

## D-25-01 Questions & Answers

1. Do you wish to retain any of the current medical staff? *The Medical staff are the employees of the vendor. LCSO has no role in whether staff of the current vendor obtain employment with any other vendor.*
2. Can you provide current staff's salary range and seniority with the current vendor? *The current salaries are proprietary however the current payback rates for the 10/1/25-9/30/26 contract year are attached.*
3. How many officers currently work at the facility? *223.*
4. Does the County mandate that the provider maintain a Civil Rights Endorsement as part of their insurance coverage? This specific coverage is necessary to protect the County from 42 U.S.C. § 1983 medical claims. Such claims represent the most common lawsuit filed against counties by inmates in relation to medical issues, rather than medical malpractice. This statute is the primary legal avenue for prisoners to enforce their constitutional rights, including the Eighth Amendment right to adequate medical care. If the vendor does not provide this coverage, the County will be liable for any judgments issued under 42 U.S.C. § 1983. **The indemnification section set forth in the RFP is intended to convey that the vendor will indemnify LCSO, including but not limited to civil rights violations.**
  - a. If the Civil Rights Endorsement is indeed required, will the County seek verification of this endorsement from the insurance provider? *LCSO will require verification that the insurance properly indemnifies LCSO.*
5. Is the health services provider responsible for the cost of all drug screenings for County employees at the facility? *That will be determined through contract negotiations, please refer to current contract for current arrangement, which does not include drug screening.*
6. Please provide detailed data on the number of inmate deaths that have occurred both in custody and within 30 days of release over the past five years, including causes of death if available. *Please refer to the Statistics provided.*
7. Who is/are your current physician(s)? *Employees of current vendor.*
8. Would you like the vendor to work with this physician if possible? **LCSO has no preference.**
9. How many days is the current physician in the facility? *Five.*
10. How long does the physician stay? *Please see required FTEs.*
11. What are the current salaries for the nurses? *LCSO does not possess the salaries of the current vendor's employees. LCSO has the current payback rates, which are attached.*
  - a. Is there a shift differential? *See Above.*
12. Will the County or the Medical Service Provider be responsible for paying the bills of the current pharmacy company (Contract Pharmacy Services) under the new contract? *The bid submitted should include the proposal of the vendor on this matter.*
13. Please provide the following information about medication administration.

- a. Who administers medications, e.g., RNs, LPNs, medical assistants? *LPNs.*
  - b. How many medication passes per day do you currently have and at what times? *Two medication passes each day at 8 am and 8 pm.*
  - c. Are medications passed out in the housing unit and by whom? *LPNs conduct on housing units and in infirmary.*
  - d. Are any medications sent with inmates/detainees upon discharge? *See RFP requirements.*
  - e. Are the medication carts owned by the county? *Current contract stipulates all equipment regardless of who purchased stays as property of the Sheriff's office.*
14. Are any medications allowed to be brought in from home? *With specific guidelines and restrictions medications from home may be approved.*
15. Are there over-the-counter medications on commissary? *Not currently.*
- a. If so, are the inmates/detainees allowed to keep commissary medications on person? *N/A.*
16. Please provide a listing of current medical commissary items. *N/A.*
17. Under the current contract, who is financially responsible for the cost of HIV medications and other AIDS-related drugs? Will this remain the same under the new contract? *Please refer to current contract. Details of a new contract will be negotiated with the successful bidder.*
18. What is the current prevalence of chronic illnesses (e.g., diabetes, hypertension, HIV/AIDS, hepatitis C) and infectious diseases (e.g., tuberculosis, COVID-19) among the inmate population? Please provide historical data trends for the past five years. *See statistics provided.*
19. What time(s) and location(s) are sick call currently conducted? *Sick call is conducted on day shift in medical 7 days a week.*
20. Is a security officer currently present for every sick call? *Yes.*
21. What on-site specialty clinics are conducted? *Ultrasound, Xray and HIV, HEPC and STD clinics*
24. Do you currently have a dentist who comes on-site? *See RFP, Current Contract and staffing matrix*
- a. How many days per week is the dentist on-site? *Current provider 4 days a week.*
22. If you do not have a dentist on-site, how many inmates/detainees do you take off-site to see the dentist in a month? *See statistics Provided.*
23. Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform last year? *See statistics provided.*
24. Are there any special business license fees or taxes that are to be paid to the city or county? *No.*

