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Date: March 27, 2025

RFP NO.: WS1400745186

Inmate Medical Services

ADDENDUM NO. 4

ALL BIDDERS: This Addendum No. 4 contains information pertinent to the above referenced solicitation. This Addendum No. 4 shall supplement, amend, and become part of the RFP Document for the titled solicitation. All Bids shall be based on this Addendum No. 4 in accordance with the RFP Documents.

This Addendum No. 4 contains the following:

- **ANSWERS TO QUESTIONS RECEIVED BY JANUARY 17, 2025, 2:00 P.M. DEADLINE ARE INCLUDED IN THIS ADDENDUM NO. 4.**
- **SOLICITATION CLOSING DATE CHANGED FROM FRIDAY, MARCH 28, 2025 AT 4:00 P.M. TO FRIDAY, APRIL 25, 2025 AT 4:00 P.M.**

QUESTIONS AND ANSWERS:

1. QUESTION: Please confirm that this RFP does not have any minimum utilization threshold requirements to use any county-based business, county-based small business, county-based minority business enterprise or county-located business. Based on our review of the RFP terms, a bidder is not currently required to use the listed business types for services. Please confirm."

ANSWER: This solicitation requires a thirty percent (30%) sub-contracting participation goal for certified county-based businesses (CBB), certified county-based small businesses (CBSB), and/or certified minority business entities (MBE).

2. QUESTION: Please confirm the prime vendor is not required to have official residency in Prince George's County and/or Maryland.

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ANSWER: The Prime does not have to be a resident of Prince George's County.

3. QUESTION: As discussed at yesterday's preproposal conference, [redacted] would like to formally request a site tour/visit to the Correctional Center. Being able to physically see what we are bidding on will enable vendors to provide the County with far more accurate, competitive proposals."

ANSWER: The Prince George's County Department of Corrections (DOC) is a secure facility which allows building access once individual criminal background checks are passed. For Offerors, the DOC has developed a video tour of the medical unit in lieu of onsite visits. This link will be provided upon request to Nicole Newsome at NSNewsome@co.pg.md.us.

4. QUESTION: The RFP and the SPEED system contain two conflicting sets of directions on how the County wants vendors to organize their proposals. Unfortunately, both are labeled mandatory, under penalty of the vendor being non-responsive/disqualified. It is not possible to comply with both of these conflicting sets of instructions.

INSTRUCTION SET ONE: Located in RFP Section 4.1.3 Technical Proposal Format Outline, as well as in the PPT you presented at yesterday's preproposal conference, this set mandates the following proposal sections and submission order.

Each technical proposal shall have the following sections prominently displayed:

1. Title Page
2. Transmittal Letter
3. Table of Contents
4. Statement of Qualifications
5. Proposal Responses
6. Supplier Participation Plan
7. Exceptions or Restrictions
8. References
9. Audited Annual Financial Report
10. Affidavits, Addendums, Certifications and Affirmations

INSTRUCTION SET TWO: Located in RFP Section 4.1.12 Technical Response Criteria, which states, "The Offeror is to complete its Technical Response in the same order as the criteria listed." PLEASE NOTE that this is also the way the SPEED system is currently set up, i.e., the upload categories in SPEED reflect the contents and order of these requirements.

CRITERIA 1: Project Management

- i. Complete understanding of the Scope of Work.
- ii. Staffing Plan.
- iii. A turnkey plan and proposed transition, including roles, responsibilities and schedules.
- iv. Quality Assurance (QA) methodology
- v. Cost containment and savings protocols.
- vi. Disaster management plan.
- vii. Plan for medically prescribed diets, physical exams and tuberculin testing within the

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prescribed timeframes indicated in the RFP.
viii. Ability to dispense prescribed medications.
ix. Plans for laboratory testing, sub-specialty; chronic care clinics and diagnostic screening and testing for infectious diseases.

CRITERIA 2: Offerors' Qualifications

Contractor shall describe in details years in operation, staff plan to include but not limited to staff strength, scheduling and qualifications.

CRITERIA 3: Past Performance of Comparable Works

Contractor shall provide past work history (including past participation in a correctional facility's accreditation) indicating comparable scope of work to include dollar amount, facility size (population), and a completed Attachment Q (Professional References).

CRITERIA 4: Work/Contract Transition Plan

Explain your organization's project transition* into and out of the DOC facility to include staff replacement and protocols where there are no service interruptions for Key Personnel.

As you can see, there are significant discrepancies between these two sets of mandatory instructions. Unfortunately, at this time, the SPEED system **will not allow** a vendor to follow the contents and order of the requirements of INSTRUCTION SET ONE, which you indicated we should comply with in your PPT at yesterday's preproposal conference.

If the County wants vendors to follow INSTRUCTION SET ONE, will you please (a) delete RFP Section 4.1.12 and (b) update the SPEED system to accept the SET ONE upload categories and order?

Alternatively, if the County wants vendors to follow INSTRUCTION SET TWO, will you please (a) delete RFP Section 4.1.3 and (b) update the upload categories and order shown in the preproposal PPT?"

ANSWER: Please refer to Sections 4.1.3 and 4.1.12: Section 4.1.3. Refers to the entire Technical Proposal Format Outline whereas Section 4.1.12 refers to the Technical Response Criteria. The Technical Response Criteria is what bidders will be evaluated on, i.e. scored on and is part of 4.1.3 (5) and should be organized as such.

5. **QUESTION:** We understand from the RFP that the County anticipates the contract's start date to be on or about May 19, 2025. So that vendors know how long they will have to transition services, can the County please also tell us its targeted award date for the contract?"

ANSWER: In Section 1.4 of the solicitation, it states "The Start Date contained in a Notice to Proceed is anticipated to be on or about May 19, 2025." This date is now on or about July 1, 2025, as the solicitation closing date was extended.

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6. QUESTION: Please provide a copy of the Department of Corrections' (DOC's) current health services contract, including all staffing plans, exhibits, attachments, and amendments."

ANSWER:

Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

7. QUESTION: Please provide the names and participation levels (dollars spent) of all small/minority/woman/veteran-owned subcontractors used under the current contract."

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

8. QUESTION: Please provide (by year) the amounts of any staffing paybacks/credits the County has assessed against the incumbent vendor over the term of the current contract."

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

9. QUESTION: Please provide (by year) the amounts and reasons for any operational non-staffing penalties/ liquidated damages the County has assessed against the incumbent vendor over the term of the current contract."

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

10. QUESTION: Is the Prince George's County Correctional Center (PGCCC) currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive."

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

11. QUESTION: With regard to lawsuits (frivolous or otherwise) pertaining to inmate health care:

a. How many have been filed against the County and/or the incumbent health care provider in the last three years?

b. How many have been settled in that timeframe?"

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ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

12. QUESTION: Please provide five-year population projections on the size of the inmate population.

ANSWER: This information cannot be determined as the DOC responds to the court system's direction regarding incarcerations.

13. QUESTION: Please provide two years' worth of historical data on the number of intakes at the PGCCC."

ANSWER: This information is proprietary and confidential.

14. QUESTION: With regard to the PGCCC housing individuals in the custody of other jurisdictions:

a. Please list any other agencies or jurisdictions (e.g., US Marshals, ICE, federal BOP, other states or counties, etc.) for which the County houses individuals.

b. Please indicate the average number of individuals the PGCCC houses for each of these agencies or jurisdictions.

c. How are authorizations for offsite services handled for each of these agencies or jurisdictions?

d. How is the cost of offsite services handled for each of these agencies or jurisdictions?"

