



County of Roanoke

FINANCE DEPARTMENT PURCHASING DIVISION

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RFP #2024-055

Healthcare for the Inmates of the WVRJA

ADDENDUM NO. 1

Answer to Questions
Due Date & Time:
March 29, 2024 2:00PM
(Local Prevailing Time)

Addendum No. 1
RFP 2024-055
Healthcare for Inmates of the WVRJA

1. Pg. 16. 6.1.2. 1.1. When was the last ACA audit? 05/2021
2. Pg. 18. 6.3.2 How many vacancies has the contractor needed to fill over the past year? 36
3. Pg. 18. 6.3.3 and 6.3.4 How many agency (third party) staff have been utilized over the past year to fill the vacancies? 5
4. Pg. 19. 6.4.2 How many performance penalties have been paid over the past year for the following:
 - 14-day health assessment 0
 - 15-day restricted housing assessments 0
 - Receiving screenings that were not completed within 4 hours of booking. 2,140 from June 1, 2022, through February 29, 2024
 - Annual H&P incomplete 0
 - Annual Dental not completed 0
 - Sick call not being triaged face to face within 24 hours. 0
 - Mental health evaluations not completed within 0
5. Pg. 36. 7.13.7 Who is financially responsible for pharmacy services? WVRJ
6. Pg. 27. 7.3 How long has the current HSA held that position? Since 11/6/2023
7. Proposed staffing: Is the contractor responsible for maintaining the grant funded position? Are the employees of the jail or the contractor? GRANT FUNDED LPN is Contractor Employee
8. Proposed staffing: How long has the current DON held that position? 1 month
9. Proposed staffing: The psychiatrist is allotted 4 hours weekly. Are these on site or telemedicine? Telemedicine
10. Proposed staffing: Who is financially responsible for off-site medical services? WVRJ
11. Proposed staffing: Of the 40 hours allotted for the psych NP how many are on site and how many are telemedicine? All On-Site
12. Proposed staffing: Financial responsibility for the following:
 - X-ray Contractor
 - Laboratory Services Contractor
 - Supplies Contractor
13. Can we provide alternate staffing plans? Yes, but must submit proposal as written in RFP.
14. There are (2) matrices provided, on is preferred but MAT not grant funded in that one, do we propose costs for both? Please submit with MAT Grant funded LPN.
15. Can we convert to (8) hour shifts? Contractor is permitted to submit as an option.
16. Are the staff unionized? No union staff.
17. Can we add additional staff for counseling aspect of the MAT program? Re- entry Coordinator? No, jail has staffing for this need.
18. Are there any withdrawal protocols for MAT? Yes, contractor is responsible for having a protocol.
19. What type of UDS testing is being performed? 10 panel
20. Who is the current contract monitor? Danna Yates
21. Currently the facility is ACA accredited, please provide the date of the last accreditation. 05/2021
22. Section 4.5- as we are not the incumbent, can we name someone from our corporate office as the proposed interim Project Manager and change to HSA when the contract is awarded, and the HSA is on boarded? No change in the team is permitted until contracted is awarded, WVRJ will have input on the HSA selection.

6.4.1.-to ensure we minimally maintain current rates, can we get current pay rates for the staff?
Please see current contract and amendments

23. Please provide current vacancies and how long the position(S) has been vacant.

6.4 FTE RN

1.45 FTE MHP

1.2 CMT

24. What is the current turnover rate? 3.41

25. What role does the mental health team play during the intake process? Must meet DOC and ACA mental health standards.

26. Will the successful vendor be responsible for the phones and/or phone lines? WVRJ provided

27. Would the county be willing to open to the vendor's website on their firewall? Yes

28. Does the current vendor have their own internet circuit/network? NO

29. Please provide the below health service statistics (# of patients receiving the service) for the past 3 years: Please see Medical Statistics attached.

