

**Request for Proposal  
Comprehensive Inmate Health Care Services  
Lackawanna County Prison  
RFP#289-20-209  
Questions and Answers**

**Questions and Answers**

1. Please clarify the Contractors financial responsibilities considering what appear to be conflicts between the following sections of the RFP:

**Page 18, Section F. "Price Proposals". This section indicates that the contract is to be on a "Cost Plus" basis, with the Contractor being reimbursed for all documented expenses.**

Page 11, Section F. *"The contractor will arrange for, monitor and pay for all inpatient hospitalizations up to the limits included in the pricing section of this proposal, including physicians' charges and other related costs."*

Page 12, Section K. "The contractor shall be responsible for maintaining the equipment, cost of supplies, purchase of any new instruments, etc."

Page 14, Section M 11. "The file folder and other equipment costs needed to provide medical records shall be the responsibility of the contractor"

Page 14, Section M 12. "This proposal shall include an electronic medical records system to be implemented and in full operation by the end of the first year of the contract, at no additional cost to the Lackawanna County Prison"

Page 16, Section X. "The contractor shall be responsible for all costs of management of the Prison Medical Department such as copy machine and paper, coffee, sugar, cups, etc."

**All of the above are covered by the yellow highlighted wording above. That is, in the "Cost Plus" system the contractor pays for matters up front and then submits receipts to the county for reimbursement.**

2. Please explain the relevance of Section G on page 19 to the "Cost Plus" model explained in Section F on page 18. If all costs are to be passed to the County (Section F), then how do the limitations of contractor liability (Section G) apply? **Unable to answer at this level**
3. Dialysis – Is this done Onsite or Offsite?
  - a. How many patients received dialysis during the most recent 12 months? **unknown**
  - b. Who is the current provider of dialysis services? **The service is subcontracted out by our current medical health care provider.**

How much has been spent annually on dialysis over the past two (2) years? **Unknown, but in the "Cost Plus" system the contractor pays for matters up front and then submits receipts to the county for reimbursement.**
4. X-Ray – Do you have X-ray equipment onsite or does a mobile service provide the equipment? **Mobile service is used**
5. Are Ultrasound services provided onsite or offsite? **offsite**
  - a. How many ultrasound examinations have been performed on a monthly basis during the most recent 12-month period? **unknown**
6. Specialty Clinics: What specialty services clinics are currently being provided onsite (i.e., OB/GYN, Orthopedics, etc.)? What is the frequency of each of these clinics? **unknown**
7. Please provide a breakdown of the inmate/detainee population included in the overall population figures, as follows:
  - a. County - **349**

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- b. State DOC – **0**
  - c. ICE – **0**
  - d. U.S. Marshals Service - **160**
  - e. Work Release – **0**
  - f. Other – **0**
8. Please provide a breakdown of the inmate/detainee population included in the overall population figures, as follows:
- a. Male – **as of 7/8/2020 there are 476**
  - b. Female **as of 7/8/2020 there are 55**
  - c. Juvenile – **as of 7/8/2020 there are 3 (all male)**
  - d. Transgender – **as of 7/8/2020 there are 0. However, it is not uncommon to have 1**
9. Staffing:
- a. Please provide the current staffing plan by position, credential, and shift.
  - b. Does the medical staff currently use 12-hour or 8-hour shifts? **8 hour shifts**
  - c. Since the current contract is a cost-plus structure, please provide the following information:
    - i. What are the current salary rates for each position? **Unknown**
    - ii. What are the current evening, night, and weekend shift differentials? **Unknown**
  - d. Are there currently any unfilled positions? If so, please identify each position and length of time unfilled. **Not that the County is aware**
  - e. Is the current staffing plan considered adequate for the Facility? **yes**
  - f. Can more than one staffing option be provided and still be considered compliant with the RFP? **yes**
10. Mental Health Services:
- a. What mental health services are currently provided on site at the Facility? **Psychiatrist, Masters Level MH specialist from the Scranton Counseling Center, Psychologist (Dr. Ruby) who provides group service to sexual offenders.**
  - b. Are group therapy services required?
    - i. If so, what types of groups are currently provided? **Sexual offender group therapy**
    - ii. Please indicate the number of times per week each group is provided. **2x/week**
  - c. Are discharge planning services required? **Yes.** If so, please provide specific requirements. **Must be in compliance with Title 37 Law requirements.**
  - d. Are there specific requirements related to the timing of mental health evaluations and/or response to mental health referrals? **Must be in compliance with Title 37 Law requirements.**
11. Equipment:
- a. Please provide a list of all medical and dental equipment that will be available to the new Contractor, including the model, age, and condition. **It is the county's stance that all medical equipment belongs to the county.**
  - b. Please provide a list of all office/computer equipment that will be available to the new Contractor (e.g., computers, printers, fax machine, copier, etc.), including the model, age, and condition.
  - c. How many AEDs are on site? **6**