ANSWER:

a. The Prince George's County Department of Corrections houses individuals in custody for U.S. Marshals, ICE, Federal Bureau of Prisons, and other local jurisdictions/agencies as necessary.

b. This information is confidential.

c./d. Authorizations and costs for offsite services for the aforementioned entities are accomplished through Memorandums of Understanding (MOUs).

15. QUESTION: We understand from the RFP that the PGCCC is currently accredited by the American Correctional Association (ACA); and the facility's substance use disorder treatment program is accredited by the Maryland Commission on Correctional Standards (MCCS), the Commission on Accreditation of Rehabilitation Facilities (CARF), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Please provide the following information on this topic.

a. Most recent accreditation date from each entity

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- b. Copy of most recent accreditation audit report from each entity
- c. For each accrediting entity, please indicate who is financially responsible for the cost of accreditation.”

ANSWER:

- a. The DOC does not have ACA or Joint Commission accreditations. MCCS is a regulatory agency that does not accredit programs. The current CARF accreditation is valid from October 2023 through September 30, 2026.
- b. This is proprietary and confidential information.
- c. The certification costs are the responsibility of the DOC.

16. QUESTION: With regard to health care staffing at the PGCCC:

- a. Please provide the health care staffing required by the current contract (by shift and day of the week).
- b. Please identify any differences between (a) this contract-required staffing and (b) what is actually currently being provided at the PGCCC.”

ANSWER:

- a. This information is proprietary and confidential.
- b. Offerors should focus on current staffing requirements in Section 3.2. J. of this solicitation. There have been significant staffing changes since the last solicitation and the completion of the new Medical Unit.

17. QUESTION: Please provide a listing of any current health service vacancies at the PGCCC, by position.”

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

18. QUESTION: Is the incumbent health services vendor currently filling any site- level positions through a staffing agency?”

If “yes,” what percentage of the contract’s required hours are currently being provided through a staffing agency?

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

19. QUESTION: Please indicate the length of time each of the following staff members has been in their position at the PGCCC.

- a. Site Health Services Administrator (HSA)
- b. Site Director of Nursing (DON)
- c. Site Medical Director”

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ANSWER: This information is confidential.

20. QUESTION: On average, how long does it take for the County DOC to complete the security clearance process for a new member of the health services team?"

ANSWER: The average completion time for full background checks vary, however, hired medical unit personnel will be granted preliminary facility access provided they pass a preliminary criminal background check.

21. QUESTION: Please confirm that if the awarded vendor retains existing health care staff who are already credentialed, those incumbent staff will not need to go through the credentialing all over again with the new vendor."

ANSWER: It is the responsibility of the vendor to ensure all staff maintain the proper credentialing.

22. QUESTION: Are any members of the current health service workforce unionized? If yes, please provide the following:
a. A copy of each union contract
b. Complete contact information for a designated contact person at each union
c. The number of union grievances that resulted in arbitration cases over the last 12 months"

ANSWER: There are no members of the current health service workforce that are unionized.

23. QUESTION: Please provide the salaries/wages your incumbent health service Vendor is paying to its staff at the PGCCC:
a. How recent is this data?
b. What is the source of this data (e.g., State/County records, data from the incumbent Vendor, etc.)?

ANSWER: This information is proprietary and confidential.

24. QUESTION: Please confirm that labor hours in the following categories will count toward the number of "hours provided" required by the contract and will not be subject to staffing paybacks or penalties.
a. Time spent by health care staff in orientation, in-service training, and continuing education classes
b. Overtime hours
c. Agency hours
d. Approved paid-time-off"

ANSWER: a, b, and c. These categories will count toward the "hours provided" required by the contract and will not be subject to staffing paybacks or penalties.
d. Provider will provide adequate staffing during staff approved paid time-off.

25. QUESTION:

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- a. Please confirm that the items on this list will remain in place for the new incoming vendor to use.
- b. If not, please identify which items in RFP Attachment CC will stay and which will be removed by the outgoing vendor.
- c. We do not see any copiers on the furniture/medical equipment list. Please advise if there are any copiers in place which the new incoming vendor will be permitted to use.
- d. We do not see any non-EHR computers or printers on the furniture/medical equipment list. Please advise if there are any non-EHR computers or printers in place which the new incoming vendor will be permitted to use.”

ANSWER:

- a. The current medical unit furniture items listed in Attachment CC will be in place for the incoming vendor’s use.
 - b. N/A. See answer to (a).
 - c. The DOC will supply one (1) copier for vendor use. All other IT equipment is the responsibility of the vendor.
 - d. In accordance with Section 3.2.1. A., the Contractor shall provide its own computer equipment for its personnel. All computer equipment purchased by the Contractor must meet the County’s Office of Information Technology (OIT) networking requirements/specifications and approval must be granted by OIT before installation for access as a “trusted computer” based on network security requirements.
26. QUESTION: Does the DOC maintain any full-time information technology (IT) staff at the PGCCC? If not, please describe any County IT resources that would be able to assist with hardware/software tasks that need to be performed hands-on, in person at the facility.

ANSWER: The DOC maintains full-time information technology (IT) staff. However, the vendor is responsible for any IT issues that may arise concerning its equipment.

27. QUESTION: Please provide the name and version of the offender management system software currently in use at the PGCCC. Does the County have any plans to change to a different system within the next few years?

ANSWER: This information is proprietary and confidential.

28. QUESTION: With regard to health care staff accessing the Internet, please provide the following information:
- a. Do vendor staff access the Internet through (i) a County network or (ii) the vendor’s network?
 - b. Please describe how this currently happens, i.e., what type of hardware, wiring, and connectivity is in place.
 - c. Who (County or vendor) is financially responsible for this hardware, wiring, and connectivity?
 - d. Who (County or vendor) will be financially responsible for any necessary upgrades or expansions for this hardware, wiring, and connectivity?

ANSWER:

- a. The vendor will access the internet through its own network.

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- b. The vendor will work with the DOC's IT unit to ascertain network needs which will be required. The set-up and costs on these requirements will be the responsibility of the vendor.
- c. The vendor is responsible for all costs concerning hardware, wiring, and connectivity.
- d. The vendor is responsible for all costs concerning upgrades to hardware, wiring, and connectivity.

29. QUESTION: Is there currently Wi-Fi capability within the PGCCC?
- a. If "yes," who is providing this capability, (a) the incumbent vendor or (b) the County?
 - b. What hardware is utilized to provide the Wi-Fi capability?
 - c. How many wireless access points exist within each facility?"

ANSWER:

- a. The current Wi-Fi capability within PGCCC is provided by the incumbent vendor, including all associated costs.
- b. The incoming vendor will work with DOC IT to determine needs.
- c. The incoming vendor will work with DOC IT to determine needs.

30. QUESTION: With regard to health care staff accessing the County network, please provide the following information.
- a. Currently, are the computers used by health care staff on (a) the County network or (b) a private network supplied by the health care vendor?
 - b. Will this scenario continue under the new contract?
 - c. Will the County permit the incoming health care vendor to utilize existing network infrastructure at the facilities, e.g., wiring, switches, etc.?
 - d. Who is financially responsible for network upgrades, additions, or expansions necessary to support the County DOC correctional health care program?"