25. Do you currently have a financial limit (POOL) with the current contract?
  - a. If so, what does it cover and how much is it? ***Please refer to current contract.***
26. Have you gone over the financial limit (POOL)? ***Please refer to current contract.***
  - a. If so, how many months into the contract was it before you went over the limit?
  - b. If so, how much over the financial limit (POOL) did you go over every year?
27. How much is the current co-pay? ***\$7.00.***
28. Who is your current medical services contractor? ***YesCare.***
29. Can you please provide a copy of the current medical services contract? ***Please refer to current contract.***
30. Would you like the new contractor to re-price all medical claims? ***No.***
31. What is your current process for re-pricing medical claims? ***LCSO has a contract for off-site claims with Heritage Healthcare and there is a local FL local House Bill 4075 in place.***
32. Do you have a state statute that you reprice to? ***See above #31.***
33. What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory? ***Medical Supplies, Durable Medical Supplies and laboratory are proprietary information of current vendor. Approximate offsite spending for ambulance and in/outpatient for past three years was \$1,780,400.00 22/23 CY, 1,677,800 23/24 CY, \$2,066,800 24/25 CY. Pharmacy is unknown as current vendor is responsible aside from HIV costs, which were: approximately \$9,300.00 22/23 CY, \$77,601 23/24 CY and \$127, 205 24/25 CY.***
34. Please provide statistics on the frequency of emergency medical interventions, hospital transfers, and use of specialized medical services among inmates over the last five years. ***Please see provided statistics.***
35. Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the invoice for the county (act as a third-party administrator)? ***No.***
36. Is there a fax line dedicated to medical? ***Yes.***
  - a. If not, is a fax line available?
37. Do you have an existing EMR system? ***Yes.*** If yes, who is the current provider? ***Correctek.***
38. Is there internet connection already in the medical unit? ***Yes.***
  - a. Is this provided by the county or the current contractor? ***Currently there is both, LCSO and Vendor Connection.***
  - b. If the current contractor is providing, do you know the cost? ***No.***

- c. What kind of network gear is needed or currently in place for internet at your facility if contractor must supply? ***This will be dependent on vendor need.***
39. How many simultaneous med passes occur? ***Up to three.***
40. How many desktop computers do the medical staff currently use? ***28.***  
 a. How many are county owned vs. contractor owned? ***25 LCSO and 3 YesCare.***
41. How many laptops do the medical staff currently use? ***7.***  
 a. How many are county owned vs. contractor owned? ***6 LCSO 1 YesCare.***
42. Are there internet capabilities where the medical staff will be seeing patients? ***Yes.*** Exam rooms? ***Yes.*** Booking areas? ***Yes.*** Hardwire? ***Wireless?*** ***Wireless.***
43. How many scanners do the medical staff currently use? ***Three.***  
 a. How many are county owned vs. contractor owned? ***YesCare (all equipment is LCSO owned at end of current contract)***
44. How many printers do the medical staff currently use? ***Three.***  
 a. Are they county owned, or contractor owned? ***YesCare (all equipment is LCSO owned at the end of the current contract)***
45. Is the new vendor required to have the medical staff on a separate email address from the jail staff? ***Yes. Current Medical staff have both.***
46. Are any members of the jail’s current health service workforce unionized? If yes, please provide the following: ***No***  
 a. A copy of each union contract  
 b. Complete contact information for a designated contact person at each union  
 c. The number of union grievances that resulted in arbitration cases over the last 12 months.
47. When is the next NCCHC accreditation date? Can we get a copy of the last audit? ***Copy will be provided to the successful bidder Next accreditation due August 2028.***
48. Is the jail currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive. ***No***
49. Of the total population, how many are:

County	1051
ICE	n/a
US Marshal	n/a
Juveniles	04
Native American	n/a
Federal	n/a
DOC	n/a
Work Release	n/a

Indigent	n/a
Other	n/a

50. Does your jail provide mental health services to inmates/detainees? If no, please proceed to question 57. If yes, please answer questions 51-56. **Yes.**

51. Can inmates/detainees request mental health services? **Yes, this information is provided in the RFP and the current contract.**

a. If yes, are inmates/detainees charged a fee for mental health services? **No.**