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- d. Who is responsible for maintaining the AEDs—the Contractor or the County? **The County**
12. Please identify the following current providers:
- a. Pharmacy services – **Diamond Pharmacy, contracted with CCI**
  - b. Laboratory services
    - i. Who provides STAT lab services in the event they are required? **This is subcontracted out with the current medical health care provider**
  - c. Mobile X-ray services – **Mobile XRay of Lackawanna County**
  - d. Audiology
    - i. Please provide the number of audiology exams performed monthly during the most recent 12 months. **unknown**
    - ii. Are these services provided on-site or off-site? **Off site**
  - e. Eye Exams
    - i. Please provide the number of eye exams performed monthly during the most recent 12 months. **unknown**
    - ii. Are these services provided on-site or off-site? **Off site**
  - f. Ambulance service(s) – **there are several services in the area and this is left up to the contracted medical health care provider.**
  - g. Biohazardous waste removal services **there are several services in the area and this is left up to the contracted medical health care provider.**
  - h. Medical Gas
- Is this the responsibility of the contractor? **Yes, but in the “Cost Plus” system the contractor pays for matters up front and then submits receipts to the county for reimbursement.**
13. Will the County consider the use of telemedicine services? What telemedicine services are currently provided? (If currently using telemedicine) **Yes and none right now. This response should not be taken as an implication that telemedicine is authorized. It is simply saying “yes” to the consideration of telemedicine services.**
14. Please identify and provide contact information for the following individuals:
- a. Medical Director – **Dr. Edward Zaloga, CEO of Correctional Care, Inc**
  - b. Mid-level Practitioner – **Anthony Ianuzzi**
  - c. Psychiatrist – **Dr. Satish Mallik**
  - d. Dentist – **Dr. Nicholas Damian**
15. What is the extent of the medical / mental health screening performed at intake by Correctional Officers? **There is a brief medical questionnaire in our Booking process that is performed by correctional staff**
- a. Is intake a 24/7 medical post? **Medical Dept. abuts the Booking & Intake area. There is not a medical staff person posted at intake but they are available 24/7 for intakes.**
  - b. Would the County consider medical / mental health screening being performed at intake by the contractor instead of correctional staff? **Yes**
16. Medication Administration:
- a. How many med passes are conducted daily? **three**
  - b. Which discipline(s) conducts med passes (e.g., CMT, LPN, RN, etc.)? **LPNs and RNs**
  - c. How long does the average med pass take to complete? **unknown**
  - d. How many med carts are used simultaneously during each med mass? **unknown**

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- e. Does the Facility currently utilize an electronic Medication Administration Record (eMAR)? **No, but they may do so with the implementation of EMR**
  - i. If so, please identify the eMAR software program.
- 17. Is Nurse Sick Call conducted by RNs or by LPNs? **Both**
- 18. Is there a Keep-on-Person (KOP) program at the Facility? If so, which medications are included in the KOP program? **Inhalers**
- 19. Electronic Medical Records:
  - a. Please identify the electronic medical records (EMR) system, if any, currently used at the Facility, including application and version.
    - i. If none, does the County wish to implement an EMR system? **EMR system belongs to the current provider and is not accessible to the county at this time.**
  - b. Please identify the Facility's Jail Management System (JMS). **Offender Management System. We are in the process of an upgrade to OMSe. There is the possibility of moving to the CCAP sponsored UCM (Unified Case Management) system in the future.**
  - c. Will the Facility's IT infrastructure support EMR installation, or will additional cabling and drops be required? **Yes**
  - d. Who will be responsible for additional cables/drops, if required—the County or the Contractor? **The Contractor, but in the "Cost Plus" system the contractor pays for matters up front and then submits receipts to the county for reimbursement.**
  - e. Will internet connectivity be available to the Contractor? **yes**
  - f. Does the Facility currently have wireless capability? **yes**
  - g. What is the County's expectation for a "go live" date for the EMR system? **The current provider was prepared for a go live however matters were put on hold due to the pandemic**
- 20. Pharmacy Statistics: Please provide the following information for the past two (2) years:
  - a. Number of inmates on psychotropic medication(s) per month – **pre COVID 19 pandemic we averaged around 230 per month. During this time our average daily population fluctuated between 700 and 800**
  - b. Number of inmates on HIV/AIDS medication(s) per month – **pre COVID 19 pandemic we averaged 2½ per month. During this time our average daily population fluctuated between 700 and 800**
  - c. Number of inmates on Hepatitis medication(s) per month –**We do not have data on this**
  - d. Number of inmates on Hemophilia medication(s) per month–**We do not have data on this**
  - e. Number of inmates with diabetes–**We do not have data on this**
- 21. On-site Clinical Service Statistics: Please provide monthly statistical data for the past two (2) years, including but not limited to:
  - a. Intake screenings - **pre COVID 19 pandemic we averaged about 415-420 per month. During this time our average daily population fluctuated between 700 and 800**
  - b. Nurse Sick Call, Mid-level Sick Call, Physician Sick Call - **pre COVID 19 pandemic we averaged 100 per month. During this time our average daily population fluctuated between 700 and 800**