Service	2021	2022	2023
Weekenders			
Intake Screenings Conducted			
Deaths Due to Medical Reasons			
Deaths Due to Suicide			
Nurse Sick Calls			
Healthcare Provider Encounters (Doctor and mid-level Providers)			
In-house X-rays			
Medical Observation Unit Admissions			
Medical Infirmary Admissions			
On-site Dental Care Encounters			
Prescription Medications			
On-site specialty clinics, if applicable			
Optometrist			
OB/GYN			
Radiology			
Other (please specify type)			
Patients on HIV medications			

Service	2021	2022	2023
Patients on Hep C medications			
Hepatitis C treatment			
Off-Site Care			
Inpatient hospitalizations			
Dental Visit			
Dialysis			
Emergency Room			
Outpatient Admissions (including surgeries)			
Specialist Office visits			
Other off-site referrals			
Ambulance Transportations			

30. What are the total of males 447 females 162 and US Marshall inmates 89 ?
31. Please clarify how many total References you require: Section 4.2.3 Client References states to include a "list of five client references providing information described in Exhibit 2 – Client References. Three of the references must be from contracts with jails with average daily inmate population greater than 700." However, exhibit 2 says "List ten client references providing information described below. At least five references must be from current contracts with jails with average daily inmate population greater than 700." Five references total, ADP of 700 or greater for all references.
32. What on-site specialty services are currently being provided? What are the time/days currently scheduled for each on-site specialty clinic? Mobile imaging
33. Section 7.13.9 notes that the Contractor shall provide all bio-hazardous waste services. Can you please clarify if that includes all waste for the entire facility or just the medical unit's waste? Entire Facility
34. Is the current dialysis services performed on or off site? If onsite, who is the provider? Off-Site
35. Medical Services: Does WVRJ have a higher number of intakes/admissions on certain days due to the court schedule or transfers from other locations? Fairly consistent from day to day
36. Medical Services: Are any medical or mental health services currently being provided via Telehealth? If yes, please describe services being provided. Mental Health due to vacancies
37. Medical Services: Does the WVRJ have any current or anticipated court-ordered directives or consent- decrees that inform or impact health care service delivery

requirements or expectations? If so, please provide information on any such legal decrees. None

38. Medical Services: When was the last ACA accreditation date? Are ACA Accreditation results available for review? 5/2021 will be available to awarded Vendor

39. Medical Services: Is there currently a backlog of patients waiting to be seen for any of the healthcare encounter types that are currently required based on your agreement with your current vendor? None

a. If so, please provide the current backlog for each of the following categories:

- Mental health (including psychiatrist visit or mental health clinicians) None
- Primary care (nurse practitioner or physician) None
- Dental None

40. Medical Services: How long will the grant-funded staffing for the MAT program continue?

- MAT Medical Director It is an annual grant, and is approved for June 2024- May 2025

- MAT LPN It is an annual grant, and is approved for June 2024- May 2025

41. Medical Services: Does your MAT program offer phase one (continuation) and/or phase two (induction).? continuation only

42. Medical Services: How many have gone through the MAT/MOUD Programing in 2023 and YTD 2024

2023 to YTD: 211

43. Medical Services: What type of medications are currently used for your MAT/MOUD program?

Buprenorphine – once daily dosing unless otherwise ordered.

a. Suboxone – once daily unless otherwise ordered.

b. Subutex – once daily unless otherwise ordered (pregnant females will receive Subutex)

Sublocade – injection given 7-10 days before the patient is released.

Vivitrol - injection given.

44. Medical Services: Is there an infirmiry beds and/or medical observation beds? No

45. Medical Services: If yes, # of infirmiry beds 0 # of medical observation beds 0

46. Financial: What is the ADP number that will be used when developing financial pricing and staffing levels? 600-675

47. Financial: Can we get a current copy of your medical contract and any addendums, amendments, etc.? See attachment.

48. Financial: Is there currently a cap/cost pool based in your agreement with your current vendor? Please refer to the current contract and amendments

- If yes, please tell us what is included in the cost pool? (Examples: off site visits, pharmacy (HIV meds, Hep C meds, blood factors), ambulance transportation, medical supplies, etc.)? Please refer to the current contract and amendments
- If there is a cost pool, please share the amount of what is the maximum financial responsibility of your current vendor. Please

