

Questions and Answers for Inmate Medical Services RFP

The following questions regarding the Inmate Medical Services Request for Proposals (RFP) were received by email before 3:00 pm Eastern Standard Time, November 16, 2018.

The Connecticut Department of Correction has made every effort to answer the submitted questions to the extent possible. Please note that some data/information was not available or in an accessible form and as such the Department was unable to provide answers to some of the submitted questions. Please note that similar questions may have been combined and answered singularly.

1. **Question:** What is happening with the Dental services?

Answer: On page 41 of the IMS RFP is the scope for Other Outpatient Services. Respondents are encouraged to submit other proposed scopes of work for health service areas not mentioned elsewhere in the RFP but may be considered beneficial to the target population. Included in the list of things we are looking for are oral and maxillofacial surgery and orthodontics. General Dentistry will continue to be handled through DOC dental in DOC facilities.

2. **Question:** Can you provide the Workplace Analysis Affirmative Action Report as stated on page 16 as part of your forms?

Answer: Commission On Human Rights and Opportunities (CHRO) Workplace Analysis Affirmative Action Report Employee Information Form (DAS-45) can be obtained from the Biznet website once you create an account in BizNet.

<https://biznet.ct.gov/AccountMaint/Default.aspx>

3. **Question:** Please provide a sample of Part I of the POS Standard Contract. The RFP states that it is available upon request.

Answer: Part I of the template requires information on: Scope of Services, Contract Performance, Budget, Reports, Program -- Specific and Agency --Specific Sections. The following is a link to the contract template [Contract Template, Effective June 1, 2018](#)

4. **Questions:** Is a responder that itself is a Connecticut state agency required to submit the State forms (i.e., Gift and Campaign Contribution Certification, Consulting Agreement Affidavit, OPM Iran Certification Form, and Nondiscrimination Certification form)?

May a responder that itself is a Connecticut state agency submit the State Forms (i.e., Gift and Campaign Contribution Certification, Consulting Agreement Affidavit, OPM Iran Certification Form, and Nondiscrimination Certification form) without completing them and with a note indicating "NOT APPLICABLE"?

Is a responder that itself is a Connecticut state agency required to upload the Workplace Analysis Affirmative Action Report?

Answer: No. CT state agencies are not required to provide these forms.

5. **Question:** Part II of the POS Standard Contract requires the contractor to indemnify the State. If a selected respondent is itself a Connecticut state agency, will there be an opportunity prior to contract execution to eliminate this indemnification language?

With respect to the state law requirements in Part II of the POS Standard Contract (i.e., Utilization of Minority Business Enterprise, Priority Hiring, State Attorney General Approval), if

a selected respondent is itself a Connecticut state agency, will there be an opportunity prior to contract execution to eliminate these provisions?

Answer: Yes. Indemnification language is not applicable to CT state agencies.

6. **Question:** Does the CTDOC currently contract these services through a single provider on a statewide basis? If so, please identify the organization providing these services.

Answer: These services are currently provided through a series of agreements with the University of Connecticut Health Center.

7. **Question:** If specialty, emergency department and hospital care are provided through more than one contractor, please indicate by geographic region and/or in terms of which contractor/organization provides which services for which CTDOC facility. Where known, please also provide the accreditation or certification held by the organization(s) providing these services.

Answer: CTDOC through an interim agreement with University of Connecticut Health Center (UCHC)/John Demsey Hospital provides care at the statewide level.

8. **Question:** Please provide three years' worth of utilization data sufficient to determine the expenditures by category of service (i.e., emergency department, specialty, hospital) and the trends for those expenditures over the initial three-year timeframe.

Answer: All available utilization data are included in the RFP.

9. **Question:** While cost savings/avoidances are appreciated as a desirable goal as long as access to and quality of healthcare services are not compromised, is the Department confident that healthcare costs can be reduced over the course of the contract? If so, please provide the basis for this belief. For example, in what areas does the Department feel efficiencies can be achieved? Are there concerns that healthcare services currently provided offsite may not be necessary?

Answer: CTDOC feels that through the appropriate implementation of population management and medical management practices improved efficiency of services can be achieved. It is CTDOC expectation that respondents will submit proposal that will provide for quality healthcare services delivered in a cost effective way.