ANSWER:

- a. The computers used by health care staff are on a private network supplied by the healthcare vendor.
- b. The new contract will require all healthcare staff to utilize their private network.
- c. The incoming vendor will work with DOC IT to determine hardware needs.
- d. The vendor is financially responsible for network upgrades, additions, or expansions necessary to support the County DOC correctional health care program.

31. QUESTION: With regard to timeclocks or other timekeeping devices, please provide the following information:
- a. The number of timeclocks in place at the PGCCC
 - b. Where in the building they are located (for example, in the lobbies, at the security sally ports, in the medical units, etc.)
 - c. Will the County allow the incoming Contractor to connect its timeclocks to the County network?

ANSWER: The vendor is responsible for their own timekeeping systems.

32. QUESTION: We understand from the RFP that the County uses CorrecTek as its electronic health record (EHR) at the PGCCC. Please provide the following information on this topic:

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- a. What version of CorrecTek is in place?
- b. Is the existing EHR agreement/licensure/ownership in (a) the County's name or (b) the incumbent health care vendor's name?
- c. Can the incoming vendor take over the existing EHR agreement/licensure?
- d. Where and by what company/agency is the EHR currently hosted?
- e. Who is financially responsible for the cost of hosting the EHR?
- f. Will this arrangement continue under the new contract?
- g. Does the County have any concerns with the EHR being hosted in the cloud?
- h. Will the County allow authorized providers and other staff not located onsite at the PGCCC (e.g., regional/corporate leadership, hospital-based providers, etc.) to have remote access to the EHR?
- i. What interfaces are currently in place with the existing EHR, for example, the Offender Management System, the current pharmacy subcontractor, the current lab services contractor, etc.?

ANSWER: In accordance with Section 3.2.1, the incoming vendor will be required to utilize CorrecTek at the EHR vendor. The County holds the contract/licensure, and all data is the property of the Department of Corrections. The incoming vendor will be apprised of existing EHR interfaces.

33. QUESTION: Does the County currently utilize telehealth at the PGCCC? If so, please provide the following information.
- a. Description of any equipment that will remain in place for the new vendor to use
 - b. Description of the telehealth connectivity (network) that will remain in place for the new vendor to use
 - c. The type of telehealth clinic (e.g., telepsychiatry, telecardiology, etc.)
 - d. How often each telehealth clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)
 - e. The length of each telehealth clinic currently conducted (e.g., day, half-day, etc.)
 - f. The average number of patients in each telehealth clinic
 - g. The name and contact information for the tele-provider who conducts each telehealth clinic

ANSWER: The DOC telehealth program will begin in March 2025.

34. QUESTION: What laboratory subcontractor does your current health care vendor use for lab services, e.g., LabCorp, Garcia, Bio-Reference, etc.?"

ANSWER: This information is confidential.

35. QUESTION: RFP Section 3.2.D states, "Simple radiology services may be performed on premises; however, the Contractor shall sub-contract these services to a vendor that can bring in mobile equipment, as the Department has limited space nor does the department have the required equipment to perform these services." Please provide the following information on this topic.
- a. Are simple radiology services currently performed onsite at the PGCCC?
 - b. If yes, please identify the mobile radiology vendor, e.g., Trident, Global Diagnostics, etc.

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ANSWER:

- a. The DOC provides onsite X-rays in addition to fetal sonograms after the first trimester.
- b. The current mobile radiology vendor is Trident®.

36. QUESTION: We do not see any optometry-related equipment on the list in RFP Attachment CC. Are optometry and other vision-related services currently provided onsite? If "yes," is this done (a) with permanent County-owned optometry equipment (that was accidentally left off the list in Attachment CC) or (b) through a mobile optometry vendor (PLEASE IDENTIFY THE VENDOR)?

ANSWER: There are no optometry services performed onsite.

37. QUESTION: With regard to dialysis services, please provide the following information:
- a. RFP Section 3.2.D states, "Dialysis services shall be performed on-site; the contractor shall subcontract to a vendor that can bring in mobile equipment to perform the dialysis services if on-site equipment fails." However, RFP Section 3.2.K states, "Dialysis care will be provided in-house and offsite as determined by the Medical Director." Since these statements conflict, please clarify if the County is mandating that vendors provide onsite dialysis services.
 - b. Are dialysis services currently provided onsite?
 - c. Please provide a detailed description of the onsite dialysis equipment currently in place at the PGCCC.
 - d. Please identify the mobile dialysis vendor (if any) that currently comes onsite to the PGCCC.

ANSWER:

- a. The provider is required to provide onsite dialysis services unless the onsite equipment fails and/or the Medical Director deems it necessary to provide offsite dialysis services.
- b. There is onsite dialysis equipment available for vendor's treatment use.
- c. This information is confidential.
- d. N/A

38. QUESTION: RFP Section 3.1 states, "The incarcerated people with extensive medical concerns that require Emergency Room care are transferred to our local hospitals. Please identify those "local hospital(s)" that the PGCCC uses most frequently.

ANSWER: Incarcerated sick persons are taken to the nearest local hospitals as deemed by the Medical Director or Prince George's County Fire/EMS (in emergencies). According to Section 3.1, "In some cases, our incarcerated sick people are transferred to Johns Hopkins University Hospital in Baltimore or George Washington University Hospital in Washington, DC."

39. QUESTION: We understand from the RFP that the Affordable Care Act covers approved inpatient services for PGCCC patients. Please provide the following information on this topic:
- a. Who is responsible for enrolling PGCCC patients in the program?

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- b. Please provide the current processes and timeframes for (a) enrollment in the program and (b) payment at the program's discounted rates.
- c. Who is financially responsible for the cost of inpatient services for individuals who (for any one of a variety of reasons) are not eligible to be enrolled in the Medicaid program?
- d. For each of the past three years, please indicate what percentage of approved inpatient services was covered by Medicaid.
- e. For each of the past three years, what is the dollar amount (if any) of inpatient services that were NOT covered by Medicaid?

ANSWER:

- a. Inmates can request re-entry services which will allow them to apply for Medicaid under the Affordable Care Act if they do not already have medical and/or vision insurance.
 - b. Provider payments received through Medicaid/Medicare is confidential to the provider.
 - c. The provider pays up to \$400,000 then there is a shared cost between the provider and the County.
 - d. This information is confidential.
 - e. This information is confidential.
40. QUESTION: With regard to any specialty care clinics currently conducted onsite at the PGCCC, please provide the following information.
- a. The type of specialty clinic (e.g., orthopedics, neurology, etc.)
 - b. How often each specialty clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)
 - c. The length of each specialty clinic currently conducted (e.g., day, half-day, etc.)
 - d. The average number of patients in each specialty clinic
 - e. The name and contact information for the provider who operates each specialty clinic

ANSWER: The type and schedule of chronic care clinics is at the discretion of the provider determined by medical need and at the request of the DOC.

41. QUESTION: Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the PGCCC.

ANSWER: The incoming provider will be apprised of any applicable backlogs.