refer to the current contract and amendments

- If yes, did WVRJ end up spending more money than the cost pool allotted for 2022 and 2023? If yes, please provide us with the dollar amount for 2022 and 2023. WVRJ's only additional costs were for onsite dialysis, all costs passed through to WVRJ and none were the responsibility of the current medical vendor.
49. Financial: Currently who is responsible for the following costs (Contractor or County/Facility):
- Pharmaceuticals WVRJ
 - a. Please specify for certain types of medications such as HIV, Hep C, blood factors or etc. See Formulary
 - On-site Laboratory Proprietary info of current vendor, and part of their base contract
 - On-site X-rays Proprietary info of current vendor, and part of their base contract
 - Offsite specialty visits Only costs for dialysis, 100% of which were passed through to WVRJ
 - Hospitalization services (ER visits, inpatient/outpatient services, etc.) Only costs for dialysis 100% passed through to WVRJ
 - Ambulatory services Costs not responsibility of medical vendor.
50. Financial: What is your historical spend for 2021, 2022 & 2023 for the following:
- Pharmaceutical costs
 - a. Medical
 - 2021 - \$358,327.12
 - 2022 - \$405,935.06
 - 2023 - \$709,235.15
 - b. Psychiatric
 - 2021 - \$167,516.91
 - 2022 - \$165,750.14
 - 2023 - \$141,175.20
 - On-site Laboratory Services 0
 - On-site X-rays 0
 - Offsite specialty Pass through to member jurisdiction.
 - Hospitalization services (ER visits, inpatient/outpatient services, etc.) Medicaid, Pass through to member jurisdiction.
 - Ambulatory services 0
51. Financial: Is WVRJ interested in the Contractor providing off-site claim administration to scrub the claims? Yes
52. Mental Health: How many patients are currently taking psychotropic, anxiety, depression and bi-polar medications? February 2024 - 385 patients on psych meds
53. Mental Health: What is the percentage of the ADP taking psychotropic medication? 59%
54. Mental Health: Is there a designated behavioral health unit? No
- a. If yes, how many types and the number of beds in each type?
55. Mental Health: What is the average number of patients placed on suicide watch each month in the past 6 months:
- a. August: 64
 - b. September: 42
 - c. October: 34
 - d. November: 38

e. December: 31

f. January 2024 37

56. Mental Health: Where do you hold the patients on suicide watch? Restrictive Housing or Suicide prevention cells in the Intake area.
57. Mental Health: How are patients on suicide watch monitored (1:1, camera, etc.)? Camera, 15 minute security rounds, direct observation
58. Mental Health: Please confirm who is responsible for the 15-minute checks for suicide watches custody or healthcare personnel? WVRJ Staff
59. Mental Health: Please confirm who is responsible for 1:1 monitoring for actively suicidal patients' custody or healthcare personnel? WVRJ Staff
60. Mental Health: Where do the mental health providers meet with patients (cell, housing unit, medical, or office of mental health clinician)? All three-cell, housing unit, medical
61. Mental Health: Is there currently Mental Health Group counseling being conducted? Yes

- a. If yes, are the sessions being conducted by the current contractor's mental health staff or are the sessions being conducted by outside services? See attached statistics

Service	Number of Patients/%
Average number of mental health initial intake screenings completed by a mental health clinician per month	
Average number of patients seen by the psychiatry provider/psychologist in clinic each day.	
Average number of service hours delivered by the psychiatry provider/psychologist each week	
Percentage of current inmates receiving ongoing mental health and/or psychiatric services	
Average number of patients with special needs	
Number of patients currently being held at the state hospital on a forensic admission	

62. Pharmaceutical: Please provide pharmaceutical data for the past three years to include: See attached pharmaceutical data

- a. number of inmates on HIV medications each month or an annual average/year (2021, 2022 and 2023)

- 2021 – 13 inmates on HIV per year
- 2022 – 15 inmates on HIV per year

- 2023 – 18 inmates on HIV per year
- b. number of inmates on Hep C medications each month or an annual average/year (2021, 2022 and 2023)
- 2021 – 1 inmate for the year
 - 2022 – 4 inmates for the year
 - 2023 – 6 inmates for the year
- c. blood or plasma factoring medications each month or an annual average/year (2021, 2022 and 2023) None

63. How many times do you have medication pass (i.e., once, twice or three times a day)? Twice daily
64. IT: Who owns the licensure of the CorEMR system? WVRJ
65. IT: Would you like the Contractor to include the CorEMR system in their price (and remove it from an expense of WVRJ)? No
66. IT: Are there any existing networks that are available to be used – either wired, wireless, or both? All offices have internet ports (land lines)
67. IT: Does the facility have Wi-Fi capability dedicated for use by the medical department? There is limited Wifi, not across the jail
68. IT: Where will the patient data be kept (whose server, current medical provider or Jail Facility)? On WVRJ server/SQL Database CorEMR
69. IT: Will there be any restrictions on the computers that the Contractor chooses to use? See attachment

