and change consistently according to the progression of flu and COVID outbreaks.
101	12	Section 2.2.H	"A contract shall not be assignable by Vendor, in whole or in part, without the written consent of the ADOC. Any agreement to assign <u>any portion</u> of the awarded contract shall not constitute a waiver by the ADOC to consent to any subsequent assignment."	
	16	Section 5.1.A	"For convenience of the ADOC, <the ADOC may> terminate the awarded contract, in part or in whole, without penalty...)" The RFP also indicates that ADOC is looking for a solution that is most advantageous and in the best interest of ADOC.	
			Independently contracting your medication dispensing and pharmacy program management services has potential benefits over incorporating pharmacy into a comprehensive health services model while allowing ADOC to be the decision maker regarding who you wish to work with for your pharmacy services.	
			Cooperative procurement contracts such as MMCAP and the 791 Purchasing Cooperative (COOP) provide value and a compliant mechanism for the state to access to an already competitively solicited pharmacy agreement that is available to ADOC.	
			Is ADOC a MMCAP member or a member of the 791 Purchasing Cooperative (COOP) for correctional prescription dispensing services?	No
102			If so, would ADOC consider accessing MMCAP or the 791 Purchasing COOP (which have already been competitively solicited for correctional pharmacy services) and accessible to ADOC to meet your current medication dispensing and pharmacy program management needs?	We would require Legal and Procurement review to determine if this is an option.
103			If not a member to either cooperative, does ADOC have any reservation in becoming a member of either COOP (membership is completely free) in order to access these correctional specific pharmacy services contracts?	We would require Legal and Procurement review to determine if this is an option.