42. QUESTION: In addition to the 44-bed infirmary described in the RFP, are there any other special needs units (e.g., for mental health patients, addiction recovery, sex offenders, assisted living, skilled nursing, etc.) at the PGCCC?
If so, please provide the following information for each special needs unit.
- a. Type of each unit
 - b. Capacity of each unit
 - c. Average occupancy of each unit
 - d. Staffing for each unit
 - e. Type of services/Acuity able to be handled in each unit

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ANSWER:

- a. H-2-Levels 1 and 2 Seriously Mentally Ill (Smi), Protective Custody (PC); H-15 Behavioral Health Unit (Mental Health Treatment, Addiction and Recovery and Medication Assisted Treatment (MAT) and 4-B Medical (Assisted Living, Handicap and TBI).
- b. Capacity of each unit: H-2 (70); H-15 (80) and 4B (40).
- c. Average occupancy of each unit: H-2 (64); H-15 (67) and 4B (24 due to bottom bunks only).
- d. Staffing for each unit: Mental Health Provider (1); Correctional Officer (1-2) depending on unit size

43. QUESTION: For each of the past 36 months, please provide the following mental health data:

- a. Number of individuals on suicide watch each month
- b. Number of suicide attempts
- c. Number of successful suicides
- d. Number of self-injurious behavior incidents”

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

44. QUESTION: On average, how many juveniles are housed at the PGCCC? Please describe any juvenile-specific mental health programming that is offered for this sub-population.”

ANSWER: The average number of juveniles housed at the DOC varies. Juvenile-specific mental health programming includes individual therapy, medication management/distribution, crisis management, and psychiatric evaluation.

45. QUESTION: RFP Section states, “A psychiatric physician assistant or mental health nurse is to be employed part-time for at least 20 hours per week.” However, the Minimum Staffing Requirements in RFP Attachment BB require a 1.0 FTE “Behavioral Health Mid-Level” (40 hours per week). Please provide the following information to help clarify this apparent discrepancy:

- a. Is the County requiring this position for (a) 0.5 FTE at 20 hours per week or (b) 1.0 FTE at 40 hours per week?
- b. Will the County allow a Psychiatric/Behavioral Health RN to fill this position (rather than a Psychiatric PA/NP)?”

ANSWER:

- a. The County is requiring at 0.875 FTE at 36 hours a week and 0.5 FTE for a Mental Health RN.
- b. The County will allow a part-time psychiatric/behavioral health RN.

46. QUESTION: With regard to Medication-Assisted Treatment (MAT)/ Medications for Opioid Use Disorder (MOUD) programs, please provide the following information.

- a. Please describe any MAT/MOUD program currently in place at the PGCCC.
- b. Who will be financially responsible for the cost of MAT/MOUD medications?

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- c. Please provide the DOC's current protocols for determining who receives MAT/MOUD treatment.
- d. For each of the past two years, please provide the average number of PGCCC patients receiving MAT/MOUD treatment.
- e. Please indicate which of the three FDA-approved MAT/MOUD drugs the DOC currently uses/prescribes in its program(s) and provide a breakdown of how many patients are being prescribed each medication.
- f. Is the DOC currently using any long-acting injectable MAT medications for its incarcerated patients?
- g. Is the PGCCC certified as an Opioid Treatment Program?
- h. If not, what entity (if any) does the DOC currently use as its Opioid Treatment Program?

ANSWER:

- a. It is a grant program overseen by Local Behavioral Health (Health Department) that is operated by a DOC subrecipient and DEA certified doctor.
 - b. The subrecipient will be reimbursed from the grant once approved by the Health Department.
 - c. The doctor and substance abuse counselor determines treatment recipients.
 - d. This information can be requested through the Maryland Public Information Act with the DOC's Office of Professional Responsibility and Legal Affairs.
 - e. The FDA-approved MAT/MOUD drugs that DOC currently uses/prescribes are Suboxone, Vivitrol, and Methadone (for pregnant women).
 - f. Vivitrol injections are available.
 - g. All detention centers are required to have a MAT/MOUD program in their facility according to the State of Maryland.
47. QUESTION: Is the PGCCC currently using an electronic medication verification system (e.g., Doctor First, Cerner, etc.) at intake? If "yes," please identify which system is in use."

ANSWER: The electronic medication verification system vendor choice is at the discretion of the provider.

48. QUESTION: With regard to medication administration.
- a. Is the current process: (a) med carts go to the housing units or (b) patients come to the medical unit?
 - b. How often does med pass occur each day?
 - c. On average, (a) how many FTEs and (b) how long does it take to perform a med pass?"

ANSWER: Medication carts visit housing units and medications are disbursed in the presence of certified medical professionals. Under no circumstances are inmates allowed to take any medications to their cells. The time it takes to perform a medication pass varies depending on inmate population size, immediate security concerns, etc.

49. QUESTION: RFP Section 3.2.G states, under no condition shall the inmate be allowed to take any medication to their cell rooms. Please clarify if this includes life-saving medications such as rescue inhalers for asthmatics?

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ANSWER: Inmates are not to take any medications to their cells. This includes life-saving medications.

50. QUESTION: Please provide copies of the following documents.
- a. The drug formulary currently in use
 - b. The most recent pharmacy report
 - c. The lab test formulary currently in use”

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

51. QUESTION: On average, how many PGCCC patients per month receive these types of prescription drugs?
- a. Psychotropic medications
 - b. Hepatitis C medications
 - c. HIV/AIDS medications
 - d. Medications to treat bleeding disorders (e.g., hemophilia, Von Willebrand disease, etc.)

ANSWER: This information is proprietary and confidential.

52. QUESTION: Does the DOC currently participate in any 340B pharmacy discount programs? If “yes,” please provide the following information about the program:
- a. What specialties (categories of medication) does the 340B agreement cover, e.g., HIV meds, Hepatitis C, cancer, etc.
 - b. Please identify the Federally Qualified Health Center (FQHC) or other 340B-certified health care entity whose physicians are prescribing the drugs for the current program.
 - c. Which pharmacy is providing the 340B medications?

ANSWER: The DOC does not participate in any 340B pharmacy discount programs.

53. QUESTION: Are any transgender individuals in DOC custody currently awaiting gender reassignment surgery? If “yes,” please indicate how many.

ANSWER: There are no transgender individuals in DOC custody awaiting gender reassignment surgery.

54. QUESTION: For each of the past 36 months, please provide statistical data for each of the following categories.
- a. Number of (offsite) inpatient hospital admissions
 - b. Number of (offsite) inpatient hospital days
 - c. Number of outpatient surgeries
 - d. Number of outpatient referrals
 - e. Number of trips to the emergency department (ED)
 - f. Number of ED referrals resulting in hospitalization
 - g. Number of ground ambulance transports
 - h. Number of air ambulance transports

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- i. Number of dialysis treatments

ANSWER: Over the past 36 months, statistical data shows:

- a. Number of (offsite) inpatient hospital admissions – 148
- b. Number of (offsite) inpatient hospital days – 840 days
- c. Number of outpatient surgeries – 7
- d. Number of outpatient referrals – 685
- e. Number of trips to the emergency department (ED) – 330
- f. Number of ED referrals resulting in hospitalization – 148
- g. Number of ground ambulance transports – N/A
- h. Number of air ambulance transports – 330
- i. Number of dialysis treatments – 265

- 55. **QUESTION:** Please provide the following information relating to the DOC's use of Skilled Nursing Facilities (SNFs) or Long-Term-Acute Care Facilities (LTACs):
 - a. For each of the past 3 years, please indicate how many (if any) PGCCC patients have been admitted to a SNF or an LTAC.
 - b. Please provide the average length of stay (ALOS) for PGCCC SNF/LTAC patients.
 - c. Please provide a list of the SNF and LTAC facilities used by the PGCCC.