Equipment	Count	Stays with new contractor?
# of laptops are currently in use		
# of desktops are currently in use		
# of desktop printers are currently in use		
# of large copiers/faxes are currently in use		

70. Staffing: Number of current vacancies

Position	How many FTEs vacant	Using Agency?
HSA	0	0
DON	0	0
RN	5.1	1
LPN	.9	0
MHP	1.45	0
CMT	1.2	0
ARNP	0	0
MD	0	0
Psychiatrist	0	0
Psychiatric NP	0	0

71. Staffing: Please specify whether you have experienced a vacancy in the physician position over the past two years. If yes, how long was this position vacant? Was this position filled by an agency physician? No vacancy
72. Staffing: Please specify whether you have experienced a vacancy in the midlevel provider (nurse practitioner/physician assistant) position over the past two years. If yes, how long was this position vacant? Was this position filled by an agency provider?
No vacancy
73. Staffing: Please specify whether you have experienced a vacancy in psychiatrist, and/or mental health staff positions over the past two years. If yes, how long was this position vacant? Were any of these positions filled by an agency provider? MHP
74. Staffing: Section 6.3.1 Notes that we must meet or exceed the current salaries of the current staff. Can you please provide the current salaries of the current staff, so we are able to meet this requirement? See current contract and amendments.
75. Staffing: Section 6.3.4 notes that a penalty will apply if an agency is used for more than 60 days. Typical agency contracts are for 13 weeks. Would you consider updating this provision to match the standard agency terms? Yes, as long as the agency personnel is going to fill the vacancy with an FTE.
76. Staffing: Section 6.13 notes specific training requirements for the staff. Are there a particular number of hours required for each training noted (i.e. Jail orientation)? 40 hour training upon hire and then annually.
77. Staffing: The required staffing reports note hours and penalties to be reported to WVRJ by the 7th of the following month. Current payroll cycles for the prior month could potentially not be finalized by the 7th of the following month and therefore accurate hours may not be readily available for reporting. Can we change the staffing reporting requirements to match the UM and offsite reporting date of the 21st. This is more in line with our current procedures and provides a more accurate account of time for employees, subcontractors, etc. This will/can be discussed with the successful vendor.
78. General: Does the site have any contracts with hospitals or specialists? If so, please disclose and provide any special arrangements (formal or informal) or contracts with local hospitals, specialty and/or ancillary providers regarding inmate services, along with any amendments and attachments. No contracts are in place, but Carilion Roanoke Memorial is the primary choice due to their on-site police presence and charity care.
79. General: Please provide a list of the current offsite healthcare delivery network.
80. General: Please provide a list of any telehealth equipment currently available, where the equipment is utilized, and what services/specialties are provided at this time?
Telehealth is utilized by the Mental provider and the contractor provides the equipment.
81. Will hours of service delivered via tele-medicine and tele-psychiatry, count towards contract provider hours? Yes.
82. Will the Vendor be responsible for contracting with an ambulance service, or will the vendor use a county system? County System
83. Please confirm the schedules of the following staff members:

- a. Correctional Staff: 8 hours, 12 hours, or a combination of both.
 - b. Please provide a breakdown of the positions that work both, if a combination exists.
Platoons work 12 hours and all daylight staff work 8 hours, unless otherwise specified.
84. Does the Jail currently provide tablets or kiosks at the facility for inmate use? Yes, tablets.
 85. Is the Jail interested in implementing a Medication Assisted Treatment (MAT) program? Will it be for induction and/or maintenance? there is already one in place, WVRJ would like the same program to continue.
 86. Please provide dates and outcomes of any accreditation surveys (ACA, NCCHC, AJA, DOC, etc.) within the last five years.
- ACA: 05/2021-passed
 - DOC: 2023-passed
87. Please provide the number of AED located throughout the facility as well as who is responsible for checking the equipment, frequency of checks, as well as who is financially responsible for the disposable supplies associated with equipment upkeep (pads/batteries)? There is a total of (12) AED's. The vendor is responsible for checking the equipment, as well as being financial responsible for the disposable supplies associated with the equipment upkeep (pads/batteries).
 88. What is the average number of female patients housed at the adult detention center? An average of (170) females have been housed at the jail. (based off Feb'24 Stats)
 89. Is the vendor responsible for providing interpreter services for non-English speaking inmates? No. This is provided by WVRJ.
 90. Are there any special requirements for contract medical staff entering the facility such as clear bags, no cell phones, required searches, or any similar security measures? Clear bags, no cell phones and subject to search at any given time.
 91. Are security rounds/counts conducted electronically or via paper logs? Electronically
 92. Are staggered fifteen-minute watches documented electronically or via paper logs? Paper log
 93. Who is responsible for the maintenance, inspection, and licensing of the dental x-ray equipment? Contractor
 94. What is the average time for new employee clearance process to be complete? 1 week
 95. Does the agency currently use any third-party administrators (examples could be Anthem, Aetna, Cigna, and others) for inmate related healthcare claims? No.
 96. Is there a hospital, or health system, that the agency requires the vendor to use for security reasons/preferences? Carilion Roanoke Memorial Hospital.
 97. Pricing: Please describe how offsite services will be handled. Who will be responsible for the coordination and cost of offsite services? Coordinator is handled by the contractor and cost is handled by WVRJ.
 98. Pricing: Please identify the number of ICE, Federal detainees, or DOC inmates at the facility.

ICE: 1
Federal: 74
DOC: 1

99. Pricing: 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: WVRJ is seeking options to provide as much on-site as possible.

- a. Oral Surgery services are done off-site.
- b. Optometry services are done off-site, WVRJ is looking for services to be offered on-site if possible.
- c. Laboratory On-Site
- d. Fluoroscopy both
- e. Mammography services are done off-site, WVRJ is looking for services to be offered on-site if possible.
- f. Physical Therapy both on and off-site as needed.
- g. Chronic Care Clinics (please specify which clinics and frequency) both on and off-site as needed.
- h. Specialty Clinics (please specify which clinics and frequency)
- i. OB/Prenatal care both on and off-site as needed.
- j. Medication Assisted Treatments (Community or other contracted providers) On-Site.

100. Pricing: 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. Please see contract and amendments, details of specific staff will be provided to successful vendor.

101. Pricing: Please provide the amounts relating to staffing withholds or performance withholds incurred by the incumbent by year for the last three years. 2021 none
2022 \$168,654 staffing and \$75,200 performance penalties 2023 \$141,016 staffing and \$138,800 performance penalties

102. Pricing: Please provide the DOLLARS spent on offsite services for by year for the last three years by the categories below, at your facility:

- Hospitalization
- Emergency room visits
- Specialty visits **WVRJ is financial responsible**
- Outpatient surgeries
- Diagnostics

103. Pricing: Please provide the offsite EVENTS for by year for the last three years by the categories below, at your facility: See attached statistics

- Hospital days
- Hospital admissions
- Emergency room visits
- Specialty visits
- Outpatient surgeries

- Diagnostics

104. Pricing: Please provide the following by year for the last three contract years for your facility:

- Average monthly number of patients on HIV medications see question 3a
- Average monthly number of patients on psychotropic medications
 - 2021 ~ 126 (annual average)
 - 2022 ~ 119 (annual average)
 - 2023 ~ 106 (annual average)
- Average monthly number of patients on hepatitis medications
average 3 patients per year
- Average monthly number of patients on blood products relating to hemophilia
none
- HIV medications dollars
 - 2021 - \$135,035.53
 - 2022 - \$167,676.14
 - 2023 - \$259,855.96
- Psychotropic medications dollars see question 1a
- Hepatitis medications dollars
 - 2021 – \$15,844.90
 - 2022 – \$48,014.70
 - 2023 - \$101,270.75
- Blood products relating to hemophilia dollars none

105. Pricing: Will vendors be financially responsible for:

- prior to booking cases, No
- bedside bookings, or
- pre-existing conditions? No

106. Pricing: Please provide the TOTAL dollars spent on pharmacy at your facility by year for the last three years. See attached statistics

107. Pricing: Is biomedical waste managed by the jail or the vendor? Who is the current Biomedical waste provider? Biomedical waste is managed by the vendor. Biomedical waste provider is Stericycle.

