

Contractual

1. To create a transition plan, can you give an approximate timeline of the potential award of the contract? **July 1, 2021**
2. Is the County currently subject to any court orders or legal directives that would impact the services provided? **No**
3. How many lawsuits (frivolous or otherwise) have been filed against the County pertaining to inmate health care in the past three years? **1 settled, all others dismissed**
4. Are there any requirements for drug testing for prospective employees? **Yes, Pre-employment and Random Tests**
5. Who is responsible for running background checks on potential personnel – County or Contractor? **Jail Staff**
6. Please provide a current list of staffing vacancies by position. **See Attachment 1**
7. Are any members of the current health service staff unionized? If yes, please provide a copy of the union contract. **No**
8. May we please have a list and contact information for all sub-contractors the county currently utilizes. **See Attachment 2**
9. Please provide a copy of the current staffing matrix/schedule. **See Attachment 3 (Attachment 4 in RFP)**
10. Does the count feel as though the current staffing levels are sufficient? If, No, are they too high or too low? **We would rely on the vendor's expertise in this area**
11. If available, please provide salaries/wages for the incumbent health service staff. **Attachment 3 (Attachment 4 in RFP)**
12. Please confirm that overtime and temporary employee hours will count toward the hours required by the contract. **Yes**
13. What is the annual spend amounts for the past three years for the following categories:
14. Total off-site care? **FY2018 \$867,625; FY2019 \$601,535; FY2020 \$1,042,808; To Date FY2021 \$186,656 (Includes all Inmate Insurance and Outside Medical Related Services Expenses)**
15. Total pharmacy expenditures? **FY2018 \$386,301; FY2019 \$453,223; FY2020 \$470,488; To Date FY2021 \$356,784**
16. Laboratory services? **FY2018 \$28,251; FY2019 \$16,602; FY2020 \$34,003**
17. Would the County consider catastrophic limitations on certain budget lines? **Yes**

18. Please confirm that Proposer would not be responsible for elective or cosmetic surgeries and health care services. **The Proposer WILL NOT be responsible**
19. Please verify that Proposer is responsible for off-site and pharmaceutical costs for federal inmates inclusive in the count. **The Proposer WILL NOT be responsible for federal inmate off-site or pharmaceutical costs**
20. Please identify any services (PPD, education, etc.) that must be provided to correctional staff as part of the scope of work. **PPD test annually and Hepatitis C series vaccination**
21. Does the facility hold any national or state accreditations? **State (VADOC)**
22. Will continued accreditation be a part of the scope of work? **Yes**
23. If not, will obtaining accreditation be a required part of the scope of work? **Possibly in the future (NCCHC, ACA)**

IT/Infrastructure

1. What software is utilized for the facility's jail management system (JMS)? **Jail Tracker**
2. Can you briefly describe the IT infrastructure within the facility? **All offices wired with CAT 6**
3. Will Proposer's hardware be placed on the County network? **Yes**
4. Will the County host software to be used in the scope of work? **We can**
5. How do personnel currently access the Internet while in the health care unit? **By computer or tablet**
6. Does the facility have Wi-Fi connectivity throughout? **Yes**
7. Does the County currently deploy any telemedicine services? If so, what specialties? **Yes, Mental Health. We have equipment on-site for Medical Telehealth as well**

Services /Equipment

1. Please furnish a list of equipment (including dental, x-ray, dialysis, computer hardware) available for use in the facility at the start of the contract. **See Attachment 4 (Attachment 1 and 2 in the RFP) Our dental contractor provides all of their equipment and supplies.**
2. Please confirm that all equipment is in correct working order and certified in good condition. **Confirmed**
3. Approximately how long is a typical facility med pass? **3 to 4 hours**
4. Can you confirm the total number of med carts in the facility? **3**
5. How often are medications distributed each day? **3 medication passes and 4 diabetic passes per day (sometimes one of the diabetic passes can be incorporated at the same time as one of the med passes)**

6. How long does it take to perform medication distribution? **3 to 4 hours per med pass**
7. Please provide the following historical data regarding the size of the inmate population:
8. Average daily population over the past two years. **766 based on last two calendar years (of which 200-225 are federal inmates)**
9. Two years of projected populations. **725 – 775 (175-200 federal inmates)**
10. Number of intakes over the previous three years. **15,270**
11. How are the following services rendered under the current scope of work (on-site/off-site)? (Please identify vendor, if applicable)
12. Vision. **On-site Optometrist Gedalia Schwartz**
13. Dialysis. **Off-site Fresenius and Davita vendors**
14. OB/GYN. **Off-site Dr. Sheffield Franklin, VA**
15. Are there currently any backlogs in services/clinics – chronic care, sick call, dental, etc.? **No**
16. Please provide the previous three years of statistical data for each of the following: **Calendar years 2018 – 2019 – 2020**
17. Number of off-site inpatient hospital days. **83 – 174 – 75**
18. Number of outpatient surgeries. **10 – 11 – 9**
19. Number of outpatient referrals. **521 – 475 – 439**
20. Number of trips to the emergency department (ED). **58 – 109 - 112**
21. Number of ED referrals resulting in hospitalization. **17 – 28 - 24**
22. Number of ambulance transports. **33**
23. Number of air ambulance transports. **1**
24. Number of dialysis treatments. **0 in 2018 and 0 in 2019; 1 in 2020**
25. Number of inmates on suicide watch. **115 – 176 - 127**
26. Number of completed suicides. **0 – 0 – 0**
27. Number of deaths. **2 – 1 – 1**
28. How are detainees screened for suicide risks and mental health concerns at intake? **Medical staff conduct an initial screening of each inmate at intake that includes questions pertaining to suicide risks/mental health concerns**
29. How are mental health patients identified/referred for services? **They are identified by Medical during the initial screening at intake and once identified are referred to our mental health department to be seen**
30. How many patients required some form of detox and/or medical intervention due to opiate misuse in the past year? **70% of the inmates coming into the facility**
31. Are patients deemed too acute to house in the jail sent to a public mental health facility? **Yes**

