



STATE OF TENNESSEE
Department of Correction

**REQUEST FOR PROPOSALS # 32901-31378-24
AMENDMENT # 8
FOR CLINICAL SERVICES**

DATE: November 15, 2024

RFP # 32901-31378-24 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		August 5, 2024
2. Disability Accommodation Request Deadline	2:00 p.m.	August 9, 2024
3. Pre-response Conference	10:00 a.m.	August 12, 2024
4. Notice of Intent to Respond Deadline	2:00 p.m.	August 14, 2024
5. Notify State of RSVP for Facility Tours	10:00 a.m.	August 16, 2024
6. Facility Tours - Debra K. Johnson Rehabilitation Center	10:00 a.m. - 12:00 p.m.	August 21, 2024
DeBerry Special Needs Facility	2:00 p.m. - 4:00 p.m.	
Bledsoe County Correctional Complex	9:00 a.m. - 11:00 a.m.	August 22, 2024
7. Written "Questions & Comments" Deadline	2:00 p.m.	August 27, 2024
8. State Response to Written "Questions & Comments"		November 1, 2024 and updated on November 15 2024
9. Response Deadline	2:00 p.m.	December 2, 2024
10. State Completion of Technical Response Evaluations		December 13, 2024
11. State Opening & Scoring of Cost Proposals	2:00 p.m.	December 16, 2024

12. Negotiations (Optional)		December 17-19, 2024
13. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	December 26, 2024
14. End of Open File Period	4:30 p.m.	January 2, 2025
15. State sends contract to Contractor for signature		January 6, 2025
16. Contractor Signature Deadline		January 13, 2025

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

RFP Section	Page #	Question/Comment	State Response
		1. In the revised attachments zip folder, there is a file titled "Updated Attachment_8_and_9_" This looks to be Attachment 6.3.A, 6.3.B, and 6.3.C. Can the Department please confirm if this was an error and the file should be titled "6.3.A, 6.3.B, and 6.3.C?"	Yes, this was done in error. The naming convention changed, but the document remained the same.
		2. Question #230 and #394 seem to have contradictory answers. #230 states "The contractor would provide 100% of the HIV and AIDS. HEP-C is limited to 50% match up to \$2m." Then answer to question #394 states "The contractor is responsible for 50% of HIV medications, 100% HepC medications, with a cap of \$2 million for HepC medications, and 50% of all psychotropic/behavioral health medications (which includes MAT medications). The state is responsible for all other costs." Can the Department please confirm which answer is correct?	It's 50% for HIV/AIDS with no cap, 50% for HEP C with a cap at \$2M, like what is included in Section A.9.c of the Pro Forma.

		3. Can the Department confirm that, in response to question #275, that bidders must include a letter from a surety confirming the bidder's ability to obtain a performance bond.	The State will be keeping the requirements as is currently written. A letter from a surety is acceptable but will not be a requirement of the RFP.
Q&A 48, 61		4. Response to question 48 noted that recent changes to state law precludes TDOC from using state funding on transgender medical care, including hormones and surgical services. Responses to question 51 notes that gender reassignment (item d) would be provided if medically / clinically necessary. Please clarify whether or not the vendor has any financially responsible for transgender care, including hormones and surgery services.	Because recent changes in state law precludes TDOC from spending any state funding on transgender medical care to include hormones and surgical procedures. The inmates currently on hormones prior to July 2024 will still be continued on hormone therapy. If a procedure or intervention was deemed medically/clinically necessary, the vendor has the primary responsibility to cover the costs for these services.
Q&A 58		5. TDOC expects medical nursing FTEs from the minimum staffing plan to cover mental health services. For those facilities where behavioral nursing is not identified, please provide the number of hours per week required from the RN and LPN (identified separately by position) to cover MH services.	Mental Health Nursing Coverage. The Contractor shall provide on-site twenty-four (24) hours, seven (7) days per week nursing coverage on the mental health supportive living units and provide coverage as specified in the approved institutional staffing plans. The mental health nursing staff shall be dedicated to the care and delivery of mental health services and shall not be reassigned or diverted to routine patient care except in temporary or emergency situations as defined by the Facility associate warden of treatment or designee. Duties shall include management of mental health patients on assigned supportive living unit(s); to include but not limited to, triage of mental health sick call, drawing labs, checking vitals and other requests made by the Physician or Mid-Level Providers, and respond to mental health referrals, health-related sick calls & chronic care aspects as appropriate. The