108. Pricing: Who is responsible for the disposal/shredding of discarded PHI? WVRJ

109. Pharmaceutical: How many prescriptions per month on average are ordered for the inmates at the facility? 1624

110. What percentage of your medications ordered each month is stock vs. patient specific prescriptions? Currently 100% patient specific

111. 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.). Cost plus a dispensing fee of \$2.45.

112. Please provide three (3) years of drug utilization at the facility preferably in an electronic format. Attached please find their top 50 most utilized medications for 2023.

113. Of inmates receiving Hepatitis C treatment, what is the nature of the treatment? If patient is receiving treatment upon booking, treatment continues while incarcerated. If they are diagnosed during incarceration, they are monitored through CCC.
114. How are current medication orders being transcribed to pharmacy? Electronically
115. How are medications delivered and dispensed: patient-specific or stock/pill line?
Patient specific
116. Is there a self-administration or "keep-on-person" (KOP) medication system? If so, please provide a list of KOP medications approved by facility. No KOP medications
117. Please provide the number of prescriptions per inmate at the facility. 2.5
118. Does your current pharmacy provider offer drug destruction for outdated/expired drugs? If so, please describe the destruction policy. Facility sends back drugs to be destroyed and the pharmacy uses a reverse distributor to destroy medications.
119. Does your current pharmacy provider offer monthly/quarterly pharmacy consultation/inspection? If so, please describe? Quarterly inspections and monthly P&T meetings
120. Does your facility have a DEA License? If so, whose name is under licensure? Yes – WVRJ
121. Does your facility have a current state pharmacy license? If so, whose name is under licensure? Yes - WVRJ
122. Where are inmate's personal medications kept upon booking? They are given to the intake nurse.
123. The RFP mentions Westwood but are we required to use this vendor for pharmacy?
Yes, the pharmacy is a separate contract directly with WVRJ
124. Please provide all terms and conditions regarding purchases, returns, and management fees that will be applied regarding pharmacy vendor. Pharmacy contract is between WVRJ and Westwood
125. How many inmates receive MAT? Currently 53 inmates participate in MAT What MAT drugs are being utilized?

Buprenorphine – once daily dosing unless otherwise ordered.

Suboxone – once daily unless otherwise ordered

Subutex – once daily unless otherwise ordered (pregnant females will receive Subutex)

Sublocade – injection given 7-10 days before the patient is released

Vivitrol - injection given

126. Behavioral Health: How many completed suicides took place at your facility in the past 2 years? None.
127. How many persons on average per month have been placed on suicide precaution over the past year? 38
128. How many persons are currently receiving psychotropic medications per month?
See question 2
129. How many persons are currently receiving anti-psychotic medications per month?
1259 inmates in the year 2023
130. How many persons are currently receiving mood-stabilizing medications (Lithium, Depakote, Lamictal etc.) per month? 126 inmates in the year 2023

131. How many group therapy sessions are provided per week by the current vendor?
None
132. How many patients were sent to the state mental hospital from your facility in the past year? Six
133. How many patients required placement in some sort of restraint device in the past 6 months? 2
134. 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
135. Discharge Planning: How are medications currently made available to inmates upon release from the correctional facility? Inmates are released with their current prescriptions.
136. Does the Jail'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 the facility? Please describe the process. No
137. What is the percentage and number of inmates with estimated release dates?
27.8% of the inmate population have an estimated release date. Are those inmates predominantly sentenced? Yes
138. How many planned or predicted releases occur each day? 9.5 releases, per day
139. Please provide a description including average daily enrollment of your inmate substance abuse education, cognitive behavioral classes, and other inmate programs.
140. Electronic Medical Records (EMR): Please provide the name of the current EMR provider. COREMR
141. Are records currently paper, electronic or both at your facility? Please describe.
Both. Inmate records start as paper and are scanned into their chart. Various logs are kept via paper.
142. What are the data requirements upon termination of the current vendor:
- Data to be provided and in what format,
 - System availability during transition, and
 - Time requirement of data availability.
- The EHR contract is between WVRJ, so this is not applicable.
143. Is the current records system a combination of electronic and paper records? A combination of both. If so:
- What records are electronic? See response to question #140
 - What records are paper? See response to question #140
144. Will the existing facility network be available for EMR connectivity? Yes
145. What interfaces are currently in place, if any:
- JMS, Yes
 - Lab, No
 - Pharmacy, or No
 - Other. No
146. Will the current JMS, as well as planned future JMS, vendor/manager allow integration with vendor provided electronic medical record? Yes, but there is no plan to move away from the current EHR.