32. Does the facility provide and/or encourage group therapy? **Yes**
33. Where are inmates housed that are going through withdrawal? **Any single lockdown cell available at that time**
34. Please provide any facility statistical reports related to the medical operation for the past 12 months. **See Attachment 5**
35. Does the facility currently house any pregnant inmates? **1**
36. How does the facility provide OB/GYN care to pregnant inmates? **Outside appt with Dr. Sheffield Franklin, VA**

Pharmacy

1. Will the County consider a proposal with an aggregate cap on pharmaceutical expenses? **Yes**
2. Where does medication distribution take place, i.e., med carts on the housing unit or inmates coming to medical? **Housing Unit**
3. On average, what percentage of inmates are prescribed psychotropic drugs each month? **27%**
4. What is the average monthly number of inmates receiving pharmaceutical treatment for the following conditions?
5. Hepatitis C. **0, if an inmate has already been diagnosed with Hep C before being booked in and are on Harvoni they are able to continue on the med at their own cost**
6. HIV/AIDS. **4**
7. Hemophilia and other bleeding disorders. **No real average, may have had 1 or 2 inmates over the years with these conditions**
8. How are medications made available to inmates on release from the correctional facility? **They are provided a 30 day supply of their current meds when released**
9. Does the facility currently utilize a Medication Assisted Treatment (MAT) program? **No**
10. Will the County anticipate implementing such a program in the future? **Yes**

COMPREHENSIVE INMATE MEDICAL, DENTAL AND MENTAL HEALTH SERVICES PROPOSAL
#00001-04-2021
ADDENDUM 1

1. How many open medical staff positions do they currently have? **Ten (10)** And how long have they been open? **Varied over the last year**
2. Has the WRTJA/Medical Staff experienced any staffing shortfalls (position open greater than 30 days) in the past year? **Yes** And if yes, how many times, and for what position(s)? **Varied over the last year, LPN Position**
3. Will current staff and providers be eligible to apply/accept jobs with the successful vendor? **Yes**
4. Please provide monthly medical service reports for 2020 and year to date 2021.
 - a. Number of Screenings 2020 **3,334**; Year to Date 2021 **738**
 - b. Number of patients on medication 2020 **475**; Year to Date **450**
 - c. Number of patients on withdrawal protocols 2020 **240**; Year to Date 2021 **450**
 - d. Number of PAP smears completed monthly **0 in 2020 and Year to Date 2021**
 - e. Number of pregnant females monthly **3 in 2020 and 1 Year to Date 2021**
5. Please provide any COVID response in place at the facility – such as on-site testing (and when). **Inmates are now rapid tested upon entry and isolated for three days before a nasal buccal test is administered. Once receiving a negative nasal buccal test the inmate will be moved to general population. If an incoming inmate tests positive then they will remain in isolation. Those already in general population who show symptoms or show positive results will be placed in isolation. See Attachment 6**
6. Have any inmates received COVID vaccines on-site, and if not, is there a future date to which that may be set prior to the 7/1 start date? **No, WTRJ Medical staff is authorized to administer the vaccination; however, we are waiting on the vials from the local health department.**
7. What kiosk system is used for inmate sick call submission? **GTL**
8. What company is used currently for pharmaceuticals on-site? **Correct Rx**
9. Are medications on-site patient specific or administered from stock bottles? **Both, most are patient specific**
10. How many patients are receiving medications within the KOP program? **47**
11. What is the total budget for inmate medical services currently? **Current budget is \$2 million (FY2020 \$2.6 million mainly due to the pandemic)**
12. Please confirm any preferred network used/required by Optima Health Insurance. **Sentara Network**
13. Please indicate the number of regional jail staff to receive annual TB testing; Tetanus; Hepatitis; and flu shots. **180 – TB and Flu**
14. Upon presentation of a viable employee candidate, please indicate how long it may take for approval by the Superintendent. **Two (2) days**
15. Please indicate the number of orientation hours required for facility operations of new medical staff members. **Eight (8)**
16. Does the Regional Jail system intend to seek ACA or NCCHC accreditation within the next 12 months? **No**
17. Do you have negative pressure isolation cells? If so, how many? **No**
18. Which AED model is currently used? **Philips Heart Start**
19. Please provide the number of “911 Calls” for 2020-2021 that resulted with emergency transports: ambulance/airlift (Attachment 6, 3.F). **Calendar years: 2020 - 112 2021 - 14**
20. When was the last quarterly emergency medical response drill conducted? **March 2021**
21. Of the three (3) medical carts, do any need immediate repairing? **No**
22. Please provide name of the back-up pharmacy. **Walgreens**
23. What is the name of the current medical waste disposal provider and annual costs? **Curtis Bay; \$5,072**
24. What are the annual medical supply costs FY 2020-2021? FY2020 **\$87,315**; Year to Date 2021 **\$78,896**
25. When were the Bloodborne Pathogens and other Infectious Control Policies updated and signed off by WTRJ? **Required to be done annually**