ANSWER:

- a. Over the past 3 years, there have been no DOC inmates admitted to a SNF or an LTAC.
- b. N/A
- c. N/A

- 56. **QUESTION:** For each of the past 3 years, please provide total spend amounts for the following categories.
 - a. Offsite services
 - b. Pharmaceutical expenditures
 - c. Laboratory services
 - d. Offsite diagnostic (x-ray) services

ANSWER: Total spend amounts, for the last 3 years, for offsite services, pharmaceutical expenditures, laboratory services, and offsite diagnostic (x-ray) services are proprietary and confidential to the current vendor. In accordance with Section 3.2.1. C, there is a cost sharing component which the contractor shall be responsible for the first \$400,000 in annual costs for in-patient and sub-specialty care. Annual costs that exceed the annual cap of \$400,000 will be shared with the County on a pro-rata basis with the County being responsible for 45% and the Contractor responsible for 55%. Anticipated services shall include but shall not be limited to emergency room visits, ambulance services, air ambulance, off-site physician fees, dental fees, diagnostics, off-site dialysis, contracted laboratory and radiology services (on-site and off-site), outpatient procedures and surgeries, inpatient hospitalization (medical, surgical, dental and mental health, ancillary hospital services and follow-up physician services).

- 57. **QUESTION:** RFP Section 3.2.D states, Emergency ambulance services are provided by the Prince George's County Fire/EMS Department at no cost to the Contractor.

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However, RFP Section 3.2.1.C states that ambulance transportation is part of the \$400,000 annual cap, which implies that the vendor pays for these services. Since these statements appear to conflict, please clarify who is financially responsible for the cost of ambulance transportation.

ANSWER: In accordance with Section 3.2.D, emergency ambulance services are provided by the Prince George's County Fire/EMS Department at no cost to the Contractor. However, there may be times where non-emergency ambulance services may be needed for inmate patient transport. Those costs are the responsibility of the contractor as described in the "Cost Sharing Arrangement - Annual Aggregate Cap.4."

58. QUESTION: Under the new contract, who will be financially responsible for these items: the County or the vendor?
- a. Inpatient hospitalization (if not paid by Medicaid)
 - b. Outpatient surgeries
 - c. Other outpatient referrals
 - d. ER visits
 - e. Air ambulance transports
 - f. Offsite dialysis
 - g. Offsite diagnostics (lab/x-ray)
 - h. Pharmaceuticals

ANSWER: In accordance with Section 3.2.1. C, there is a cost sharing component which the contractor shall be responsible for the first \$400,000 in annual costs for in-patient and sub-specialty care. Annual costs that exceed the annual cap of \$400,000 will be shared with the County on a pro-rata basis with the County being responsible for 45% and the Contractor responsible for 55%. Anticipated services shall include but shall not be limited to emergency room visits, ambulance services, air ambulance, off-site physician fees, dental fees, diagnostics, off-site dialysis, contracted laboratory and radiology services (on-site and off-site), outpatient procedures and surgeries, inpatient hospitalization (medical, surgical, dental and mental health, ancillary hospital services and follow-up physician services).

59. QUESTION: Will the vendor be financially responsible for any of the following services under the new contract? For any category that will be at the vendor's cost, please provide three years' of cost data on the expenses incurred in that category.
- a. Cosmetic surgery that is not clinically necessary
 - b. Gender reassignment (sex change) surgery and any follow-up treatment or related cosmetic procedures
 - c. Contraception, including vasectomy, tubal ligation, or reversal of such
 - d. Experimental care
 - e. Elective care, i.e., care which if not provided would not (in the opinion of the Medical Director) cause the patient's health to deteriorate or cause the patient definite and/or irreparable physical harm
 - f. Autopsies
 - g. Organ, tissue, or other transplant surgery and related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care relating to the transplant
 - h. Factor and other medications for the treatment of bleeding disorders

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ANSWER: The vendor is not financially responsible for any of these services, except contraception medication such as birth control.

60. **QUESTION:** With regard to Proposal § 3.2.1.C. Cost Sharing Arrangement- Annual Aggregate Cap, which lists the services included under the cap, please provide the following clarifications:
- a. Please define what is included in the category “dental fees”? Does the cap include any dental care provided onsite at the PGCCC?
 - b. Please define what is included in the category “diagnostics”? Does the cap include diagnostic services provided onsite at the PGCCC?
 - c. Please define what is included in the category “dialysis”? Does the cap include dialysis services provided onsite at the PGCCC?

ANSWER:

- a. Dental fees include any costs associated with providing inmate dental services. The Cap does not include onsite dental care. The provider should have a dentist on staff at least 0.5 FTE.
 - b. Diagnostics include any costs associated with providing inmate diagnostic services. Any onsite services are not included in the cost sharing agreement.
 - c. Dialysis fees include any costs associated with providing offsite inmate dialysis services. There is a dialysis machine onsite. The Cap only includes dialysis services that are provided offsite.
61. **QUESTION:** With regard to the \$400,000 annual aggregate cap, please provide the following information:
- a. Please identify the amount of any aggregate cap in the current contract.
 - b. For each of the past three years, by how much (if at all) have expenses exceeded the contracted cap amount?

ANSWER:

- a. The current contract includes an aggregate cap of \$400,000.
 - b. Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.
62. **QUESTION:** RFP Section 2.1 states, “Contractors must be certified with OOP Supplier, Development and Diversity Division prior to the Proposal closing date to be considered responsive.” Please confirm that this only applies to bidders who are Minority Business Enterprises (MBEs), County-Based Small Businesses (CBSBs), or County-Based Business (CBBs).

ANSWER: This section applies to offerors who are claiming preference as one of the County certified categories such as: Minority Business Enterprises (MBEs), County-Based Small Businesses (CBSBs), and/or County-Based Business (CBBs).

63. **QUESTION:** RFP Section 3.2.E states, “The Contractor shall treat any inmate that indicates they have been previously diagnosed for Hepatitis B or Hepatitis C.” If the DOC has any requirements relating to what medications the Contractor uses to treat Hepatitis B and Hepatitis C, please provide these protocols.

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ANSWER: Protocols are determined on a case-by-case basis and the current ones, including formulary, are proprietary and confidential to the current vendor.

64. QUESTION: RFP Section 3.2.1.J states, "Contract employees performing professional medical services shall maintain a current Basic Life Support, Advanced Cardiac Life Support, AED, and CPR certification..." Typically, only providers are required to obtain Advanced Cardiac Life Support certification. Will the County please exempt non-provider staff from the requirement to obtain Advanced Cardiac Life Support certification?"

ANSWER: Non-provider staff are not required to obtain Advanced Cardiac Life Support certification but are required to have Basic certification.

65. QUESTION: RFP Section 3.2.1.J states, "The Contractor shall utilize a licensed physician board certified in Internal Medicine or Family Medicine." Please confirm that this requirement for board-certification is referring to a consulting provider, and NOT to the 1.0 FTE site Medical Director and 1.0 FTE Physician listed in the Minimum Staffing Plan."

ANSWER: Provider must have an FTE certified Internal Medicine or Family Medicine Doctor on staff.

66. QUESTION: The cover page of the RFP states, "This solicitation contains a Mentor Protégé Program Component. See Section 4.1.17." After reviewing Section 4.1.17, it does not seem feasible for a vendor to apply for this program, identify a partner, and meet the Mentor/Protégé requirements within the timeframe that proposals are due. This will effectively disqualify any vendor who is not already a member of the Mentor Protégé Program. Respectfully, in order to encourage competition and avoid excluding qualified vendors that want to participate in this solicitation, will the County please remove the Mentor Protégé Program Component from RFP WS1400745186 Inmate Medical Services?