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- c. Inmate physicals - **We do not have data on this**
  - d. Number of inmates evaluated by the psychiatric/mental health providers – **pre COVID 19 pandemic we averaged about 200 Mental Health Visits per month**
  - e. Number of chronic care visits by type **We do not have data on this**
  - f. Number of on-site clinic visits by type (e.g., OB/GYN, orthopedics, ophthalmology, cardiology, etc.) **We do not data on this**
  - g. Labs – **pre COVID 19 pandemic we averaged 17½ per month**
  - h. X-rays - **We do not have data on this**
  - i. Telemedicine encounters by specialty - **0**
22. Off-site Service Statistics: Please provide historical monthly utilization statistics for the past two (2) years regarding off-site and specialty services, including but not limited to:
- a. Total number of ER visits **We do not have data on this**
  - b. Number of ER visits that resulted in inpatient admissions **We do not data on this**
  - c. Number of ambulance transfers **We do not have data on this**
  - d. Number of non-ambulance transfers **We do not have data on this**
23. Expenses: Please provide the following information for the past two (2) years:  
**In the “Cost Plus” system the contractor pays for matters up front and then submits receipts to the county for reimbursement.**
- Total pharmacy costs - **We do not have data on this**
- a. Total psychotropic medication costs - **We do not have data on this**
  - b. Total HIV/AIDS medication costs- **We do not have data on this**
  - c. Total ER visit costs- **We do not have data on this**
  - d. Total inpatient hospitalization stay costs- **We do not have data on this**
  - e. Total off-site specialist visit costs- **We do not have data on this**
  - f. Total off-site, one-day surgery costs- **We do not have data on this**
  - g. Total ambulance service costs- **We do not have data on this**
24. Methadone:
- a. Is methadone provided to any patients other than pregnant females? **No**
  - b. Is methadone provided on site or off site? **Off site**
  - c. Who is the local methadone provider? **Dunmore Comprehensive Treatment Center**
25. In addition to the minimum requirement for 24/7 RN coverage, please identify the following:
- a. The number and credential (RN, LPN, CMT) of any current additional staff on the day shift. **This is left to the contractor provided that all requirements of section F 1 through 11 of the advertised RFP are met.**
  - b. The number and credential (RN, LPN, CMT) of any current additional staff on the evening shift **This is left to the contractor provided that all requirements of section F 1 through 11 of the advertised RFP are met.**
  - c. The number and credential (RN, LPN, CMT) of any current additional staff on the night shift **This is left to the contractor provided that all requirements of section F 1 through 11 of the advertised RFP are met.**
  - d. If current weekend shift coverage differs, please identify the differences
26. Please provide the number of inmate deaths, if any, during the following years:

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- a. 2017 - **1**
  - b. 2018 - **1**
  - c. 2019 - **0**
  - d. 2020 (to date) - **2**
27. COVID-19: Pennsylvania was and is being significantly impacted by COVID-19. For the state, as of June 16, 2020, there have been 79,471 COVID positive confirmed patients with 6,277 deaths for a rate of 7.8% mortality. For Scranton, Lackawanna County there have been 1608 confirmed cases with 197 deaths for a mortality rate of 12.25%.
- a. What has been the experience as related to COVID-19 at Lackawanna County Prison? **We have had one confirmed case. That was a staff member back on 4/1/2020.**
  - b. How many confirmed COVID-19 cases? **1 (staff), 0 inmates/detainees**
  - c. How many patients were released due to higher risk status as identified by CDC guidance issued March 23, 2020? **There have been 629 releases and 426 commitments since March 15<sup>th</sup>, 2020. We do not have the authority to commit or release people and have not been privy to whether or not commitments or releases are related to high risk categories or to any facet of COVID 19.**
  - d. Was the facility locked down due to COVID-19? If yes, when and for how long? **We went into a lockdown once notified of the one staff member's positive test. We remained in a partial lockdown for all of April and May and are just now starting to loosen up with time out of cells, recreation, and library privileges.**
  - e. Did the health department assist with your response to this pandemic? **Yes**
28. Where is the designated area to store medical records for released patients and how much space is required for medical record storage? **The basement of the prison administration building. There is no space requirement as of this date.**
29. Where is the designated area to store medical supplies and equipment? **In the medical area of the prison**
30. Where is the designated secure pharmacy room? **In the medical area of the prison**
31. Are you using LPNs or Medical Assistants? **LPN's**
- a. If so, how many and on which shifts? **This is left to the contractor provided that all requirements of section F 1 through 11 of the advertised RFP are met.**
32. How many suicide attempts occurred on a monthly basis during the most recent 12-month period? **Less than 1 attempt per month.**
33. How many successful suicides occurred, if any, on a monthly basis during the past 2 years? **1**
34. How many overdoses occurred on a monthly basis during the most recent 12-month period? **2**
35. How many Narcan usage events occurred on a monthly basis during the past 2 years?? **2**
36. Detoxification – Page 7 states that all inmates being detoxified must be seen by a physician as soon as possible and a physician approved individualized treatment plan will be started.
- a. A patient is typically seen by a provider (mid-level or MD) if COWs scores indicate a concern. Are all inmates being detoxified required to be seen? **Yes, according to the provisions of the RFP**
  - b. Are inmates being detoxified required to be seen by a physician, or can they be seen by a mid-level provider? **Physician**
37. MAT
- a. How many inmates do you anticipate would be in the MAT program/receive MAT services per year? **Unknown**