10. **Question:** A commitment to reduce healthcare expenditures requires respondents to understand current health risks of the CTDOC population. The RFP also requires the successful contractor to provide predictive modeling and health risk assessment, raising the possibility that such data may currently be available. While it is appreciated that health risks evolve over time, please provide any predictive modeling or other currently available data that provides visibility into the health risks and treatment needs of the Department's inmate population.

Answer: CTDOC does not currently employ any predictive model but is working to develop one in the near future.

11. **Question:** If an electronic interface needs to be developed to transmit PHI from a community specialist to the Department's EHR, who bears the fiscal responsibility for the development of this interface?

Answer: This is negotiable.

12. **Question:** Is the Department currently using, or does the Department have plans to develop and use, a Health Information Exchange?

Answer: CTDOC does not currently utilize a Health Information Exchange. It is the Department's intention to do so in the future once the State's Health Information Exchange has been implemented.

13. **Question:** Over the past three years, has the total population trended up or down to reach the current population of 13,545 inmates?

Answer: Current DOC Inmate Population data can be accessed via the following link:
https://www.ct.gov/opm/cwp/view.asp?a=2967&Q=382106&opmNav_GID=1797&opmNav=|
Annual Correctional Population Forecast can be accessed via the following link:
https://www.ct.gov/opm/cwp/view.asp?a=2976&Q=383682&opmNav_GID=1797

CALENDAR YEAR AVERAGES			
CY	Accused/Other Status Count	Sentenced Status Count	Total Facility Population Count
2018*	3,867	9,660	13,526
2017	3,777	10,536	14,313
2016	3,836	11,441	15,277
2015	3,957	12,140	16,097
2014	4,084	12,491	16,576

* For the period 01/01/18 through 11/27/18

14. **Question:** Does the CTDOC anticipate any legislative or other systemic changes that may materially change the number of inmates for which the contractor will be responsible for healthcare services under this procurement? If so, please describe the anticipated changes.

Answer: No changes are anticipated at this time.

15. **Question:** Is the CTDOC currently providing any medication assisted therapy (MAT) for inmates, or (if not) does the CTDOC anticipate beginning to provide such services during the course of the contract?

Answer: Medication Assisted Therapy is currently provided through a combination of contracts with providers and in-house resources.

16. **Question:** Will substance use treatment other than emergency medical stabilization for intoxication and withdrawal syndromes be included in the scope of services under this procurement?

Answer: No.

17. **Question:** In addition to onsite infirmary level mental health care, are CTDOC inmates ever admitted to community inpatient psychiatric beds for treatment?

Answer: No. If such services are needed CTDOC utilize the services of a state psychiatric facility.

18. **Question:** It is appreciated that MH5 is the mental health code for inmates who require infirmary level of care due to mental illness. (If so, do such admissions occur solely at the end of sentence/end of incarceration, or do psychiatric admissions also occur earlier in an inmate's sentence/incarceration? Will the successful respondent be responsible for inpatient psychiatric care of CTDOC inmates? If so, please provide utilization data sufficient to understand the volume of and trend for such services.

Answer: Mental health services are not required under this RFP.

19. **Question:** The RFP lists a number of diagnostic, treatment, and ancillary services that may or may not be considered "specialty" services by the Department, and may or may not be provided onsite. Please confirm that the following services will be encompassed under the contract that results from this procurement: (Diagnostic imaging services such as MRIs, PET or CT scans, ultrasounds, Chemotherapy, Dialysis, Radiation treatment, Occupational therapy, Physical therapy, Speech therapy, and Sex offender treatment

Answer: Yes, we are looking to contract for the services listed as indicated on page 41 of RFP in the RFP and included in the question with the exception of sex offender services. It is our intention to enter into a contract or contracts for these services.

20. **Question:** Please confirm that routine chronic care provided onsite is excluded from contractual requirements.

Answer: Routine chronic care in the form of primary and infirmary level care is excluded from this RFP.

21. **Question:** Will the successful respondent be responsible for billing Medicaid for inpatient care?

Answer: Yes, the successful respondent will be responsible for billing Medicaid for inpatient care.

22. **Question:** Please provide the current staffing plan. Are there deficits in the plan today that the CTDOC hopes a new staffing plan will address? Please list current staffing vacancies by job classification and by facility. Please provide current staff salaries by job classification and by facility.