ANSWER: Offerors are not required to sign-up for the Mentor Protégé Program in order to submit an offer for this solicitation.

67. QUESTION: With regard to RFP ATTACHMENT A – BID/PROPOSAL AFFIDAVIT, please explain how to complete Part II if a vendor is not currently doing (and has never done) business in Prince George's County.

ANSWER: As stated in Section 1. of the form, If not applicable, please right "Not Applicable" in Section 1.

68. QUESTION: With regard to RFP ATTACHMENT D – SUPPLIER PARTICIPATION CERTIFICATION AND ACKNOWLEDGEMENT, do bidders still have to complete and submit this form even though the RFP does not contain any MBE/CBSB participation requirements? If "yes," should bidders just enter a "zero" in the percentage blank spaces on the form?

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ANSWER: This solicitation requires a thirty percent (30%) sub-contracting participation goal for certified county-based businesses (CBB), certified county-based small businesses (CBSB), and/or certified minority business entities (MBE).

69. QUESTION: With regard to RFP ATTACHMENT F – CERTIFICATION OF CONTRACTOR'S BEST EFFORTS, do bidders still have to complete and submit this form even though the RFP does not contain any MBE/CBSB participation requirements?

ANSWER: This solicitation requires a thirty percent (30%) sub-contracting participation goal for certified county-based businesses (CBB), certified county-based small businesses (CBSB), and/or certified minority business entities (MBE).

70. QUESTION: With regard to RFP ATTACHMENT F – CERTIFICATION OF CONTRACTOR'S BEST EFFORTS, please explain how to complete this form in the event that the vendor is proposing to self-perform 100% of the scope of work.

ANSWER: This solicitation requires a thirty percent (30%) sub-contracting participation goal for certified county-based businesses (CBB), certified county-based small businesses (CBSB), and/or certified minority business entities (MBE).

71. QUESTION: With regard to RFP Attachment E–Supplier Utilization Plan, do bidders have to complete and submit this form if they are not using any “certified” suppliers, i.e., not using any suppliers who are NCBs, CBBs, CBSBs, MBEs, CBMBEs, CLBs, or DBEs?

ANSWER: This solicitation requires a thirty percent (30%) sub-contracting participation goal for certified county-based businesses (CBB), certified county-based small businesses (CBSB), and/or certified minority business entities (MBE).

72. QUESTION: When the RFP was first posted in SPEED, it included for download an Excel spreadsheet entitled “ATTACHMENT H – Bid Price Sheet /Cost Proposal Form.” We no longer see this file in the SPEED system. Given that the RFP instructions mandate that This Attachment must be completed and submitted separate from the Technical Response,” will the County please re-post ATTACHMENT H – Bid Price Sheet/Cost Proposal Form?

ANSWER: Offerors should submit their Bid Price Sheet/Cost Proposal using the integrated online SPEED system. This can be found in Section 7. Cost Proposal.

73. QUESTION: In both the Excel spreadsheet and online SPEED versions of the cost proposal forms, the “EXPECTED NUMBER OF COUNTY HOURS (Annual)” column indicates that the County expects a 0.5 FTE Dialysis Care Registered Nurse, 0.375 FTE Dentist, 0.375 FTE Dental Assistant, and 1.0 FTE of all other positions to staff and operate the health care program at the PGCCC. This differs greatly from the numbers of FTEs listed in RFP ATTACHMENT BB MINIMUM STAFFING REQUIREMENTS, which requires 7.0 FTE RNs, 12.4 FTE LPNs, etc. Since it would not be feasible to operate the PGCCC health care program with 1.0 FTE RN, 1.0 FTE LPN, etc., please confirm that

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vendors' bids are to include (at minimum) the staffing levels outlined in RFP ATTACHMENT BB MINIMUM STAFFING REQUIREMENTS.

ANSWER: In accordance with solicitation Attachment BB Minimum Staffing Requirements, please submit your offer based on that document. The SPEED portal will be updated to reflect this requirement.

74. **QUESTION:** The Excel spreadsheet version of ATTACHMENT H – Bid Price Sheet /Cost Proposal Form allowed bidders to change the values in Column D (“EXPECTED NUMBER OF COUNTY HOURS (Annual)”) to match the numbers of FTEs listed in RFP ATTACHMENT BB MINIMUM STAFFING REQUIREMENTS. The online SPEED version of the cost proposal forms does NOT allow this. Please update the SPEED system to allow bidders to enter pricing in compliance with the RFP’s minimum staffing requirements. If this is not possible, please clarify how the County wants bidders to enter their pricing, e.g., how to enter a price for the RFP’s mandatory 7.0 RNs in a space that is designated for 1.0 RN.

ANSWER: The SPEED system will allow offerors to submit their offeror in accordance with the requested items on the Price Sheet.

75. **QUESTION:** In both the Excel spreadsheet and online SPEED versions of the cost proposal forms, there is no place identified for bidders to enter their non-staffing costs, e.g., collars for pharmaceuticals, offsite services, insurance, overhead, etc. Please provide the following clarifications on this topic.

a. Does the County want bidders to incorporate all of these non-staffing costs into the hourly rates we submit, since that is currently the only category in which we can input pricing? (PLEASE NOTE that by including the cost of a multi-million-dollar contract into a clinician’s hourly rate, this will artificially inflate hourly rates into the four-, five-, or six-figure range.)

b. If “yes”: As noted in a previous question, RFP ATTACHMENT BB MINIMUM STAFFING REQUIREMENTS requires bidders to include multiple RNs and LPNs in our pricing. However, the online SPEED version of the cost proposal forms only allows for 1.0 FTE (or less) per position. The number of FTEs over which we spread the cost of the contract (including pharmacy, offsite care, overhead, etc.) will make an enormous difference in bidders’ proposed hourly rates. So that all bidders calculate pricing the same way and the County receives “apples to apples” bids, please advise whether the County wants bidders to spread costs over (a) 1.0 FTE per position or (b) multiple FTEs per position, in accordance with the staffing levels in ATTACHMENT BB MINIMUM STAFFING REQUIREMENTS.

c. If the County wants bidders to spread the cost of the contract (including pharmacy, offsite care, overhead, etc.) over multiple FTEs per position, in accordance with the staffing levels in ATTACHMENT BB, please clarify how to do this in SPEED, as SPEED currently does not have any option for vendors to bid more than 1.0 FTE per position title.

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ANSWER: There are designations on the Cost Proposal Form in Section B. Materials and Services for General Administrative and Indirect Costs and General Supplies/Equipment Costs.

76. **QUESTION:** Please confirm that a bidder must complete and submit either ATTACHMENT FF – IT Services Provider CONSULTANT/CONTRACTOR AGREEMENT for Individuals or ATTACHMENT GG – IT Services Provider CONSULTANT/CONTRACTOR AGREEMENT for Firms—but not both—depending on the category of the legal entity that is submitting a proposal (i.e., a sole proprietor versus a corporation).

ANSWER: The contract awardee must complete and submit ATTACHMENT FF for Individuals (by each staff person working in the medical unit) and ATTACHMENT GG for Firms (one form by the provider company).

77. **QUESTION:** RFP Section 3.2 states, “All required Solicitation Attachments and Forms must be submitted with the technical proposal.” Please confirm that the RFP attachments listed below were provided purely for informational purposes and that vendors are NOT required to complete and submit these documents with their proposals.