52. Indicate who provides mental health services. (Check all that apply)

County agency (Human or Social Services, etc.) **No.**

Contracted provider **Yes.**

Jail/sheriff's department hired staff. **No.**

Other (please explain) **N/A.**

53. Is your mental health program accredited by any professional organization? (NCCHC, ACA)

**The Facility has NCCHC, FMJS and FCAC accreditations.**

54. What *mental health services are available to inmates/detainees in your jail?* (Check all that apply) **All are available.**

Crisis intervention

Medications and their management

Psychiatric medications and their management

Referral of inmates/detainees to mental health provider

Individual counseling/therapy

Group counseling/therapy

Substance abuse treatment/services

In-depth physical evaluation assessment (typically occurs after 14 days in custody – (includes mental health issues)

Case management

Release planning

Other (please explain)

55. Is crisis intervention available 24 hours per day/7 days per week? **Yes.**

56. Indicate the titles of the provider(s) of mental health services in your jail. Please check all that apply and indicate the average number of hours per week for each. **See RFP and Contract.**

Psychiatrist –

Psychologist –

Masters Level Social Worker –

Registered Nurse (RN) –

Nurse Practitioner –

Licensed Practical Nurse (LPN) –

Jail Chaplain – 40hours/week

Other (please explain) –

57. Indicate the level of screening for inmates/detainees at your jail. (Check all that apply)  
Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer. **Yes.**  
Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer. **No.**  
Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional. **Yes.**  
Other (please explain) \_\_\_\_\_
58. Are there secondary reviews of screening reports for accuracy, completeness, legibility, and the referral process? (e.g., by first line supervisor, jail nurse, etc.) **Yes, by whom? A RN or Supervisor.**
59. Are staff required to use a prescribed form when making mental health referrals? **Yes, but referrals are accepted in any manner.**
60. Are arresting/transporting officers and probation agents, etc. required to complete a pre-incarceration form identifying mental health risk issues? **Yes.**
61. Does your jail staff receive ongoing training on mental health issues? **Yes, per accreditation standards.** Yes, How often? (please explain) **per accreditation standards and current contract stipulations.** How is training delivered? **By Medical and MH staff.**
62. Does your jail staff receive ongoing training on suicide prevention issues? **Yes, per accreditation standards and current contract stipulations.**
63. Why is the County going out to RFP/RFQ/ITB at the current time? **Irrelevant.**
64. What are some of the current pain points with your current provider? What needs to be improved by the current provider? **Any changes LCSO is interested in will be discussed with the successful bidder.**
65. Will the County allow for the top 2 or 3 vendors to make oral presentations after the panel scores the responses? **LCSO will invite vendors for oral presentations at their discretion.**
66. On page 40, Letter S. It states that a Performance Bond in the form attached to this Proposal may be requested by the Sheriff as part of the contract negotiations and should be valid for at least the first year of the contract. On page 59 is the Performance Bond page. Is the County requiring a Performance Bond or not? On page 40 it says “may” is the reason for the question. **Performance Bond will be discussed with the selected bidder.**
67. Please list the programs offered to inmates/detainees in your jail, such as education, religious, recreation, life skills, substance abuse, etc. **This information will be provided to selected vendor.**