147. What is the current JMS system? Viapath
148. Can the EMR be installed on existing jail hardware? Yes
149. Can the EMR be installed on existing jail hardware with upgrades? Yes
150. Should servers be proposed as a stand-alone system? Yes
151. Does the existing jail data center/computer room have space available for any or all of the above? Yes
152. Will the Jail pay the cost of facility improvements for the EMR through:
- Cable and wireless connections, No
 - Additional power requirements for server and rack installation. No
153. Will the Jail assume responsibility of performing routine back-ups and offsite storage of back-ups? Yes
154. Do you use any tools or guides to ensure the staffing is sufficient? Yes. If yes, what current tools are in use? A staffing matrix. Is the Jail open to vendor-developed tools to help manage staffing levels? Yes
155. Will the Jail allow for secure off-site cloud-based backup? Yes
156. What mobile devices and peripherals are currently in use at the facility? Laptops
157. Risk Management: How many medical malpractices and/or civil rights lawsuits have been filed against the jail's healthcare provider related to the services rendered at the facility in the past five (5) years? This is vendor proprietary information.
158. Does your facility currently operate under a consent decree, have a contract monitor or similar oversight? If yes, please describe in greater detail. Contract Monitor
159. Please list all vendors who attended the Mandatory Pre-Proposal Conference March 6th.
160. Item 10.30. on page 87 of the RFP requires the winning medical vendor to assist WVRJ in preparing for the next RFP once the contract term is up. Specifically, 10.30.3 requires the medical vendor to produce "a listing including quantity dispensed and drug name, for pharmaceuticals dispensed during designated calendar years."
- If WVRJ has this same requirement in your current healthcare services contract, can that pharmaceutical data for calendar year 2022 and 2023 please be provided to all prospective bidders as an addendum?
161. Is CorEMR currently utilized for electronic prescription order entry and eMAR? Yes
162. Is your current version of CorEMR EPCS certified for transmission of controlled substance prescriptions to the pharmacy vendor? Yes
163. RFP Page 10, Section 2 states, "Firms responding to this RFP must have a proven and verifiable record of providing Comprehensive inmate Health and Mental Health Services **or Pharmaceutical Services** with a comparable size agency and scope of operations."
- Please confirm that pharmacy dispensing services are contracted separately and not are a requirement or the cost liability of potential respondents to this RFP. Westwood is contracted separately.
164. RFP Page 38, Section 7.14.4 states, "The Contractor shall establish a stock supply of commonly used medications (over-the-counter, legend and controlled substances) for administration to inmates prior to receipt of their actual patient-specific prescription." The successful vendor will do this in collaboration with the Pharmacy vendor
- Does the WVRJ currently have a Board of Pharmacy CSR Permit to house stock legend medications in bulk manufacturer bottles or blister card packaging? Yes

165. Many correctional institutions within the industry are using electronic check-in and return programs for inventory management. Manual daily order check-in and return processing time can be decreased by up to 75%, medication diversion potential is virtually eliminated, and WVRJ will have full accountability of all medications received by, and returned from, your facility for accounting purposes.

- What is the name of your barcode electronic order reconciliation (check-in) and medication return management system that is provided by your current pharmacy vendor for medical vendors to utilize for medication reconciliation? Westwood Pharmacy

166. Many correctional institutions within the industry have fingertip access to meaningful and actionable electronic reporting. Analyzing prescriber ordering trends and expenditures to better manage facility operations is critical to your administrative team and dependent upon reliable and accurate reporting.

- What is the name of the current online reporting dashboard provided by your pharmacy vendor that will provide medical vendors access to medication reporting?

All requested data is provided by the pharmacy vendor at the client's request.

**Addendum No. 1
RFP 2024-055
Healthcare for Inmates of the WVRJA**

*****REQUIRED*****

*****Sign and return with your bid package*****

Sign Name: _____

Print Name: _____

Date: _____

Company _____

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