- a. ATTACHMENT M – Statement Regarding Compliance with Resident Hiring Goals on Existing Contracts at Renewal or Extension
- b. ATTACHMENT O – First Source and Local Hiring Agreement Compliance Report
- c. ATTACHMENT S – Clean Renewable Energy
- d. ATTACHMENT U – Notice Under the Americans with Disabilities Act
- e. ATTACHMENT V – Definitions of Certified Businesses
- f. ATTACHMENT W – Monthly Supplier Participation Report
- g. ATTACHMENT X – Request for Modification of Supplier Utilization Plan
- h. ATTACHMENT EE — Application Questionnaire and Risk Assessment”

ANSWER: Please read the instructions on each attachment. There is a “**SUBMIT THIS FORM WITH BID/PROPOSAL**” on those documents which are required to be submitted with each entity’s offer.

78. **QUESTION:** Please provide a copy of the 2025 fiscal budget for inmate medical services.

ANSWER: The County will not release budget information as it relates to this solicitation. Potential Offerors are to respond with their cost to provide the services outlined in the RFP.

79. **QUESTION:** Please provide a copy of the current health services agreement to include all addendums.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

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80. QUESTION: Please provide the annual base contracted fee paid to the incumbent provider.

ANSWER: The County will not provide the annual base contracted fee paid to the incumbent provider. Potential Offerors shall respond to this solicitation with their best financial efforts considering the services needed.

81. QUESTION: In the RFP there are two different time periods, one 90 days and the other 60 days, for the selected Vendor to request a cost-of-living increase for the option years in the health services agreement. Please clarify the requirement.

ANSWER: Section 1.4.4 states "All prices shall remain firm/fixed for the initial contract period. A price increase may be considered upon written request from the Contractor at least 90 calendar days prior to the beginning of any subsequent contract renewals."

82. QUESTION: Was the current health services provider assessed any fines or penalties during the previous three (3) years, and if so, what were the total amounts for each year?

ANSWER: The County will not release fine or penalty information for its current inmate medical health provider.

83. QUESTION: What is the anticipated start date for inmate medical services to commence?

ANSWER: In Section 1.4 of the solicitation, it states "The Start Date contained in a Notice to Proceed is anticipated to be on or about May 19, 2025." However, this date is now on or about July 1, 2025, as the solicitation closing date was extended.

84. QUESTION: Please clarify the term of the inmate medical services agreement. The language in the RFP details a 3-year agreement and Attachment AA Sample Contract specifies 2 years.

ANSWER: The sample contract serves as an example of the County's contracts and doesn't detail the terms of this solicitation. Section 1.4.2 states "The base period of the contract shall be for three (3) years from the date of contract execution. The contract term may be extended for two (2) additional two (2) year optional period upon mutual agreement of the parties by mutual consent of the parties and subject to availability of County funds."

85. QUESTION: Please provide any written responses or additional released documents from the County to technical questions from any prospective vendor.

ANSWER: All written questions to this solicitation are included in this Q&A and posted are part of the addendum.

86. QUESTION: The RFP does not specify the Average Daily Population (ADP) for bidding purposes. Please clarify.

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ANSWER: As outlined in Section 3.1 “Department houses females, males, and juveniles. The average daily population for the past three fiscal years (July 2020 – June 2023) was 954.”

87. **QUESTION:** Attachment BB Minimum Staffing Current Staffing: Provides the total FTE per week by category however, to accurately price the medical department staffing pattern a minimum required staffing matrix by shift by day of the week is needed. Please provide the required medical staffing matrix by shift and day of the week.

ANSWER: Scheduling and staffing information were detailed throughout the solicitation so that vendors can formulate appropriate staffing matrixes as the DOC operates 24-hours a day and 7 days a week, including holidays.

88. **QUESTION:** BB Minimum Staffing Requirements: Identifies a category Not Otherwise Classified FTEs. Please clarify this category.

ANSWER: The category “Not Otherwise Classified FTEs” covers any other Full-time Equivalent Positions which were not previously listed.

89. **QUESTION:** Does the current staffing pattern differ from the staffing pattern in the RFP?

ANSWER: The current staffing pattern does not differ from that in the solicitation.

90. **QUESTION:** May Psychiatrist hours be augmented with a Psychiatric PA / CRNP?

ANSWER: The psychiatrist hours must be serviced by a licensed psychiatrist in accordance with Section 3.2.F.

91. **QUESTION:** Are there any other additional staffing requirements contained in the language of the RFP that are not included in Attachment BB Minimum Staffing Requirements?

ANSWER: Complete staffing requirements are listed in the solicitation. Future needs for additional staffing requirements due to extraordinary circumstances, e.g. pandemic, will be discussed between the County and provider.

92. **QUESTION:** Accreditation: The County recommends the Contractor have an additional staff member exclusively to manage the JCHO and ACA processes. Appendix BB Minimum Staffing Requirements does not include this position. Please clarify.

ANSWER: HIPAA Compliance, Security and Privacy Clause Section 7.E page 13 does state there should be an exclusive person to manage the accreditation processes due to the volume of paperwork. This person would hold an administrative position as listed in Attachment BB.

93. **QUESTION:** Please provide a list of the current health care staff vacancies.

ANSWER: Offerors are required to provide staffing as outlined in this solicitation.

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94. QUESTION: Please provide a detailed explanation of the Facility's Substance Use Disorder Treatment Program, to include defining the medical vendor's involvement with this program.

ANSWER: All detention centers are required to have a substance use disorder treatment program (MAT/MOUD) in their facility according to the State of Maryland. The DOC MAT/MOUD is a grant program overseen by Local Behavioral Health (Health Department) that is operated by a DOC subrecipient and DEA certified doctor. The subrecipient is reimbursed from the grant once approved by the Health Department. The doctor and substance abuse counselor determines treatment recipients. The FDA-approved MAT/MOUD drugs that DOC currently uses/prescribes are Suboxone, Vivitrol, and Methadone (for pregnant women). Vivitrol injections are available.

95. QUESTION: Please provide a copy of the last ACA Accreditation audit.

ANSWER: The DOC does not possess an ACA accreditation.

96. QUESTION: Please provide a copy of the last JCAHO Accreditation audit.

ANSWER: The DOC no longer holds a JCAHO accreditation.

97. QUESTION: Please provide a copy of the last MCCC audit.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

98. QUESTION: Are any members of the current medical staff represented by a union or collective bargaining unit? If so, please provide a copy of the current union agreement.

ANSWER: No members of the current medical staff are represented by a union or collective bargaining unit.

99. QUESTION: The County has elected to solely use OIT approved CorrecTek software technology as its Electronic Medical Record (EMR). Would the County consider an option for another correctional EMR?

ANSWER: All software technology must be pre-approved for use by the County's Office of Information Technology. CorrecTek is the current OIT approved vendor. Consideration for a different software would have to be approved by the County.

100. QUESTION: Is the health services provider able to assess and treat inmates via Tele-Medicine?

ANSWER: The DOC telehealth program will begin in mid-March 2025.

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101. QUESTION: Will the successful bidder be financially responsible for hospitalized patients prior to the inmate being received at the facility? (Example: Individual suffered gunshot wound during police arrest and arrestee is arraigned at bedside in the hospital).

ANSWER: The provider will not be responsible for hospitalization costs prior to an inmate's custody of under the DOC.

