

REQUEST FOR PROPOSAL INMATE MEDICAL SERVICES

INFORMATION & REQUIREMENTS

Objective: The Taney County Purchasing Department is soliciting competitive sealed proposals from qualified health care professionals to provide and care for the Taney County Inmates medical needs.

Background: The Taney County Correctional Facility is located in Forsyth, Missouri and has the capacity to occupy 240 inmates.

Insurance Requirements: Providers are required to carry at all times the following coverage:

- Professional Liability pursuant to the Missouri Health Care Liability and Patients Compensation Act
- General Liability in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate
- Worker's Compensation pursuant to Missouri Worker's Compensation Act

Proposal Submission:

- Sign and return the Proposal Response Cover Sheet (ATTACHMENT 1). The form must be signed by a company representative authorized to bind the provider contractually.
- Submit all required information as outlined in the Proposal Content & Evaluation Criteria section.
- Submit one (1) original and one (2) copies in a sealed envelope or other sealed container.
- Mark envelope or container with RFP Number and submission deadline date.
- Submission Deadline: Friday, June 4, 2010 3:30 p.m. Proposals will be opened June 7, 2010 @ 3:30p.m.
- Submit to: Linda Gifford, Purchasing Agent, Taney County Purchasing, PO Box 1630, Forsyth, MO 65653 (Physical: 132 David Street, Forsyth, MO 65653)
- **Proposals received after the 3:30 p.m. deadline will be placed in the file unopened and will not be considered.**

Award by Written Agreement: The selected provider shall be required to enter into a written agreement and that by signing the Proposal Cover Sheet the provider acknowledges that they are willing to enter into the agreement if awarded the contract. Agreement shall be for one year with the option of renewing for three additional years,

each done annually and at an amount agreed upon in writing by the Sheriff and the approved provider.

Preparation of Proposals:

- Failure to Read: Failure to read the Request for Proposal and these instructions will be at the provider's own risk.
- Cost of Developing Proposals: All costs related to the preparation of the proposals and any related activities are the sole responsibility of the provider. The County assumes no liability for any costs incurred by the provider throughout the entire selection process.

Rejection of Proposals:

- The County reserves the right to reject any or all proposals received. Furthermore, the County shall have the right to waive any informality or technical defect in proposals received when in the best interest of the County.
- No proposal shall be accepted from, or contract awarded to, any person, firm or corporation that is in arrears to the County upon a debt or contract or that is in default, as surety or otherwise, upon any obligation to the County, or that may be deemed irresponsible or unreliable by the County. Providers may be required to submit satisfactory evidence that they have the necessary financial resources to perform and complete the work outlined in this RFP.

Confidentiality: All responses, inquires and correspondence relating to this RFP and all reports, charts, displays, schedules, exhibits, and other documentation produced by the provider that are submitted to the County, as part of the proposal or otherwise, shall become the property of the County when received by the County and may be considered public information under applicable law. Any material considered by the provider to be proprietary must be accompanied by a written claim of confidentiality and a concise written statement of reasons supporting the claim. Blanket claims that the entire RFP is confidential will be denied.

ATTACHMENT 1

Proposal Response Cover Sheet
RFP No. 201005-104
Proposal for Inmate Medical Services
at the Taney County Correctional Facility

TO: Linda Gifford, Purchasing Agent
Taney County Purchasing
PO Box 1630
Forsyth, MO 65653

The undersigned, having carefully read and considered the Request for Proposal to provide INMATE MEDICAL SERVICES at the Taney County Correctional Facility does hereby offer to perform such services on behalf of the County, in the manner described and subject to the terms and conditions set forth in the attached proposal. Services will be performed at the rates set forth in said proposal.

PROVIDER

Company Name: _____

Doing business as: an individual a partnership a corporation a limited liability company (mark appropriate box), duly organized under the laws of the State of Missouri.

By: _____
(Signature of authorized representative) (Please print or type name)

Principal office address:

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Taxpayer Identification Number:

Employer I.D. No.: _____ or Social Security No: _____
(Corporation/Partnership) (Individual)

ALL PROPOSALS MUST INCLUDE THIS COVER SHEET AND THE PROPOSAL CONTENT & EVALUATION REQUIREMENTS LISTED ON THE FOLLOWING PAGES.

PROPOSAL CONTENT & EVALUATION CRITERIA

Instructions: When preparing proposals, reply to each of the following proposal content & evaluation criteria in the order listed. Please restate each numbered point listed below followed by your response in full, narrative sentences and provide any requested materials.