68. Could you please confirm the due date as January 26<sup>th</sup>? Page 7 indicated a due date of January 15<sup>th</sup>. **See addendum.**
69. Could you please clarify the inclusion of a Performance Bond or if this is optional by the Sheriff upon contract award? **Performance Bond will be discussed with the selected bidder**
70. Can the pharmacy portion of this RFP be bid Separately? In other words, can a pharmacy provider submit a response for the pharmacy portion only? **No thank you.**
71. The RFP requires that at least three (3) of the five (5) client references be from current detention facility contracts with an average daily population of at least 800 inmates, in effect for a minimum of one year.  
Our company's current contract portfolio includes facilities with average daily populations up to approximately 600 inmates. However, the organization's senior leadership team has decades of experience overseeing correctional healthcare contracts with average daily populations of 75 up to 5,000 inmates in prior roles and organizations.  
Can the Sheriff's Office confirm whether large-facility experience demonstrated through senior leadership resumes may be considered as an acceptable alternative to the client reference requirement, or whether the ADP threshold must be met strictly through current contracts held by the proposing entity? **Please refer to RFP requirements.**
72. Can you confirm that all existing employees (medical staff, etc.) of the current vendor have non-competes and can immediately be employed by the new vendor? **LCSO has no knowledge of any employment contracts the current vendor has with their employees.**  
Are there existing policies and procedures and following review, can they be maintained (or re-used)? **Any new contractor will need to develop their own site-specific policies and procedures per the RFP requirements.**
73. Will the new vendor have access to past work with NCCHC, FMJS and FCAC? **Yes**  
Is there a current and approved Emergency Plan? If acceptable following review, can this be maintained (or re-used)? **Any new contractor will need to develop their own site-specific emergency plan per the RFP requirements.**
74. If the new vendor uses CorrectTek, who is responsible for a) any training, b) maintenance, c) other IT related items? **CorrecTek has help desk and training available.**
75. Does the Detention Center already have active equipment and technology associated with Lab, X-Ray, Dialysis and EKG? If not, **the RFP indicates that the Center would have those available.**
76. Who is responsible for a) setting up and b) paying for Translation/Interpreter Services? **The successful bidder.**
77. Is the current compensation provided to the current (vendor) employees satisfactory, or are they expecting an increase/market adjustment as part of this RFP process? **LCSO is not aware of this proprietary information.**
78. Will the current budget, including labor and non-labor expenses be provided as a baseline? **The current contract is available.**
79. My institution does not recently or currently have any contracts for Detention Center healthcare. Therefore, we will be unable to realize three (of five) client references that are detention facility contracts with an average daily inmate population of at least 800 and a maximum capacity of at least 1,000. Does this mean we are ineligible? **Please refer to RFP requirements.**
80. As asked at the opening session, will a full list of pharmaceuticals (number used and cost per unit) be shared? **LCSO does not have this proprietary information on cost, see statistics.**

81. Can you please provide a copy of the current healthcare contract, including all amendments?  
***Yes, please see attached.***
82. Please clarify the difference between the hour for hour paybacks and liquidated damages for vacancies. Will they both be assessed for positions that are vacant beyond 30 days? ***This is specified in the RFP.***
83. Please provide a list of current vacant positions. ***1.8 LPN and 1.0 Psych Tech.***
84. Please provide the current use of agency healthcare staff. ***N/A.***
85. Please confirm that the Contractor is not responsible for the cost of any offsite services. ***Correct.***
86. The RFP indicates that the County contracts with a third-party administrator for the processing of offsite claims. However, page 25 of the RFP indicates the contractor will be responsible for establishing agreements with specialists and sub specialists for outpatient services. Is this not included as part of the third-party administrator contract? ***The successful bidder is not responsible for the cost of the off-site services; however, they are responsible for the scheduling and continuity of care and must have relationships.***
87. Who is responsible for the cost of ambulance transportation? ***Heritage Healthcare.***
88. Who is the current pharmacy provider? ***CPS subcontracted through YesCare.***
89. Who is the current laboratory provider? ***Garcia subcontracted through YesCare.***
90. Who is responsible for hosting the current EMR, the Contractor or the Sheriff's Office? ***LCSO.***
91. Who is the Internet Service Provider and what bandwidth are they providing? ***LCSO has our own internal network connection, but vendor is welcome to bring in their own dedicated data circuit.***
92. Who is responsible for providing and supporting phones? ***Voice over IP phones are provided by LCSO.***
93. Will the network (switches, Wi-Fi, router, Internet, etc.) be the responsibility of Leon County or the contractor? ***Standard network connectivity will be provided by LCSO, but if vendor brings their own network connectivity in, they must also provide their own network infrastructure with the exception of patch panel and distribution to endpoints. Any additional network drops will be the vendor's responsibility.***
94. Is there a wireless network? ***LCSO provides a dedicated wireless network for current vendor's EMR application (this is used exclusively for LCSO equipment to connect to the current EMS).*** If so, does it extend to medical? ***Yes.*** Does it extend to the locations for medication administration? ***Yes.***
95. Who is responsible for providing helpdesk support to the medical users? Depends on what the helpdesk need is. ***Connectivity, LCSO, EHR issues CorrecTek, vendor proprietary services would be the responsibility of the vendor.***
96. The RFP indicates a performance bond "may" be required. Performance bonds have become somewhat obsolete in the correctional healthcare industry and seem to be a significant unnecessary expense as we are not aware of a single instance where a performance bond has been called in the correctional healthcare industry. Depending on the size of the bond, it may also have the effect of limiting competition. Will you eliminate any performance bond requirements? ***Performance Bond will be discussed with the selected bidder***
97. What licenses are associated with the behavioral health professional titles in the current staffing plan (Pages 14-15)? What is a Psych Tech (Page 15 of RFP) and what are the licensure requirements for that position? ***LCSO is not aware of this information as they are current vendor staff.***