102. QUESTION: Please provide the number of inmates who required dialysis during the previous three (3) years.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

103. QUESTION: Please provide the number of inmates who died while incarcerated during the previous three (3) years.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

104. QUESTION: Please provide the number of inmates who attempted suicide during the previous three (3) years.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

105. QUESTION: Please provide the number of inmates who required dialysis during the previous three (3) years.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

106. QUESTION: Please provide the number of inmates treated for HIV/AIDS during the previous three (3) years.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

107. QUESTION: Please provide the number of inmates treated for Hepatitis A, B, and C during the previous three (3) years.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

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108. QUESTION: Please provide the number of inmates enrolled in the Facility's MAT program during the previous three (3) years.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

109. QUESTION: Are there any consent decrees, lawsuits or litigation pending that will affect this new contract?

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

110. QUESTION: Please provide the number of lawsuits filed for medical care during the previous three (3) years.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

111. QUESTION: Please provide the number of ICE and/or US Marshals inmates housed during the previous three (3) years.

ANSWER: These individuals are included in DOC's average inmate population.

112. QUESTION: The RFP requires respondents to include licenses and certifications for qualified healthcare personnel. Since PrimeCare is not the incumbent vendor this would not be possible to include. Is the County willing to accept that licenses and certifications be provided after a vendor is selected and staff is hired.

ANSWER: No, Licensing and certifications for qualified staff shall be included with the Potential Offeror's response to this solicitation as their technical response and shall be considered in its evaluation of the Potential Offeror's technical response.

113. QUESTION: The RFP requires respondents to include a signed IT Services Provider Consultant / Contractor Agreement (Attachment FF) for each perspective employee. Since PrimeCare is not the incumbent vendor this would not be possible to include. Is the county willing to accept Attachment FF be provided after a vendor is selected and staff is hired?

ANSWER: No, a signed IT Services Provider Consultant / Contractor Agreement (Attachment FF) for each perspective employee shall be included with the Potential Offeror's response to this solicitation and shall be considered in its evaluation of the Potential Offeror's technical response.

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114. QUESTION: Please provide a list of all County owned equipment that will be available for the vendor to utilize during the contract term (i.e., medical supplies and equipment, Dental supplies and equipment, computers, etc.).

ANSWER: In Section 3.2.L Medical Supplies/Equipment is states “The Contractor shall be responsible for the procurement of all medical supplies and equipment necessary to perform healthcare services to the inmate population. See attachment DD for full list.”

115. QUESTION: Pursuant to the RFP – Annual Aggregate Cap – is to be shared 45/55% (County/Vendor) after \$400,000 is reached. Will the County consider a maximum limit on the financial responsibility of the vendor? May costs associated with pharmaceuticals be applied to this cap?

ANSWER: There is no maximum limit to the vendor’s financial responsibility in relation to the annual aggregate cap. Pharmaceutical costs may be applied to the cap.

116. QUESTION: Please provide the annual pharmaceutical spend during the previous three (3) years.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

117. QUESTION: Please provide a copy of the pharmaceutical and therapeutics committee’s meeting minutes / reports for the most recent three (3) month period.

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

118. QUESTION: Please provide the name and contact information of the current on-site Dialysis Provider.

ANSWER: The current inmate medical services provider is responsible for onsite inmate dialysis services, and they do not wish to be contacted by offerors.

119. QUESTION: For calendar or contract years 2022, 2023, and 2024 YTD what is the annual spend for medications at PGDOC?

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

120. QUESTION: To properly benchmark a proposer’s pharmacy costs, would PGDOC consider updating the RFP to include pharmacy costs as a line item, so they are completely transparent and documented for the evaluation committee?

ANSWER: Pharmaceutical costs can be included under “Materials and Costs” on the Cost Proposal Form.

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121. QUESTION: Is the current medical provider responsible for all pharmacy costs; or is there a cost pool regarding pharmaceuticals with an annual contract cap before those expenses become the responsibility of the County?

ANSWER: The current medical provider is responsible for all pharmacy costs.

122. QUESTION: What company is your current pharmacy services provider?

ANSWER: Requests for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

123. QUESTION: Is the current pharmacy vendor subcontracted by the current medical vendor or are they operating under an independent contract?

ANSWER: The pharmacy vendor is the responsibility of the inmate medical services provider.

124. QUESTION: Are Offerors permitted to subcontract with a pharmacy partner of their choice regarding medication dispensing and pharmacy program management services?

ANSWER: Offerors are permitted to subcontract with a pharmacy partner of their choice regarding medication dispensing and pharmacy program management services as long as it meets the requirements of this solicitation.

125. QUESTION: Knowledge of, and access to, actual medication utilization data is extremely important for bidders to calculate an accurate bid rate in response to your solicitation. As PGDOC already knows, every correctional institution is unique and utilization at PGDOC is not likely the same as institutions in neighboring counties (or of similar size) for a respondent to project an accurate assessment of utilization. Not providing this actual medication utilization data to all bidders will result in a competitive advantage to your incumbent vendor who already has this information and knows those utilization statistics and costs.

• To benchmark your current utilization, and more importantly to ensure a transparent and fair procurement process, can PGDOC please provide a two-month report for November 2024 and December 2024 with actual pharmacy dispensing data detailed by line item reflecting the fill date, medication name and strength, quantity dispensed, and medication price (with patient names redacted) as an addendum to the RFP if respondents are going to be responsible for all or a portion of these costs? Example: date dispensed | medication name and strength | quantity | price

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

126. QUESTION: How often does your current pharmacy vendor provide, or coordinate, inspections of the medication areas at your facility?

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ANSWER: Pharmacy vendor facility inspections occur every three (3) months.

127. QUESTION: How many days' worth of medication (7, 14, 30 days) is typically dispensed for routine medication orders, and do you wish to keep it the same?

ANSWER: Routine medication orders are dispensed in 7-day, 14-day, and 30-day quantities. These are the preferred dispensations.

128. QUESTION: What type of medication packaging (blister cards, vials, strips, other) do you currently use, and do you wish to keep the same packaging system?

ANSWER: Current medication packaging includes blister cards, vials, strips, and other methods. These are the preferred dispensations.

129. QUESTION: What percentage of medications are dispensed as patient specific vs. stock?

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

130. QUESTION: What is the average number of prescriptions dispensed to Prince George's County DOC (PGDOC) per month for the past 12 months?

ANSWER: Request for public records must be made in accordance with the Maryland Public Information Act rather than through the administration of competitive procurements.

131. QUESTION: Can we submit as "adequate and acceptable" CPA firm prepared annual financial reports as most widely used for SBEs, MBE, CBSMBE, etc.? If we go for third party audited financial reports usually applicable for large enterprises, it will take several months to produce it albeit SBEs incur substantial audit fees and related costs.

ANSWER: Offerors may submit CPA firm prepared annual financial reports as "adequate and acceptable" to meet the requirements in Section 4.1.4.L for Audited Annual Financial Reports.

132. QUESTION: Please provide the number of inmates treated for detoxification during the previous three (3) years.

ANSWER: The number of inmates treated for detoxification during the previous three (3) years is 195.

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THIS ADDENDUM NO. 4 MAY CONTAIN MATERIAL CHANGES AND MUST BE SIGNED AND RETURNED WITH THE OFFER. FAILURE TO ACKNOWLEDGE IN THIS MANNER MAY RENDER THE OFFEROR NON-RESPONSIVE.

SIGNATURE

COMPANY

DATE