			<p>mental health nurse shall administer voluntary and involuntary psychotropic medications, ensuring that medication is crushed in accordance with TDOC Policy #113.71, as may be amended, track medication compliance, and ensure medication orders are submitted timely. The mental health nurse shall serve as the liaison between providers and conservators communicating with onsite and on call psychiatry and assess the need for suicide precaution/mental health seclusion. The mental health nurse shall be responsible for conducting general wellness groups, hygiene groups, attend weekly treatment team meetings and conduct psychoeducational medication groups. The mental health nurse shall complete suicide precaution/mental health seclusion rounds daily, complete all forms required by TDOC Policies, and enter mental health data into the State's offender management information system (OMS).</p> <p>*Recommend 40 hours per week RN for sites with Supportive Living Units and 40 hours per week LPN for other sites with Mental Health caseloads greater than 300.</p>
Q&A 78		<p>6. Please clarify the roles and responsibilities of: a. the six administrative Behavioral Health staff, and b. the six Behavioral Health Utilization Management staff.</p>	<p>N/A. These positions are not currently in the Behavioral Health contract.</p>
Q&A 412		<p>7. The question references financial responsibility of private facility "<u>Off-site</u> costs exceeding \$4,000 per inpatient" Please confirm that the \$4,000 references inpatient services only. Please also confirm that the medical vendor has no</p>	<p>Medical vendor responsibility for the costs of care for offenders housed in a privately managed facility are limited to inpatient care. The private facility vendor is responsible for inpatient care only up to \$4,000.</p>

		responsibility for other offsite services, including emergency room, ambulance and outpatient services.	
Q&A 415		8. As it relates to offsite services for private correctional facility housed inmates, please confirm that the medical vendor is only financially responsible for <u>Inpatient</u> costs at the four private facilities, when any single admission cost exceeds \$4,000.	Yes, Medical vendor responsibility for the costs of care for offenders housed in a privately managed facility are limited to inpatient care when any single admission cost exceeds \$4,000.
Q&A 415		9. Consistent with additional answers to questions (#341), please also confirm that when any private facility inpatient admission to a “non” regional hospital gets transferred from the admitting hospital to a regional hospital, the two hospitalizations will be consolidated as one for purposes of the \$50,000 threshold.	Yes, it would be considered one admission event.
Q&A 450		10. Would TDOC please provide the definition of “filled” as described in their response to the question. Is a position “filled” once a person is hired, or only when physically present at a facility to provide services.	The position is considered filled once the person is hired.
Q&A 572		11. The RFP notes that a FibroScan LPN is required. The staffing plan does not identify this in Attachment 13. Please clarify if an additional Fibroscan is needed, and if so, how many hours per week is required.	No, we do not need an additional Fibroscan LPN.
Q&A #550		12. The answer states that Section A.46 should be deleted. That is not reflected in the changes listed in the end of the document. Can the Department please confirm if A.46 should be deleted or remain?	A.46 should NOT be deleted, that was an error. The correct response to Q&A #550 should be that the same minimum requirements should be listed in both sections. Section A.46.a. should include testing for communicable diseases.

Q&A #119		13. The answer states that the State is financially responsible for COVID testing and vaccines. In the current contract, the testing supplies are obtained through the subcontracted lab service provider, in which the current vendor is financially responsible for. Can the State please confirm if this answer was an error or if the State will be financially responsible in the future contract?	Yes, this answer was an error. The state is not financially responsible, and the current vendor is financially responsible.
Q&A #52		14. The answer states that no SNF or LTAC's have been used. However, during the current contracts last three years, there has been one inmate patient placed in a LTAC. The placement was based on "inpatient" status, so the current vendor is financially responsible. Can the Department please clarify if this answer was an error?	The previous answer was incorrect as we do have one patient that has been in LTAC in the past three years and the current vendor is financially responsible.
Q&A #346		15. The answer states that the State is responsible for purchasing new computers. However, the vendor has been responsible for all replacement computers and software updates during the term of this contract. Can the Department please confirm if this was an error?	The answer previously given was incorrect, the Contractor is responsible for the purchase of new computer equipment and peripherals, maintenance, and support.

3. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.