1. Re: Page 5 - Dental Equipment. On page 5, RFP indicates that the Dental Treatment Area contains standard dental equipment and references Attachment 1. Attachment 1 does not show any dental equipment available. All dental equipment in place here at the jail is owned and operated by Dentrust who has brought in a dental chair, an x-ray machine, etc. They also provide all of their supplies needed as well.
 - a. Please clarify the availability of dental equipment. Availability is from Dentrust
 - b. Please confirm contracted services are not currently being provided. Contracted Dental Services are currently being provided by Dentrust and we are satisfied but feel free to include a dental services option in your proposal.
2. RE: Page 8 – Non emergency Medical Treatment. The RFP indicates that if services cannot be performed by a nurse, the inmate must be seen by the physician, physician assistant and/or nurse practitioner within 24 hours from the time of the receipt of the inmate’s request. This implies that the MSC should have 7 day per week onsite coverage by a physician, physician assistant and/or nurse practitioner. Is there an expectation from the Regional Jail to have onsite coverage by a physician, physician assistant and/or nurse practitioner 7 days a week? If not, please provide clarification on the expectation? Yes, the expectation is the vendor will provide options to provide such a service of sending the inmate off-site/or to the hospital.
3. RE: Section 6, Page 19 – Pharmacy Services. Will the designation of “necessary” prescription medications requiring delivery within 4 hours be determined by the Medical Director. Typically, routine medications not considered immediately necessary are delivered within 24 hours, would this be acceptable for the Regional Jail? Yes, the Medical Director will determine which meds are necessary within 4 hours; Yes, those meds not deemed necessary being delivered within 24 hours is acceptable.
 - a. Would the regional jail like to explore options that may be financially beneficial while maintaining quality care to the patient population. Yes
 - b. Please provide the number of day(s) release meds are currently provided upon release of the jail or transfer. i.e. HIV, Psychotropic, biological, etc. 30
 - c. Please clarify who is financially responsible for medications needed to treat the patient population. The vendor if they would like to include pharmacy services in their proposal if not the jail will continue paying through Correct Rx
4. Will the providers be allowed to propose optional pricing approaches that may be financially beneficial to the Regional jail? Yes
5. RE Section 6, Page 26 – Financial Penalties. The RFP indicates that the Regional Jail Superintendent may impose financial penalties. Please define the financial scale of the penalties and the nature of performance shortfalls for which penalties may be applied. This is for the vacant staff positions open for over 30 days.
6. RE: General Instructions, Page 36. The RFP indicates on Page 36 that ten (10) copies of the proposal are to be submitted, whereas on page 35 it’s indicated that six (6) copies are to be provided. Please clarify which is needed. Six (6) to include one (1) original marked as original and five (5) other copies (this was updated on the RFP on eVA and the jail’s website the same day it was posted)
7. RE: Page 36 and Attachment 11 – ADP cost basis. On page 36, the RFP indicates that the contract cost proposal should be based on an ADP of 800, whereas Attachment 11 indicates that the cost proposal should be based on an ADP of 750. Please clarify which ADP the MSC should respond to. 750 of which 200 are currently federal inmates
8. Would there be an interest in having the MSC provide alternate per diem level that may be financially beneficial to the Regional Jail? Yes

9. Is the Facility currently under a consent decree or DOJ monitoring? If so, please provide details.
No

10. Accreditation:

- a. When was the last VA DOC audit? **January 2020 (Due for unannounced Life, Health and Safety which could be anytime)**
- b. Were there any deficiencies in the last audit? Please provide details and report. **No, 100%**
- c. If there were any corrective actions resulting from the audit, please provide details and indicate whether all corrective actions have been completed. **N/A**

11. Population:

- a. Please provide Average Daily Population (ADP) numbers for the past three (3) years.
2018 – 663; 2019 – 763; 2020 – 745
- b. Please provide a breakdown of the inmate/detainee population included in the overall population figures, as follows: **current figures**
 - i. Jurisdictions: **City of Suffolk 315; City of Franklin 57; County of Isle of Wight 85**
 - ii. State DOC: **100**
 - iii. ICE: **0 (we do not house them)**
 - iv. U.S. Marshals Service: **202**
 - v. Work Release: **0 at this time as the program was stopped due to the pandemic**
 - vi. Other: **0**
- c. Please provide a breakdown of the inmate/detainee population included in the overall population figures, as follows:
 - i. Male: **748**
 - ii. Female: **649**
 - iii. Transgender: **69**
 - iv. Juveniles: **0**

12. Staffing:

- a. Is the facility willing to use 12-hour and/or 8-hour shifts? **Both**
- b. Please provide current shift hours being worked by medical staff. 12 or 8 hour shifts, If combined, please provide clarification by credential and shift coverage. **See Attachment 2**
- c. Are there currently any unfilled positions? **Yes**
 - i. If so, please identify the position and length of time unfilled. **Ten (10), varied over the last year**
- d. Are any of the healthcare staff unionized? **No**
 - i. If so, please provide the appropriate bargaining agreements.
- e. Is the current staffing plan considered adequate for the Facility? **Yes; however, we would rely on the vendor's expertise**
- f. Are there any backlogs? If so, please provide a list. **No**

- g. Can more than one staffing option be provided and still be considered compliant with the RFP? **Yes**

13. Mental Health Services:

- a. What mental health services are currently provided on site at the Facility? **Crisis intervention, mental health screening, mental health eval, individual counseling and group counseling**
- b. Are group therapy services required? **not under contract**
- i. If so, what types of groups are currently provided? **None at this time due to the pandemic**
- ii. Please indicate the number of times per week each group is provided. **1 or 2 times per week when we are able to provide again**
- c. Are discharge planning services required? **Yes** If so, please provide specific requirements. **If identified with a mental health disorder eval within 14 days**
- d. Are there service agreements related to the timing of mental health evaluations and/or response to mental health referrals? **Yes**
- e. Please provide the current mental health staffing by credential/licensure and shift.
Psychiatrist 12-16 hours per week via televisits
Two (2) Licensed Clinical Social Workers in-house 40 hours per week each
Two (2) part time counselors in-house 24 hours per week each
- f. Is the current mental health staffing considered adequate? **Yes**
- g. Is mental health on-site staff coverage required for evenings and/or weekends? **No, we have on-call staff**
- i. If so, what hours? **N/A**
- h. Is there a requirement for 24/7 staffing by Mental Health Professionals? **No**
- i. Is there a requirement for mental health staff's involvement with mental health court? **No**
- i. If so, please describe the required involvement. **N/A**
- j. Are mental health staff responsible for coordinating trial competency examinations and transfers? **No**
- k. Are there substance abuse treatment services offered to the inmates at the facility? **Yes**
- i. If so, is there a limit to the number of patients in the program? **Yes**
- l. Is there any specialty housing available for inmates with mental health illness? **Yes**
- i. If so, please provide the number and capacity of mental health housing units.
- m. What are the number and location of suicide watch cells? **Six (6) camera cells in various locations**
- n. Are mental health staff performing rounds in the restricted housing unit? **Yes**
- i. If so, how many days per week? **5, Monday through Friday**
- o. What is the average number of inmates in the restricted housing unit(s) at the facility?
25