1. Qualifications:

- A. A statement of the individuals/firms experience and qualifications to provide inmate medical services. Include a general overview and history of your company or business, number of years in business, number of employees, and where you do business.
- B. Identify proposed key staff members who would be involved in providing the services and submit statements or resumes of the owner and proposed on-site care givers detailing their qualifications.
- C. Detail your firm's experience in providing inmate medical services requested herein including size of business and dates of operation. Provide three references (including names, titles and telephone numbers) of previous clients who can speak to the firm's ability to provide inmate medical services. By providing such references you agree that neither the County nor the clients referenced shall have any liability regarding the provision of such reference or the County's use of such references in making selections under this request for proposal.
- D. Is your company currently involved in arbitration and/or litigation for any reason? If so, please elaborate.
- E. Have you or your company ever filed for reorganization or bankruptcy during the past five years? If so, please provide dates and resolution.
- F. Current financial statement of the provider including certified profit/loss, net income and balance sheet statements. If you cannot submit such documentation, provide a written statement detailing the reason or reasons.

2. Proposed Approach to Service:

- A. A detailed description of proposed type of services.
- B. A proposed schedule of hours of operation.

EXHIBIT “A”

SCOPE OF WORK

GENERAL:

- To provide the health care services and management services at the Taney County Correctional Facility.

STAFFING:

- To provide an on-site physician, nursing and mental health services as follows:
 - Nursing Service on-site minimum of 56 hours per week, on call 24/7
 - Physician Service on-site minimum of 3 hours per week, on call 24/7
 - Psychologist Service on-site minimum of 2 hours per week, on call 24/7
- Additional hours may be requested or required due to daily population count. The additional service must be mutually agreed upon by the Sheriff or designee and provider.

OFF-SITE SERVICE:

- Provider to arrange and bear the cost of all off-site services including but not limited to:
 - Ambulance
 - Hospitalization
 - Specialized Services
 - Pathology
 - Radiology

PHARMACY:

- Provider shall monitor all pharmaceutical usage and provide a “preferred” list of medications.
- Provider shall comply with all State and Federal laws and regulations and shall dispense under the supervision of the authorized representative of said provider.

DISPOSAL:

- Waste disposal shall be in accordance with all State and Federal laws and regulations and at the responsibility of the provider.

ADMINISTRATIVE SERVICE:

- To provide quarterly reports on inmate health conditions to the Sheriff or designee.
- To provide quarterly procedural meetings with the Sheriff or designee.
- To provide training programs for county staff as requested by the Sheriff or designee to insure proper immediate responses.

- Medical records shall be kept according to any/all State and Federal laws or regulations and shall be available to the Sheriff or designee upon request.
- Provider shall be open to inspection and subject to audit said records from the effective date of the contract, for the duration of the work, and until two (2) years after the date of final payment by the County. If an audit inspection or examination discloses overcharges (of any nature) by the Provider to the County can result in the Provider paying all costs of conducting said audit.

CONTRACT PRICING, STRUCTURE, BILLING AND PAYMENT:

- The annual contract price shall be the actual cost of services rendered to inmates of the Taney County Correctional Facility and an agreed upon service fee for each claims transaction.
- Billing shall be based on twelve billing periods per year, each billing period consisting of one calendar month effective one month after the beginning date of service.
- Provider shall submit an invoice to the Sheriff at the close of each billing period which shall be payable within 30 calendar days after the close of the billing period. In the event that corrective invoices are submitted, payment shall be within 30 calendar days of receipt of a corrected invoice.

CONTRACT TERM:

- The initial contract shall be for a period of one year. The County and the Sheriff reserve the right to renew said contract for three additional terms of one year each.

INDEMNIFICATION:

Provider will indemnify and hold the County and its agents harmless for claims resulting from provider and/or agent's negligence while performing its duties. Should a claim be brought against the County relating to the providers and/or agent's negligent performance of duties under this proposal, the County shall promptly notify the provider of the claim. The provider will take all steps necessary to promptly defend and protect the County including the retention of the defense counsel. Provider will not be responsible for any claims arising out of: (1) County or their employees/agents intentionally preventing an inmate from receiving medical care ordered by the provider/agents; or (2) negligence of County's employees/agents in promptly presenting an ill or injured inmate to the provider for treatment if it should have been obvious to a non-medical individual.

TANEYCOUNTY, MISSOURI
Request for Bid # 201005-104- Inmate Medical Services

ADDENDUM #1 - Issued May 24, 2010

This addendum is issued in accordance with the Request for Bid and is hereby incorporated into and made a part of the Request for Bid Documents. Bidders are reminded that receipt of this addendum should be acknowledged and submitted with Bidder's *Response Form*.