Answer: There is no staffing plan for the services listed in the RFP.

23. **Question:** Please provide the desired or required professional credentials for the "Administrative Liaison". Is there currently an "Administrative Liaison" in place?

Answer: No specific credential is required, however the knowledge and experience of staff must be at a level to address issues that may arise and be able to provide the necessary customer service over the term of the contract.

24. **Question:** The RFP states the "department will require notification in writing and in advance regarding the departure of any personnel staff assigned to the organization who play an integral role in fulfillment of services being contracted." There are instances when personnel leave our

employment without advance notice. Please acknowledge this sometimes happens, and direct respondents how to address that circumstance in their proposal writing.

Answer: CTDOC requires that the successful respondent communicate information within twenty-four hours of their receiving notification from their employee along with the respondent's plans to fill the vacated position.

- 25. Question:** Please list those staff, by job classification, who the CTDOC believe play an "integral role".

Answer: Respondent should indicate all the individuals whose absence would interrupt the delivery of services/contract deliverables.

- 26. Question:** Since all but one respondent does not currently employ staff at the facilities, may we substitute resumes with detailed Job Descriptions of those positions?

Answer: Yes.

- 27. Question:** What telehealth equipment will be available for use in the new contract, and where is it located? Please provide a full itemization including onsite peripheral telehealth equipment (e.g., stethoscope, magnifiers for dermatology, etc.) by location.

Answer: No telehealth equipment is currently available.

- 28. Question:** If additional telehealth equipment is required, who is responsible to provide telehealth equipment, the CTDOC or the successful respondent?

Answer: The successful respondent will be responsible for providing the telehealth equipment.

- 29. Question:** Please provide details regarding the connectivity infrastructure (e.g., t-lines) currently in place that will be available to support telehealth in the new contract.

Answer: Each of our facilities has high speed connections.

- 30. Question:** If additional connectivity infrastructure must be installed, who is responsible for the cost of the infrastructure installation, the CTDOC or the successful respondent?

Answer: Negotiable.

- 31. Question:** What type of healthcare services are psychologists expected to provide under the scope of the contract?

Answer: Mental health service is not part of this RFP.

- 32. Question:** How many FTE psychologists currently provide these services?

Answer: Mental health service is not part of this RFP.

- 33. Question:** Please provide three years' worth of data sufficient to determine the volume and type of services provided by psychologists under the scope of the contract (i.e., excluding services provided by onsite psychologists employed by the CTDOC or other organization).

Answer: Mental health service is not part of this RFP.

- 34. Question:** Please elaborate on the division of utilization management/ utilization review responsibilities between the contractor and the CTDOC Chief Medical Officer as envisioned by the Department. Will the CTDOC Chief Medical Officer review all requests for offsite consultations and services? What role with the contractor have in supporting such reviews?

Answer: CTDOC Chief Medical Officer will not review all requests for offsite consultations and services. CTDOC CMO will discuss the more complex cases with contractor medical staff.

- 35. Question:** When requests for specialty or hospital care are made by onsite healthcare staff employed by the Department, and the requests are not deemed to meet medical necessity criteria, who is responsible for developing alternative treatment plans, the Department or the successful respondent? Is it the expectation of the CTDOC that the contractor has the capacity to conduct a physician review of provider requests for specialty or hospital care?

Answer: CTDOC will make that determination.

- 36. Question:** What is the resume format requirement for staff? Does it need to be formal?

Answer: No. Industry standard resume/CV is acceptable.

- 37. Question:** Are letter of recommendations from previous/current recipients of our services allowed?

Answer: Letter of recommendation is not required but submission is not prohibited. Letters of recommendation will not be taken into consideration for scoring purposes.

- 38. Question:** How are medical services, behavioral/mental health services and dental service's currently being provided? Is it the intent of CTDOC to outsource Medical, Mental Health and Dental Services to a private healthcare provider?

Answer: All primary care medical/mental health/dental services are being provided by CTDOC. The purpose of the RFP is to obtain services that are not currently being provided by CTDOC staff.

- 39. Question:** Please clarify whether the provision of services at MacDougall-Walker or any other CTDOC facility is a required component of a proposal for an outpatient orthopedic services

Answer: Onsite delivery of service is preferred however, the respondent is encouraged to propose alternative solutions that meet the department's needs and requirements as outlined in the RFP.