- p. How many inmates are currently receiving mental health services? 250
 - q. Are any mental health services provided by a community services board (CSB) or private provider, other than those addressed in the RFP? No, they are required by law to pre-screen request for transfer to Mental Health hospital.
 - i. If so, please identify the mental health services, personnel, and hours provided by the CSB/private provider. Community Services Board (CSB)/Pre-screens only
 - ii. Will the Regional Jail continue to use a CSB/private provider of mental health services in addition to those to be provided by the new Contractor? Yes
 - r. Who is financially responsible for psychiatric emergencies and/or psychiatric hospitalizations—the MSC or the Regional Jail? Regional Jail
 - s. Please identify the hospital used for mental health inpatient referrals. Any mental hospital in the State
 - t. What are the requirements for mental health training for facility staff?
14. Mental Health Statistics: Please provide the following information:
- a. Number of attempted suicides in the past two (2) years 3
 - b. Number of deaths by suicide in the past two (2) years 0
 - c. Number of episodes of suicide watch per month in the past two (2) years 2019 average of 14; 2020 average of 10
 - d. Number of self-injurious events in the past two (2) years Only have stats for 2020 - 2
 - e. Number of psychiatric hospitalizations in the past two (2) years Only have stats for 2020 - 5
 - f. Number of psychiatric inpatient hospital days in the past two (2) years Statistics are tracked by each mental health hospital utilized such as Eastern and Central State
 - g. Total cost of psychiatric inpatient hospitalizations for each of the past two (2) years 0, the State covers the cost
 - h. Number of episodes of restraint per month in the past two (2) years Only have stats for 2020 - 3
 - i. Number in restrictive housing in the past two (2) years Only have stats for 2020 - 5
 - j. Number of forced psychotropic medication events in the past two (2) years 0, by law we are unable to force meds unless a Judge approves a force over objection
 - k. Number of Psychiatrist visits per month 90 (televisits)
 - l. Number of Mental Health Professional visits per month 408
 - m. Number of mental health grievances per month 0 to maybe 1 some months
 - n. Number of episodes of seclusions per month Only have stats for 2020 – 2
15. Equipment:
- a. Please clarify if the list of all medical and dental equipment provided is all that will be available to the new Contractor. Yes Please provide the model, age, and condition. All medical equipment is in good condition and working order. The models and ages will be provided as we move towards any negotiations. The dental equipment is provided by our vendor, Dentrust.

- b. Please clarify if the list of all office/computer equipment provided is all that will be available to the new Contractor (e.g., computers, printers, fax machine, copier, etc.). Please provide the model, age, and condition. **Yes**
 - c. How many AEDs are on site? **Two (2)**
 - d. Who is responsible for maintaining the AEDs—the Contractor or the Jail? **Contractor**
16. Please identify the following current providers and clarify who will be financially responsible for the continuation of these services. **Financial responsibility will depend on the vendor's proposal and if the jail accepts the vendor providing the service.**
 - a. Pharmacy services **Correct Rx**
 - b. Laboratory services: **Sentara Reference Lab**
 - c. Mobile X-ray services **Dynamic Mobile Imaging**
 - d. Ambulance service(s) **City of Suffolk Fire & Rescue**
 - e. Biohazardous waste removal services **Curtis Bay**
 - f. Shredding: **Stealth**
 - g. Medical gas: **ARC3**
17. What is the Facility's policy regarding the cost of care for pre-existing conditions? **The jail does not cover pre-existing conditions; however, there are certain circumstances where we have had to pay.**
18. What telemedicine services, if any, are currently provided? **Mental Health, the Psychiatrist uses a couple of days per week. We have the equipment on-site for Medical Telehealth as well.**
19. Are X-ray services provided using on-site equipment or through a mobile X-ray provider? **On-site**
 - a. If there is on-site X-ray equipment, is it film or digital? **Could be one or the other depending on the doctor's order**
20. Are dental services provided using an on-site dental operator or through a mobile dentistry provider? **An outside dentist through Dentrust comes in. All the equipment necessary is here in the jail.**
21. If there is an on-site dental operator, how many dental chairs are there? **Provided by Dentrust**
 - a. Is the dental X-ray equipment film or digital? **Provided by Dentrust**
22. Please identify and provide contact information for the following individuals:
 - a. HSA **Doris Jacobs 757-539-3119 ext. 572**
 - b. DON **Karen Modesitt 757-539-3119 ext. 547**
 - c. Medical Director **Alex Taylor (will be provided if contract is awarded to your company)**
 - d. Mid-level Practitioner **None**
 - e. Psychiatrist **Lajuana Collins (will be provided if contract is awarded to your company)**
 - f. Dentist **Dentrust 367-927-5000**
23. Please identify the local hospital(s) utilized for emergencies and inpatient stays. **Sentara Obici Hospital 2800 Godwin Blvd. Suffolk, VA 23434**
24. Please provide a list of currently utilized off-site specialty providers and outpatient providers. **See Attachment 2**

