



STATE OF TENNESSEE  
Department of Correction

**REQUEST FOR PROPOSALS # 32901-31328-23  
AMENDMENT # 9  
FOR CLINICAL SERVICES**

DATE: February 21, 2023

RFP # 32901-31328-23 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<br>(central time zone) | DATE                            |
|--|-----------------------------|---------------------------------|
| 1. RFP Issued  |                             | November 13, 2023               |
| 2. Disability Accommodation Request Deadline   | 2:00 p.m.                   | November 16, 2023               |
| 3. Pre-response Conference   | 10:00 a.m.                  | November 20, 2023               |
| 4. Notice of Intent to Respond Deadline  | 2:00 p.m.                   | November 27, 2023               |
| 5. Notify State of RSVP for Facility Tours   | 10:00 a.m.                  | November 30, 2023               |
| 6. Facility Tours - Debra K. Johnson Rehabilitation Center                                     | 10:00 a.m.-<br>12:00 p.m.   | December 4 <sup>th</sup> , 2023 |
| DeBerry Special Needs Facility   | 2:00 p.m. –<br>4:00 p.m.    | December 4 <sup>th</sup> , 2023 |
| Bledsoe County Correctional Complex  | 9:00 a.m. –<br>11:00 a.m.   | December 5 <sup>th</sup> , 2023 |
| 7. Written “Questions & Comments” Deadline   | 2:00 p.m.                   | December 11, 2023               |
| 8. State Response to Written “Questions & Comments”  |                             | February 21, 2023               |
| 9. Response Deadline   | 2:00 p.m.                   | March 7, 2024                   |
| 10. State Completion of Technical Response Evaluations   |                             | March 21, 2024                  |
| 11. State Opening & Scoring of Cost Proposals  | 2:00 p.m.                   | March 22, 2024                  |
| 12. Negotiations (Optional)  |                             | March 25-27, 2024               |
| 13. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection | 2:00 p.m.                   | March 28, 2024                  |
| 14. End of Open File Period  | 4:30 p.m.                   | April 4, 2024                   |
| 15. State sends contract to Contractor for signature   |                             | April 5, 2024                   |
| 16. Contractor Signature Deadline  |                             | April 12, 2024                  |
| 17. Performance Bond Deadline  | 2:00 p.m.                   | April 19, 2024                  |

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. Is the 6.9 Equipment Inventory attachment a list of equipment owned by current Contractor, State or combination of both? Can a list of desktops and laptops be included?  | The State.<br><br>Yes, a list of computers can be provided as part of RFP Attachment 6.9.  |
|             |        | 2. Is the State or incoming vendor responsible for the purchase of new computer equipment and peripherals, maintenance, and support?   | The State is responsible.  |
|             |        | 3. Please confirm that existing computer equipment will be available to the incoming contractor day one.   | Yes, it will be available.   |
|             |        | 4. Does the client provide any wireless connectivity/access available to the incoming Contractor?<br><br>If so, what locations will wireless be available to the incoming Contractor?<br><br>If Wireless doesn't exist or not usable for Medical Services or Telemedicine Services, can the Contractor work with the client on a plan to install or expand coverage? | No wireless is currently utilized. The State is resistant to wireless use for security reasons. CAT6 installation will be provided where required. |
|             |        | 5. Will vendor be allowed to use existing network infrastructure including internet, cable drops, routers, and switches to access EHR / EMR application and any other necessary applications required to provide patient care  | The State's network is available. Each computer attached to the network is charged a fee from STS of approximately \$65 per month.                 |
|             |        | 6. If DOC is providing current network what is the available bandwidth   | Current bandwidth averages 200 per site and approximately 200 to 300 computers share that network.   |
|             |        | 7. Will the Contractor reside on a separate subnet on the client provided network?   | No.  |
|             |        | 8. Does current network provide PoE (power over ethernet), for time clock usage?   | The current vendor has a separate network for tele-health. The time clocks reside on the vendor network.   |
|             |        | 9. On page 41, A.17 Telemedicine, it is stated, "The Contractor shall be responsible for establishing a network to which Contractor-provided Telemedicine Equipment will be  | Page 41, A.17 is correct. Section A.12.c. will be revised to reflect the correct requirement/expectation.  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | connected. The Contractor shall be responsible for establishing and paying for the network circuit. The Contractor shall be responsible for providing the required routers, switches, and patch cables to establish the network." On Page 33, A.12, It is stated, "At each State Facility, the Contractor shall provide their own network access except for the facilitation of telemedicine services.". Please clarify whether the Contractor must install a network for telemedicine services. |  |
|             |        | 10. If vendor is required to provide its own Internet circuit, are there network drops in all locations where service is provided by the Contractor?   | The State provides fiber between the buildings and CAT6 as required in the buildings. Additional CAT6 will be added by the State if needed.  |
|             |        | 11. Please provide the Vendor details on the ISP in use today and available bandwidth for each site?   | For the State network, the bandwidth averages 200 Meg per site and approximately 200 to 300 computers share that network.<br><br>For the current vendor network, bandwidth unknown.<br><br>Vendor varies by location and could be AT&T, Comcast, Lumen, etc. |
|             |        | 12. Please provide the number of inmate healthcare lawsuits currently pending in which the State, its employees or agents are a named party? What is the current status of each pending case?  | Currently, the State can locate 14 cases.<br><br>Current statuses:<br>In Discovery = 3<br>Dismissed = 5<br>No Award = 3<br>Answer Filed = 2<br>No Status Update = 1  |
|             |        | 13. Please provide a list of the inmate healthcare cases closed over the last two years and the outcome of the cases including the amount of any payments (judgments or settlements) paid by the State over the course of the last two years?  | TDOC has limited sample of healthcare cases. See Item 18 below.  |

| RFP SECTION | PAGE #       | QUESTION / COMMENT  | STATE RESPONSE  |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
|-------------|--------------|---|---|------|--|------|-------------|------|--------------|------|--------------|------|--------------|------|--|------|-------------|------|--------------|------|--------------|------|--------------|
|             |              | 14. In the last two years, how many claims related to inmate health care have been tendered to the current vendor for indemnity and defense?  | TDOC does not have access to this information at this time.   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
|             |              | 15. Is the State currently bound by any consent decrees or court orders at any of the facilities that would affect the provision of health care services? If so, will the State please provide a copy of the decree(s) or order(s)? | No.   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
|             |              | 16. Who performs the observation for patients placed on crisis status/suicide watch?  | TDOC Policy #113.88, provided in attachment 6.8, outlines the duties of certified inmate observers. They operate with vendor staff oversight.   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
|             |              | 17. Please provide a summary of all inpatient costs incurred by facility for each year of the last two completed fiscal years.  | FY21: \$5,401,676.62<br>FY22:\$4,241,937.70   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
|             |              | 18. Please provide a summary of all outpatient costs by facility incurred for each year of the last two completed fiscal years.   | Fiscal does not have this information. We pay per diem to the vendor for other costs.   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
|             |              | 19. Please provide a summary of all pharmacy costs incurred by facility for each year of the last two completed fiscal years.   | See Amendment 9, Attachment 1.  |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
|             |              | 20. Please provide the current hourly compensation rates utilized for staffing withholds by facility.   | <table border="1" data-bbox="1036 1203 1333 1371"> <thead> <tr> <th colspan="2">FY23</th> </tr> </thead> <tbody> <tr> <td>BCCX</td> <td>\$71,753.06</td> </tr> <tr> <td>NECX</td> <td>\$234,633.13</td> </tr> <tr> <td>NWCX</td> <td>\$512,955.08</td> </tr> <tr> <td>MLCC</td> <td>\$194,450.27</td> </tr> </tbody> </table> <table border="1" data-bbox="1036 1381 1333 1549"> <thead> <tr> <th colspan="2">FY22</th> </tr> </thead> <tbody> <tr> <td>BCCX</td> <td>\$62,128.14</td> </tr> <tr> <td>NECX</td> <td>\$285,961.78</td> </tr> <tr> <td>NWCX</td> <td>\$512,585.80</td> </tr> <tr> <td>MLCC</td> <td>\$185,097.83</td> </tr> </tbody> </table> <p data-bbox="1036 1560 1357 1623">State employees are paid monthly salary.</p> | FY23 |  | BCCX | \$71,753.06 | NECX | \$234,633.13 | NWCX | \$512,955.08 | MLCC | \$194,450.27 | FY22 |  | BCCX | \$62,128.14 | NECX | \$285,961.78 | NWCX | \$512,585.80 | MLCC | \$185,097.83 |
| FY23        |              |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
| BCCX        | \$71,753.06  |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
| NECX        | \$234,633.13 |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
| NWCX        | \$512,955.08 |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
| MLCC        | \$194,450.27 |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
| FY22        |              |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
| BCCX        | \$62,128.14  |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
| NECX        | \$285,961.78 |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
| NWCX        | \$512,585.80 |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
| MLCC        | \$185,097.83 |   |   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
|             |              | 21. Please provide the medical and behavioral health schedules for each facility, denoting the job title and required hours by day and shift  | The Contractor creates the schedule and placement of staff. A copy cannot be provided at this time.   |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |
|             |              | 22. Please provide a list of all licenses or permits required by the State in order   | Refer to Section A.56. Fees are unknown to TDOC.  |      |  |      |             |      |              |      |              |      |              |      |  |      |             |      |              |      |              |      |              |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | to provide healthcare services to the TDOC? If known, what fees are associated with any of those licenses?  |   |
|             |        | 23. Will the offeror be able to install time clocks on the TDOC's network if what is in place today is not sufficient for operational requirements?                         | The current time clocks are on the vendor network, not the State network. To add a device other than a computer or printer to the State network requires a STS firewall which would cost approximately \$200 per site, per month.   |
|             |        | 24. If a time clock needs to be relocated on site who is responsible for the cost, the TDOC or the vendor?  | The vendor.   |
|             |        | 25. Will the Agency consider a second round of questions to address any clarifications needed when answers to questions are released?                                       | The State will provide clarifications as needed or requested when these answers are released. We currently do not intend to incorporate a second round of questions within the schedule of events outside of clarifications at this time.                                       |
|             |        | 26. Please provide the most recent staffing reconciliation by facility that compares contracted hours versus actual hours that calculates staffing withholds.               | We track vacancies, not contracted hours versus actual hours.   |
|             |        | 27. Please confirm that the contractor is only responsible for ordering medications from the State Central Pharmacy but is not financially responsible for the medications. | The contractor is only 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. |
|             |        | 28. How many patients are currently being treated for hepatitis C?  | 23 as of November 2023.   |
|             |        | 29. Please provide a list of all on-site radiology equipment available. Include make/model and age.   | DSNF has on-site radiology. SIEMENS/Model 3345209-, Date of Manufacture date: July 2007.<br><br>All other facilities use mobile services.   |
|             |        | 30. Please provide the number of the following procedures performed onsite/mobile unit for the last two full calendar years:  | See amendment 9, attachment 4.  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | (a) CT<br>(b) MRI<br><br>©Ultrasound   |  |
|             |        | 31. Please provide the average number of dialysis patients (male and female) for the last 12 months.                                       | 465.   |
|             |        | 32. Please indicate how many dialysis sessions were completed onsite and how many were completed through mobile care services.             | 465.   |
|             |        | 33. Who owns the current dialysis equipment? Please list the number of dialysis chairs by facility, indicating age/condition of equipment. | These are contracted services with another vendor. They own the equipment.   |
|             |        | 34. Please provide the average number of patients in segregation for the last 12 months  | There are approximately 1,030 patients in seg / 12 months = 85.8.  |
|             |        | 35. Please provide the number of routine referrals per day for the last 12 months.   | Average 32.  |
|             |        | 36. Please provide the number of urgent/emergent referral per day for the last 12 months.  | See Question #35.  |
|             |        | 37. Please provide the average number of patients on Close & Constant Observations per day for the last 12 months.                         | Average 8.5.<br>BCCX – 173<br>DJRC – 216<br>DSNF – 274<br>MCCX – 701<br>NECX – 175<br>NWCX – 416<br>RMSI – 267<br>TCIX – 69<br>WCFA – 444<br><u>WTSP – 323</u><br>Total – 3,058 / 12 months / 30 days = 8.5. |
|             |        | 38. Please provide the number (and overall percentage) of patients with a designated serious mental illness (SMI)                          | Approximately 330 patients, equaling 2.7% of the population.   |
|             |        | 39. Please provide the number of patients on mental health case load per month for the last 12 months                                      | Attachment 4 lists the current caseload. The TDOC does not have an average case load per month readily available.  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | <p>40. For each year of the last two contract years, please provide the following statistics – all statistics provided <b>by Facility</b>:</p> <ul style="list-style-type: none"> <li>• # of Inpatient admissions</li> <li>• # of hospital days incurred</li> <li>• # of Emergency room visits</li> <li>• # of Ambulance trips</li> <li>• # of outpatient procedures completed</li> <li>• # of patients identified as requiring organ replacement</li> <li>• # of patients receiving organ replacement surgery</li> <li>• # of tele-health encounters by Center / by specialty</li> <li>• # of offsite specialty visits by type of service (neurology, gastroenterology, dental etc.)</li> <li>• # of patients receiving dialysis</li> <li>• # of dialysis treatments</li> <li>• # of x-rays taken onsite</li> <li>• # of x-rays taking offsite</li> <li>• # of mammograms</li> <li>• # of CT scans</li> <li>• # of ultrasounds</li> <li>• # of physical therapy patients and sessions</li> <li>• # of respiratory therapy patients and sessions</li> <li>• # of patients on medication</li> <li>• # of patients on psychotropic medication</li> <li>• # of patients on HIV medication</li> <li>• # of patient diagnosed with HCV</li> <li>• # of patients treated with HCV medication</li> <li>• # of patients receiving Factor products</li> <li>• # of patients receiving limited distribution drugs</li> </ul> | <p>See Amendment 9, Attachment 4.</p>  |
|             |        | <p>41. Are any of the current facilities audited by JCAHO?</p>   | <p>No.</p>   |
|             |        | <p>42. What is the current Offender Management System?</p>   | <p>A TDOC developed software called TOMIS.</p>   |
|             |        | <p>43. Will the State Central Pharmacy Contractor be responsible for medication ordering through a third-party vendor OR will this be the responsibility of the vendor? If the state is ordering, please explain the process and provide a pharmaceutical price list.</p>  | <p>The TDOC and the State Central Pharmacy Contractor is responsible.</p> <p>TDOC declines to supply a pharmaceutical price list or the process.</p> |
|             |        | <p>44. Please provide a list by facility of what telehealth services are utilized.</p>   | <p>Expectation does not differ by site- Mainly utilized but not limited to: Cardiology,</p>  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        |  | Dermatology, Endocrinology, Gastroenterology, Gynecology, Hematology, Infectious Disease, Nephrology, Oncology, Orthopedics, Physical Therapy, and Pulmonary.                                  |
|             |        | 45. Please provide the last two year's annual volume of the required immunizations listed.   | The TDOC requests a clarification of this question as we are unable to determine the listing referenced.   |
|             |        | 46. Please provide the number provided the last two years by the current provider.   | The State requests a clarification of this question as we are unable to determine the listing referenced.  |
|             |        | 47. Please provide by facility the name of the Specialists listed, last two years volume and copies of the subcontractor agreements.   | TDOC requests a clarification of this question as we are unable to determine the listing referenced and declines to provide copies of subcontractor agreements.                                |
|             |        | 48. Please provide the facilities and services where mobile specialty services are currently provided.   | All facilities have mobile specialty services, to include those services listed in Section A.5.  |
|             |        | 49. Please provide a copy of current contracts with hospitals utilized statewide.  | The TDOC declines to provide copies of the current contracts with hospitals as they are not a party to those agreements; they are subcontracts between the hospital(s) and the current vendor. |
|             |        | 50. Please provide the costs for each of the last five years for maintenance and capital costs of the Nashville General Hospital.  | TDOC does not have this information.   |
|             |        | 51. Please provide a complete listing of equipment available   | See revised RFP Attachment 6.9.  |
|             |        | 52. Please provide for the last three years the costs associated with the requirement of the medical provider paying for the state correctional officers time, meal, and parking.        | FY21: \$111,286.75<br>FY22: \$103,123.85<br>FY23 \$71,155.95   |
|             |        | 53. Please provide the "gross costs (prior to 50% split)" for the last two years by facility for Hepatitis and HIV medications.<br>a) Will the 50% cost sharing include dispensing fees? | FY 22:<br>HEP C \$16,595,233.31<br>HIV \$5,181,852.33<br><br>FY23:   |



| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | Would the TDOC also consider expanding the cost sharing to include other high dollar medications?   | HEP C \$11,663,026.25<br>HIV \$6,073,263.89<br><br>Dispensing Fees are not included in cost sharing.<br><br>Please specify which "high dollar medications".                    |
|             |        | 54. Please provide the current agreement with the 340-B Provider  | TDOC has 340B Entity Status so there is no agreement to share.   |
|             |        | 55. Given the potential of substantial expenditures associated with the maintenance, equipment, and capital costs, would the TDOC consider such costs to be a pass thru?  | No.  |
|             |        | 56. Please provide the current number of individuals diagnosed with gender dysphoria and who is responsible for associated medical costs?   | Approximately 85-90 inmates. The TDOC is responsible for the associated medical costs.   |
|             |        | 57. What was the total medical costs the last two years for gender dysphoria procedures?  | There were no procedures performed.  |
|             |        | 58. Please provide by facility an equipment list and what have been the last three years capital expenditures by facility. If the TDOC decides to implement an EHR who will be responsible for the associated capital expenditures? | Refer to RFP Attachment 6.9. for equipment and Amendment 9, Attachment 3 for capital expenditures.<br><br>TDOC is responsible for all associated costs in implementing an EHR. |
|             |        | 59. If the TDOC decides to implement an EHR who will be responsible for the associated capital expenditures?  | TDOC.  |
|             |        | 60. Please provide by facility the contracts for vision care, radiology, EKG, dialysis, oncology, and wound care.   | The TDOC declines to provide copies of the current contracts as they are not a party to those agreements; they are subcontracts held by the vendor.                            |
|             |        | 61. Please provide the number of offsite mental health services (e.g., hospitalizations) per month for the last 12 months   | There is no information to provide for offsite services; patients are transferred to DSNF for services.  |
|             |        | 62. Please provide a listing of telepsychiatry equipment by facility.   | Refer to revised RFP Attachment 6.9.   |
|             |        | 63. Please provide by facility the last two years "gross (Prior to 50% cost share) for psychotropic medications.  | Refer to Amendment 9, Attachment 2.  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
| 1.1         | 3      | 64. Please confirm that exclusive of the financial responsibility of Off-site Costs exceeding \$4,000 per patient, the medical provider is not responsible for medical costs for the four privately managed facilities.                                    | Correct.  |
| 1.1         | 3      | 65. Please provide each of the last 12 months Average Monthly Population for each of the facilities included in the RFP.   | BCCX – 2,036<br>DJRC – 609<br>DSNF – 574<br>HCCF – 2,002<br>MCCX – 1,912<br>NECX – 1,390<br>NWCX – 1,678<br>RMSI – 780<br>SCCF – 1,098<br>TCIX – 1,323<br>TTCC – 2,227<br>WCFA – 1,528<br>WTSP – 979<br>WTRC – 798          |
| 1.1         | 4      | 66. Please provide the most recent ACA Report and when are the next scheduled audits AND who is financially responsible for the ACA Audit fees?  | TDOC declines to provide the ACA report as they are not public information. The next scheduled audits are as follows:<br><br>DSNF – April 2024<br>NWCX – May 2024<br><br>TDOC pays for all costs related to ACA audit fees. |
| 1.10        | 7      | 67. Given the substantial cost of a 100% Performance Bond and the probable elimination of bidders due to the inability to obtain coverage, would the TDOC consider the industry standard of a 5-10% Performance Bond on the annualized contractual amount? | The State will reduce the performance bond from 100% to 25%.  |
| 1.10        | 7-8    | 68. How did the State determine that an amount equal to a full 12 months of payments to be made under the contract was the appropriate amount for the performance bond?  | This is standard language that the State included in previous contracts that has thus been modified. The State will reduce the performance bond to 25% of the first 12 months versus  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        |  | the original 100%. Please see items 20 and 21 below.   |
| 1.10        | 7-8    | 69. Has the State looked at performance bond requirements contained in contracts similar to the contract at-issue awarded in states other than Tennessee to see how Tennessee's performance bond requirement compares to that of other states?   | No.  |
| 1.10        | 7-8    | 70. Given that the State will pay for the services to be provided under the contract resulting from the RFP following delivery of services and that payment is "contingent upon the satisfactory provision of goods or services," why does the State believe that a performance bond equal to a full 12 months of payments to be made under the contract is necessary to protect the State's interest? | The State has modified the bond amount. The State will reduce the performance bond to 25% of the first 12 months versus the original 100%. Please see items 20 and 21 below.   |
| 1.10        | 7-8    | 71. What steps, if any, does the State intend to take prior to the award of the contract under the RFP to ensure that a respondent is capable of providing a performance bond equal to a full 12 months of payments under the contract?  | No steps are required of the State. Respondent should provide the State with a letter from its bonding agency stating that Respondent can meet the bonding requirements as set forth in the Contract. The bond must be issued by a company licensed to issue such a bond in the state of Tennessee. The Contractor shall submit the bond no later than the day immediately preceding the Effective Date of the Contract. |
| 1.10        | 7-8    | 72. What are the consequences, if any, of a winning respondent being subsequently unable to obtain a performance bond equal to a full 12 months of payments to be made under the contract?   | If an intended awardee is unable to comply with the terms of the solicitation and/or the <i>pro forma</i> contract, the intended awardee would be bypassed in favor of the next highest evaluated respondent that can comply with the terms of the solicitation and <i>pro forma</i>   |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        |   | contract, in accordance with CPO policies and procedures.  |
| 1.10        | 7-8    | 73. If a bidder takes exception to the 100% performance bond and proposes a lower bond amount, will the bidder be disqualified as happened in a prior procurement?  | Yes.   |
| 1.10        | 7-8    | 74. With respect to any performance bond that a bidder includes in their bid, are they required to provide any actual proof of their ability to get such a bond beyond a statement saying they can do so? For example, in many RFPs where a bond is required, the bidder is required to submit a bid bond that guarantees their ability to honor the terms of their bid or a letter from an actual surety bond company stating that the bidder has the bonding capacity with them to cover such a bond and that they will issue the bond upon contract award. Without requiring such proof, or in the case of a bid bond, such a penalty, it becomes very easy for a bidder to simply “check the box” on the bond requirement in their submission and hope they can work it out in negotiations. Are these types of proof required here or does it suffice for a company to simply say they can get the bond without providing any commitment to do so or any evidence they actually can do so? | All respondents are required to sign the Statement of Certifications and Assurances, Attachment 6.1., attesting that they will comply with all provisions and requirements of the RFP. |
| 2           | 9      | 75. Given Responses to Questions allow potential bidders 10 calendar days to finalize their proposals would the TDOC extend proposal submission to 30 days?   | The TDOC is willing to allow 15 calendar days to finalize proposals.   |
| 2           | 9      | 76. Please provide the most current contract, exhibits and amendments of the current medical and behavioral health providers?   | The TDOC declines to provide copies of the current contracts as they are not a party to those agreements; they are subcontracts held by the vendor.                                    |
| 3.1.2       | 10     | 77. Attachment 6.3 reflects Bed Budget Capacity by Facility. Given the financial impact if ADP falls below and the weighting impact of ADP declines, would the TDOC consider a “floor” of 95% Bed Budget Capacity?  | No.  |
| 3.1.2       | 10     | 78. Will the medical provider be responsible for other Off-site Costs such as Emergency Room and Ambulance, Observation Days, One-  | The current contract is on a per diem basis and is not broken down by categories.  |



| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        |   | <p>NECX – 1,388 (M)</p> <p>NWCX – 1,663 (M)</p> <p>5 (J)</p> <p>RMSI – 786 (M)</p> <p>SCCF – 1,109 (M)</p> <p>TCIX – 1,295 (M)</p> <p>TTCC – 2,187 (M)</p> <p>WCFA – 1,526 (M)</p> <p>WTSP – 932 (M)</p> <p>WTRC – 807 (F)</p> |
| A.3.a       | 11-12  | 86. Please provide a breakdown of the number of housing units and incarcerated persons in each unit per facility.   | TDOC is not able to provide such a breakdown at this time.   |
| A.3.k       | 15     | <p>87. In K, it states the contractor shall support the implementation, go-live and transition of paper health records to an EHR that is procured by the State.</p> <p>a. Please provide the anticipated date for an EHR Implementation.</p> <p>b. Will the state cover all expenses related to the implementation?</p> <p>If not, what will the Contractor be responsible for?</p>   | <p>The anticipated date for EHR implementation is June of 2025.</p> <p>The State is responsible for all costs related to the EHR.</p>  |
| A.3.j       | 15     | <p>88. In J, Medical Records, it states “if the contractor uses an Electronic Health Record (EHR), that record shall be printed and organized according to TDOC policy for transfer of any inmate to another state facility.”</p> <p>Is the current vendor utilizing an EHR they implemented and are supporting? If so, what EHR?</p> <p>If not, is the state open to the incoming contractor implementing an EHR within the contract term instead of using paper charts?</p> | TDOC currently is and intends to remain paper based until an EHR is implemented by the State, not the vendor.  |
| A.3.b.1     | 12     | 89. Is ventilator care provided onsite? If so, where, who owns the ventilators and, how many currently available?   | No, it is not provided onsite.   |
| A.3.c.2     | 13     | 90. Are telehealth hours counted in fill rate?  | Please clarify this question.  |
| A.3.c.3     | 13     | 91. Is the 60 day requirement to review claims or also to make payment?   | The requirement is to make payment after receiving the final invoice.  |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
| A.3.d       | 13     | 92. In regard to the state's right to modify staffing, will such reductions be "mutually agreed upon?"        | While the State retains the right to reduce staffing at its own discretion should the need arise, it is presented for "mutual agreement" via an amendment to the contract.   |
| A.3.d.1     | 13     | 93. Can telehealth be used to meet the requirements of this section?  | No.  |
| A.3.d.1     | 13     | 94. Can telehealth be used to meet the requirements of this section?  | No.  |
| A.3.d1      | 13     | 95. What facilities, if any, currently have medical practitioner vacancies of 30 days or more?                | Please clarify if "medical practitioner" means all positions or specific ones as defined in the RFP.   |
| A.3.d.2     | 14     | 96. Is telenursing allowed to be used as part of a hybrid nursing coverage plan, where applicable?            | No.  |
| A.3.d.3     | 14     | 97. Is tele-behavioral health allowed to be used as part of a hybrid nursing coverage plan, where applicable? | No.  |
| A.3.f       | 14     | 98. Who is responsible for the coordination and scheduling of adjunct appointments?                           | The vendor.  |
| A.3.f       | 14     | 99. Please list the current TDOC academic institution partners.   | Belmont University<br>East TN State University<br>Milligan University<br>Middle TN State University<br>South College of Nursing<br>Southern Adventist<br>TN Wesleyan<br>TN State University<br>University of Memphis<br>University of Southern Indiana<br>UT Chattanooga<br>UT Knoxville<br>Vanderbilt |
| A.3.h       | 14     | 100. Are statistics available demonstrating the prosthetics ordered over the last 1-2 years                   | There are not.   |
| A.3.j       | 15     | 101. Is electronic submission of medical records an allowable alternative to printing?                        | Refer to Question #88.   |
| A.3.k       | 15     | 102. In regard to a potential conversion to an EHR, will the medical provider be included in the decision-    | The vendor will not be included in the decision-making process   |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | making process and has the TDOC considered the process and associated costs associated with the paper conversion? Who will be financially responsible for the costs of the EHR once operational and implementation and conversion costs?   | in regard to a potential conversion to an EHR.<br><br>The State is responsible for the costs associated with the conversion and implementation.   |
| A.3.k       | 15     | 103. Requires the contractor to support the implementation, go-live and transition of paper record to the EHR.<br>a) Has the State selected the EHR it will utilize?<br>b) Has the EHR been purchased?<br>c) What is the anticipated go-live date of the EHR?<br><br>What support does the State expect from the contractor? | a and b) The TDOC cannot discuss the procurement process at this time.<br><br>c) June 2025.<br><br>The TDOC would expect medical directors at the facilities to participate in implementation plan to ensure staff have the proper training on how to use the system. The EHR vendor and TDOC expect to have staff dedicated to this process as well. |
| A.3.l       | 15     | 104. Please confirm that this only includes medically-necessary diet and not religious or preferential diets.  | Correct.  |
| A.3.m       | 15     | 105. Can the nurses be LPNs as well as RNs?  | Yes, as appropriate.  |
| A.3.p       | 15     | 106. Is the responsible health authority or his/her designee permitted to respond to grievance? This is our current practice as opposed to a regional leader.  | Yes.  |
| A.3.q       | 16     | 107. Does this apply only to sections of the surveillance program that are medical-related violations vs. something like a maintenance issue related to the Airborne Infection Isolation Room that is not working properly after being notified?   | Yes.  |
| A.3.q       | 16     | 108. Can this consultant position be fulfilled by our system-level CIC-certified infection preventionist?  | No.   |
| A.3.q       | 16     | 109. Under what conditions would the State retain an infection prevention consultant? Or is this only if the vendor does not have this position allocated?   | If the position is filled currently by the State.   |
| A.3.t       | 16     | 110. Is the 60 day payment requirement listed here following the 60 day review period in A.3.c.3?  | Initially, yes.   |



| RFP SECTION | PAGE #    | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|-----------|---|---|
| A.3.t       | 16        | 111. States the contractor shall hire or contract with a claims payment processor. Can the contractor adjudicate and pay claims itself?   | TDOC will consider this as an option for claims payment.  |
| A.3.t       | 16        | 112. Can the medical provider assume this is for “undisputed services and / or charges related to 60 days of final invoice receipt ?”   | Clarification needed. Please rephrase the question.   |
| A.3.v       | 17        | 113. Are inmates undergoing withdrawal management/MAT housed together? If so, what locations?   | Inmates are housed depending on custody levels.   |
| A.3.v       | 17        | 114. Is there flexibility with the withdrawal time requirement of seven weeks if a shorter period is deemed appropriate by the responsible physician?   | Yes.  |
| A.4.a       | 17        | 115. Is there a timeframe TDOC can provide that it takes to complete the process of physicians and mid-level providers for credentialing?   | No.   |
| A.4.a       | 17        | 116. If there are TDOC issues that would lead to a delay of completing these timely, will liquidated damages be waived?   | This would be considered on a case-by-case basis only.  |
| A.4.a       | 17        | 117. What is the current compliance rate with the timelines listed?   | For the last 12 months, no facility received a contract monitoring audit finding for this standard. |
| A.4.a       | 17        | 118. Would the State consider an intake H&P program if deemed feasible?   | Please clarify the “intake H&P program”.  |
| A.4.a.4     | 17 and 22 | 119. The RFP indicates that the Contractor shall perform intake assessments for TB by PPD. In A.4.d.4 (page 22) it indicates that annual TB screening will be done utilizing IGRA testing. Does the TDOC intend to require PPD upon intake and then IGRA annually thereafter for the inmate population? | Refer to TDOC Policy #113.44 in RFP Attachment 6.8.   |
| A.4.a.5     | 17        | 120. Please clarify that DNA testing and finger printing are completed by medical staff.  | Yes, they are. Refer to TDOC Policy 113.92 in RFP Attachment 6.8.                                   |
| A.4.a.12    | 17        | 121. Please confirm what HCV test is performed at the initial health assessment and if this is opt-out.   | Yes – opt out. The test is vendor specific.   |
| A.4.b       | 18        | 122. Will the Contractor have access to State record systems for immunizations/vaccinations?  | Yes.  |
| A.4.d       | 18        | 123. What is the current process for incarcerated persons to submit sick calls while in restrictive housing?  | Refer to TDOC Policy #113.31 in RFP Attachment 6.8.   |

| <b>RFP SECTION</b> | <b>PAGE #</b> | <b>QUESTION / COMMENT</b>   | <b>STATE RESPONSE</b>   |
|--------------------|---------------|---|---|
| A.4.d              | 18            | 124. Can telehealth be used for provider sick call? Telenursing for nursing sick call?  | No.   |
| A.4.d              | 19            | 125. Is the onsite physician requirement minimum of 3.5 hours per week per 100 inmates applicable to the facility capacity or to the actual ADP.  | Capacity.   |
| A.4.d1             | 19            | 126. Are infirmary censuses available for review (deidentified)?  | There are not.  |
| A.4.d2             | 21            | 127. Can patients be referred to commissary for over-the-c  | Yes.  |
| A.4.d3             | 22            | 128. What type of test is currently used for HIV? Is QuantIFERON used?  | It is lab vendor specific.  |
| A.4.e              | 22            | 129. How many TDOC staff and TDOC contract staff would be expected to be encountered for the Medical Screenings/Staff Examinations?   | Approximately less than 10 a month.   |
| A.5                | 22            | 130. Is dialysis currently done on-site or off-site? Who provides this service? Is a list of equipment available?   | Refer to Questions #32 and #33.   |
| A.6                | 24            | 131. Is there a current backlog for dental visits, and if so, please identify the number of visits on the backlog for each.   | There is no backlog.  |
| A.6                | 24            | 132. Are dental supplies available at each facility?  | Yes.  |
| A.8                | 24            | 133. Since The Joint Commission is only one of several CMS-approved accrediting bodies, can this section be changed to include any CMS-approved accrediting bodies for hospitals in case a hospital in Tennessee chooses to change vendors for their accreditation? | No.   |
| A.8.c.1            | 26            | 134. Please provide details on how the State Medical Officer currently receives notifications of emergency room transports within one hour.   | These notifications are made via text, call, email; it is typically determined on a case-by-case basis.   |
| A.8.d              | 26            | 135. Given that it appears the medical provider at the private facilities does not staff nor manage patient care, would the state consider allowing hospital costs to be a "pass thru" versus covering hospital costs exceeding \$4,000?                            | No.   |
| A.8.f              | 26            | 136. Should Nashville General Hospital construct a new facility, would the contractor be responsible for the cost to secure the facility similar to the RFP requirements in items #1 through #8 should another hospital be identified to house a secured unit?      | The TDOC is unable to answer at this time as this is not the intent of the TDOC and has too many hypothetical factors to compile a reasonable response for costs that may be associated |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        |   | with this to determine such responsibilities.   |
| A.9         | 27     | 137. Would automated medication dispensing be an option for the TN DOC?   | Yes, for controlled medications.  |
| A.9.c       | 27-28  | 138.<br>a) Has 340b been considered?<br>b) Does the TDOC still maintain its 340B drug purchasing program with Regional One Medical System in Memphis?<br>c) Does the TN DOC contract with any 340b hospitals?<br>Is the DPH a covered entity? | None of these questions apply to TDOC as we have its own 340B covered entity status.                              |
| A.10        | 28     | 139.<br><br>Does the end of the 30-day period occur once a candidate has accepted a position or once the candidate actually starts?   | Once the position is filled.  |
| A.10        | 28     | 140. Section states that all administrative staff must be proficient in Statistical Analysis System (SAS).<br>a) Please clarify what level of proficiency is expected.<br><br>What SAS-based applications are utilized?                       | This requirement is being removed.  |
| A.10        | 28     | 141. How long does the pre-employment screening typically take?   | Approximately 30 minutes.   |
| A.10.a.3    | 28-29  | 142. Does the drug screening include THC?   | Yes.  |
| A.10.c      | 29     | 143. Can personnel files be partially or fully electronic?  | Yes.  |
| A.10.g      | 30     | 144. Does the TDOC have any plans to increase the annual 40 per employee training requirement and does the 40-hour requirement include part-time, PRN and the occasional agency staff?  | There are currently no plans to increase the annual training requirements and yes, this includes everyone.        |
| A.10.g.2    | 30     | 145. What tool would the State use to perform competency assessments of the Contractor's clinical professionals?  | The TDOC conducts contract monitoring audits to ensure all required licenses and credentials are in effect at the |