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- b. Would there be a limit to the number of inmates enrolled in a treatment program, or would you treat all who would qualify? **We are looking to treat all who qualify**
- c. Would the intention be to offer treatment to all inmates with Opioid Use Disorders or only those inmates already participating in a community-based MAT program prior to incarceration? **All with Opioid Use Disorder**

**38. Dental Care**

- a. In the statement "Each new inmate will receive a dental screening and dental hygiene service as part of the health assessment", what service is expected for "dental hygiene service"? **Community care level of service**
- b. Are follow-up exams for each inmate, which are to be provided every six months, provided after treatment is rendered? **If the provider determines that this is the appropriate step to take at this point in time.** Should the same follow-up exam be given to inmates every six months regardless of whether a patient has previously received treatment or not? **If the provider determines that this is the appropriate step to take at this point in time.**

**39. Mental Health**

- a. RFP Page 12, Section L states "Mental health services will be available to all inmates from the time of their commitment to the prison until their release, with referral services available to them after release. The contractor will provide psychiatric and psychological services as clinically indicated and legally required within the prison. Prison provides a Masters level Mental Health worker who is employed by the Scranton Counseling Center and the contractor must provide a fulltime nurse to assist this position when necessary."
  - i. Please provide additional information about the Masters level Mental Health worker role and the role of the Scranton Counseling Center staff; how their staff would document their activities; how/when they would interact with the medical health care provider's psychiatrist, psychologist, full time psychiatric RN; and responsibility for all services. For the purposes of responding to this RFP it may be best to disregard information with respect to the Masters level Mental Health worker role. **The county is in the process of restructuring and I cannot guarantee that this role will remain in place. Therefore, you should take it out of your calculations.**
  - ii. Please provide clarity as to the duties a FT nurse (RN? LPN?) would perform when they "assist this position when necessary". In general nurses assist psychiatric or medical providers, not MH staff. If the staff member is a PRN why does it need to be a FT nurse? **Agreed. Please disregard.**
  - iii. How does the role of the Masters level Mental Health Worker differ from the work we would be contracted to do? **The county is in the process of restructuring and I cannot guarantee that this role will remain in place. Therefore, you should take it out of your calculations.**
- b. RFP page 13, Section L, Paragraph 2 states "During incarceration, services provided will include evaluation by the psychiatrist, ordering of medications, group or individual counseling, and diagnostic or psychological testing. Previous providers will be contacted to confirm treatment programs, medications, pertinent mental health histories and suggestions for further treatment."

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- i. Will the psychiatric physician be expected to conduct clerical tasks such as obtain outside records, or is the prison open to a mental health professional performing these tasks? **Currently, our medical health care provider staff and the MH worker from Scranton Counseling Center coordinate their efforts in an attempt to obtain this data**
  - c. Is it the prison's requirement to have only psychiatrists and psychologists staffed by the vendor or is the prison open to the vendor hiring masters level mental health professionals? **I cannot answer this without a review of the contract/grant with the Scranton Counseling Center**
  - d. RFP page 13, Section L, states the psychiatrist utilized at the prison must provide the following service, "Review and approval of any existing complete psychiatric evaluation and treatment plan including a DSM-V diagnosis and an appropriate treatment medication management plan."
    - i. Physicians may review but they do not "approve" or disapprove the work of outside professionals that they do not supervise; please clarify what this means. **This means that a physician working for the contracted vendor does not have some form of "veto" power regarding the decisions made by an independent provider, specialist, etc.**
  - e. "Ongoing monitoring of the medication management plan and any changes that are made in conjunction with the PA or nurse practitioner."
    - i. Please clarify the role of the PA/NP in relation to psychiatric medications? **The psychiatrist has the ultimate say in prescribed psychiatric meds but it is expected that he/she would consult with medical staff who are here on a more frequent basis.**
  - f. Will the prison consider allowing the licensed mental health professionals (Psychologist and Masters level) evaluate patients for removal from suicide watch without the requirement of a psychiatrist to provide final approval since it is well within the scope of practice for licensed masters level professionals and licensed psychologists.
    - i. Is the Scranton Counseling Center staff involved in this process? **Yes. However, currently the Scranton Counseling Center staff member does not do this. He consults with the psychiatrist, who makes this call.**
  - g. "Psychiatrist on site a minimum of 16 hours per week and on call 24 hours per day."
    - i. Is "On Site" the only method to provide psychiatric services or would tele-psychiatric services (full or partial) be an acceptable manner to render these services? **On site is the only method at this point in time.**
    - ii. Please provide data on the average number of weekly calls made to psychiatry during off hours or weekends. Do these calls include making determinations for release from suicide watch? **We do not have data on this topic**
- 40.** Accreditation - The objectives of the RFP state that ACA may be substituted; but the RFP requirements state that we must guarantee, obtain, and maintain NCCHC accreditation. Failure to obtain/maintain accreditation throughout the contract will result in a penalty of \$50,000.
- a. Is the Vendor subject to the same penalty for ACA accreditation? **NO**
    - i. If so, will the penalty only be assessed if we fail to meet the standards that are in direct support of statement of work regarding the medical health care provider's medical program?