25. Are there currently any specialty clinics being conducted on site? If so, please identify: **No**
- Provider name and contact information **N/A**
 - Frequency of clinic **N/A**
26. Dialysis:
- During the past two (2) years, what is the average number of individuals receiving dialysis treatments? **0, we had no dialysis patients in 2018 or 2019 and only 1 in 2020 who was only here for a few days.**
 - What are the average weekly number of treatments? **0**
 - Are dialysis services provided on site or off site? **Off-site**
 - Please identify the on-site and/or off-site dialysis provider. **Fresenius and Davita**
 - How much has been spent annually on dialysis over the past two (2) years? **0**
27. Which discipline/credential conducts the intake/receiving screening (e.g., RN, LPN, EMT, Correctional Officer)? **RN, LPN**
- If this is a medical post, is it staffed 24/7? **During the day yes; in the evenings nurses on duty are responsible**
28. Which discipline/credential conducts the 14-day health assessment (e.g., RN, Mid-Level Practitioner, Physician)? **RN, LPN**
29. How many infirmary and/or medical housing beds are available? **0, we use camera cells and viewable cells for medical housing**
30. Medication Administration:
- How many med passes are conducted daily? **Three (3)**
 - Which discipline(s) conducts med passes (e.g., CMT, LPN, RN, etc.)? **Med Techs**
 - How many med carts are utilized per med pass? **One (1) but sometimes two (2)**
 - How long does the average med pass take to complete? **3-4 hours**
 - Does the Facility currently utilize an electronic Medication Administration Record (eMAR)? **Yes**
 - If so, please identify the eMAR software program. **CorEMR**
31. Is Nurse Sick Call conducted by RNs or by LPNs or both? **Both**
32. Which medications are included in the KOP program? **All meds with the exception of any Psychotropics, Clonidine, Prilosec and certain antibiotics such as those prescribed for dental reasons.**
33. What is the Facility's policy on providing medication to inmates upon discharge? **They are provided a thirty (30) day supply of all current meds upon release.**
34. Electronic Medical Records:
- Please provide the version of the electronic medical records (EMR) system currently used. **CorEMR Version 5**
 - Will the Regional Jail continue to contract for the EMR or will the MSC be required to provide an EMR? **Jail will continue contract**
 - Please identify the Facility's Jail Management System (JMS). **Jail Tracker**

- d. Who will be responsible for additional cables/drops, if required—the Regional Jailor the Contractor? [Regional Jail](#)
 - e. Will internet connectivity be available to the Contractor? [Yes](#)
 - f. Does the Facility currently have wireless capability? [Yes](#)
35. Pharmacy Statistics: Please provide the following information for the past two (2) years:
- a. Average number of inmates on psychotropic medication(s) each month [200](#)
 - b. Average number of inmates on HIV/AIDS medication(s) each month [4](#)
 - c. Average number of inmates on Hepatitis medication(s) each month [0, if an inmate has already been diagnosed before being booked in and are on Harvoni they are able to continue on the med at their own cost](#)
 - d. Average number of inmates on Hemophilia medication(s) each month [No real average, may have had 1 or 2 inmates over the years with this condition](#)
 - e. Average number of inmates with diabetes each month [27](#)
36. On-site Service Statistics: Please provide monthly statistical data for the past two (2) years regarding **on-site** services, including but not limited to:
- a. Intakes: [2019 – 6,189](#) [2020 – 3,334](#)
 - b. Nurse Sick Call, Mid-level Sick Call, Physician Sick Call: [2019 – 9,505](#) [2020 – 23,222](#)
 - c. Inmate physicals: [Every inmate is given a physical during the Intake process](#)
 - d. Number of inmates evaluated by the psychiatric/mental health providers: [2019 – 2,859](#)
[2020 – 2,522](#)
 - e. Number of chronic care visits by type:
[Diabetics: 2019 – 19,716; 2020 – 18,002](#)
[We do not keep the total number of chronic care visits for the following: Hypertension, Asthma, COPD, Coumadin, Dyslipidemia, Hypertension/Cardiac and Seizures. They are all documented in the Inmate’s medical records.](#)
 - f. Number of on-site clinic visits by type (e.g., OB/GYN, orthopedics, ophthalmology, cardiology, etc.)

	2019	2020
Dental	374	281
Optometry	44	53
 - g. Telemedicine encounters by specialty: [Psychiatrist 2019 – 1,064; 2020 – 1,025](#)
37. Off-site Service Statistics: Please provide monthly historical utilization statistics for the past two (2) years regarding **off-site** and specialty services, including but not limited to:
- a. Number of ambulance transfers by facility [2020 – 33 \(did not take this stat in 2019\)](#)
 - b. Number of non-ambulance transfers [2020 - 31](#)
 - c. Number of 911 transfers [same as a.](#)
 - d. Number of Life Flight/helicopter transfers [2019 – 1](#)
 - e. Number of hospital observations [2019 – 28; 2020 – 24](#)
 - f. Number of one-day surgeries [2019 – 11; 2020 – 9](#)