| RFP SECTION  | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|--------------|--------|---|---|
|              |        |   | time of employment and provision of services.   |
| A.10.g.7     | 31     | 146. Is online CPR certification acceptable for non-clinical staff?   | Refer to TDOC Policy #110.01 in RFP Attachment 6.8.   |
| A.10.g.7     | 31     | 147. Please provide by facility the number of annual training sessions necessary to fulfill the four (4) hour facility non-medical training requirement.                                  | The TDOC is not able to provide this breakdown as it greatly varies by site and staffing.                                   |
| A.10.g.8     | 31     | 148. For the purpose of continuing education, will the State allow contracted health staff to use nationally accredited web-based training in lieu of attendance at national conferences? | This would depend on the licensing requirements.  |
| A.12.a       | 32-33  | 149. Can diabetic eye examinations be completed remotely through telemedicine contractors that are FDA-approved?  | No.   |
| A.12.a       | 33     | 150. Are there any security requirements for eyeglass frames?   | Metal frames are typically not allowed.   |
| A.12.c       | 33     | 151. What is the process for refusals of forensic testing? Are SANE services currently offered?   | SANE services do not take place at the facility; they occur at outside hospitals, to include the documentation of refusals. |
| A.12.c       | 33     | 152. What is the amount of the 'monthly network charge' referenced in the third paragraph of this section?  | FY22: \$5,243.60<br>FY23: \$3,220.80  |
| A.12.g       | 35     | 153. Are there internal hospice programs established at each of the four (4) State Extended Care Facilities?  | DSNF has an established hospice program.  |
| A.12.h       | 35     | 154. How many patients are currently receiving chemotherapy at DSNF and DJRC? What is the 12-month average number of patients on chemotherapy?  | The TDOC does not have this information readily available to provide.   |
| A.13.a       | 36     | 155. Is use of an electronic system acceptable?   | No, they should be onsite.  |
| A.14         | 37     | 156. Is either remote or hybrid work permitted for these positions?   | No.   |
| A.14.c and e | 37-38  | 157. Will the TDOC allow the vendor to shift the oversight of nursing orientation and training program from the CQI Coordinator to the Statewide Health Educator?                         | Yes.  |
| A.16         | 41     | 158. Please provide a list of any equipment that will be provided.  | Refer to Question #51.  |
| A.17         | 41     | 159. To what extent is Telemedicine being used under the current contract?  | The current vendor uses telemedicine in line with Section A.5. for specialty clinic/consultations as needed.                |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        |  | TDOC does not have a complete breakdown of each telemedicine use to determine the full extent.  |
| A.17        | 41     | 160. Is Telemedicine equipment in place at all facilities?   | Telemedicine equipment is listed in RFP Attachment 6.9.   |
| A.17        | 41     | 161. Please provide a full list of telemedicine equipment by facility, including brand / model / feature information.  | Telemedicine equipment is listed in RFP Attachment 6.9.   |
| A.19.c      | 42/43  | 162. What is the 2022 and 2023-to-date emergency room visits per 1,000 inmates?  | Refer to Question #40.  |
| A.19.c      | 42/43  | 163. Is there an expectation of a 20% decrease every year from the prior year on emergency room visits?  | Improvement every year in unnecessary ER visits.  |
| A.19.c      | 42/43  | 164. When the Contractor identifies three hospitals, one in each region for planned admissions, will the State then absolve the Contractor from paying the \$600 fee for each day greater than three as an inpatient in a non-secure unit hospital? (ref: A.8.f) page 26.<br><br>Or does the State intend for the Contractor to arrange for secured units to be created in the regional hospitals? | No, the vendor is responsible for reimbursing TDOC for security staff when there is not a secure ward.<br><br>No, TDOC does not intend for the contractor to arrange for secured units to be created.               |
| A.19.g      | 43     | 165. Is the copay system compliant with NCCHC standards?   | TDOC follows ACA standards.   |
| A.19.h      | 43     | 166. Does the prescribing physician have discretion to decide which medications the patient receives a 30-day supply upon discharge?   | Yes, only active medication orders are eligible for 30-day supply upon discharge.   |
| A.19.h      | 43     | 167. Is the current medical and behavioral health responsible for a 30-day supply of medications dispensed at discharge?   | Yes, 50% of cost of HIV, Psych, and fixed cost sharing for HCV is billed to the medical/behavioral health vendor.   |
| A.23        | 45     | 168. Can an online repository system compliant with security and privacy standards be used for report submission/archiving (e.g. SharePoint)?  | Yes; Currently TDOC uses a shared drive on the State's network with the facility staff, not regional team.  |
| A.24        | 47     | 169. What intern programs are currently in place? Please include hours.  | There is not a formal program in place other than agreements in place with those listed in Question #99. The hours vary based on the practicum hours required by the school and the level of degree of the student. |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
| A.24        | 47     | 170. States 'Each licensed clinician can be requested by the State to supervise at least two interns. The Contractor's providers shall be available for teaching purposes and providing training as requested by the State.' Please expand on this requirement including but not limited to the amount of time the contractor's providers are expected to devote to these activities on a weekly basis. | Refer to Question #169.  |
| A.25        | 47     | 171. In the event NCCHC and ACA standards vary, which standard will TDOC expect Contractor to abide by?   | ACA.   |
| A.25.e      | 48     | 172. Who is the clinical recommendations made to in TDOC?   | The TDOC Chief Medical Officer. Currently, there are daily OSEL and huddle calls for information sharing and updates.  |
| A.25.g      | 48     | 173. Can the location or locations of the intensive treatment program unit be provided?   | DSNF.  |
| A.25.h      | 48     | 174. Please provide the number (and percentage) of Mental Health patients with comorbid/dually diagnosed mental illness and substance use disorders for the last 12 months.   | Approx. 75%.   |
| A.26        | 48     | 175. Please provide the average number of patients receiving psychiatric services per month for the last 12 months  | Varies on when they need to be seen and consists of those patients on psychotropic meds. The TDOC does not have a monthly breakdown of these services at this time.  |
| A.26.c      | 49     | 176. Please provide the average number of patients on suicide watch per day for the last 12 months  | The TDOC does not have a daily breakdown; however, there are 45 beds across the state, not including DSNF's behavioral health unit which consists of 32 beds. The average can range approximately 30-35 at one time. |
| A.27.f      | 51     | 177. Are the justifications rolled up to the State?   | Yes.   |
| A.27.f      | 51     | 178. Are MH visits currently held in the Medical Clinic? If not, where do they occur?   | It varies. If not in the medical clinic, they are held in the Supported Living Unit. All others are held in multipurpose rooms near the units.   |

| <b>RFP SECTION</b> | <b>PAGE #</b> | <b>QUESTION / COMMENT</b>   | <b>STATE RESPONSE</b>  |
|--------------------|---------------|---|--|
| A.27.h             | 51            | 179. Is there an expectation to frequency of supervision? Is it required for supervision to be individual or can it be group supervision?   | It is expected on an as needed basis or as the license standards require. It is preferred to be individual when indicated, but not required.   |
| A.27.n.3           | 51            | 180. Is the determination of clinically justified suicidal gesture/attempt determined by the State, by the Contractor or by the site Clinical Director?   | Refer to TDOC Policy #113.88 in RFP Attachment 6.8., Section G.  |
| A.27.o             | 51            | 181. Is there space and Correctional Officers available in all restrictive housing and step-down units?<br><br>In the last 12 months has there been any units that have had to cease programming due to space or Correctional Officer availability? | Yes.<br><br>No.  |
| A.28.B.2.iv        | 53            | 182. Is there a requirement for SOTP patients receiving individual counseling to have justification if they exceed 12 sessions?   | No, individual sessions are supplemental only but there's no limit on the number.  |
| A.28.vii           | 53            | 183. Can a list of facilities that are currently providing evening hours be provided?   | This section specifically requires the allowance of these activities to take place in the evening versus SOTP programming. These activities are performed and supported by the facility. |
| A.29.b             | 54            | 184. Are there any sites that do not have telepsychiatry videoconferencing available, if so can a list of these sites be provided?  | All sites are capable.   |
| A.29.b             | 54            | 185. Once telepsychiatry equipment is purchased by the Contractor and placed in the facility, does it become property of the State?   | Yes.   |
| A.30               | 54            | 186. What are the expected hours of coverage for evening shifts?  | The Contractor creates the schedule and placement of staff.  |
| A.30               | 54            | 187. Which sites currently have evening and weekend shifts?   | Refer to Question #186.  |
| A.31               | 55            | 188. How many patients on the Mental Health services such as suicide watch and psychiatric observation are discharged to general population on average per day?   | This is a decision made on a case-by-case basis by the psychiatrist/psychologist. These are not tracked by TDOC.   |
| A.31               | 55            | 189. Where are patients on suicide watch housed? Are they celled alone?   | Alone. For locations see question #176.  |
| A.35               | 55            | 190. Can the State provide a list of universities that currently have affiliations or MOUs with TDOC?   | Refer to Question #99.   |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
| A.35        | 55     | 191. What BH intern programs are currently in place? Please include hours.  | Refer to Question #169.   |
| A.40        | 56     | 192. Who do the State BH Staff administratively or clinically report to?  | They report to Associate Wardens of Treatment at their respective facility.   |
| A.42.d      | 58     | 193. What are the most recent scores for each site's annual audits?   | Annual audits encompass multiple divisions, including security, administration, etc. so these annual audit scores would not be reflective of the current vendor's performance.<br><br>However, for the last 12 months, the following facilities were assessed a finding for receiving a score lower than 95% compliance rating for clinical services.<br><br>DJRC – Avg. 88%<br>RMSI – Avg. 86% |
| A.43        | 58     | 194. Is (!8) a typo that should be (18)?  | Correct; it is a typo and will be revised.  |
| A.43        | 58     | 195. Are there currently any contracts with outside agencies to provide behavioral health services in house, to include reentry? If so please describe.                             | Grow Free at BCCX for human trafficking victims.  |
| A.43        | 58     | 196. Can a full scope of current reentry programs be provided?  | Refer to TDOC Policy #113.80 in RFP Attachment 6.8.   |
| A.45        | 58     | 197. Is the onsite requirement for all hours, or can a hybrid remote schedule be used?  | Refer to Question #96.  |
| A. 46       | 60     | 198. Are vacation, holiday and PTO hours included in the monthly staffing reports for staffing withholds? What has been the last two years by month staffing withholds by facility? | TDOC only tracks vacant positions, so there is no information to provide.   |
| A. 46       | 63     | 199. Are the # of Positions included in Attachment 4 Minimum Staffing the "gross number of positions" or are they "net" of the state filled positions?                              | Gross.  |
| A.46        | 63     | 200. When a state employee position is vacant, who is responsible for covering the positions? If the medical provider is responsible to   | If a state employee position is vacant, the contractor would absorb the position into their staffing pattern. The State takes into account overtime and costs   |



| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | cover state vacancies, how are they reimbursed?   | of covering state vacancies when assessing liquidated damages.                                       |
| A.52        | 66     | 201. Please describe any current substance use disorder programming.  | There are currently 14 TCOM programs, 18 Group Therapy programs, 1 WMU and 2 SUR Education programs. |
| A.52        | 66     | 202. What is the current level/scope of care offered for SUD?   | Residential; IOP; outpatient; intervention.  |
| A.55        | 66     | 203. Are any MAT services currently being provided?   | Yes.   |
| C.3.c       | 80     | 204. States 'The contractor shall reduce their invoice equal to fifty percent (50%) of the cost of all antiretroviral medications prescribed by a physician or Mid-Level Provider for the treatment of Hepatitis C (HCV) or HIV/AIDS, as outlined in Section A.9.c of this Contract.' Please confirm this is to represent the contractor paying for 50% of the cost of such medications as the contractor is not responsible for the procurement of the medications.          | Yes.   |
| C.3.c       | 80     | 205. States 'The Contractor's responsibility shall be capped at two million dollars (\$2,000,000) per year for HCV.' Please confirm this cap is only for HCV and there is no cap for HIV/AIDS medications.  | Yes, cap is HCV only.  |
| C.3.c       | 80     | 206. If a state employee declines the contractor's job offer, the contractor is to reimburse the State at 140% of the employee's salary with the amount being 140% to represent estimated benefits. As benefits would include time-off and as the hours to be worked by the staff would still have to be covered or subject to penalty, is the State going to provide the necessary backfill hours to cover the time-off since it is charging the contractor for the benefit? | TDOC does not.   |
| C.5.c       | 80     | 207. What are the State's normal payment terms from the date of receipt of a properly documented invoice?   | 45 days.   |
| D.3         | 82     | 208. Given Warn Act requirements can the notice of termination be increased to 60 days? Can the provider also have a 120-day notice termination included in the contract?   | The State has revised Section D.5. to reflect the 60 days for notice of termination.                 |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | 209. How frequent are facility audits? Please provide by month and facility the last two years performance penalties.   | <p>Currently, contract monitoring audits are conducted every 6 months. Additional audits are conducted at least annually.</p> <p>There is not a breakdown of monthly facility performance penalties; however, below are the total performance penalties assessed since 2022.</p> <p>2022 - \$5,008,597.50<br/>2023 - \$2,468,485.51</p> |
|             |        | 210. Does the utilization of PRN or agency staff count regarding a 30-day vacancy?  | On a case-by-case basis.  |
|             |        | 211. Please provide 2022 and 2023-to-date performance scores for all elements listed in attachment 3.   | Refer to Questions #193 and #209. TDOC contract monitoring audits do not assign “scores”; rather each item is evaluated for a compliance threshold of 95%, but are not averaged or summarized.  |
|             |        | 212. Which sites currently use staff observers and which sites use inmate observers?  | All sites utilize both.   |
|             |        | 213. Please provide the date of the last pay increase for each employee listed and confirm that the future annual increase for each state employee will be no more than 3%. | The State provided market value raises to all state employees in November 2022. For future salary increases, it is not possible for TDOC to make that guarantee as these are results of the Tennessee Department of Human Resources (which is separate from TDOC) salary evaluation results and potentially performance ratings.        |
|             |        | 214. Are there designated Mental Health housing units? If so, please provide a description of the unit, to include the number of beds.                                      | Yes 5 locations with a total of 396 beds. Varies per site; self-contained units specific for behavioral health. They provide residential treatment.   |
|             |        | 215. RFP Attachment 4, Minimum Staffing Requirements, as revised in Amendment #4, uses the term “Medical Regional Office” in both the “Healthcare Services” tab and the     | The “Medical Regional Office” heading has been revised to “Regional Office” and the positions have been reduced accordingly to total 12.0 across both programs.   |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | <p>“Behavioral Healthcare Services” tab to describe the staffing requirements for the “Regional Office” and indicates 7.60 FTE “Administrative Staff” are required both for medical services and for behavioral health services in the Regional Office. Will the TDOC please confirm whether there is an error in the document or if the requirement is for a 7.60 FTE of Administrative Staff for each service (i.e., a total of the request is for 15.2 FTE) total Administrative Staff across both programs?</p> |  |
|             |        | <p>216. RFP Attachment 4, Minimum Staffing Requirements, as revised in Amendment #4, indicates 8.00 FTE “Utilization Management” staff are required both for medical services and for behavioral health services in the Regional Office. Will the TDOC please confirm the request is 8.00 FTE in each service for 16.0 FTE total Utilization Management staff across both programs?</p>   | <p>The positions have been reduced accordingly to total 12.0 across both programs.</p>   |
|             |        | <p>217. RFP Attachment 6.6 Pro forma Contract, A.14 states the Contractor shall retain a Statewide Hepatitis C treatment Management Coordinator, yet this position is not reflected in Attachment 4. Please clarify. Is this position independent from the Infectious Disease Management Coordinator found in Attachment 4?</p>   | <p>This was an oversight. These are 2 separate positions with different responsibilities. Attachment 4 has been revised to reflect the addition of a Statewide Hepatitis C Treatment Management Coordinator.</p> |
|             |        | <p>218. RFP Attachment 6.6 Pro Forma Contract, A.19.h states “The Contractor shall provide clinical case managers (“Contractor’s Clinical Case Managers”) at each facility to complete re-entry planning services for all inmate patients with chronic general</p>  | <p>Yes; they are indicated in the attachment under the “Behavioral Health Services” tab.</p>   |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | <p>medical health or chronic mental health diagnoses and needs”, yet there is no Case Manager noted on Attachment 4 for Mark Luttrell (MLTC), Turney Center Main, Turney Center Annex. Please clarify. Does the TDOC require a Case Manager at these facilities?</p>  |  |
|             |        | <p>219. RFP Attachment 6.6 Pro Forma Contract, A.40 states “At the facility, the Contractor’s clinicians, and Clinical Director shall administratively report to the Behavioral Health Administrator. Leadership at each facility shall consist of a Behavioral Health Administrator and a Clinical Director.” Which position at each facility is considered the “Clinical Director”? There are no Clinical Directors identified on Attachment 4, only one identified in the regional Office.</p> | <p>A Clinical Director is the Psychologist.</p>  |
|             |        | <p>220. Question: A.10. Staffing Services requires “All administrative staff....be proficient in Microsoft Word, Excel, Outlook, Publisher, SharePoint, and PowerPoint and Statistical Analysis System (SAS).” Can the Department confirm the requirement for all administrative staff to be proficient in SAS?</p>   | <p>Refer to Question #140.</p>   |
|             |        | <p>221. Section 5.1 Evaluation Categories &amp; Maximum Points contains a table with maximum points possible listed. It lists 20 maximum points possible for General Qualifications &amp; Experience RFP Attachment 6.2, Section B and 45 maximum points possible for Technical Qualifications, Experience &amp; Approach</p>   | <p>Please see the scoring guide at the bottom of RFP Attachment 6.2 Section C. The total raw weighted evaluated score will be divided by the maximum possible raw weighted score of 750, then multiplied the maximum possible score of 45.</p> |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | <p>RFP Attachment 6.2, Section C. RFP Attachment 6.2 Section B Technical Response &amp; Evaluation Guide matches with maximum possible score as 20. RFP Attachment 6.2 Section C Technical Response &amp; Evaluation Guide contains an Evaluation Factor for the following: C.1=20; C.2=30; C.3=50; C.4=30; C.5=20 with total raw weighted scores box would be a maximum of (150) x 5 (maximum possible raw weighted score) = 750. Then there is a "X 45" (maximum possible score). RFP Attachment 6.5 Score Summary Matrix contains General Qualifications &amp; Experience (maximum 20) and Technical Qualifications, Experience &amp; Approach (maximum 45). Can the Department please clarify the weighted scoring of the Technical Qualifications, Experience &amp; Approach that can produce a maximum possible raw weighted score of 750 but the maximum points possible are only 45?</p> |  |
|             |        | <p>222. RFP Section C.5 requires "Describe the management information system by which the Respondent will provide necessary cost and statistical information on a statewide and facility basis for the State to monitor performance. The system must include licensed reference materials, software, and support staff. Their functions will be reviewed with and approved by the State Director of Clinical Services or designee for health services and the Director of Behavioral Health or designee for behavioral health services within 30 days of the Effective Date of the contract." Under C.3 Work Plan that includes the work outlined in</p>   | <p>RFP Sections C.3. and C.5. are listed as part of the technical response and evaluation guide. This will serve as a comprehensive rating for all services provided.</p> <p>Pro Forma Section A.19. is specific to health services and Pro Forma Section A. 53. is specific to behavioral health services.</p> <p>These were all intentionally left separated with similar language and expectations.</p> |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE                 |
|-------------|--------|--|--------------------------------|
|             |        | <p>Section A of the Pro Forma Contract, A.19 Additional Provisions c. Health Care Delivery Costs and Statistics contains the same language except the approval: "The Contractor shall utilize a management information system that provides necessary cost and statistical information on a statewide and state facility-by-state facility basis for the State to monitor the Contractor's performance. The system, which is to include licensed reference materials, software, staff, and their functions will be reviewed with and approved by the TDOC Assistant Commissioner of Clinical Services or designee within thirty (30) days from the Contract Effective Date..." Under C.3 Work Plan that includes the work outlined in Section A of the Pro Forma Contract RFP Section A.53, Reporting Requirements a. also contains similar language, "The Contractor shall utilize a management information system that provides necessary cost and statistics information on a statewide basis for TDOC to monitor performance..." Can the Department clarify if these RFP sections need to be written to separately, yet contain the same information, and who will review and approve the system functions? Is one of these sections intended for medical services and the other intended for behavioral health services, or are any of the sections intended for the comprehensive services that this RFP covers?</p> |                                |
|             |        | <p>223. Under C.3 Work Plan that includes the work outlined in Section A of the Pro Forma Contract A.35</p>  | <p>Refer to Question #169.</p> |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | Supervision of Interns – Can the Department please provide a list of current internships and schools and/or schools from which the Contractor is overseeing interns currently?   |   |
|             |        | <p>224. Under C.3 Work Plan that includes the work outlined in Section A of the Pro Forma Contract, we noted that several sections appear to have similar or identical language and are confused that medical and behavioral health appears to still be separated in this comprehensive RFP. Can the Department please clarify if the following sections are applicable to medical services, behavioral health services, or both?</p> <ul style="list-style-type: none"> <li>a. A.10 and A.46</li> <li>b. A.15 and A.41</li> <li>c. A.24 and A.35</li> <li>d. A.13 and A.56</li> <li>e. A.14 and A.45</li> <li>f. A.9 and A.48</li> <li>g. A.53 and A.19 a. and C.5</li> <li>h. A.54 and A.11 b.</li> <li>i. A.22 and A.57</li> <li>j. For additional clarity and to ensure that we respond appropriately, can the Department please specify in which sections the response should cover comprehensive services and which sections are specific to just medical services or to just behavioral health services?</li> </ul> | <p>Sections A.3. through A.24. are specific to health services.</p> <p>Sections A.25. through A.57 are specific to behavioral health services.</p> <p>The remainder of the document applies to all services provided.</p> <p>All RFP sections apply to the services as a whole.</p> |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | <p>225. Under C.3 Work Plan that includes the work outlined in Section A of the Pro Forma RFP Section A.49, Special Education Programs c. reads: "Provide all behavioral healthcare services on-site at State Facilities...The Contractor must begin to provide special education programming no later than 15 calendar days of the initial request..." Can the Department clarify that this is intended to be specific to the two facilities identified in A.49 a. "Northwest Correctional Complex (NWCX) and Debra K. Johnson Rehabilitation Center (DJRC) which currently have special education programs."?</p> | <p>When someone is identified as needing special education at any facility, they are typically transferred to NWCX and DJRC for special education programming.</p>   |
|             |        | <p>226. There is a PT Aide at DSNF today, but there is no PT Aide shown on Attachment 4 at DSNF. Does TDOC intend to eliminate that position?</p>   | <p>This omission was in error and has been corrected in Attachment 4.</p>  |
|             |        | <p>227. Currently there are 5.0 TDOC MRCs at MCCX that are not included in Attachment 4. Does the TDOC want to increase Attachment 4 to reflect 8.0 MRCs, or will these staff remain TDOC employees?</p>  | <p>Current TDOC staff are not reflected in Attachment 4; rather they are reflected in Attachment 5 for state employees that will require a job offer from the vendor in accordance with Pro Forma Sections A.22. and A.57.</p> |
|             |        | <p>228. Currently the Dental Assistant at MLTC is a 1.0 FTE position and is filled by the TDOC. Please confirm the TDOC desires to covert this position to the vendor and to reduce weekly hours.</p>   | <p>Refer to Question #228.</p>   |
|             |        | <p>229. Currently there are 3.0 TDOC MRCs at NECX that are not included in Attachment 4. Does the TDOC want to increase Attachment 4 to reflect 4.0</p>   | <p>Refer to Question #228.</p>   |



| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | MRCs, or will these staff remain TDOC employees?  |   |
|             |        | 230. Currently there is a vendor-employed 1.0 FTE RN TACHH Coordinator and a vendor-employed 1.0 FTE Fibroscan LPN that are directed by the TDOC, which are not captured in Attachment 4. Does the TDOC require those positions?  | This omission was in error and have been added to Attachment 4.   |
|             |        | <p>231. Section A, Mandatory Requirement Items, A.7: Our company changed ownership earlier this year, having previously been held within a corporate enterprise whose financial statements we relied upon for our RFP responses in recent years, including responses to RFP's by the State of Tennessee. As we are in the first year under new ownership, we do not yet have audited financial statements specific to us as a bidding entity, as that audit process will commence in 2024 after the close of the current year. Therefore, would the Department accept the following documents for the purposes of responding to this solicitation with the further understanding that 2023 audited financial statements will be submitted when completed in Q2 2024?</p> <ul style="list-style-type: none"> <li>a. 2021 and 2022 Audited Financials for the bidding entity's ownership group</li> <li>b. YTD November 2023 Unaudited Balance Sheet and Income Statement for the bidding entity signed and attested by the bidding entity's CEO and CFO</li> </ul> | Subject to a complete review of the financial documents, the State would accept the audited financial statements of Respondent for operational years 2021, 2022 and 2023, letter of positive standing from Respondent's bank and letter from bonding agent that Respondent can obtain the necessary bond. |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | <p>c. Letter of Good Standing from the bank of the bidding entity's ownership group</p> <p>d. Bonding Agency Letter Confirming the Bonding Capacity of the bidding entity</p>  |   |
|             |        | <p>232. In order to account for the impact of fixed costs (primary staffing) as population fluctuates up and down, will the Department consider a sliding scale per-diem adjustment for ranges of population?</p>  | <p>No.</p>  |
|             |        | <p>233. Pro Forma Contract, Section A.9.C: Please confirm that the vendor is not responsible for the costs of any medications other than Hep C, HIV, and psychiatric medications that are subject to the cost sharing described in the RFP and proforma contract section A.9.c</p>   | <p>Correct.</p>   |
|             |        | <p>234. Please confirm whether or not the vendor is responsible for the cost of medications used for the Medication Assisted Treatment/Withdrawal Management Unit program for opioid-addicted inmates.</p>   | <p>The contractor will be responsible for 50% of all psychotropic/behavioral medications, including those used for the MAT/WMU program. Language has been updated to reflect this expectation more clearly.</p> |
|             |        | <p>235. In the past year, how much has the current vendor been charged for the cost of State officers providing security in Non-Secured hospital units?</p> <p>236. In the past year, how much has the current vendor been charged for the cost of officer meals while providing security in Secured and Non-secured hospital units?</p> | <p>Data is available for the month of October 2023 and it is \$18,800.</p> <p>FY23- \$71,155.95</p>   |
|             |        | <p>237. Pro Forma Contract, Section A.55: The RFP states "The Contractor shall provide the full-time equivalent of</p>   | <p>This was in error. This language has been revised to read 11.4 in total.</p>   |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | <p>nine-point four (9.4) staff positions consisting of 4.2 LPNs, 5.2RNs, 1 CNA and 1.0 MAT APN..." The total of the positions adds up to 11.4, not 9.4. Can the Department please confirm if this was an error and if the full-time equivalent requirement is 11.4?</p>   |  |
|             |        | <p>238. Can the Department please confirm if all the services outlined in the current TDOC MAT Contract #32901-30340 are included in this current comprehensive RFP?</p>  | <p>Yes.</p>  |
|             |        | <p>239. Regarding Attachment 6.6 A(19)(1): "Contractor agrees to pay for a third party contractor, at the State's selection, to assess contract services annually." Please provide further clarification as to the scope of work and frequency that a third party contractor will be used for this purpose, and what costs should bidders include in their price proposals to cover this expense?</p>   | <p>This has been removed. TDOC conducts its own contract audits.</p> |
|             |        | <p>240. Pro Forma Contract, Section A.9.b: "State Pharmacy and Therapeutics Committee. The TDOC Assistant Commissioner of Clinical Services, TDOC Chief Medical Officer, the Contractor's State-wide Medical Director, Dental Consultant and the Clinical Pharmacist shall participate on the State Pharmacy and Therapeutics Committee and shall communicate findings of the State Pharmacy and Therapeutics Committee to contracted providers. The Contractor's Clinical Pharmacist shall participate in the committee meetings and monitor pharmaceutical outcome measures. The Clinical Pharmacist is responsible</p> | <p>The reference to this position has been removed.</p>              |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | <p>for collaborating with the State Central Pharmacy Contractor to provide the requested statistical report.”</p> <p>Attachment Four does not appear to list the Contractor Clinical Pharmacist. Which position in the staffing matrix accounts for this responsibility?</p> |   |
|             |        | <p>241. Attachment Four: Is the MAT Pharmacist position a newly created position? Can the Department please provide responsibilities and requirements for this position?</p>   | <p>A. Assessment of opioid use disorder including physical and laboratory examination for signs and symptoms of opioid use and opioid use disorder.</p> <p>B. Medication Management.</p> <p>i. Initiate, modify, discontinue, and administer medications for the treatment of opioid withdrawal symptoms including but not limited to alpha-2 agonists, antiemetics, antihistamines, anticonvulsants, antidiarrheal agents, analgesics, and sedative hypnotics.</p> <p>ii. Initiate, modify, discontinue, and administer formulations of buprenorphine indicated for OUD.</p> <p>iii. Initiate, modify, discontinue, and administer naltrexone for opioid use disorder.</p> <p>iv. Initiate, modify, discontinue, and administer naloxone for overdose prevention.</p> <p>v. Initiate, modify, discontinue, and administer medications for the treatment of opioid induced side effects.</p> <p>C. Develop a treatment plan for opioid use disorder including referral to medical services, case management, psychosocial services, substance use counseling, and residential treatment as indicated.</p> <p>i. For patients who self-refer to the pharmacist for treatment, the pharmacist will have direct communication with the</p> |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        |   | <p>collaborating physician to review the treatment plan by a method and frequency determined by the collaborating physician.</p> <p>D. Documentation</p> <p>a. The pharmacist's assessment, clinical findings, and plan of care will be documented in a health record mutually accessible by the referring provider, collaborating physician, and/or primary care provider. If a mutually accessible health record is not available documentation will be shared via facsimile or other secured communication platform.</p> |
|             |        | <p>242. Pro Forma Contract, Section A.18.c and A.53.d: Can the Department please provide the names of the state's automated hardware/software systems and by which protocols and ports are they capable of communication and interfacing?</p>   | <p>This is currently unknown.</p>   |
|             |        | <p>243. Pro Forma Contract, Section A.29.a: Can the Department please provide the name of the state's current videoconferencing system? What communication protocols and ports can be used by the current system to meet the requirement to fully interact with the Contractor's telepsychiatry videoconferencing system?</p> | <p>H.323 compliant is required.</p>   |
|             |        | <p>244. Pro Forma Contract, Section A.29.a: Can the Department confirm if the State will allow the contractor to install Wi-Fi or other wireless communication systems in support of</p>  | <p>No wireless is currently utilized. The state is resistant to wireless use for security reasons. CAT6 installation will be provided where required.</p>   |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | telemedicine and telepsychiatry services?  |  |
|             |        | 245. Pro Forma Contract, Section A.12.c: Can the Department confirm if the State will be providing Network and Internet access for Telemedicine services at all State Facilities?  | The state will provide fiber between buildings and CAT6 in buildings. The vendor will provide the circuit, switches, and equipment.  |
|             |        | 246. Pro Forma Contract, Section A.19.d: Can the Department provide an example of a Monthly operating report covering range of statistics, developments, issues and successes?<br><br>247. Can the Department provide a list of Department applications, file services, or other resources are accessed by contractor staff? | We receive those from the vendor and are not appropriate to share.<br><br>OMS; shared drive for facilities; EHR, TDOC policy icon; TDOC intranet.  |
|             |        | 248. Are there any education or treatment programs currently provided via tablets or other portable devices that would be under the contractor's responsibility?   | Not at the time of answering this question.  |
|             |        | 249. Are there any specifications or restrictions regarding the system allowing providers to review documents and diagnostic tests offsite?  | Not at this time.  |
|             |        | 250. Does the Department have a process to allow contractors to install software (i.e. support tools) on Department imaged PC's or request internet site whitelisting?   | Web accessed software (no client on the machine) is preferred. If software is required and is approved by the state, it could be installed. Alternatively, vendor computers could be placed on the vendor network. |
|             |        | 251. Considering the growth of telemedicine and collaboration technologies, what is the current network bandwidth for each site?   | The telemedicine network in on the vendor owned circuit and the bandwidth is determined by the vendor.   |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | 252. Does the Department provide e-fax services or is that the vendor's responsibility?  | Vendor provided.  |
|             |        | 253. What facilities are not connected to the WAN? Is there a list of their connection type and bandwidth?   | The state WAN is active at all sites.   |
|             |        | 254. Are the contractor staff PC's on a separate network (or VLAN) than other Department owned end-points?   | Currently, all computers are on the state network but that incurs a STS network fee of approximately \$65 per month per machine. Computers could possibly be moved to the vendor network. |
|             |        | 255. Is there any connectivity between the Telehealth network and the Department's network or is it completely isolated?   | Two separate circuits – one installed by the state and one by the vendor.   |
|             |        | 256. Is it the intent of the Agency that all facilities have equipment to conduct telemedicine consults? If so, please identify those facilities for which services are intended.  | Refer to Question #160.   |
|             |        | 257. Will the Department allow a provision for physicians who have 10+ years of corrections experience in lieu of completed residency and/or Board Eligibility or Certification to be considered and/or credentialed for staff physician roles?                        | No.   |
|             |        | 258. Pro Forma Contract, Section A.3.b.1: Can the Department specify what the services entail in each of the regions? Are all regions obligated to render specialty services outlined in A.5? Is the expectation that provider networks be established at the regional | All sites. Yes, that is the expectation that all sites provide specialty services and regional referral sites are established for onsite and offsite appointments.                        |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | referral sites to include onsite and offsite network along with inpatient hospital?   |   |
|             |        | 259. Pro Forma Contract, Section A.3.b.1.a: Can the Department please clarify if this refers to onsite specialty clinics only or does it include any offsite clinic? Please provide the parameters behind the approvals and how far in advance the approval is needed. Can the Department confirm if physical space at those sites be made available to establish those clinics so that daily operations will not be impacted and if additional security resources will be available. | Both onsite and offsite. Review done on a case-by-case basis. Physical space is available at the sites that already have specialty consult services onsite. |
|             |        | 260. Pro Forma Contract, Section A.3.b.1.b: Can the Department please confirm if there will be an exception for add on appointments due to the removal of other scheduled patients? Will there be exceptions for emergent or urgent patient appointment?  | Please clarify/rephrase this question.  |
|             |        | 261. Pro Forma Contract, Section A.3.b.1.c: Can the Department please clarify if the definitions of days is business or calendar days. If a specialty clinic cannot be rescheduled within seven days due to the specialist availability, what would be the expectation for next steps?  | Calendar days. Next steps would be a case-by-case basis depending on the acuity of the patient and need of the appointment.                                 |
|             |        | 262. Pro Forma Contract, Section A.3.c.3: Can the Department please clarify if the definitions of days is business or calendar days?  | Calendar days.  |
|             |        | 263. Pro Forma Contract, Section A.3.d: Can the Department please describe the method for submitting any  | These would be submitted to the Assistant Commissioner of Clinical Services and TDOC Chief Medical Officer.   |



| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | changes and who changes should be sent to?   |   |
|             |        | 264. Pro Forma Contract, Section A.3. d.1: Can the Department clarify if mid-level providers should be onsite 24/7 or on call 24/7?  | It is a mixture of both; meaning, there should be an on call schedule for the times in which a provider is not onsite.  |
|             |        | 265. Pro Forma Contract, Section A.3. d. 3: Can the Department confirm if the Mental Health nurses on the staffing matrix are only to provide behavioral health services in the supportive living units and to areas where patients are on precautions/seclusions? Does the nursing personnel's reporting structure fall under the Behavioral Health Administrator or the Health Services Administrator? | Behavioral health nurses should be designated for behavioral health services. The HSA oversees nursing personnel; however, the BHA is responsible for assignment. |
|             |        | 266. Pro Forma Contract, Section A.3.e: Can the Department please clarify if the definitions of days is business or calendar days? Who do requests for nursing protocol changes go to?   | Calendar days.<br><br>Vendor leadership would review, then submit to TDOC leadership for review and approval prior to implementation.                             |
|             |        | 267. Pro Forma Contract, Section A.3.f: Can the Department please confirm if students require the same clearance process as contract employees.  | Yes.  |
|             |        | 268. Pro Forma Contract, Section A.3.i: Can the Department please clarify who would be expected to make the referral on the Contractor side? Would the Contractor Statewide Medical Director be involved in the process?   | Yes, the Statewide Medical Director and CMO will be involved.   |
|             |        | 269. Pro Forma Contract, Section A.3.j: Can the Department please  | Please refer to TDOC Policy #113.50.  |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | clarify if the entire record should be printed and filed with all the intrasystem transfers and what TDOC policy outlines this process. Are name stamps permitted for all staff members or only providers? Do all clinical encounters/notes require the utilization of the SOAP format or just clinical assessments?  |   |
|             |        | 270. Pro Forma Contract, Section A.3.m: Can the Department please indicate if there is a certain timeframe in which the education program needs to be reviewed and approved by the state? Who does the plan need to be submitted to on the state aspect? Can the Department please provide the job duties for the mental health nurses in comparison to the medical floor nurses? If there are different job functions between the two, is the staffing allocation appropriate? Are MAT patients included in the psychoeducational groups for mentally ill offenders? | 60 days from the Effective Date. TDOC Clinical Services leadership.<br><br>Please refer to TDOC Policy #113.40. Both are responsible for education when interacting with a patient.<br><br>MAT – Yes. |
|             |        | 271. Pro Forma Contract, Section A.3.o: Can the Department please confirm if there will be an exception for add on appointment due to the removal of other scheduled patients? Will there be exceptions for emergent needs?   | Clarify “exception”, please. All patients should be seen when needed.   |
|             |        | 272. Pro Forma Contract, Section A.3.p: Can the Department please clarify if there is a certain time frame in which the education program needs to be reviewed and approved by the state and who the plan needs to be submitted to on the state side? The regional staff member is not allocated  | Refer to Question #270 for education program clarification. The “Health Educator” is listed in the “Healthcare Services” tab of Attachment 4.   |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | on the staffing matrix. Can the Department please confirm if that was in error?  |   |
|             |        | 273. Pro Forma Contract, Section A.3.q: Can the Department please clarify the job duties for the infectious disease consultant? Is position only required if there is an identified issue with OSHA, TOSHA, or the CDC?  | This would be the TACHH position detailed in Question #117 and are reflected in Attachment 4. This position is required to assist the vendor in maintaining compliance and implementing preventative measures rather than being employed after an identified issue.   |
|             |        | 274. Pro Forma Contract, Section A.3.t: Can the Department please describe the audit process? Who on the state aspect will the audit be submitted to?  | This audit process is vendor specific, mostly dependent upon the vendor's claims payment processor they employ. The audit would be submitted to TDOC Clinical Services and Fiscal Services leadership for review, information, and, if necessary, request of corrective action.   |
|             |        | 275. Pro Forma Contract, Section A.3.v: Can the Department please confirm if there is an exception to maximum custody incarcerated individuals who aren't compatible for the WMU program at WTSP?  | There is no exception. Max custody inmates are treated where they are housed in restrictive housing.  |
|             |        | 276. Pro Forma Contract, Section A.3.v: Can the Department please clarify staffing designated for "Program MAT – all other facilities" on the behavioral health staffing requirements. There is not specification as to where the 37.40 FTEs are designated throughout the state. Please clarify if the nursing personnel's reporting structure fall under the Behavioral Health | <p>MAT generally falls under medical, but behavioral health still as a role in the treatment of those in the program. Nursing will report to the HSA.</p> <p>The breakdown of where nursing would be placed at "all other facilities" from Attachment 4 is below. The remaining positions would be on a schedule determined by the vendor to provide services statewide, with exception to the WMU at WTSP.</p> |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | Administrator or the Health Services Administrator.   | <p>BCCX – 2.8 FTE RNs<br/> MCCX – 2.8 FTE RNs<br/> NECX – 2.8 FTE RNs<br/> RMSI – 2.8 FTE RNs<br/> TCIX Annex – 1.4 FTE RNs<br/> TCIX Main – 2.8 FTE RNs<br/> NWCX – 2.8 FTE RNs</p>  |
|             |        | 277. Pro Forma Contract, Section A.3.v: Can the Department please confirm if the incarcerated individuals are required to stay for the full 7 weeks? Are these services provided at WTSP or all facilities?   | Only WTSP has a Withdrawal Management Unit; however, MAT services should be offered at all State Facilities. 7 weeks is currently the minimum amount of time an inmate should receive clinically managed withdrawal services. |
|             |        | 278. Pro Forma Contract, Section A.4.d: Can the Department confirm if these requirements are only for medical services or do they apply to behavioral health as well?   | Medical.  |
|             |        | 279. Pro Forma Contract, Section A.4.a: Can the Department please clarify what is considered a health assessment in comparison to a physical examination? Will TDOC policy 113.20 change to reflect contractual obligations? The current policy notes 14 days for completion. | <p>Refer to TDOC Policy #113.50 which indicates and defines health assessment.</p> <p>This policy is currently under review for revisions.</p>  |
|             |        | 280. Pro Forma Contract, Section A.4.a.14.d: Can the Department please confirm if there is an exception if there is a noted document refusal?   | There is exception allowed for documented refusals. Language allowing such an exception has been added to Pro Forma Section A.4.a.14.d.   |
|             |        | 281. Pro Forma Contract, Section A.4.a.15.a: Can the Department please confirm if TDOC policy 113.20  | Refer to Question #279.   |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | will change to reflect contractual obligations?   |   |
|             |        | 282. Pro Forma Contract, Section A.4.b.5: Can the Department please confirm which vaccination series shall be offered to incarcerated individual workers where there is a high risk of exposure?  | Hepatitis vaccinations shall be provided to inmate workers where there is a high risk of exposure and in accordance with the ACIP published annually by the Centers for Disease Control and Prevention. |
|             |        | 283. Pro Forma Contract, Section A.4.c.2: Can the Department please clarify the ServSafe procedures?  | It is required that TB testing to be administered and verification that the inmate doesn't have a communicable disease prior to a food handler's permit being issued a new one or when renewed.         |
|             |        | 284. Pro Forma Contract, Section A.4.d: The RFP states "The Contractor shall provide a Physician on-site at each State Facility who is available to see sick call referrals at a minimum of 3.5 hours per week per one hundred (100) inmates." Can the Department please confirm that this would mean that 40 hours a week physician coverage for every 1,142 incarcerated individuals for sick call? The minimum staffing requirements does not allocate sufficient staffing for the NECX and TCIX facilities. | Staffing matrix currently has the required positions that is sufficient and appropriate for the patient load at each site.  |
|             |        | 285. Pro Forma Contract, Section A.4.d.1.b.ii: Can the Department please clarify what conditions warrants a transfer to DSNF and/or DJRC?   | Clinical/medical needs or appointments; bed management.   |
|             |        | 286. Pro Forma Contract, Section A.4.d.1.b.xiii: Can the Department please confirm if there are suctioning capabilities within all facilities?  | Yes, there is.  |
|             |        | 287. Pro Forma Contract, Section A.4.d.1.c: Can the Department please   | Morgan County Correctional Complex (MCCX): ten (10)   |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | <p>clarify the number of infirmary beds at MCCX?</p> <p>288. Pro Forma Contract, Section A.4.d.1.c: The RFP states “A Provider shall make daily rounds in accordance with the TDOC Infirmary Protocol, as may be amended, in Attachment Nine.” The protocol does not indicate daily rounds by a provider for patients in the infirmary. Can the Department please confirm if it is acceptable for providers to round as outlined in the infirmary protocol instead of daily?</p> | <p>infirmary beds (including two (2) negative pressure rooms.)</p> <p>Based on acuity for rounds. Language in Pro Forma Section A.4.d.1.c. to reflect these rounds are in accordance with Attachment Nine, TDOC Infirmary Protocols versus daily rounds.</p> |
|             |        | <p>289. Pro Forma Contract, Section A.4.d.2: Can the Department please confirm if there is a certain time frame in which the chronic care plan needs to be submitted to the state?</p>   | <p>60 calendar days from Effective Date.</p>   |
|             |        | <p>290. Pro Forma Contract, Section A.4.d.3: Can the Department please confirm if all incarcerated individuals who are HIV negative or have an unknown HIV status need to have an HIV rescreening prior to release?</p>  | <p>Correct.</p>  |
|             |        | <p>291. Pro Forma Contract, Section A.4.d.4: Can the Department confirm if TDOC policy 113.44 changed to reflect contractual obligations?</p>  | <p>Yes, this policy is currently in the review process.</p>  |
|             |        | <p>292. Pro Forma Contract, Section A.5: Can the Department please clarify the expectations of timely payment of all outpatient and inpatient care? The timely payment language does not match the claims payment section. Can the Department please define timely payment or is it also expected within 60 days?</p>  | <p>It is expected to be within 60 days as well.</p>  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | 293. Pro Forma Contract, Section A.5.b and A.5.c: Can the Department please confirm if the east region is responsible for conducting CT and MRI or shall these patients be transferred to central and western regions for these particular specialty services?   | These services are not broken down by region.  |
|             |        | 294. Pro Forma Contract, Section A.8: Can the Department please clarify the expectations related to the frequency of meetings with representatives from hospitals? Is there a specified time frame in which the policy and procures for hospitalization services needs to be presented to the state CMO? | Cadence set by the vendor.<br><br>Within 60 calendar days of the Effective Date.   |
|             |        | 295. Pro Forma Contract, Section A.8.a.3: Can the Department please confirm if there is a minimum CAP for these fees?  | There is not.  |
|             |        | 296. Pro Forma Contract, Section A.8.a.6: Can the Department please clarify this process and what this option looks like? Is the contractor responsible for security related fees as well?   | Pro Forma Section A.8.a.6. language has been revised. This was meant to say that arrangements are made for transfer to a sub-acute facility versus being discharged back to the State Facility that does not have the capability/ resources to provide acute care once the inmate is discharged from the hospital. The vendor would not be responsible for the costs associated with the transfer when TDOC transports the inmate. |
|             |        | 297. Pro Forma Contract, Section A.8.a.8: Can the Department please clarify what type of direct messaging is expected and secure?  | Nurse-to-nurse is typically over the phone.<br><br>Handouts are typically given to the security staff monitoring the inmate to bring back to the facility for their inclusion in the inmate's medical record.  |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | 298. Pro Forma Contract, Section A.8.d: Can the Department please clarify if this includes observation only admissions?   | If the patient stays at the hospital, regardless of observation only or other, the vendor is responsible for the costs of the admission.   |
|             |        | 299. Pro Forma Contract, Section A.8.e: Can the Department please confirm if the \$600 fee will be waived if NGH is unable to provide the services needed?  | Refer to Question #164.  |
|             |        | 300. Pro Forma Contract, Section A.8.f and A.8.f.1-8: Can the Department please confirm if there is a capped amount that the contractor is responsible for regarding maintenance and capital improvements at NGH? Is there a capped amount that the Contractor is responsible for regarding another secured unit that may be identified outside of NGH? | There is no cap.<br><br>The State has no intent of another secured unit being created for this contract.                                   |
|             |        | 301. Pro Forma Contract, Section A.9.d: Can the Department please clarify if the state will develop a plan related to chronic disease management and nursing protocols or will the contractor be required to develop applicable plans and submit it to the state for approval?  | Please refer to TDOC Policies for these programs. (#113.11 (nursing protocols) and #113.32 (chronic disease)).                             |
|             |        | 302. Pro Forma Contract, Section A.10: Can the Department please clarify who the audit should be submitted to? Please clarify if the definition of days is business days or calendar days.  | Staffing reports are sent to TDOC leadership and contract monitors. These staffing reports are sent by the 15 <sup>th</sup> of each month. |
|             |        | 303. Pro Forma Contract, Section A.10.a.1: Can the Department please confirm in the event there are restrictions to an individual's   | No.  |



| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | licensure/certification, will exceptions be made?   |  |
|             |        | 304. Pro Forma Contract, Section A.10.a.2: Can the Department please clarify the process/requirements for applicable health screenings on preemployment?  | Refer to TDOC Policy #305.09. This has been added to Attachment 6.8.   |
|             |        | 305. Pro Forma Contract, Section A.10.b: Can the Department please describe what the screening process looks like prior to employment?  | Refer to Question #304.  |
|             |        | 306. Pro Forma Contract, Section A.10.c: Can the Department please clarify what particular information needs to be maintained in the personnel file?  | Refer to TDOC Policy #113.10 for information required.   |
|             |        | 307. Pro Forma Contract, Section A.10.g.1: Can the Department please clarify if there is a certain time frame in which the orientation/training plan needs to be submitted to the state? Who on the state side does the plan need to be submitted to? | 60 calendar days from the Effective Date. Assistant Commissioner of Clinical Services and TDOC leadership.               |
|             |        | 308. Pro Forma Contract, Section A.10.g.2: Can the Department please confirm if there is a certain time frame in which the contractor needs to secure the digital curriculum?   | 60 calendar days from the Effective Date.  |
|             |        | 309. Pro Forma Contract, Section A.10.g.3: Can the Department please clarify if this approval is for orientation or annual training. Please clarify if the definition of days is business days or calendar days.                                      | Both. Calendar days.   |
|             |        | 310. Pro Forma Contract, Section A.10.g.6: Does the Department have any recommendations regarding   | Most would be covered in the digital curriculum from Question #308. Other recommendations are not specific, but anything |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | clinical references that need to be utilized?  | that serves as a reference guide to staff for their specialty or overall operation of providing medical and behavioral health services.  |
|             |        | 311. Pro Forma Contract, Section A.11.a.1: Can the Department please clarify if the definition of days is business days or calendar days.  | Calendar.  |
|             |        | 312. Pro Forma Contract, Section A.11.a.4: The staff designated to be responsible for the coordination and management of the utilization management and review process are not identified in the staffing matrix. Should these staff be allocated in the minimum staffing requirements or should existing staff in the minimum staffing requirements be assigned these duties?   | Review committee at each site, not a specific position so existing staff should be assigned these duties.  |
|             |        | 313. Pro Forma Contract, Section A.11.a.6: Can the Department please confirm if there is a certain time frame in which the method of hospitalizations, consultations and the applicable tracking system needs to be presented to the state for implementation? Should the plan be submitted to the TDOC Chief Medical Officer? Is this covered through oSEL entries? What about hospitalization events that occur on the weekends? | <p>Daily OSEL and huddles calls are held during regular business days and are used to share information regarding these services. The daily huddle calls are specific to individuals that are hospitalized, while OSEL covers all of these subjects.</p> <p>Presentation of the method of hospitalizations, consultations, and tracking systems should be presented to the State within 60 calendar days from the Effective Date.</p> <p>Hospitalization events that occur over the weekend may be discussed via phone during non-business hours or during the daily huddle calls.</p> |
|             |        | 314. Pro Forma Contract, Section A.11.a.7: Can the Department please   | There are not protocols per se. Currently TDOC receives a list of patients when suspended on   |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | confirm if there are current protocols and if they can be available for review?   | a monthly basis. It is then sent to case management from the vendor.   |
|             |        | <p>315. Pro Forma Contract, Section A.11.a.7: Can the Department please clarify who will apply for TennCare qualifications? If TennCare only pays a portion of the hospitalization, will the contractor be responsible for the remainder?</p> <p>316. Pro Forma Contract, Section A.11.a.8: The RFP references contract section E.35. The RFP does not contain a section E.35. Can the Department please confirm if this is an error?</p> | <p>The vendor assists in the application process.</p> <p>Yes.</p> <p>This is the incorrect section reference. Section A.11.a.8. doesn't mention another section; however, Pro Forma Section A.11.c. has been revised to reference Pro Forma Section E.8.</p> |
|             |        | <p>317. Pro Forma Contract, Section A.12.a: Can the Department please clarify if the definition of days is business days or calendar days. Are there parameters to intake optometry examinations? What is the expectation of promptly? Will there be exceptions made to the 15 business day timeframe for specialty lenses? What are the stipulations behind replacing glasses due to factors related to security searches?</p>           | <p>Calendar Days.</p> <p>No parameters.</p> <p>Promptly shall mean no delay.</p> <p>No exceptions.</p> <p>Case-by-case basis, escalate as needed.</p>  |
|             |        | <p>318. Pro Forma Contract, Section A.12.c: Can the Department please confirm who identifies which laboratory results require a longer processing time? Will those particular labs be outlined and a timeframe for resulting outlined? What does this process look like?</p>  | <p>No, we cannot identify these for the purposes of the RFP as they are vendor specific.</p>   |
|             |        | <p>319. Pro Forma Contract, Section A.12.d: Can the Department please confirm if all EKG readings required to transmit to the cardiologist for reading</p>  | <p>Vendor decision.</p>  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | or can site medical physicians read the applicable EKG? Are transmitting services available due to line capabilities?  |   |
|             |        | 320. Pro Forma Contract, Section A.12.e: Can the Department please confirm if the contractor is responsible for security related costs? Is a contract needed with the outside long term acute care facility?   | Non-secure unit costs are the vendor's responsibility. TDOC will invoice the vendor on a monthly basis.<br><br>Yes, when necessary.   |
|             |        | 321. Pro Forma Contract, Section A.12.f.i: This statement contradicts A.5.c "The Contractor shall provide mobile renal dialysis available at each female State Facility as designated by the State." Can the Department please clarify?<br><br>322. Pro Forma Contract, Section A.12.i: These individuals are not identified in the minimum staffing requirements. Can the Department please clarify if this was in error? | Female inmates could receive services at DSNF, but in instances in which this is not possible, mobile dialysis should be provided at the female State Facilities. Both sections do mention that these are at the discretion of the State.<br><br>Not a specific position; nursing included in the staffing matrix can provide these services. |
|             |        | 323. Pro Forma Contract, Section A.13.b: Can the Department please clarify if nursing staff includes APNs or RNs and LPNs? Is a TB or IGRA warranted for nursing personnel?  | Credentials are based on TN health related boards, not TDOC. All must follow state credentialing laws.<br><br>Please refer to TDOC Policy #113.44, Section C.   |
|             |        | 324. Pro Forma Contract, Section A.13.c: Can the Department please clarify if a TB or IGRA is warranted for ancillary staff?   | Refer to Question #323.   |
|             |        | 325. Pro Forma Contract, Section A.14.c: Can the Department please clarify if the contractor's CQI coordinator is involved with privately managed facilities?  | Yes, they are.  |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | 326. Pro Forma Contract, Section A.14.d: Can the Department please confirm if the contractor's IDM coordinator is involved with privately managed facilities?   | Yes, they are.  |
|             |        | 327. Pro Forma Contract, Section A.14.e: Can the Department please confirm if the contractor's health educator is involved with privately managed facilities?   | Yes, they are.  |
|             |        | 328. Pro Forma Contract, Section A.14.i: Can the Department please confirm if the contractor's FibroScran LPN is required? Please provide job duties/requirements for this role.  | Refer to Question #230.   |
|             |        | 329. Pro Forma Contract, Section A.15.a.6: Can the Department please clarify who these meetings consist of?   | Refer to TDOC Policy #113.09 for committee breakdowns. The Ethic Committee is determined by the case in which the State is reviewing.                               |
|             |        | 330. Pro Forma Contract, Section A.15.a.7: Can the Department please clarify who these meetings consist of?<br><br>331. Pro Forma Contract, Section A.15.c: Can the Department please confirm if the contractor's CQI coordinator is responsible for completing this task monthly? Who is the TDOC CQI coordinator? | Refer to Question #329.<br><br>Yes, monthly. They are uploaded to a shared drive on the State's network.  |
|             |        | 332. Pro Forma Contract, Section A.18.a: Can the Department please confirm if the health record needs to accompany the patient when transferred to privately managed facilities? Please clarify "all services provided to an inmate shall be typed for placement in the health record."                             | Yes, they do. All services, medications, procedures, etc. should be in the medical file. Medical file compilation requirements are outlined in TDOC Policy #113.50. |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | 333. Pro Forma Contract, Section A.19.c.1: Can the Department please confirm that all consult needs to be reviewed and discussed with the site medical director prior to the consulting specialist?        | Vendor preference. All consultations are sent to TDOC CMO monthly.  |
|             |        | 334. Pro Forma Contract, Section A.19.e: Can the Department please clarify what type of statistical reports involving utilization is warranted? Who are the annual reports submitted to on the state side? | Refer to TDOC Policy #113.54 for clinical services statistics collection and reporting.   |
|             |        | 335. Pro Forma Contract, Section A.19.g: Can the Department please confirm if co-payments for medical services, eyeglasses or dentures are routed back to the contractor?                                  | Co pays are not routed back to the contractor.  |
|             |        | 336. Pro Forma Contract, Section A.19.h: Can the Department please clarify how providers write the prescriptions? Are there laws requiring e-scribe tools especially for controlled substances?            | Orders must be placed in Central Pharmacy's online portal called CIPS Remote. If the medication is a controlled substance, the medication must be entered into CIPS Remote as well as faxed.<br><br>TN Code § 63-1-160 (2021)<br>21 CFR Part 1311 - PART 1311—REQUIREMENTS FOR ELECTRONIC ORDERS AND PRESCRIPTIONS<br><br><a href="https://www.law.cornell.edu/cfr/text/21/part-1311">https://www.law.cornell.edu/cfr/text/21/part-1311</a> |
|             |        | 337. Pro Forma Contract, Section A.25: Can the Department please provide some clarification on behavioral health operations meeting NCCHC and ACA standards?   | All services and care provided must be in compliance with these standards.  |
|             |        | 338. Pro Forma Contract, Section A.26.b: Can the Department please clarify as to whether an APN will be  | Refer to TDOC Policy #113.84; any licensed mental health prof. can perform these reviews.   |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | needed to perform an initial 30 day review and every review 30 days thereafter for patients in restrictive housing? Are the minimum staffing requirements sufficient to meet this requirement at facilities with restricting housing regarding APNs and will there be sufficient supervising coverage? | Yes.   |
|             |        | 339. Pro Forma Contract, Section A.26.c: Can the Department please confirm if the direct assessment can be completed by telehealth? Is it anticipated that APNs will be able to complete the 24 hour restraints assessments?   | No.<br><br>Yes, to APNs.   |
|             |        | 340. Pro Forma Contract, Section A.33: Can the Department please confirm if a second set of nursing protocols are required or shall all nursing personnel follow the same established protocols?   | Section A.33. is specific to behavioral health services. If the vendor prefers to make one set of nursing protocols for both health and behavioral health services, that would be sufficient to the TDOC, so long as they cover responsibilities for both. |
|             |        | 341. Pro Forma Contract, Section A.35: Can the Department please clarify if there are other stipulations related to this requirement? Should this supervision occur within a certain period of time?   | Refer to Question #169.  |
|             |        | 342. Pro Forma Contract, Section A.43: A.19 states a 30 day supply and A.43 states a 60 day supply. Can the Department please clarify if the 60 days supply is for behavioral health medications and the 30 days supply is for medical medications?  | Correct.   |
|             |        | 343. Pro Forma Contract, Section A.55: Can the Department please clarify if there is a specified number of   | Attachment 4 lists the caseload, which is the total number of beds in that designated unit. (48 beds).   |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | beds allocated to the designated unit at WTSP?   |  |
|             |        | 344. Pro Forma Contract, Section A.55.f: Can the Department please provide the requirements behind "routine" care and assessments?   | Refer to TDOC Policy #113.93.  |
|             |        | 345. Pro Forma Contract, Section C.4.c: Can the Department please confirm if treatment continues if the contractor's amount is capped annually?  | Treatment would continue at the State's expense.   |
|             |        | 346. Attachment Three, Initial Health Assessment: Will TDOC policy change to reflect contractual expectations? What is the definition of days – business or calendar?  | Refer to Question #279.  |
|             |        | 347. Attachment Three, Specialty Care/Consultations: What is the definition of days – business or calendar? Is the \$200 amount assessed per record reviewed or per consultation in a single record?   | Calendar. TDOC views the terminology as interchangeable.   |
|             |        | 348. Attachment Three, Special and Restrictive Housing Unit Sick Calls: What is the definition of "special" housing units? What mechanism will be utilized to identify that sick call was offered in restrictive housing units seven days per week?                          | "Special" housing would include any unit outside of general population.<br><br>Mechanism: Sick call rosters would indicate.  |
|             |        | 349. Attachment Three, Emergency On-Call: Is this indicator assessed based on the emergency on-call log noting the increments in which an emergent call exceeds 30 minutes? Or will this indicator assess damages based on notation identified in the nursing documentation? | TDOC contract monitors review both. They are assessed per occurrence; however, if both the nursing documentation and the on-call log show the same discrepancy, it would only be a single charge. If one or the other was noncompliant, it would still be a single charge. |



| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | <p>350. Attachment Three, Physician's Orders: Will policy 113.71 change to reflect contractual obligations? Current policy indicates "Orders for medication will be noted on a Physician's Orders, CR-1892, and include the date and time the order was written, duration of therapy, drug name, drug dosage, route of administration, frequency, clinical indication, and quantity limits as applicable."</p> | <p>The indicator requires the same information as policy, with the only addition being that physician orders are also signed legibly by the ordering provider.</p>  |
|             |        | <p>351. Attachment Three, Medication Administration Record: Is this indicator assessed by patient record or all Medication Administration Records in the patient's record for the specified review period?</p>   | <p>Assessed by the MAR.</p>   |
|             |        | <p>352. Attachment Three, Annual TB Screening: Is the damage assessed per test not completed or screening not completed?</p>   | <p>Both. Screenings are done upon initial intake into TDOC and then annually thereafter; whereas testing is completed when clinically indicated.</p>  |
|             |        | <p>353. Attachment Three, Staffing: What is the definition of days - business or calendar? What are the liquidated damage amounts by positions? What are the liquidated damage amounts by position?</p>  | <p>Days shall mean the days in which the individual in the position would be scheduled to work.</p> <p>The amounts are based on the per salary, plus benefits, of the vacant position as noted in Attachment Three, Staffing. TDOC is unable to determine those amounts prior to the award of the contract as salaries are at the discretion of the vendor.</p> |
|             |        | <p>354. Attachment Three, Emergency On-Call: Is this indicator assessed based on the emergency on-call log noting the increments in which an emergent call exceeds 30 minutes?</p>   | <p>Refer to Question #349.</p>  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | Or will this indicator assess damages based on notation identified in the nursing documentation?   |  |
|             |        | 355. Attachment Three, Assessments: What is the definition of days - business or calendar?   | Please clarify as there are multiple types of assessments listed in Attachment Three.                            |
|             |        | 356. Attachment Three, Quality Improvement Reviews: What is the definition of days – business or calendar?   | Calendar.  |
|             |        | 357. Attachment Three, Reentry Plans/Discharge Summaries: What is the definition of days - business or calendar?   | Calendar.  |
|             |        | 358. Attachment Four: DSNF Behavioral Health - Will there be consideration of maintaining the current 1.5 FTEs for the recreational therapists' position?  | Please clarify at which facility is being referenced as there are several facilities that have this position.    |
|             |        | 359. Attachment Four: WTRC Behavioral Health - 2.0 Psychologists - Will there be a secondary psychologist position with the planned movement of the SLU to DJRC? If not, will this position be moving to DJRC? | WTRC has been reduced to 1.0 FTE in Attachment 4. DJRC has 2.0 already and will be changed at this time.         |
|             |        | 360. Attachment Four: WTSP WMU - 11.4 FTEs Total - Will these positions be located on the BH or Medical Matrix? They appear to be calculated on both matrixes.   | These positions were listed in error and will be removed from the "Healthcare Services" tab.                     |
|             |        | 361. Attachment Four: SOTP - This program does not specify the site. Are there plans to expand this program at DSNF or will there be additional 14 FTEs allocated to multiple sites?                           | DSNF. Yes, there are plans to expand in the future; however, TDOC is not able to provide specifics at this time. |

| RFP SECTION     | PAGE #       | QUESTION / COMMENT  | STATE RESPONSE   |                 |  |      |              |      |              |      |            |      |              |      |              |
|-----------------|--------------|---|--|-----------------|--|------|--------------|------|--------------|------|------------|------|--------------|------|--------------|
|                 |              | 362. We made a FOIA request for the current medical services contract and amendments two to three months ago and we were advised that a decision had been made to submit these requested documents at the time of the RFP release date. Please provide the current health care services contract along with the amendments year over year for the current contract. | Please see Item 19 below. This has been added as Attachment 13 to the RFP.   |                 |  |      |              |      |              |      |            |      |              |      |              |
|                 |              | 363. Please clarify the anticipated contract start date for the new contract.   | July 1, 2024   |                 |  |      |              |      |              |      |            |      |              |      |              |
|                 |              | 364. Please provide the monthly health services statistical report/utilization data for the past three years by facility and the statewide rollup for same.   | TDOC cannot share this information at this time as it information currently aggregated by the current vendor.  |                 |  |      |              |      |              |      |            |      |              |      |              |
|                 |              | 365. Please provide the names and participation levels (dollars spent) of all small/minority/ woman/veteran-owned subcontractors used under the current contract.   | TDOC is not a party to those subcontracts; therefore, we cannot share those at this time.  |                 |  |      |              |      |              |      |            |      |              |      |              |
|                 |              | 366. Please provide (by year) the amounts of any staffing paybacks/credits the TDOC has assessed against the incumbent vendor over the term of the current contract for the health services and the behavioral health agreements as currently these are two separate contracts.   | <table border="1" data-bbox="1036 1094 1304 1335"> <thead> <tr> <th colspan="2">Health Contract</th> </tr> </thead> <tbody> <tr> <td>FY19</td> <td>1,471,770.74</td> </tr> <tr> <td>FY20</td> <td>1,082,629.39</td> </tr> <tr> <td>FY21</td> <td>889,241.49</td> </tr> <tr> <td>FY22</td> <td>1,045,773.55</td> </tr> <tr> <td>FY23</td> <td>1,013,791.54</td> </tr> </tbody> </table> <p>Behavioral Health Contract with same vendor started in FY23 \$104,136.00</p> | Health Contract |  | FY19 | 1,471,770.74 | FY20 | 1,082,629.39 | FY21 | 889,241.49 | FY22 | 1,045,773.55 | FY23 | 1,013,791.54 |
| Health Contract |              |   |  |                 |  |      |              |      |              |      |            |      |              |      |              |
| FY19            | 1,471,770.74 |   |  |                 |  |      |              |      |              |      |            |      |              |      |              |
| FY20            | 1,082,629.39 |   |  |                 |  |      |              |      |              |      |            |      |              |      |              |
| FY21            | 889,241.49   |   |  |                 |  |      |              |      |              |      |            |      |              |      |              |
| FY22            | 1,045,773.55 |   |  |                 |  |      |              |      |              |      |            |      |              |      |              |
| FY23            | 1,013,791.54 |   |  |                 |  |      |              |      |              |      |            |      |              |      |              |
|                 |              | 367. Please provide (by year) the amounts and reasons for any <u>non-staffing</u> penalties/liquidated damages the TDOC has assessed against the incumbent vendor over the term of the current contract.  | The approximate total non-staffing penalties/liquidated damages assessed over the term of the contract to date is \$2,724,017.00.  |                 |  |      |              |      |              |      |            |      |              |      |              |
|                 |              | 368. From the RFP, Key Performance Indicators, with extensive and liquidated damages assessed, is   | No.  |                 |  |      |              |      |              |      |            |      |              |      |              |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | <p>there a cure period not provided in the document?</p> <p>369. The minimum staffing from the attachment reflects 723.65 FTE's for medical and 341.30 FTE's for behavioral health. You also list that existing State employees are at 41.6 FTE's. Please clarify these numbers of FTE's. It appears that the head count for State employees is 43.</p> | <p>The Attachment has been revised from questions within this document, so these numbers were not verified; however, the "head count" does not equate to "FTE" as that represents full-time equivalent. A clarification of "FTE" was provided in the "Clarifications" tab of Attachment Four.</p> |
|             |        | <p>370. Are any of the TDOC facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.</p>   | <p>No.</p>  |
|             |        | <p>371. With regard to lawsuits (frivolous or otherwise) pertaining to inmate health care:</p> <ul style="list-style-type: none"> <li>a. How many have been filed against the TDOC and/or the incumbent health care provider in the last three years?</li> <li>b. How many have been settled in that timeframe?</li> </ul>                              | <p>Refer to Question #12.</p>   |
|             |        | <p>372. Please clarify that the TDOC has a Central Pharmacy that is contracted. The provider provides management and dispensation of all pharmaceuticals to each site and the TDOC is responsible for the program which includes all drugs.</p>   | <p>Pharmacy Services /Management is contracted. Pharmacy is owned by TDOC.</p>  |
|             |        | <p>373. Please provide two years' worth of historical data on the number of TDOC intakes if not provided in question # 364.</p>   | <p>Approximately 11,270.</p>  |
|             |        | <p>374. Is the TDOC aware of any upcoming legislation or government policy that could result in a drop in its inmate population (e.g., compassionate release, population reduction measures, etc.)? If yes, please describe and provide a timeframe for the legislation/policy implementation.</p>  | <p>Not at this time.</p>  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | <p>375. Does the TDOC have any plans to change the mission, size, or scope of any of its facilities within the term of the contract? If so, please provide details (including timeframe) on the planned change.</p>  | <p>Not at this time.</p>   |
|             |        | <p>376. The RFP indicates that all TDOC facilities are ACA accredited. Please provide the dates of the last date of accreditation and anticipated re-survey for each. Does the TDOC intend to seek NCCHC accreditation? If so, when and who would be responsible for the fees associated?</p> <p>377. With regard to health care staffing at the TDOC facilities: (upon receipt of contract and amendments as requested in #8 above.)</p> <ol style="list-style-type: none"> <li>a. Please provide the health care staffing required by the current contract (by shift and day of the week).</li> <li>b. If it differs from what is in the contract, please also give us the <u>actual</u> staffing your current health care vendor is providing, for instance, any positions and/or hours being worked <u>over and above</u> what contract requirements.</li> </ol> | <p>Refer to Question #66 for ACA related information.</p> <p>No, TDOC does not intend to seek NCCHC accreditation.</p> <p>The staffing matrix has not had major removals or additions that would indicate a significant difference in the current staffing request attached to this RFP.</p> |
|             |        | <p>378. For each TDOC facility, please provide a listing of any current health service vacancies, by position.</p>   | <p>The TDOC does not have this information readily available to provide.</p>   |
|             |        | <p>379. Please confirm that if the awarded vendor retains existing health care staff who are already credentialed, those incumbent staff will <u>not</u> need to go through the credentialing all over again with the new vendor.</p>  | <p>If their credentials are already current and are within the state law limitations and requirements, then their credentials will be accepted.</p>  |
|             |        | <p>380. Are any members of the current health service workforce unionized? If yes, please provide the following.</p> <ol style="list-style-type: none"> <li>a. A copy of each union contract</li> </ol>  | <p>Not to TDOC's knowledge.</p>  |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | <ul style="list-style-type: none"> <li>b. Complete contact information for a designated contact person at each union</li> <li>c. The number of union grievances that resulted in arbitration cases over the last 12 months</li> </ul>  |  |
|             |        | <p>381. Please provide the salaries/wages your incumbent health service Vendor is paying to its staff at the TDOC facilities.</p> <ul style="list-style-type: none"> <li>a. How recent is this data?</li> <li>b. What is the source of this data (e.g., State/County records, data from the incumbent Vendor, etc.)?</li> </ul>  | TDOC does not have this information.   |
|             |        | <p>382. Please confirm that labor hours in the following categories will count toward any "hours provided" requirements of the contract.</p> <ul style="list-style-type: none"> <li>a. Time spent by health care staff in orientation, in-service training, and continuing education classes</li> <li>b. Overtime hours</li> <li>c. Agency hours</li> <li>d. Approved paid-time-off</li> </ul> | They will not.   |
|             |        | <p>383. Please list all medical equipment (e.g., blood pressure cuffs, scales, x-ray machines, etc.) currently in use at the health care units and identify which items on the list will remain in place for the new Vendor to use.</p>  | Refer to Question #51.   |
|             |        | <p>384. Please list all office equipment (e.g., PCs, printers, fax machines, copiers, etc.) currently in use at the health care units and identify which items on the list will remain in place for the new Vendor to use.</p>   | Refer to Question #51.   |
|             |        | <p>385. Does the TDOC maintain any full-time information technology (IT) staff at any of its facilities? If not, please describe TDOC IT resources that would be able to assist with hardware/software tasks that need to</p>  | TDOC IT staff are available to image and install computers on the state network and assist with fiber or CAT6 needs. All other service is vendor provided. |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | be performed hands-on, in person at a facility.  |   |
|             |        | 386. Please provide the name and version of the offender management system software currently in use at each facility. Does the TDOC have any plans to change to a different system within the next few years?   | Refer to Question #42.  |
|             |        | 387. With regard to vendor personnel in the health care unit having Internet access:<br>a. Do vendor staff access the Internet through (i) a TDOC network or (ii) the vendor's network?<br>b. Please describe how this currently happens, i.e., what type of hardware, wiring, and connectivity is in place.<br>c. Who TDOC or vendor) is financially responsible for this hardware, wiring, and connectivity?<br>d. Who TDOC or vendor) will be financially responsible for any necessary upgrades or expansions for this hardware, wiring, and connectivity? | Computers on the state network access the internet through the state's ISP, on the vendor's network through the vendor's ISP. On the state network, the state is responsible for all equipment except possibly purchasing the computers. On the vendor's network, the vendor is responsible for everything except fiber between buildings and CAT6. |
|             |        | 388. Is there currently WiFi capability within the TDOC facilities?<br>a. If "yes," who is providing this capability, (a) the incumbent vendor or (b) the TDOC?<br>b. What hardware is utilized to provide the WiFi capability?<br>c. How many wireless access points exist within each facility?<br>d. Is this overall satisfactory for delivery services?  | Refer to Question #244.   |
|             |        | 389. With regard to health care staff accessing the TDOC network, please provide the following information.<br>a. Currently, are the computers used by health care staff on (a) the TDOC network or (b) a  | Currently on the state network, but there is a STS network charge of approximately \$65 per month per machine. If on the vendor network, the state only provides fiber between buildings and CAT6 in buildings.   |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | <p>private network supplied by the health care vendor?</p> <p>b. Will this scenario continue under the new contract?</p> <p>c. Will TDOC permit the incoming health care vendor to utilize existing network infrastructure at the facilities, e.g., wiring, switches, etc.?</p> <p>d. Who is financially responsible for network upgrades, additions, or expansions necessary to support the TDOC inmate health care program?</p>   | <p>The current contract is on a per diem basis and is not broken down by categories.</p> |
|             |        | <p>390. With regard to timeclocks or other timekeeping devices, please provide the following information.</p> <p>a. The number of timeclocks in place at each TDOC facility</p> <p>b. Where in the buildings they are located (for example, in the lobbies, at the security sally ports, in the medical units, etc.)</p> <p>c. Will the TDOC allow the incoming Contractor connect its timeclocks to the TDOC network?</p>  | <p>Timeclocks are on the vendor network.</p>   |
|             |        | <p>391. Does the TDOC currently utilize an electronic health record (EHR)? If "yes," please provide the following information:</p> <p>a. What is the name and version of the EHR that is in place? Is the EHR provided by the contractor?</p> <p>b. Is the existing EHR agreement/licensure/ownership in (a) the TDOC name or (b) the incumbent health care vendor's name? Or both?</p> <p>c. Can the incoming vendor take over the existing EHR agreement/licensure?</p> <p>d. Where and by what company/agency is the EHR currently hosted?</p> | <p>TDOC does not currently have an EHR.</p>  |



| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE  |
|-------------|--------|---|---|
|             |        | <ul style="list-style-type: none"> <li>e. Who is financially responsible for the cost of hosting the EHR?</li> <li>f. Will this arrangement continue under the new contract?</li> <li>g. Does TDOC have any concerns with the EHR being hosted in the cloud?</li> <li>h. Will the TDOC allow authorized providers and other staff not located onsite at the TDOC facilities to have remote access to the EHR? i.e., Nashville General Hospital, etc.</li> <li>i. What interfaces are currently in place with the existing EHR, for example, the Offender Management System, the current pharmacy subcontractor, the current lab services contractor, etc.?</li> </ul>   |   |
|             |        | <p>392. Does TDOC currently utilize telehealth? If so, please provide the following information.</p> <ul style="list-style-type: none"> <li>a. Description of any equipment that will remain in place for the new vendor to use,</li> <li>b. Description of the telehealth connectivity (network) that will remain in place for the new vendor to use</li> <li>c. The type of telehealth clinic (e.g., telepsychiatry, telecardiology, etc.)</li> <li>d. How often each telehealth clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)</li> <li>e. The length of each telehealth clinic currently conducted (e.g., day, half-day, etc.)</li> <li>f. The average number of patients in each telehealth clinic</li> <li>g. The name and contact information for the tele-provider who conducts each telehealth clinic</li> </ul> | <p>Yes.</p> <ul style="list-style-type: none"> <li>a. All equipment listed in Attachment 6.9 is intended to be onsite for the new vendor to use.</li> <li>b. Refer to Questions #5-8.</li> <li>c. Specialty Clinical services provided in Pro Forma Section A.5. detail telehealth services in addition to telepsychology and telepsychiatry.</li> <li>d. As needed.</li> <li>e. Varies.</li> <li>f. Approximately 23/month for the last 12 months. (Year average of 274.2 / 12 months)</li> <li>g. This cannot be provided by the TDOC as these would be subcontracted by the vendor.</li> <li>h. On a case-by-case basis.</li> <li>i. TDOC would consider this dependent upon the proposed telehealth program presented.</li> </ul> |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | <p>h. Is OB/GYN telehealth available at the female facilities?</p> <p>i. Would TDOC prefer to expand telehealth services where applicable to reduce officer and transportation referrals (as per RFP)?</p>          |  |
|             |        | <p>393. When will the site tours of the three facilities be scheduled? Please provide enough advance notice to comply with your timeline.</p>   | <p>These have been conducted already.</p>  |
|             |        | <p>394. What laboratory subcontractor does your current health care vendor use for lab services, e.g., LabCorp, Garcia, Bio-Reference, etc.?</p>  | <p>TDOC cannot provide this information.</p>   |
|             |        | <p>395. Are any x-ray services currently provided onsite? If "yes," is this done (a) with permanent TDOC owned x-ray equipment or (b) through a mobile radiology vendor (PLEASE IDENTIFY VENDOR)?</p>               | <p>Refer to Questions #40 and #51.</p> <p>Subcontracted vendor information cannot be supplied by TDOC.</p> |
|             |        | <p>396. Are any dental services currently provided onsite? If "yes," is this done (a) with permanent TDOC]-owned dental equipment or (b) through a mobile dentistry practice (PLEASE IDENTIFY DENTAL PRACTICE)?</p> | <p>Refer to Questions #40 and #51.</p> <p>Subcontracted vendor information cannot be supplied by TDOC.</p> |
|             |        | <p>397. Are any optometry services currently provided onsite? If "yes," is this done (a) with permanent [TDOC owned optometry equipment or (b) through a mobile optometry vendor (PLEASE IDENTIFY VENDOR)?</p>      | <p>Refer to Questions #40 and #51.</p> <p>Subcontracted vendor information cannot be supplied by TDOC.</p> |
|             |        | <p>398. Are any dialysis services currently provided onsite? If "yes," is this done (a) with permanent TDOC owned dialysis equipment or (b) through a mobile dialysis vendor (PLEASE IDENTIFY VENDOR)?</p>          | <p>Refer to Questions #40 and #51.</p> <p>Subcontracted vendor information cannot be supplied by TDOC.</p> |
|             |        | <p>399. For each TDOC facility, which hospital(s) is used most frequently? Contact number would be appreciated.</p>   | <p>The closest hospital based on acuity of the patient.</p>  |
|             |        | <p>400. Does the TDOC participate in any programs or legislation (e.g., the</p>   | <p>No.</p>   |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | <p>Affordable Care Act, Medicaid expansion, State law, etc.) that mandate special discounts for inpatient care for TDOC patients? If “yes,” please provide the following information.</p> <ol style="list-style-type: none"> <li>a. Name and brief description of the program</li> <li>b. What services are discounted under the program?</li> <li>c. Who is responsible for enrolling TDOC patients in the program?</li> <li>d. Please provide the current processes and timeframes for (a) enrollment in the program and (b) payment at the program’s discounted rates.</li> </ol>   |   |
|             |        | <p>401. With regard to any specialty care clinics currently conducted onsite at TDOC facilities, please provide the following information.</p> <ol style="list-style-type: none"> <li>a. The type of specialty clinic (e.g., orthopedics, neurology, etc.)</li> <li>b. How often each specialty clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)</li> <li>c. The length of each specialty clinic currently conducted (e.g., day, half-day, etc.)</li> <li>d. The average number of patients in each specialty clinic</li> <li>e. The name and contact information for the provider who operates each specialty clinic</li> </ol> | <p>Refer to Questions #40, #48, and #159.</p>             |
|             |        | <p>402. Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the TDOC facilities.</p>   | <p>No backlogs exist.</p>                                 |
|             |        | <p>403. Please provide the following information about any medical, behavioral health, or other special needs units (infirmary, addiction recovery, sex offender, geriatric, skilled</p>   | <p>SLU; SOTP; SUD; WMU/MAT; Seclusion/ suicide watch.</p> |