- 40. Question:** In Section III – Department and Requested Service Information – Part E: Scope of Services/Service Requirements; under Laboratory Services, the CTDOC Historical Lab Services Utilization, 2017 – The laboratory services utilization is listed as 217,211 units. Please define "units" (i.e. number of tests v. number of specimens).

Answer: Number of tests.

41. Question: In Section III – Department and Requested Service Information – Part E: Scope of Services/Service Requirements; under Laboratory Services, please provide a full test utilization that includes volumes from 2017.

Answer: All available data is included in RFP.

42. Question: In Section III – Department and Requested Services Information – Part A: Department Overview; it was indicated that CTDOC recently implemented an electronic health record system (GE Centricity) in spring 2018. Would CTDOC be interested in implementing a bidirectional interface upon go live with the awarded provider of Laboratory Services?

Answer: Yes, CTDOC is open to reviewing proposals that may contain this option.

43. Question: How does the CTDOC currently use telemedicine? If so, what challenges or obstacles have you experienced?

Answer: Telemedicine was used on a limited basis through contract vendor. Challenges include connectivity and hardware quality issues.

44. Question: Can you estimate the percentage of telehealth consults that will be acute vs. chronic?

Answer: No.

45. Question: Does the CTDOC currently have diagnostic capacity & equipment on site that is used in the telemedicine experience? If so, does each location have this? Can you describe what it is and its capabilities?

Answer: No, we do not currently have diagnostic capacity and equipment on site.

46. Question: Our telehealth program typically will report the following information back to the plan sponsor: name, gender, diagnostic code, time of call. Is there additional information the DOC will need beyond what we provide after each consult?

Answer: Yes, inmate number and the plan of care/treatment recommendation.

47. Question: What percentage of your locations have infirmaries or clinics? What are the hours of the infirmaries? How often are doctors on site? When a doctor is offsite is there an RN or Health Aide at the location?

Answer: Eight (8) locations have infirmary services operating 24/7. Facilities with no infirmary operate primary care clinics during first and second shifts and all facilities maintain 24 hour services to address emergent issues.

48. Question: Do you currently use social work services to transition inmate patients to community providers? If so, who are you currently using?

Answer: Yes, services are provided by CTDOC staff through the discharge planning process.

49. Question: Is it the intent of CTDOC to outsource Medical, Mental Health and Dental Services to a private healthcare provider?

Answer: On October 26, 2018 the Department released RFPs for the procurement of various Inmate Medical Services and for Inmate Pharmacy Services. Through these RFPs, CTDOC is seeking experienced respondents to partner with the infirmary-based primary care and chronic behavioral health and disease management services that are embedded in the CTDOC system by providing timely, high quality, cost-effective and coordinated specialty, emergency department and hospital inpatient and outpatient health services for inmates as well as inmate pharmacy services.

These RFPs are for services that are currently performed by the University of Connecticut Health Center under various Transition Agreements. The Transition Agreements are temporary in nature and were designed to keep in place these services for a period sufficient to allow for CTDOC to put into effect more permanent solutions for these needs.

The services the agency is seeking to procure are those specialized services that are not provided in our facilities by agency medical, mental health and dental staff. The services the agency is seeking to procure include, but are not limited to, offsite diagnostic imaging services (this does not replace facility based x-ray), telemedicine services, emergency room and inpatient services, laboratory services, ocular health and optometry services, outpatient specialty and community services, outpatient infectious disease services, outpatient orthopedic services, outpatient podiatry services, endocrinology services, outpatient cancer/oncology services, cardiology services, heart rhythm diagnostics (ECG), reporting and interpretation services, other specialty outpatient services and inmate pharmacy services.

CTDOC currently employs approximately 700 medical, mental health and dental staff that provide primary care to the inmate population.

50. **Question:** Section I - General Information – Part C: Instructions; item 10 – Proposal Due Date and Time – the last paragraph has a bolded statement that indicates "The electronic copy of the Budget may be compatible with Microsoft Office Excel 2013." Please clarify if "budget" refers to the Medicaid fee schedule requested in Section III Department and Requested Service Information – Part E: Scope of Services/Service Requirements; under Laboratory Services.

Answer: The Budget is not in reference to Medicaid fee schedule. The Budget is only applicable where Medicaid does not apply.