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- b. Does the County want to be NCCHC or ACA accredited, as the information in the RFP is conflicting? **We are looking for NCCHC accreditation**
- i. If NCCHC accreditation is the requirement, will a reasonable timeframe be established to apply for accreditation (i.e. 18 months after assumption of the contract based on the accrediting organization's schedule)? **Yes**
41. One of the requirements of the 2017 RFP was *"To operate the health care program in compliance with standards established by the National Commission on Correctional Health Care (NCCHC) and obtain NCCHC accreditation."* Further, the 2017 stated *"The respondent/contractor shall guarantee accreditation by the National Commission on Correctional Health Care (NCCHC)."*
- Did the current vendor obtain NCCHC accreditation? **No**
- If not, why was the vendor unable to obtain accreditation? **The inability to get Electronic Medical Records was cited as a reason for not moving toward NCCHC accreditation**
42. The 2017 RFP stated *"The contractor shall guarantee accreditation by the National Commission on Correctional Health Care (NCCHC) and its Standards for Health Care Services in Jails or agree to payment of a penalty of \$50,000.00 for failure to obtain/maintain NCCHC Accreditation throughout the contract."*
- a. Has the current vendor paid the \$50,000 penalty if accreditation has not been obtained? **Not that I am aware**
43. The 2017 RFP stated *"Electronic Medical Records - This proposal shall include an electronic medical records system to be implemented and in full operation by the end of the first year of the contract, at no additional cost to the Lackawanna County Prison."*
- a. Did the current vendor implement an electronic medical records system within the required time period?? **No**
- b. If not, why was the vendor unable to implement an electronic medical records system? **There were internal wiring issues that have since been resolved.**
- 
- c. If not, was the current vendor penalized in any way for not implementing an electronic medical records system? **No**
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44. Does the site have any contracts with hospitals or specialists? **The current provider has contracts but the prison and county do not.**
45. Please provide a list of the current offsite healthcare delivery network. **I do not have one**
46. Please provide a list of telemedicine/tele-communication equipment used in the delivery of healthcare. **I do not have one**
47. Will the County entertain suggestions for operational changes to the health services program if such changes remain in compliance with governing standards and result in an overall cost savings? **yes**
48. Will the hours of service delivered via tele-medicine and tele-psychiatry, count towards the contract provider hours? **If allowed, yes**
49. Please confirm that the Vendor will be responsible for contracting with all specialty services providers for on-site and off-site services. **Confirmed**
50. Will the Vendor be responsible for contracting with an ambulance service, or will the vendor use a County system? **The vendor is responsible**

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51. Please confirm the schedules of the following staff members:
- a. Correctional Staff: 8 hours, 12 hours, or a combination of both. **8 hours**
  - b. Health Care Staff: 8 hours, 12 hours, or a combination of both. **This is the vendor's decision**
  - c. Please provide a breakdown of the positions that work both, if a combination exists.
52. Will County be open to 12-hour shifts for some of the staff. **yes**
53. Will the County require the price proposal to be submitted separately from the technical proposal? **No, however, if there are separate proposals submitted, it is expected that the proposals will be submitted simultaneously on the same day in the same submission packet.**
54. Please provide a list of Contractor-owned and County-owned computers, IT, medical and other equipment as it relates to the provision of services required in this RFP. **We are working on putting together a list, however, it may not be prepared in time for this submission.**
55. **Please advise where intakes and sick call are currently conducted at the facility. Both are conducted in the area designated for our medical health care provider, which consists of a waiting room and several smaller rooms.**
56. How many intakes and sick calls are currently done on a monthly basis? **Prior to the onset of the COVID 19 pandemic we averaged about 400 intakes per month and about 100 sick calls per month**
57. Please describe the scope of care provided for patients and confirm where patients are currently treated onsite for each element of care? **Unable to answer**
58. Please provide the current staffing plan for providing the services requested in this RFP. **The staffing plan is left to the contractor, provided that all requirements of section F 1 through 11 of the advertised RFP are met.**
59. Please provide the ADP that should be used in pricing / staffing. **700. However, we are looking to employ the Cost Plus system so the ADP should not affect the pricing.**
60. Please identify the number of ICE, Federal detainees, juvenile detainees or DOC inmates at the facility. **USMS = about 170, Juveniles average 2. No DOC, no ICE**
61. Please identify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for:
- a. Dental – **On site**
  - b. Oral Surgery – **Off site**
  - c. Optometry – **Off site**
  - d. Laboratory - - **Off site**
  - e. Radiology (specify mobile or fixed equipment) – **Mobile X ray on site, all else off site**
  - f. Fluoroscopy – **Off site**
  - g. Mammography – **Off site**
  - h. Physical Therapy – **Off site**