- g. Number of office specialty visits by provider type **stats are not collected, found in Inmate's record**
 - h. Number of off-site radiology exams by type (e.g., CT scan, MRI, etc.) **stats are not collected, found in Inmate's record**
38. Expenses: Please provide the following information on a monthly basis for the past two (2) years:
- a. Total pharmacy costs **FY2019 - \$37,769; FY2020 - \$39,207**
 - b. Total psychotropic medication costs **Calendar year 2019 \$99,959; 2020 \$87,533**
 - c. Total HIV/AIDS medication costs **Calendar year 2019 \$104,952; 2020 \$140,806**
 - i. Does the facility currently receive any assistance on HIV/AIDS medication costs?
No
 - ii. If so, please explain.
 - d. **Total ER visit costs waiting on response from Optima**
 - e. **Total inpatient hospitalization stay costs waiting on response from Optima**
 - f. **Total off-site specialist visit costs waiting on response from Optima**
 - g. **Total off-site, one-day surgery costs waiting on response from Optima**
 - h. Total pre-booking hospital costs **Optima stated there is no way to discern this request**
 - i. Total ambulance service costs **We do not get charged, the City of Suffolk Fire & Rescue does our ambulance transports**
39. Medication Assisted Treatment:
- a. Do you currently continue MAT medications (methadone/buprenorphine/naltrexone (Vivitrol) when a patient comes into your facility already on them in the community or do you require them to detox? **No, they are required to detox**
 - i. If you continue MAT medications, what medication(s) do you provide? **N/A**
 - ii. How many are you treating on average in a month by medication? **N/A**
 - b. What medication management do you currently use for your opioid dependent pregnant females? (methadone/buprenorphine, etc) **They are taken out to a methadone clinic**
 - c. Do you currently induct new patients into MAT treatment at the facility prior to discharge? **N/A**
 - i. If yes, what medication(s) do you provide?
 - ii. How many are you treating on average in a month by medication?
 - d. If you are not currently inducting new patients into MAT treatment, are you interested in providing this service? **Yes**
 - e. Can you provide what percentage of your intakes come in on a verified MAT program? **Unknown**
 - f. Can you provide what percentage of your intakes have Opioid Use Disorder? **65% - 70%**
 - g. Do you have a community provider that you currently work with for methadone? **Yes**
 - i. **Crossroads in Suffolk, VA and/or BHG in Chesapeake, VA**
 - h. Do you have grant funding for MAT? **No**
 - i. If yes please provide details

- i. What is your anticipated budget for MAT? 0
 - i. Have you considered costs other than staffing? No
 - 1. Medications
 - 2. Drug Screens
 - 3. Labs
 - 4. Supplies
 - 5. Additional Custody staff
 - ii. Do you want to establish a licensed and certified on-site OTP which has its own associated costs? Depends on the cost
40. Catastrophic Financial Capitation:
- a. Have the costs for capitated services fallen below or exceeded the RFP capitation limits in the past two (2) years? No
 - b. How many inmates have exceeded the \$100,000 per inmate per year cap and by how much in the past two (2) years? None
 - c. Recent changes in Hepatitis C treatment protocols have created significant unpredictability in the cost of this treatment. Would the Regional Jail be willing to either:
 - i. Apply a specified annual limit to the MSC's financial responsibility for the cost of Hepatitis C treatment, Yes or
 - ii. Allow the MSC to pass through to the Regional Jail the actual costs associated with Hepatitis C treatment (i.e., carve out)? No
 - d. Given the unpredictable costs associated with factor replacement therapy for the treatment of hemophilia (and also the infrequent need for such treatment in a setting with a more transient population), would the Regional Jail be willing to:
 - i. Allow the MSC to pass through to the Regional Jail the actual costs associated with factor products (i.e., carve out)? Yes
 - e. Given the unpredictable costs associated with the treatment of HIV/AIDS, would the Regional Jail be willing to:
 - i. Allow the Contractor to pass through to the Regional Jail the actual costs associated with HIV/AIDS treatment (i.e., carve out)? No
41. Insurance: Would the Regional Jail consider a claims-made policy that is equivalent to the occurrence-based coverage requirements and includes a one-year tail? *It is not industry standard to obtain an occurrence-based policy and in fact, in almost all markets, it cannot be done.* Yes, we would consider a claims-made policy upon doing some research
42. Please identify the members of the proposal evaluation committee.
- Superintendent
 - Deputy Superintendent
 - Human Resources Manager
 - Jail Authority Board Members (s)
 - Possible independent outside medical consultant

1. Is there an annual maintenance cost to the MSC for the use of CorEMR? **No**
2. Are all medications currently crushed or floated in water? **No**
3. The psychiatric section of the RFP requires 6 hours/week of psychiatric coverage however the staffing plan included shows 40 hours/month. Can you please clarify? **The 6 hours per week is a minimum for the Psychiatrist. Even though the staffing plan shows 40 hours per month average, our current Psychiatrist is providing 16-20 hours per week because our mental health population has increased tremendously.**
4. Is there a cost to the MSC for the use of Optima? **No** If so, what is the cost? **N/A**
5. For clarification, are inpatient hospital costs covered by Medicaid? **Yes** If so, do the offsite costs included in the first round of Q & A exclude inpatient hospital costs? **Yes, started in FY2021**
6. Does the Western Tidewater Regional Jail have the ability to transfer high acuity patients into the Hampton Roads Regional Jail? **No** If so, how many transfers have occurred for each of the past 3 years? **N/A**
7. Do all current staff meet the staff qualifications included in the On-Site Medical Services Staff Qualifications section of the RFP? **Yes**
8. Please provide the number of cases that have exceeded the \$100,000 cap for each of the past three years? **0**
9. The RFP requests under Tab 1 Cost Proposal a price based on an ADP of 800, however the actual pricing sheet requests pricing based on an ADP of 750. Can you please clarify? **The number is 750, it was corrected and updated on the eVA and jail website the same day it was posted**
10. Can you please provide the questions that were part of the last page of the Q & A provided (the answers are provided, but not the questions). **See Attached**

Attachment 1

WTRJ Medical Staffing as of April 12, 2021

Please note: Shift differentials are in place for LPN's and MA's
\$2/hour for charge, and \$3 per hour for night sifs