Specifications for the above noted Request for Bid and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

1. **ADD – We would agree to have a Physican Aassistant (PA) assigned under the direction of a Doctor, and a Licensed Clinical Social Worker (LCSW) assigned under the direction of a Psychologist / Psychiatrist.**

2. **QUESTIONS AND ANSWERS:**

STAFFING

1. Who is/are your current physician(s)? DR PAUL GLYNN
2. Would you like the vendor to work with the current physician if possible? YES
3. How often is the current physician in the facility; how many days and hours? 1 DAY/
WEEK 2-4 HOURS
4. Is a PA acceptable with over-site by a licensed physician? YES
5. Are you currently fully staffed? If not, how many open positions are there currently in the medical area? YES FULLY STAFFED
6. What are the current salaries for the nurses? PART TIME 20.00HR FULL TIME 18.50
+ BENEFITS Is there an additional shift differential for evening, nights and weekends?
NO
7. What hours are currently covered by medical? (i.e. Mon – Fri 5am – 5 pm) 8AM-
4PM 7 DAYS A WEEK
8. Do the nurses work 8 hour shifts or 12 hour shifts? 8 HR
9. Is there a supervising nurse? If so, is she a RN or LPN? Is she/he administrative
only? THE NURSES WORK FOR THE COMPANY ONLY THE THE JAIL
10. Please provide your current medical staffing schedule. SEE #6

PHARMACY

11. Who is the current pharmacy? Are you happy with their services? DIAMOND
PHARMACY / YES
12. What are your current pharmacy exclusions? NO NARCOTICS IF POSSIBLE
13. Are medications in blister packs? Are blister packs acceptable? YES/WE ALSO HAVE
BULK STOCK
14. Is there a secure fax machine in the medical area? NO
15. Who currently passes medications? NURSES

16. How many med passes per day do you currently have? 2
17. What are med pass times? 0800 / 1530
18. Are meds passed out in the housing unit? YES
19. Are any medications sent with inmates upon discharge? NOT ON A REGULAR BASIS
20. Are any medications allowed to be brought in from home? YES / IF IN HOUSE DR APPROVED
21. Are any medications allowed to be "kept on person" within the jail? If so, what ones? NO
22. How many med carts do you currently have? Are the med carts owned by the County? 2 / NO
23. Please provide a listing of current commissary items

SCREENINGS / SICK CALL

24. Who currently completes the receiving screening? BOOKING OFFICERS
25. At how many locations is sick call currently being conducted? Is it only in the medical unit or in other locations? IN THE MEDICAL UNIT
26. What time is nurse sick call being conducted? WHEN NEEDED
27. Are there specific times that jail security does not want inmate movement for sick call? 1100 FOR LUNCH
28. Is a security officer currently present for sick call? YES IF NECESSARY
29. Is the medical unit current with physicals and sick calls? YES

SPECIALTY SERVICES / ONSITES

30. Do you have physician specialists that currently come on site? If yes, which specialist? Do you have an OB/GYN that you currently use? Do they provide onsite services? Is so, who? NONE
31. What on-site specialty clinics are conducted? NONE
32. Can a list of medical equipment that is currently on site for use by the vendor be provided? MEDICAL BED / TABLE
33. Are x-rays being completed on-site with in-house county equipment or is mobile x-ray service bringing equipment on site and completing the x-rays? MOBILE XRAY
34. Are you interested in telemedicine/telehealth? ???

FINANCIAL / DISCOUNTS / LIMITS

35. Do you currently have any agreements in place with hospitals with locked wards? If so, who? NONE
36. Do you currently receive any discounts from the hospital or local providers? If so, who and what is the discount? UNKONWN
37. Do you currently have a financial limit (capped limit) with the current contract? If so, what does it cover and how much is it?
38. Is there co-pay? If so, in what amount?

RECORDS / MANAGEMENT / OTHER

- 39. Is there a current electronic medical records system in place? YES
- 40. Please provide the last one year's reported medical statistics for the medical unit.
- 41. Are any medical staff members participants in a union? NO
- 42. How long does it take for the County to conduct a background check on an employee?
20 MINUTES
- 43. Of the 240 population, how many are county ALL
ICE 0, Marshalls 0, Juveniles 0, Native American 0, Work
Release 0, DOC _____ or other county inmates 0?
- 44. Is the facility currently NCCHC accredited? If so, when was the last accreditation survey? Do you want to maintain this? N/A
- 45. Does the medical unit have a T1 line? Is there internet access? Would the vendor have access to a computer? THE COUNTY PROVIDES INTERNET ACCESS / AND COMPUTER.
- 46. Would the county prefer the vendor to review/verify the inmate medical bills, apply any discounts and pay the invoice for the county? (Act as a third party administrator) YES
- 47. Please provide the current contract.
- 48. Please provide a copy of all questions/answers received by other vendors.

MENTAL HEALTH

- 49. Do you currently have mental health staff on-site, are there any issues you current have that you would like corrected or improved. Would you like more services on-site?
CURRENT VENDOR PROVIDES MENTAL HEALTH TWICE A MONTH
- 50. What are the levels of the mental health staff that you current use? PHSYCHOLOGIST
- 51. What percentage of the population is on psychotropic medication? 10
- 52. The RFP mentions "psychologist services" – are you requesting a psychologist specifically or would a qualified mental health clinician be acceptable? YES

By: _____
Linda Gifford

OFFEROR has examined copy of Addendum #1 to Request for Bid # 201005-104, receipt of which is hereby acknowledged:

Company Name: _____
Address: _____

Phone Number: _____ Fax Number: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____