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- i. Dialysis – **Off site**
  - j. Chronic Care Clinics (please specify which clinics and frequency). **This is the decision of the contractor**
  - k. Specialty Clinics (please specify which clinics and frequency) **This is the decision of the contractor**
  - l. OB/Prenatal care – **Off site**
62. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.) at the facility. Also, please provide years of service or hire dates. **We do not have access to this information.**
63. Please provide the amounts relating to staffing withholds or performance withholds incurred by the incumbent by year for the last three years. **This is the decision of the contractor**
64. Please provide the DOLLARS spent on offsite services by year, for the last three years, by the categories below:
- Hospitalization
  - Emergency room visits
  - Specialty visits
  - Outpatient surgeries
  - Diagnostics
  - **– Prison staff do not have access to a break out of the financial expenditures of the current medical health care provider. Therefore, these four items cannot be answered. Additionally, the implementation of the Cost Plus system makes this question unnecessary.**
65. Please provide the offsite EVENTS by year, for the last three years, by the categories below:
- Hospital days – **the county does not have this information**
  - Hospital admissions **the county does not have this information**
  - Emergency room visits **the county does not have this information**
  - Specialty visits **the county does not have this information**
  - Outpatient surgeries **the county does not have this information**
  - Diagnostics **the county does not have this information**
66. Will vendors be financially responsible for:
- prior to booking cases - **NO**
  - bedside bookings, or – **Do not understand what is meant by a bedside booking**
  - pre-existing conditions? **The vendor will be responsible for the cost of providing medical treatment during an individual's incarceration and will be**

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RFP#289-20-209**

**Questions and Answers**

**responsible for submitting a receipt or bill for reimbursement of expended funds.**

67. Please provide the TOTAL dollars spent on pharmacy at the facility by year for the last three years. **do not have access to this information.**
68. How many prescriptions per month on average are ordered for the inmates at the facility? **Unknown**
69. What percentage of your medications ordered each month is stock vs. patient specific prescriptions? **Unknown**
70. What are the pricing terms of your current pharmacy agreement? (i.e. average wholesale price less a discount, or acquisition cost plus a dispensing fee, etc.). **Unknown**
71. Please provide three (3) years of drug utilization at the facility preferably in an electronic format. **Information is unavailable**
72. Of inmates receiving Hepatitis C treatment, what is the nature of the treatment? **Unknown**
73. How are current medication orders being transcribed to pharmacy? **Unknown**
74. How are medications delivered and dispensed: patient-specific or stock/pill line? **Unknown**
75. Please provide the number of prescriptions per inmate at the facility. **Unknown**
76. Does your current pharmacy provider offer drug destruction for outdated/expired drugs? If so, please describe the destruction policy. **Unknown**
77. Does your current pharmacy provider offer monthly/quarterly pharmacy consultation/inspection? If so, please describe? **Unknown**
78. Does your facility have a DEA License? **Unknown** If so, whose name is under licensure?
79. Does your facility have a current state pharmacy license? **NO**
80. Where are inmate's personal medications kept upon booking? **Unknown**
81. Will proposers be required to use the current pharmacy vendor? **NO**
82. Please provide all terms and conditions regarding purchases, returns, and management fees that will be applied regarding pharmacy vendor. **N/A**
83. How many completed suicides took place at your facility in the past 2 years? **2**
84. How many persons on average per month have been placed on suicide precaution over the past year? **4-10**
85. How many persons are currently receiving psychotropic medications per month? **Pre COVID 19 pandemic we were averaging about 250 (when our population averaged 700-800 inmates)**
86. How many persons are currently receiving anti-psychotic medications per month?
87. How many persons are currently receiving mood-stabilizing medications (Lithium, Depakote, Lamictal etc.) per month? **We do not have record of this**
88. How many group therapy sessions are provided per week by the current vendor? **0**

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89. How many patients were sent to the state mental hospital from your facility in the past year? **10**
90. How many patients required placement in some sort of restraint device in the past 6 months? **We average 3-4 placements into our Emergency Restraint Chair per month.**
91. Is it the responsibility of the officers to provide direct observation and/or 15-minute checks and logs on all patients placed in suicide watch? **Yes**
92. How are medications currently made available to inmates on release from the correctional facilities? **We are in compliance with Title 37 regulations**
93. Does the County's standard operating policies provide that inmates who are receiving mental health or medical services encounter medical or mental health staff as they are released from facilities? Please describe the process.
94. What is the percentage and number of inmates with estimated release dates? Are those inmates predominantly sentenced?
95. How many planned or predicted releases occur each day? **Pre COVID19 we averaged 12-15 releases per day. Currently, we are averaging around 6 releases per day.**
96. Please provide a description including average daily enrollment of your inmate substance abuse education, cognitive behavioral classes, and other inmate programs.
97. Please provide the name of the current EMR provider, if any. **CorrectTek**
98. What are the data requirements upon termination of the current vendor:
- Data to be provided and in what format **unknown -Conversion to EHR/EMR is on-going and too new to determine**
  - System availability during transition, and **unknown -Conversion to EHR/EMR is on-going and too new to determine**
  - Time requirement of data availability. **unknown -Conversion to EHR/EMR is on-going and too new to determine**
99. Is the current records system a combination of electronic and paper records? If so:
- What records are electronic? **Conversion to EHR/EMR is on-going**
  - What records are paper? **Conversion to EHR/EMR is on-going**
100. Will the existing facility network be available for EMR connectivity? **Yes**
101. Is there wireless access available in the:
- Pods, Clinic, or other areas of health delivery? **NO**
102. What interfaces are currently in place, if any:
- JMS,
  - Lab,
  - Pharmacy, or
  - Other.