HSA -RN BSN	\$	84,792.48	
DON - LPN		\$59,889.36	
Executive Assistant		\$48,934.08	
Admin Assistant	\$	32,994.48	
MA/Med Tech	\$	32,136.00	
MA/Med Tech	\$	32,136.00	
MA/Med Tech	\$	32,136.00	
MA/Med Tech	\$	32,136.00	
MA/Med Tech	\$	32,136.00	
MA/Med Tech	\$	34,883.91	
MA/Med Tech	\$	33,101.32	
MA/Med Tech	\$	33,101.32	
9 MA/Med Tech	\$	33,101.32	
LPN	\$	50,377.60	
LPN	\$	38,563.20	
LPN	\$	38,563.20	
LPN	\$	38,563.20	
LPN	\$	38,563.20	Vacant
LPN	\$	38,564.68	Vacant
LPN	\$	38,563.20	Vacant
LPN	\$	38,563.20	Vacant
LPN	\$	38,563.20	Vacant
LPN	\$	38,563.20	Vacant
LPN	\$	38,563.20	Vacant
LPN	\$	38,563.20	Vacant
LPN	\$	38,563.20	Vacant
14 LPN	\$	38,563.20	Vacant
	\$	1,073,178.95	
LPN	\$18-\$23 per hour		PRN Status
LPN	\$18-\$23 per hour		PRN Status
LPN	\$18-\$23 per hour		PRN Status
LPN	Bill rate \$55 - \$65 /t		Temp Agency Nurse
LPN	Bill rate \$55 - \$65 /t		Temp Agency Nurse

Attachment 2

Name of Provider	Address	Phone
Cardiology Associates	1030 Hillpoint Blvd Suffolk, VA 23434	757-539-0444
Dentrust	In house dental	367-927-5000
Dr. Derrig/Rheumatology	2000 Meade Parkway Suffolk, VA 23434	757-934-9457
Dr. Gedalia Schwartz	In house Optometrist	917-488-5839
Dr. Morrison/Oral Surgery	904 Kempsville Road/ Suite 102 Virginia Beach, VA	757-467-8000
Dynamic Mobile Imaging	Berger and Burrow Enterprise 1100 Welborne Drive, Second Floor Henrico, VA 23229	Sue Bartholomew Senior Acct Manager - VA/DC Dynamic Mobile Imaging cell: 540-808-7953
Eastern Virginia ENT	1037 Champions Way Suite 100/Suffolk, VA 23434	757-547-9714 x508
EVMS ENT	600 Gresham Dr/Suite 1100/ Norfolk, VA	757-388-6200
Gastrointesimal & Liver Specialist	3009 Corporate Lane/Suite 220/ Suffolk, VA 23434	757-483-6100
Lakeview Pulmonary	2000 Meade Parkway Suffolk, VA 23434	757-923-9604
MASS	In house HIV/RPR testing clinic	757-847-1879
Neurology & Sleep Associates	150 Burnett's Way/ Suite 301 Suffolk, VA 23434	757-934-1900
Pariser Dermatology	3907 Bridge Road/ Suite 200 Suffolk, VA 23434	757-966-5983
Schneider Eye Physicians, PC	2016 Meade Parkway Suffolk, VA 23434	757-539-1533
Sentara Home Health	In house- SN, PT, OT, infusion	757-553-3000
Sentara Infectious Disease	2790 Godwin Blvd/Suite 205 Suffolk, VA 23434	757-934-4550
Sentara OBICI Infusion Center	2800 Godwin Blvd Suffolk, VA 23434	757-934-4301
Sentara Podiatry	2790 Godwin Blvd./Suite 355 Suffolk, VA 23434	757-983-8520
Sentara Reference Lab	In house labs- pick up	757-388-3621
Sentara Surgery Specialist	2790 Godwin Blvd./Suite 305 Suffolk, VA 23434	757-934-4222
Sports Medicine & Orthopaedic Center	150 Burnett's Way Suffolk, Va 23434	757-547-5145
Suffolk Public Health Department	135 Hall Avenue Suffolk, VA 23434	757-514-4700
Urology of Virginia	7185 Harbor Town Parkway South/ Suite 200 Suffolk, VA 23434	757-457-5100
Virginia Oncology Associates	2790 Godwin Blvd Suite 101 Suffolk, VA 23434	757-539-0670

**WESTERN TIDEWATER REGIONAL JAIL
MEDICAL SERVICES
CURRENT STAFFING**

POSITION	MON	TUE	WED	THU	FRI	SAT	SUN	HRS/WK	FTE	Salary/Range
DAY SHIFT										\$ PER HOUR
HEALTH SERVICES ADMINISTRATOR/RN	8	8	8	8	8			40	1	\$84,792.00
DIRECTOR OF NURSING/LPN	8	8	8	8	8			40	1	\$59,899.00
MEDICAL DIRECTOR/PHYSICIAN/MD		6			6		6	18	.45	\$15,000.00 per month average
NURSE PRACTITIONER/ PHYSICIAN ASST										
NURSE PRACTITIONER/ PHYSICIAN ASST (MENTAL HEALTH)										
PSCHIATRIST								40hours/month		\$8,000 per month average
MENTAL HEALTH PROFESSIONAL	23	16	23	16	23			101	2.5	\$50,620.00 to \$70,000.00 full time \$24.00 per hour part-time
SECRETARY/EXECUTIVE ASST.	8	8	8	8	8			40	1	\$48,934.00
MEDICAL RECPRDS SUPERVISOR	8	8	8	8	8			40	1	\$36,100.00
DENTIST								16hours/month		\$6,528.00
DENTAL ASSTANT/MA								16hours/month		Include in above price
OPTOMETRIST								As needed 4 hours monthly		\$500.00 per 4 hours
INFECTION CONTROL NURSE										
MEDICAL ASSISSTANT (3 per shift)	36	36	36	36	36	36	36	252	3	\$32,136.00 to \$33,101.00
LPN (2 per shift)	24	24	24	24	24	16	16	152	3.4	\$38,563.00 to \$50,377.00
NIGHT SHIFT										
LPN (2 per shift)	24	24	24	24	24	24	24	168	3	\$38,136.00 to \$50,377.00
MEDICAL ASSISTANT (2 per shift)	24	24	24	24	24	24	24	168	3	\$32,136.00 to \$33,101.00