| RFP SECTION   | PAGE #               | QUESTION / COMMENT   | STATE RESPONSE  |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
|---|----------------------|--|---|--|--|---|----------------------------------|----|---|------------|---------------------------|---------------------------|-------------|--------------------------|----|----------------------------------|---|---------------------------|---|---------------------------|---|-------------|----|---------------|
|   |                      | <p>nursing, hospice, etc.) at the TDOC facilities.</p> <ol style="list-style-type: none"> <li>Type of each unit</li> <li>Location of each unit</li> <li>Capacity of each unit</li> <li>Average occupancy of each unit</li> <li>Staffing for each unit</li> <li>Type of services/Acuity able to be handled in each unit</li> </ol>  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
|   |                      | <p>404. For each of the past 36 months, please provide the following mental health data.</p> <ol style="list-style-type: none"> <li>Number of inmates on suicide watch each month</li> <li>Number of suicide attempts</li> <li>Number of successful suicides</li> <li>Number of self-injurious behavior incidents</li> </ol>   | <p>a., b., and d. – Average 35.<br/>c. 2023 – 9<br/>2022 – 10<br/>2021 – 12</p>   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
|   |                      | <p>405. With regard to Medication-Assisted Treatment (MAT)/ Medications for Opioid Use Disorder (MOUD) programs, please provide the following information.</p> <ol style="list-style-type: none"> <li>Please describe any MAT/MOUD program that the TDOC currently has in place.</li> <li>Who will be financially responsible for the cost of MAT/MOUD medications?</li> <li>Please provide the TDOC current protocols for determining who receives MAT/MOUD treatment.</li> <li>For each of the past two years, please provide the average number of TDOC patients receiving MAT/MOUD treatment.</li> <li>Please indicate which of the three FDA-approved MAT/MOUD drugs the TDOC currently uses/prescribes in its program(s) and provide a breakdown of how many patients are being prescribed each medication.</li> </ol> | <table border="1"> <tr> <td data-bbox="1037 957 1427 1098">a. We have a WMU at WTSP and MAT services are expanding statewide. Pro Forma Section A.55 outlines the program that is currently in place.</td> </tr> <tr> <td data-bbox="1037 1098 1427 1171">b. State and Contractor share the costs 50/50.</td> </tr> <tr> <td data-bbox="1037 1171 1427 1245">c. TDOC Policy #113.93 and COWS for MOUD.</td> </tr> <tr> <td data-bbox="1037 1245 1427 1287">d. 105.</td> </tr> <tr> <td data-bbox="1037 1287 1427 1339">e.</td> </tr> <tr> <td data-bbox="1037 1339 1427 1413"> <table border="1"> <thead> <tr> <th>Row Labels</th> <th>Count of Patient Num</th> </tr> </thead> <tbody> <tr> <td>BUPRENORPHINE HCL 2MG SUB</td> <td>36</td> </tr> <tr> <td>BUPRENORPHINE SL 8MG SUB</td> <td>46</td> </tr> <tr> <td>BUPRENORPHINE-NALOXONE 8-2MG SUB</td> <td>2</td> </tr> <tr> <td>SUBLOCADE 100MG/0.5ML INJ</td> <td>1</td> </tr> <tr> <td>SUBLOCADE 300MG/1.5ML INJ</td> <td>5</td> </tr> <tr> <td>Grand Total</td> <td>90</td> </tr> </tbody> </table> </td> </tr> <tr> <td data-bbox="1037 1833 1427 1869">f. Sublocade.</td> </tr> </table> | a. We have a WMU at WTSP and MAT services are expanding statewide. Pro Forma Section A.55 outlines the program that is currently in place. | b. State and Contractor share the costs 50/50. | c. TDOC Policy #113.93 and COWS for MOUD. | d. 105.                          | e. | <table border="1"> <thead> <tr> <th>Row Labels</th> <th>Count of Patient Num</th> </tr> </thead> <tbody> <tr> <td>BUPRENORPHINE HCL 2MG SUB</td> <td>36</td> </tr> <tr> <td>BUPRENORPHINE SL 8MG SUB</td> <td>46</td> </tr> <tr> <td>BUPRENORPHINE-NALOXONE 8-2MG SUB</td> <td>2</td> </tr> <tr> <td>SUBLOCADE 100MG/0.5ML INJ</td> <td>1</td> </tr> <tr> <td>SUBLOCADE 300MG/1.5ML INJ</td> <td>5</td> </tr> <tr> <td>Grand Total</td> <td>90</td> </tr> </tbody> </table> | Row Labels | Count of Patient Num      | BUPRENORPHINE HCL 2MG SUB | 36          | BUPRENORPHINE SL 8MG SUB | 46 | BUPRENORPHINE-NALOXONE 8-2MG SUB | 2 | SUBLOCADE 100MG/0.5ML INJ | 1 | SUBLOCADE 300MG/1.5ML INJ | 5 | Grand Total | 90 | f. Sublocade. |
| a. We have a WMU at WTSP and MAT services are expanding statewide. Pro Forma Section A.55 outlines the program that is currently in place.  |                      |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| b. State and Contractor share the costs 50/50.  |                      |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| c. TDOC Policy #113.93 and COWS for MOUD.   |                      |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| d. 105.   |                      |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| e.  |                      |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| <table border="1"> <thead> <tr> <th>Row Labels</th> <th>Count of Patient Num</th> </tr> </thead> <tbody> <tr> <td>BUPRENORPHINE HCL 2MG SUB</td> <td>36</td> </tr> <tr> <td>BUPRENORPHINE SL 8MG SUB</td> <td>46</td> </tr> <tr> <td>BUPRENORPHINE-NALOXONE 8-2MG SUB</td> <td>2</td> </tr> <tr> <td>SUBLOCADE 100MG/0.5ML INJ</td> <td>1</td> </tr> <tr> <td>SUBLOCADE 300MG/1.5ML INJ</td> <td>5</td> </tr> <tr> <td>Grand Total</td> <td>90</td> </tr> </tbody> </table> | Row Labels           | Count of Patient Num   | BUPRENORPHINE HCL 2MG SUB   | 36   | BUPRENORPHINE SL 8MG SUB                       | 46  | BUPRENORPHINE-NALOXONE 8-2MG SUB | 2  | SUBLOCADE 100MG/0.5ML INJ   | 1          | SUBLOCADE 300MG/1.5ML INJ | 5                         | Grand Total | 90                       |    |                                  |   |                           |   |                           |   |             |    |               |
| Row Labels  | Count of Patient Num |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| BUPRENORPHINE HCL 2MG SUB   | 36                   |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| BUPRENORPHINE SL 8MG SUB  | 46                   |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| BUPRENORPHINE-NALOXONE 8-2MG SUB  | 2                    |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| SUBLOCADE 100MG/0.5ML INJ   | 1                    |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| SUBLOCADE 300MG/1.5ML INJ   | 5                    |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| Grand Total   | 90                   |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |
| f. Sublocade.   |                      |  |   |  |  |   |                                  |    |   |            |                           |                           |             |                          |    |                                  |   |                           |   |                           |   |             |    |               |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | <p>f. Is the TDOC currently using any long-acting injectable MAT medications for its incarcerated patients?</p> <p>g. Are any of the TDOC facilities certified as an Opioid Treatment Program?</p> <p>h. Please clarify that these medications are provided by the State Central Pharmacy.</p>  | <p>g. No.</p> <p>h Correct.</p>  |
|             |        | <p>406. With regard to medication administration.</p> <p>a. Who administers the medications (RNs, LPNs, or other position)?</p> <p>b. Is the current process: (a) med carts go to the housing units or (b) patients come to the medical unit?</p> <p>c. How often does med pass occur each day?</p> <p>d. On average, (a) how many FTEs and (b) how long does it take to perform a med pass?</p> <p>e. Notwithstanding the above, do you allow for KOP?</p> | <p>a. Any licenses</p> <p>b. Site specific</p> <p>c. Site specific</p> <p>d. Site specific</p> <p>e. Yes</p>                       |
|             |        | <p>407. Please provide copies of the following documents.</p> <p>a. The drug formulary currently in use</p> <p>b. The most recent pharmacy report</p> <p>c. The lab test formulary currently in use</p>   | <p>a. Attachment 11.</p> <p>b. Clarify</p> <p>c. Vendor contracted</p>   |
|             |        | <p>408. On average, how many TDOC patients per month receive these types of prescription drugs?</p> <p>a. Psychotropic medications</p> <p>b. Hepatitis C medications</p> <p>c. HIV/AIDS medications</p> <p>d. Medications to treat bleeding disorders (e.g., hemophilia, Von Willebrand disease, etc.)</p>  | <p>a. 3,979.</p> <p>b. 151.</p> <p>c. 149.</p> <p>d. TDOC does not currently have patients on medications for these disorders.</p> |
|             |        | <p>409. Does TDOC currently participate in any 340B pharmacy discount programs? If "yes," please</p>  | <p>Yes.</p> <p>a. HIV/HCV.</p>   |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | <p>provide the following information about the program.</p> <ol style="list-style-type: none"> <li>a. What specialties (categories of medication) does the 340B agreement cover, e.g., HIV meds, Hepatitis C, cancer, etc.</li> <li>b. Please identify the Federally Qualified Health Center (FQHC) or other 340B-certified health care entity whose physicians are prescribing the drugs for the current program.</li> <li>c. Which pharmacy is providing the 340B medications?</li> <li>d. How are methadone clinics administered currently? i.e., on-site or off-site Please provide the list of current meth clinics if off-site.</li> </ol> | <ol style="list-style-type: none"> <li>b. TDOC is a 340B covered entity, contracted providers of the medical vendor prescribe medications.</li> <li>c. TDOC in-house Central Pharmacy.</li> <li>d. We don't have these.</li> </ol> |
|             |        | <p>410. For each of the past 36 months, please provide statistical data for each of the following categories.</p> <ol style="list-style-type: none"> <li>a. Number of (offsite) inpatient hospital admissions</li> <li>b. Number of (offsite) inpatient hospital days</li> <li>c. Number of outpatient surgeries</li> <li>d. Number of outpatient referrals</li> <li>e. Number of trips to the emergency department (ED)</li> <li>f. Number of ED referrals resulting in hospitalization</li> <li>g. Number of ground ambulance transports</li> <li>h. Number of air ambulance transports</li> <li>i. Number of dialysis treatments</li> </ol>   | <p>Refer to Question #40.</p>  |
|             |        | <p>411. For each of the past 3 years, please provide total spend amounts for the following categories.</p> <ol style="list-style-type: none"> <li>a. Offsite services</li> <li>b. Pharmaceutical expenditures</li> <li>c. Laboratory services</li> <li>d. Offsite diagnostic (x-ray) services</li> </ol>   | <ol style="list-style-type: none"> <li>b. \$112,937,006.</li> </ol> <p>TDOC pays a per diem versus costs in broken down into categories.</p>   |

| RFP SECTION | PAGE # | QUESTION / COMMENT  | STATE RESPONSE   |
|-------------|--------|---|--|
|             |        | <p>412. Under the <u>new</u> contract, who will be financially responsible for these items: the TDOC or the vendor? Please clarify the excess of the \$4,000 at the private facilities as a separate column for past 12 months.</p> <ul style="list-style-type: none"> <li>a. Inpatient hospitalization</li> <li>b. Outpatient surgeries</li> <li>c. Other outpatient referrals</li> <li>d. ER visits</li> <li>e. Ambulance transports</li> <li>f. Offsite dialysis</li> <li>g. Offsite diagnostics (lab/x-ray)</li> <li>h. Pharmaceuticals</li> </ul>  | <p>a &amp; h: TDOC responsibility</p> <p>The current contract is on a per diem basis and is not broken down by categories.</p>   |
|             |        | <p>413. Will the vendor be financially responsible for any of the following services under the new contract? For any category that will be at the vendor's cost, please provide three years of cost data on the expenses incurred in that category. Please add who is responsible for the costs associated with each.</p> <ul style="list-style-type: none"> <li>a. Care for newborn babies after the actual delivery</li> <li>b. Abortions that are not clinically necessary</li> <li>c. Cosmetic surgery that is not clinically necessary</li> <li>d. Gender reassignment (sex change) surgery and any follow-up treatment or related cosmetic procedures</li> <li>e. Contraception, including vasectomy, tubal ligation, or reversal of such</li> <li>f. Experimental care</li> <li>g. Elective care, i.e., care which if not provided would not (in the opinion of the Medical Director) cause the patient's health to deteriorate or cause the patient definite and/or irreparable physical harm</li> <li>h. Autopsies</li> <li>i. Organ, tissue, or other transplant surgery and related</li> </ul> | <ul style="list-style-type: none"> <li>a. Neither are responsible; this care is provided outside of the contract and the State.</li> <li>b. Abortion laws do not allow this to take place.</li> <li>c. through e., g., and i. through j. – These services would be provided if medically/clinically indicated. If they are, the vendor has primary responsibility to cover the costs for these services.</li> <li>f. Experimental care – This would be a case-by-case basis.</li> <li>h. Autopsies do not have any costs associated with them when decided by the coroner's office to take place. If TDOC requests it, we pay for it.</li> </ul> |

| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE   |
|-------------|--------|--|--|
|             |        | <p>costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care relating to the transplant</p> <p>j. Factor and other medications for the treatment of bleeding disorders</p>  |  |
|             |        | <p>414. Please confirm that costs in the following categories will be included under any cap on offsite care.</p> <ul style="list-style-type: none"> <li>a. Inpatient hospitalization</li> <li>b. Outpatient surgeries</li> <li>c. Other outpatient referrals</li> <li>d. ER visits</li> <li>e. Ambulance transportation</li> <li>f. Offsite dialysis</li> <li>g. Offsite diagnostics (lab/x-ray)</li> <li>h. What sites provide dialysis services on-site if any and the number per site yearly?</li> </ul> | <p>There is no cap to these services with exception to ER visits as referenced in Pro Forma Section C.3.d.</p> <p>For dialysis information, refer to Questions #31, #32, and 40.</p>                       |
|             |        | <p>415. Please provide the formula (or other methodology) the TDOC will use to evaluate and score vendors' submitted prices.</p>   | <p>Please see the evaluation methodology at the bottom of RFP Attachment 6.3. The lowest cost evaluated will be divided by the cost being evaluated and multiplied by 35 for 35 total possible points.</p> |
|             |        | <p>416. Conflicting language, data, and specs are often found among the various documents that make up a solicitation. For this RFP, please confirm the <u>latest dated document always holds precedence</u>, so bidders know which information to use in case we identify contradictory or inconsistent data among the original RFP files, addenda, and/or responses to questions.</p>  | <p>Yes, use the latest dated documents.</p>  |
|             |        | <p>417. As per the RFP please clarify that TDOC require bidders to submit their Technical and Pricing proposals in separately sealed envelopes?</p>  | <p>Yes, both should be submitted in separate envelopes.</p>  |
|             |        | <p>418. Please provide the percentage of TDOC's inmates currently covered by TennCare for inpatient services.</p>  | <p>TDOC does not have this information.</p>  |



| RFP SECTION | PAGE # | QUESTION / COMMENT   | STATE RESPONSE  |
|-------------|--------|--|---|
|             |        | 419. Please describe who is responsible for monitoring (constant & every 15 minutes) inmates on suicide watch, contractor or TDOC.   | Refer to Question #16.  |
|             |        | 420. Information regarding TennCare coverage is extensive and detailed, which is much appreciated. Can you provide a synopsis of TennCare's coverage for the inmate population?  | Refer to Questions #315 and #481.   |
|             |        | 421. Is there an anticipated timeline for TDOC's conversion to an electronic health record?  | Refer to Question #87.  |
|             |        | 422. Please identify all currently existing mobile imaging services within TDOC by site and modality.  | Refer to Questions #29, #30, and #48.   |
|             |        | 423. UM services are required to be provided by staff located within the State of Tennessee. Will TDOC consider "back-up" services from contractor's staff outside of the State as necessary for sick, vacation, or other special circumstances? | Request clarification for special circumstances.<br><br>Staffing is vendor discretion as long as they are licensed in Tennessee and meet licensing requirements per policy. |

**3. Delete RFP Section A.3.t. in its entirety and insert the following in its place** (any sentence or paragraph containing revised or new text is highlighted):

Claim Payments. The Contractor shall ensure that all health care providers delivering off-site health care services to the State's inmate population are paid within sixty (60) days of the final invoice receipt. **The Contractor shall ensure that all offsite health care services providers who treat the State's inmate population are paid within the sixty (60) days of the final invoice receipt by adjudicating and paying claims itself or hiring or contracting with a claims payment processor.** To ensure compliance with this provision, the Contractor shall conduct a semi-annual audit of its claim payment process for accuracy and submit to the State the results of such audit within 30 days of completion of the audit.

**4. Delete RFP section A.12.c. in its entirety and insert the following in its place** (any sentence or paragraph containing revised or new text is highlighted):

- c. Laboratory Services. The Contractor is responsible for the procurement and processing of all medical laboratory services including supplies, forms, and tests in accordance with TDOC Policy #113.75, as may be amended. Laboratory specimens shall be processed off-site for procedures/tests that are not waived by the Clinical Laboratory Improvement Amendments (CLIA), which can be found at: <https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html#>.

The Contractor shall ensure that any off-site laboratory utilized by the Contractor has a quality assurance plan and is a CLIA certified laboratory. The Contractor shall be responsible for obtaining and maintaining necessary CLIA waivers at all sites.

The Contractor shall coordinate lab tests to avoid duplication of tests. **At each State Facility, the Contractor shall provide their own network access.** Contractor staff shall be

able to access their company's website and email on computers connected to the State's network which has limited internet access. Contractor staff who demonstrate a need for full internet access on the State's network will require approval by the State Facility warden. The Contractor shall be financially responsible for the monthly network charge per computer. TDOC shall be responsible for maintenance and upgrades of the infrastructure. The Contractor shall provide a computer with a printer that provides online access to the Contractor's laboratory information system. All lab results, except those requiring a longer processing time beyond the Contractor's control, shall be provided within seventy-two (72) hours. The lab shall notify the State Facility immediately by telephone of any abnormal results that require immediate intervention.

Specimens shall be picked up from each facility Monday through Friday, at approximately the same time each day as determined jointly by the Contractor and each State Facility and be delivered to the laboratory as soon as possible.

The Contractor shall be responsible for the collection of all DNA specimens needed for forensic testing or required by state law or court order in accordance with TDOC Policy #113.92, as may be amended.

If an urgent care situation occurs, the Contractor shall be responsible for coordinating a process to obtain results of lab specimens seven (7) days a week within four (4) hours of obtaining the lab specimen.

The State may mandate collaboration between Contractor and the Tennessee Department of Health (TDOH) State laboratory for the collection and processing of laboratory specimens in whole or in part. The Contractor shall directly compensate the subcontractor or TDOH for all laboratory services provided. Contractor shall reimburse the State for any savings realized from the utilization of TDOH services.