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103. Can the EMR be installed on existing jail hardware? **NO**
104. Can the EMR be installed on existing jail hardware with upgrades? **Possibly**
105. Should servers be proposed as a stand-alone system? **YES**
106. Does the existing jail data center/computer room have space available for any or all of the above? **I don't believe so. Currently we are using OMS and are in the process of upgrading to OMSe (both are products of GTL).**
107. Will the County pay the cost of facility improvements for the EMR through:
- Cable and wireless connections, or **No**
  - Additional power requirements for server and rack installation. **No**
108. Will the County assume the responsibility of system administration and routine maintenance of data center additions and/or upgrades? **No**
109. Will the County assume responsibility of performing routine back-ups and offsite storage of back-ups? **No**
110. Are there tablets available at the facility for offender access? If yes, are the tablets connected to WIFI? **Yes and Yes**
111. How many medical malpractice and/or civil rights lawsuits have been filed against the jail's healthcare provider related to the services rendered at any of the facilities in the past five (5) years? **I do not know. As you are aware, the current provider is a separate entity and if a lawsuit was filed against them, the county would not necessarily be aware of this.**
112. Do any of your facilities currently operate under a consent decree, have a contract monitor or similar oversight? If yes, please describe in greater detail. **No**
113. For the purpose of creating a transition plan, can you give an approximate timeline of the potential award of the contract? **All submissions will be reviewed and recommendations will be made to the Lackawanna County Prison Board (at the October Prison Board Meeting) and the Lackawanna County Board of Commissioners (at one of the scheduled meeting in November of 2020). The award should occur at the Board of Commissioners meeting on either November 4, 2020 or November 18, 2020. However in light of the current Covid-19 Emergency, no dates can be guaranteed.**
- 
114. Is the County currently subject to any court orders or legal directives that would impact the services provided? **No**
115. How many lawsuits (frivolous or otherwise) have been filed against the County or Contractor pertaining to inmate health care in the past three years? **Over the past 5 years the county has been involved in 9 lawsuits (7 were for alleged civil rights violations and 2 were for alleged malpractice)**
116. Are there any requirements for drug testing for prospective employees? **This is a decision of the contracted medical health care provider**
117. Who is responsible for running background checks on potential personnel – County or Contractor? **County**
118. Please provide a current list of staffing vacancies by position. **No vacancies that I am aware of. Medical health care professionals are employed by the provider, not the county.**

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119. Are any members of the current health service staff unionized? **Not that I am aware of. Medical health care professionals are employed by the provider, not the county.**
- a. If yes, please provide a copy of the union contract.
120. Please provide a copy of the current contract staffing matrix/schedule. **This is a decision of the contracted medical health care provider**
- a. If available, please provide salaries/wages for the incumbent health service staff.
121. Please confirm that overtime and temporary employee hours will count toward the hours required by the contract. **Confirmed**
122. What is the annual spend amounts for the past three years for the following categories:
- a. Total off-site care? **Unknown, but in the “Cost Plus” system the contractor pays for matters up front and then submits receipts to the county for reimbursement.**
- b. Total pharmacy expenditures? **Unknown, but in the “Cost Plus” system the contractor pays for matters up front and then submits receipts to the county for reimbursement.**
- c. Laboratory services? **Unknown, but in the “Cost Plus” system the contractor pays for matters up front and then submits receipts to the county for reimbursement.**
122. Please confirm that Proposer would not be responsible for elective or cosmetic surgeries and health care services. **Confirmed**
13. Please verify that Proposer is responsible for off-site and pharmaceutical costs for federal inmates inclusive in the count. **In the “Cost Plus” system the contractor pays for matters up front and then submits receipts to the county for reimbursement.**
123. Please identify any services (PPD, education, etc.) that must be provided to correctional staff as part of the scope of work.
124. Does the facility hold any national or state accreditations? **No**
- a. Will continued accreditation be a part of the scope of work?
- b. If not, will obtaining accreditation be a required part of the scope of work? **We are looking to have the medical provider attain NCCHC accreditation.**
125. What software is utilized for the facility’s jail management system (JMS)? **GTL’s Offender Management System (OMS)**
126. Does the facility utilize an Electronic Medical Record? **Our current provider is in the initial phase of implementation, however, matters are on hold due to an upgrade from OMS to OMSe that will not be completed until the fall of this year.**
- a. If yes, should the Proposer propose their own EMR system or continue utilizing the EMR in place? **Continue using the EMR in place**
- b. If no, is the County interested in implementing an EMR as part of the scope of work?
127. Can you briefly describe the IT infrastructure within the facility?
- a. Will Proposer’s hardware be placed on the County network? **No**
- b. Will the County host software to be used in the scope of work? **No**
128. How do personnel currently access the Internet while in the health care unit? **No**
129. Does the facility have WiFi connectivity throughout? **Not at this time**