Attachment 1		
WESTERN TIDEWATER REGIONAL JAIL		
MEDICAL SERVICES RFP 0001-04-2021		
MEDICAL AND DENTAL EQUIPMENT PROVIDED BY THE REGIONAL JAIL		
DESCRIPTION		Total
Air compressor		
Autoclave, Midmark		
Blood drawing chair	1	1
Chair mounted dental delivery system		
Combi-cot		
Dental Assistant's stool		
Dental chair		
Dental light		
Dental vacuum-pump		
Dental x-ray		
Dental x-ray processor		
Dentist's stool		
Exam light with mobile stand		
Exam stool with castors	3	3
Exam table	1	1
Handicap step		
ID labeling machine for x-rays		
Intra-oral x-ray		
Lead x-ray vest		
Medical bed		
Bed Table		
Medication carts	3	3
Microscope w/optical corp timer		
Physician's scale	1	1
Procedure light with mobile stand	1	1
Sharps Container (wall mounted)	4	4
Wheelchair	2	2
X-ray viewing light		
Bathing Chair	6	6

Attachment 2		
WESTERN TIDEWATER REGIONAL JAIL		
MEDICAL SERVICES RFP 0001-04-2021		
OFFICE EQUIPMENT PROVIDED BY THE REGIONAL JAIL		
DESCRIPTION		Total
Charger, Multi-radio	1	1
Computer with monitor, keyboard	2	2
Desk, right pedestal, no return	3	3
Desk, double pedestal, no return	2	2
File cabinet 2 drawer, lateral	1	1
File cabinet 4 drawer, lateral	5	5
File cabinet 5 drawer, lateral	1	1
File cabinet 2 drawer, vertical	3	3
Workstation	1	1
File cabinet 2 drawer, vertical	3	3
Workstation	1	1

Coronavirus (COVID-19)

Prevention and Response Plan

COVID-19 DIRECTIVE 3-9-2020

In addition to our Exposure Control Plan (Policy Chapter 2- part 6) the following directives have been issued in relation to the current COVID-19 outbreak which is occurring in the United States.

This will be followed in cases of outbreaks of various diseases, viruses, or other infections:

FACILITY

The facility will increase the cleaning and sanitizing of all areas of the facility. Additional sanitation stations will be provided throughout the facility.

Inmates will be provided education on minimizing risk of infection.

Temperatures are taken on any person who enters the facility.

Areas have been setup to isolate inmates who are symptomatic of the COVID-19.

Family and Friends in person visitation for inmates has been canceled. Attorneys can still visit. Attorney contact visits will be stopped.

Inmates serving weekends or intermittent sentences have been told not to report until notified.

All volunteer programs have been canceled until further notice.

INCOMING INMATES

All incoming inmates will be screened with an appropriate screening device to detect for possible infectious diseases and/or viruses. This involves vital signs and temperatures being taken. New arrestees who are symptomatic may be refused and/or isolated as determined by Medical Staff.

Those who are symptomatic or show positive results will be placed in an isolated status as designated by medical/ management staff.

Medical Staff will closely follow any inmate who is symptomatic and/or isolated.

Inmates who have a compromised immune system will be monitored on a daily basis by medical staff.

OUTGOING INMATES

All outgoing Inmates will be screened to include being checked for fever and other symptoms.

Inmates who are symptomatic will be isolated as required by Medical Department.

Court and/or receiving facility will immediately be notified via telephone and/or other methods.

STAFF

Staff will be educated on minimizing risk of infection.

An inventory of PPE will be conducted by medical management, additional PPE will be ordered.

Optional staffing plans may be put into place in cases of staff exposure.

Staff will be required to report to their immediate supervisor, prior to reporting for duty, should they become symptomatic and/or test positive for an infectious disease or virus.

If staff become symptomatic at work, they will immediately go to the Medical Department for screening and assessment.

The medical division will provide additional information as it becomes necessary.

ISOLATION AREAS (if required)

F-5 will be designated as an inmate isolation area for male inmates

F- 1 will be designated as an isolation area for Female inmates

EXPOSURE (POSITIVE TEST RESULTS)

INMATE

If an inmate tests positive for COVID-19, they will be immediately isolated.

Staff will identify all other inmates in the area or who have had contact with the positive inmate. These inmates will be quarantine and will be monitored by medical staff.

Any staff entering this area will be required to have PPE as required by medical staff.

STAFF

Staff who test positive will not be allowed in the facility until cleared by a medical doctor.

Any staff or inmates who have had contact with an individual who has tested positive for COVID-19 will be identified and isolated and/or monitored as required by medical staff.

MAINTENANCE

All HVAC Systems will be set to expel air flow from the facility (non-recirculate) until such time as a comfortable environment cannot be reached.

OPTIONS IF POSSIBLE

Utilize video conferencing for court proceedings as allowed under Federal and State Codes.

Allow attorney telephone calls from inmate housing areas.

Allow Video conferencing with attorneys and other criminal justice professionals if equipment is available.

Re-evaluate inmates for possible release on Electronic Home Monitoring.

Provide list of inmates to Attorneys, Public Defenders of all persons who have less than (15, 30, 60, 90) days left on their sentences. Work with courts as requested to release inmates early.

Stopping of Work Force programs and/or work release programs.