**5. Delete RFP section A.10. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

A.10. STAFFING SERVICES. The Contractor shall provide adequate and qualified staff to perform the Services under this Contract. All administrative staff shall be proficient in Microsoft Word, Excel, Outlook, Publisher, Share Point and Power Point. Staffing shall, at a minimum, be at such levels in accordance with Contractor's approved staffing plan and the State's approved minimum staffing plan for each State Facility. In the event of vacant positions, the Contractor is required to provide adequate coverage to provide the services. Any changes to Contractor's staffing plan during the Term shall require the State's prior written approval. The Contractor shall submit monthly staffing reports on or before the fifteenth (15th) of each month demonstrating the preceding month's actual staffing compared to the staffing plan for each State Facility. If a change in circumstances calls for a modification in staffing requirements, the Contractor and the State shall review those changed circumstances. Any changes in Contractor staffing requirements shall be at the sole discretion of the State. The State reserves the right, in its sole discretion, to remove from a State Facility or prohibit entry to a State Facility any of Contractor's employees or subcontractors. The Contractor's minimum staffing levels are delineated in Attachment Four. Any positions that are vacant more than thirty (30) days are subject to liquidated damages in accordance with Attachment Three.

**6. Delete RFP section A.43. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

A.43. REENTRY AND BEHAVIORAL HEALTH TRANSITIONAL SERVICES. The Contractor shall assist in the coordination of behavioral healthcare services for inmates' pre-release planning in accordance with TDOC Policy, as may be amended. In addition, the Contractor is responsible for issuing inmates the balance of their medications upon their release. The

Contractor shall ensure that the supply is a minimum of sixty (60) days. In addition to the sixty (60) day supply of medication upon release, the provider shall also write a prescription for an additional thirty (30) days beyond the time frame covered by discharged medications. The Contractor shall begin developing reentry plans at least eighteen (18) months from the date of the inmate's release. Contactor failure to complete pre-release planning or reentry plans are subject to liquidated damages in accordance with Attachment Three.

7. **Delete RFP section A.55.a. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**
  - a. The Contractor shall provide the full-time equivalent of eleven-point four (11.4) staff positions consisting of 4.2 LPNs, 5.2 RNs, 1 CNA and 1.0 MAT APN for the operation of a Medication Assisted Treatment/Withdrawal Management Unit program for opioid-addicted inmates. The Contractor shall ensure that the unit provides a stable and calming environment to prepare participants for the Therapeutic Community, further preparing them for release from prison and re-entry into the community. The program is to take place at WTSP. Further MAT or withdrawal management services are to be provided as outlined in Section A.3.v.
8. **Delete RFP section A.19.a. in its entirety and renumber all subsequent sections accordingly.**
9. **Delete RFP section A.9.b. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**
  - b. State Pharmacy and Therapeutics Committee. The TDOC Assistant Commissioner of Clinical Services, TDOC Chief Medical Officer, the Contractor's Statewide Medical Director, and Dental Consultant shall participate on the State Pharmacy and Therapeutics Committee and shall communicate findings of the State Pharmacy and Therapeutics Committee to contracted providers.
10. **Delete RFP section A.4.a.14.d. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**
  - d. HIV testing shall be mandatory for pregnant inmates or when requested and clinically indicated unless there is documented refusal of such testing.
11. **Delete RFP section A.4.d.1.c. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**
  - c. All inmates requiring infirmary care shall be adequately supervised at all times. The State Facilities' Physician shall be available on-call twenty-four (24) hours per day. A Provider shall make rounds in accordance with the TDOC Infirmary Protocol, as may be amended, in Attachment Nine. The Provider shall review medical records/orders of all inmates requiring Infirmary Care. Release from the infirmary is by Provider order only. At State Facilities, the Contractor shall ensure that negative pressure rooms shall be routinely monitored to ensure appropriate exchanges are maintained, in accordance with applicable state law and OSHA, TOSHA standards, and TDOC Policies, as may be amended. OSHA standards can be located at <https://www.osha.gov>. TOSHA standards are available at <https://www.tn.gov/workforce/section/tosha>.
12. **Delete RFP section A.8.a.6. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

- (6) Inmates requiring Skilled Nursing Care, rehabilitative services or therapies that exceed the capabilities and resources of a State Facility cannot be discharged back to the **State Facilities**. The Contractor shall utilize health care facilities at sub-acute regional centers to the extent that they are available. The Contractor shall be responsible for any appropriate alternative placement, if necessary, and all costs involved with such placement. The TDOC Chief Medical Officer or designee shall have final approval to ensure appropriate placement and shall work with the facilities and the Contractor's staff to arrange placement for a sub-acute bed when such placement is available.

**13. Delete RFP section A.11.c. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

- c. The data stored in software utilized for the Utilization Management and Review Process shall become the property of the State at the end of the Contract term. **All right, title and interest in data collected in said software shall at all times be owned by the State in keeping with Contract section E.8.** The data shall be provided in an electronic format approved by the TDOC Chief Medical Officer at the end of the Contract term.

**14. Delete RFP section A.48.a. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

- a. The Contractor shall be responsible for **fifty percent (50%)** of the costs of all psychiatric/behavioral health medications prescribed by the Contractor's Providers, **to include those medications prescribed for MAT or MOUD services.**

**15. Add the following as RFP section A.55.i. and renumber any subsequent sections as necessary:**

- i. The Contractor shall be responsible for fifty percent (50%) of the costs of medication prescribed for inmates receiving MAT or MOUD services.

**16. Delete RFP section C.3.c. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

- c. The Contractor shall reduce their invoice equal to fifty percent (50%) of the cost of all antiretroviral medications prescribed by a physician or Mid-Level Provider for the treatment of Hepatitis C (HCV) and HIV/AIDS, as outlined in Section A.9.c of this Contract. The Contractor's responsibility shall be capped at two million dollars (\$2,000,000) per year for HCV. **The Contractor shall reduce their invoice equal to fifty percent (50) of the cost of all psychiatric/behavioral health medications, to include those for MAT or MOUD services, as outlined in Sections A.48.a. and A.55.i. of this Contract.**

**17. Delete RFP Section D.5. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):**

- D.5. Termination for Convenience. The State may terminate this Contract for convenience without cause and for any reason. **The State shall give the Contractor at least sixty (60) days written notice before the termination date.** The Contractor shall be entitled to compensation for all conforming goods delivered and accepted by the State or for satisfactory, authorized services completed as of the termination date. In no event shall the State be liable to the Contractor for compensation for any goods neither requested nor accepted by the State or for any services neither requested by the State nor satisfactorily performed by the Contractor. In no event shall the State's exercise of its right to terminate this Contract for convenience

relieve the Contractor of any liability to the State for any damages or claims arising under this Contract.

18. Attachment 12 Healthcare Cases Involving TDOC is added as an attachment to this RFP.
19. Attachment 13 Current Contract Documents is added as an attachment to this RFP.
20. RFP Section 1.10 is deleted in its entirety and replaced with the following (any changes will be highlighted):

The Contractor shall provide to the State a performance bond guaranteeing full and faithful performance of all undertakings and obligations under this Contract specifically faithful performance of the work in accordance with the plans, specifications, and Contract documents. The Contractor shall submit the bond no later than the day immediately preceding the Effective Date and, in the manner, and form prescribed by the State at Pro Forma Contract Attachment Two. The bond shall be issued by a company licensed to issue such a bond in the state of Tennessee. The performance bond shall guarantee full and faithful performance of all undertakings and obligations under this Contract. The Contractor must meet this performance bond requirement by providing the State a performance bond covering twenty-five (25%) percent of the Contract amount for the first twelve (12) calendar months of the Contract in the amount of Written Dollar Amount (\$Number) and thereafter, a new or re-issued performance bond in the Contract amount for each subsequent twelve (12) calendar month period of the Contract. (In which case, the Contractor must provide the new (or re-issued) performance bonds to the State no later than thirty (30) days preceding each subsequent period of the Contract to be covered by the new (or re-issued) bond.) The State reserves the right to review the bond amount and bonding requirements at anytime during the Term. The Contractor shall provide performance bonds to the State prior to the Effective Date and thirty (30) days prior to the beginning of each renewal or extended Term. Failure to provide to the State the performance bond(s) as required under this Contract may result in this Contract being terminated by the State. The performance bond required under this Contract shall not be reduced during the Term without the State's prior written approval. Failure to provide to the State the performance bond(s) as required under this Contract may result in this Contract being terminated by the State. The performance bond required under this Contract shall not be reduced during the Term without the State's prior written approval.

21. Pro Forma Section E.18 Performance Bond is deleted in its entirety and replaced with the following (any changes will be highlighted):

The Contractor shall provide to the State a performance bond guaranteeing full and faithful performance of all undertakings and obligations under this Contract specifically faithful performance of the work in accordance with the plans, specifications, and Contract documents. The Contractor shall submit the bond no later than the day immediately preceding the Effective Date and, in the manner, and form prescribed by the State at Pro Forma Contract Attachment Two. The bond shall be issued by a company licensed to issue such a bond in the state of Tennessee. The performance bond shall guarantee full and faithful performance of all undertakings and obligations under this Contract. The Contractor must meet this performance bond requirement by providing the State a performance bond covering twenty-five (25%) percent of the Contract amount for the first twelve (12) calendar months of the Contract in the amount of Written Dollar Amount (\$Number) and thereafter, a new or re-issued performance bond in the Contract amount for each subsequent twelve (12) calendar month period of the Contract. (In which case, the Contractor must provide the new (or re-issued) performance bonds to the State no later than thirty (30) days preceding each subsequent period of the Contract to be covered by the new (or re-issued) bond.) The State reserves the right to review the bond amount and bonding requirements at anytime during the Term. The Contractor shall provide performance bonds to the State prior to the Effective Date and thirty (30) days prior to the beginning of each renewal or extended Term. Failure to provide to the State the performance bond(s) as required under this Contract may result in this Contract being terminated by the State. The performance bond required under this Contract shall not be reduced during the Term without the

State's prior written approval. Failure to provide to the State the performance bond(s) as required under this Contract may result in this Contract being terminated by the State. The performance bond required under this Contract shall not be reduced during the Term without the State's prior written approval.

22. **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.

|  | <b>FY22</b>            |
|--|------------------------|
| <b>Site</b>                            | <b>Total</b>           |
| Bledsoe County Correctional Complex    | \$4,240,351.71         |
| Debra K. Johnson Rehabilitation Center | \$1,914,642.81         |
| Hardeman County Correctional Facility  | \$2,178,645.26         |
| Lois M. Deberry Special Needs          | \$3,010,964.29         |
| Mark Luttrell Correctional Facility    | \$155,630.21           |
| Morgan County Correctional Complex     | \$3,214,577.37         |
| Next Door Program                      | \$29,705.36            |
| Northeast Correctional Complex         | \$3,081,745.03         |
| Northwest Correctional Complex         | \$3,148,499.47         |
| Riverbend Maximum Security Institution | \$1,475,662.40         |
| South Central Correctional Facility    | \$1,215,811.23         |
| Tennessee Correctional Academy         | \$970.55               |
| Trousdale County Correctional Facility | \$2,202,952.61         |
| Turney Center Industrial Complex       | \$2,834,273.62         |
| West Tennessee State Penitentiary      | \$3,202,492.85         |
| Whiteville Correctional Facility       | \$1,155,881.32         |
| <b>Total</b>                           | <b>\$33,062,806.10</b> |

|  | <b>FY23</b>            |
|--|------------------------|
| <b>Site</b>                            | <b>Total</b>           |
| Tennessee Correctional Academy         | \$1,475.72             |
| Debra K. Johnson Rehabilitation Center | \$1,716,633.06         |
| Turney Center Industrial Complex       | \$2,627,766.41         |
| Mark Luttrell Correctional Facility    | \$369,536.59           |
| Bledsoe County Correctional Complex    | \$3,778,612.43         |
| Next Door Program                      | \$27,218.47            |
| West Tennessee State Penitentiary      | \$2,216,842.80         |
| Riverbend Maximum Security Institution | \$1,461,082.46         |
| Northeast Correctional Complex         | \$3,250,937.59         |
| Northwest Correctional Complex         | \$4,004,127.14         |
| Lois M. Deberry Special Needs          | \$2,354,685.13         |
| Morgan County Correctional Complex     | \$3,502,218.42         |
| Hardeman County Correctional Facility  | \$1,077,820.36         |
| Whiteville Correctional Facility       | \$768,344.11           |
| Trousdale County Correctional Facility | \$1,617,205.30         |
| South Central Correctional Facility    | \$666,989.40           |
| <b>Total</b>                           | <b>\$29,441,495.41</b> |

**FY22****Psychiatric Medication -Total Expenses**

| Facility                               | Total                 |
|--|-----------------------|
| Debra K. Johnson Rehabilitation Center | <b>\$82,447.57</b>    |
| Turney Center Industrial Complex       | <b>12,545.15</b>      |
| Mark Luttrell Corr. Complex            | <b>30,296.72</b>      |
| Bledsoe County Corr. Complex           | <b>113,124.33</b>     |
| Next Door Program                      | <b>4,562.73</b>       |
| West Tennessee Penitentiary            | <b>210,845.55</b>     |
| Riverbend Maximum Security Inst.       | <b>38,541.87</b>      |
| Northeast Corr. Complex                | <b>57,273.61</b>      |
| Northwest Corr. Complex                | <b>124,608.03</b>     |
| Lois M. Deberry Special Needs Facility | <b>430,065.52</b>     |
| Morgan County Corr. Complex            | <b>27,579.25</b>      |
| <b>Total</b>                           | <b>\$1,131,890.32</b> |

**FY23****Psychiatric Medication -Total Expenses**

| Facility                               | Total                 |
|--|-----------------------|
| Debra K. Johnson Rehabilitation Center | <b>\$80,886.20</b>    |
| Turney Center Industrial Complex       | <b>9,796.05</b>       |
| Mark Luttrell Corr. Complex            | <b>18,640.64</b>      |
| Bledsoe County Corr. Complex           | <b>99,558.27</b>      |
| Next Door Program                      | <b>4,874.02</b>       |
| West Tennessee Penitentiary            | <b>158,769.06</b>     |
| Riverbend Maximum Security Inst.       | <b>46,004.19</b>      |
| Northeast Corr. Complex                | <b>54,026.07</b>      |
| Northwest Corr. Complex                | <b>126,782.28</b>     |
| Lois M. Deberry Special Needs Facility | <b>379,042.61</b>     |
| Morgan County Corr. Complex            | <b>53,797.47</b>      |
| <b>Total</b>                           | <b>\$1,032,176.85</b> |



Question 58- Capital Expenditures by site

**FY21 - FY23 Capital Equipment Expenditures for Medical**

| <b>Facility</b>                        | <b>Fiscal Year</b> | <b>Expenditures</b> |
|--|--------------------|---------------------|
| Bledsoe County Correctional Complex    | 2022               | \$31,700            |
| Debra K. Johnson Rehabilitation Center | 2022               | 31,700              |
| Lois M Deberry Special Needs Facility  | 2022               | 15,800              |
|  | 2023               | 10,500              |
| Mark H Luttrell Correctional Center    | 2022               | 15,800              |
| Morgan County Correctional Complex     | 2022               | 31,700              |
| Northeast Correctional Complex         | 2022               | 31,700              |
| Northwest Correctional Complex         | 2022               | 31,700              |
| Riverbend Maximum Security Institution | 2022               | 15,800              |
|  | 2023               | 21,700              |
| Turney Center Industrial Complex       | 2022               | 31,700              |
| West Tennessee State Penitentiary      | 2022               | 63,400              |
| <b>Grand Total</b>                     |                    | <b>\$333,200</b>    |

NOTE: Capital Equipment is defined as equipment with a minimum useful life expectancy of 3 or more years and a unit cost of \$5,000 or more.

**#40-Data from Stat Report and Ops Report (23' YTD/22') Total or Avg**

|   | BCCX  | DJRC  | DSNF                     | MCCX    | MLTC    | NECX    | NWCX    | RMSI    | TCIX    | WCFA    | WTSP    |
|---|---|---|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|
| # of Inpatient admissions (#50 on Stat Report)(hospital admissions) (Total)                 | 48/75   | 129/147                                       | 309/300                  | 53/48   | 10/4    | 55/84   | 30/56   | 50/48   | 31/40   | 62/63   | 23/25   |
| # of hospital days incurred (data for all admissions (Avg. Length of Stay(ALOS))            | ALOS 4.8  | <i>data combined for all admissions/sites</i> |                          |         |         |         |         |         |         |         |         |
| # of Emergency room visits (#52) (Total)  | 147/213   | 204/231                                       | 211/252                  | 117/103 | 23/22   | 95/177  | 90/153  | 100/84  | 62/89   | 131/124 | 122/92  |
| # of Ambulance trips  | Combined with above numbers - data only captured as transported off-site for treatment of emergent health condition |   |                          |         |         |         |         |         |         |         |         |
| # of outpatient procedures completed  | Specialty consults completed-Totals for all sites- 4794/4812  |   |                          |         |         |         |         |         |         |         |         |
| # of patients identified as requiring organ replacement                                     | No data   |   |                          |         |         |         |         |         |         |         |         |
| # of patients receiving organ replacement surgery   | No data   |   |                          |         |         |         |         |         |         |         |         |
| # of tele-health encounters by Center / by specialty  | Available data has numbers combined for all sites- 150/74   |   |                          |         |         |         |         |         |         |         |         |
| # of offsite specialty visits by type of service (neurology, gastroenterology, dental etc.) | Data combined as above  |   |                          |         |         |         |         |         |         |         |         |
| # of patients receiving dialysis (#125 males/126 females) (most recent months data)         | 0/0   | 5/1   | 40(M) 4(F)<br>36(M) 3(F) | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     |
| # of dialysis treatments (#128) (Total)   | 0/0   | 0/0   | 5110/4807                | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     |
| # of x-rays taken onsite (#137) (Total)   | 1354/1429   | 638/451                                       | 314/397                  | 641/638 | 56/26   | 287/317 | 436/578 | 319/295 | 457/498 | 125/181 | 243/240 |
| # of x-rays taking offsite  | No data   |   |                          |         |         |         |         |         |         |         |         |
| # of mammograms (#123) (Total)  | 32/54   | 208/232                                       | 0/0                      | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     |
| # of CT scans   | No data   |   |                          |         |         |         |         |         |         |         |         |
| # of ultrasounds (#136)(total for year)   | 311/427   | 208/378                                       | 76/129                   | 189/204 | 11/22   | 179/229 | 226/274 | 73/34   | 213/174 | 94/1    | 160/122 |
| # of physical therapy patients and sessions (#131) (total for year)                         | 0/0   | 633/817                                       | 512/654                  | 18/16   | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     | 0/0     |
| # of respiratory therapy patients and sessions  | No data   |   |                          |         |         |         |         |         |         |         |         |
| # of patients on medication (#113) (most recent most recent months data)                    | 1597/1420   | 593/575                                       | 509/541                  | 930/828 | 125/137 | 828/853 | 950/951 | 516/496 | 599/728 | 840/760 | 589/582 |
| # of patients on psychotropic medication (monthly avg.)                                     | 796/673   | 412/414                                       | 243/233                  | 431/342 | 0       | 421/436 | 429/448 | 244/217 | 145/140 | No data | 956/798 |
| # of patients on HIV medication (#40) (most recent months data)                             | 16/12   | 4/8   | 3/6                      | 21/15   | 3/1     | 24/26   | 40/48   | 9/7     | 15/15   | 0       | 11/9    |
| # of patient diagnosed with HCV (#31) (monthly avg)   | 373/367   | 174/162                                       | 145/69                   | 426/406 | 22/26   | 248/243 | 321/345 | 108/107 | 163/173 | 261/0   | 220/211 |
| # of patients treated with HCV medication (#33) (most recent months data)                   | 34/11   | 5/1   | 10/8                     | 36/30   | 3/2     | 13/27   | 7/22    | 5/7     | 7/14    | 3/14    | 3/15    |
| # of patients receiving Factor products   | No data   |   |                          |         |         |         |         |         |         |         |         |
| # of patients receiving limited distribution drugs  | No data   |   |                          |         |         |         |         |         |         |         |         |