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130. Please furnish a list of equipment (including dental, x-ray, dialysis, computer hardware) available for use in the facility at the start of the contract. **The list will be provided to the company once it is compiled, however, that will not be completed until a later date.**
131. Please confirm that all equipment is in correct working order and certified in good condition.
132. Will any of the current equipment in the facility require replacement during the scope of the contract? **The dental chair will probably need to be replaced, but, as mentioned previously, under the Cost Plus system this should not affect the medical health care provider since reimbursement would come from the County.**
133. Approximately how long is a typical facility med pass? **Unknown**
134. Can you confirm the total number of med carts in the facility? **2**
135. How often is medication distributed each day? **3 times daily**
136. How long does it take to perform medication distribution? **Unknown**
137. Please provide the following historical data regarding the size of the inmate population:
- a. Average daily population over the past two years. **700-750**
  - b. Two years of projected populations.
  - c. Number of intakes over the previous three years. **We average 4500-5000/year**
138. How are the following services rendered under the current scope of work (on-site/off-site)? (Please identify vendor, if applicable)
- a. Vision. **Unknown**
  - b. Dialysis. **Unknown**
  - c. OB/GYN. **Unknown**
139. Are there currently any backlogs in services/clinics – chronic care, sick call, dental, etc.?  
**Unknown**
140. Please provide the previous three years of statistical data for each of the following:
- a. Number of off-site inpatient hospital days.
  - b. Number of outpatient surgeries.
  - c. Number of outpatient referrals.
  - d. Number of trips to the emergency department (ED).
  - e. Number of ED referrals resulting in hospitalization.
  - f. Number of ambulance transports.
  - g. Number of air ambulance transports.
  - h. Number of dialysis treatments.
  - i. Number of inmates on suicide watch.
  - j. Number of completed suicides.
  - k. Number of deaths.
    - i. **Unknown for a. through k.**
141. How are detainees screened for suicide risks and mental health concerns at intake? **The prison conducts a brief assessment for both suicide risk and mental health concerns through a series of questions and staff observation. Our current medical provider conducts its own initial assessment.**
142. How are mental health patients identified/referred for services? **Referrals are made by any and all staff members based on observation and/or answers to assessment questions.**

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143. How many patients required some form of detox and/or medical intervention due to opiate misuse in the past year? **Unknown - This information is not broken out for opiate use/abuse in the reports**
144. Are patients deemed too acute to house in the jail sent to a public mental health facility? **No**
145. Does the facility provide and/or encourage group therapy? **Yes, we encourage it but we only provide group therapy for drug and alcohol issues and sexual offender issues.**
146. Please provide any facility statistical reports related to the medical operation for the past 12 months.
- a. For the year 2019:**
- |                                   |              |
|-----------------------------------|--------------|
| <b>i. Nursing Sick Call:</b>      | <b>1,062</b> |
| <b>ii. Treatments:</b>            | <b>1,429</b> |
| <b>iii. Hospital Days:</b>        | <b>107</b>   |
| <b>iv. Pregnant inmates:</b>      | <b>70</b>    |
| <b>v. HIV:</b>                    | <b>30</b>    |
| <b>vi. IV / ABT Therapy</b>       | <b>21</b>    |
| <b>vii. Laboratory Service</b>    | <b>210</b>   |
| <b>viii. Radiological Service</b> | <b>117</b>   |
| <b>ix. Medical Intakes</b>        | <b>4,300</b> |
| <b>x. Medical Watches</b>         | <b>759</b>   |
| <b>xi. Offsite appts</b>          | <b>106</b>   |
| <b>xii. Work clearances</b>       | <b>281</b>   |
| <b>xiii. Dental visits</b>        | <b>602</b>   |
| <b>xiv. MH visits</b>             | <b>2,758</b> |
| <b>xv. MD/CRNP sick call</b>      | <b>870</b>   |
| <b>xvi. Booking clearances</b>    | <b>4,099</b> |
147. Does the facility currently house any pregnant inmates? **Yes**
148. How does the facility provide OB/GYN care to pregnant inmates? **Offsite providers**
149. Would the facility be willing to change pharmacy subcontractors with the new medical vendor? **Yes. This decision is left to the provider**
150. Will the County consider a proposal with an aggregate cap on pharmaceutical expenses? **There is no reason to do this in the Cost Plus system**
151. Where does medication distribution take place, i.e., **med carts on the housing unit** or inmates coming to medical?
152. On average, what percentage of inmates are prescribed psychotropic drugs each month? **Around 1/3 of the population, on average**
153. What is the average monthly number of inmates receiving pharmaceutical treatment for the following conditions?
- a. Hepatitis C. **Unknown**
  - b. HIV/AIDS. **3-4**
  - c. Hemophilia and other bleeding disorders. **Unknown**
154. How are medications made available to inmates on release from the correctional facility? **Individuals being released from the facility are provided with several days' worth of life sustaining medications, in compliance with Title 37 standards**

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155. Does the facility currently utilize a Medication Assisted Treatment (MAT) program? **No**
- a. Will the County anticipate implementing such a program in the future? **The County is open for discussion on this matter.**