98. Please provide the number of bookings and discharges per day on average for FY 2022, FY 2023, and FY 2024. ***This information will be provided to selected vendor.***
99. What does the ADP need to be set at for pricing purposes? **1000.**
100. Is the Detention Facility currently accredited by NCCHC, or does the LCSO wish to pursue initial accreditation? ***Yes.***
101. 101. Please provide a list of vacant staffing positions and associated credit amounts assessed over the past 12 months ***see above #83 for vacancies. Staffing credits for the past 12 months were \$96,421.43.***
102. Please provide a list of current onsite specialties with company/person name (if any) and how often and how many hours each specialty comes onsite (i.e. OBGYN, Physical Therapy, Dialysis, etc.). ***Please see above #21.***
103. Please confirm that LCSO is financially responsible for all offsite expenses and transportation. ***Correct, LCSO is responsible.***
104. Please clarify LCSO's expectations for a pharmacy provider. Is the Vendor able to propose its own pharmacy services, or will the successful vendor be required to partner with PharmaCorr. ***PharmaCorr is not providing services at LCSO. Bidders may propose their preferred Pharmacy partner.***
105. Please provide the annual dollar amounts spent on total pharmaceuticals for FY 2022, FY 2023, FY 2024 and YTD 2025. Please itemize dollar amounts for HIV, long-acting injectables, blood factor and HEP C meds for each year. ***LCSO is not aware of this proprietary information. HIV costs were already provided above in #33.***
106. What is the average monthly number of inmates over the past 12 months receiving pharmaceutical treatment for Blood Factor? ***None***
107. 107. Please provide the number of long-acting injectables administered over the past 12 months. ***LCSO is not aware of this information.***
108. Please provide the following statistics over the past 12 months: % of population on medication ***See statistics provided.***
109. Please provide the following statistics over the past 12 months: % of population on psych medication ***See statistics provided.***
110. Is the Sheriff still contracted with Bond Community Health for HIV/AIDs treatment? ***No and has not been for several years.***

Please provide the following information pertaining to medication pass:

111. Please provide the # of medication passes completed per day. ***Two.***
112. Please provide the # of med carts utilized per medication pass. ***Three.***
113. Please provide the duration of each medication pass ***Varies but approx. 3 hours.***
114. How many personnel are assigned to each medication pass? ***Two-three.***
115. Please provide an inventory of medical equipment (age and condition) the new contractor will be able to use to provide services. ***A list of available equipment will be provided to the successful bidder.***
116. How many dialysis stations are onsite at the Detention Facility? ***None.***
117. Is there onsite storage for Dialysis supplies and equipment? ***If one was needed.***
118. Are onsite dialysis costs pass through, full risk or shared risk? ***Cost is LCSO responsibility.***
119. Please provide the contact details for your current Dialysis provider (DaVita). ***Contract is through current vendor.***

120. It is our understanding that the County currently sends dialysis patients offsite due to cost effectiveness. However, the RFP states the provider will provide dialysis onsite. Please confirm that the provider can continue sending patients offsite for dialysis services. ***Details would be discussed with successful vendor, it is currently provided off-site, but if circumstances required it to be on-site the successful bidder would be required to comply. Regardless, the cost would be LCSO responsibility.***
121. Are dialysis services currently provided offsite or onsite? If onsite, please provide the annual dollar amounts spent on onsite dialysis services for FY 2022, FY 2023, FY 2024 and YTD 2025. ***See above. Cost is LCSO responsibility.***
122. # of onsite dialysis treatments per year for FY 2022, FY 2023 and YTD 2024. ***See statistics.***
123. Please provide the following statistics over the past 12 months: % of population who are severely mentally ill (SMI) ***Approx 30%.***
124. Please provide the following statistics over the past 12 months: Average daily # of combined segregation inmates ***Approximately 60.***
125. Please provide the following statistics over the past 12 months: Average daily # of detox patients ***4.4***
126. Are MAT services currently provided on-site, ***Yes*** and if so, please provide the number of vivitrol injections (if any) administered over the past 12 months? ***None.*** Is there available grant funding to cover the cost of Vivitrol and other injectable MAT medications? ***Yes.***
127. Please provide the average number of inmates housed for federal and/or inter-county/state agencies, as well as the type of agency for which they are housed. ***This information will be provided to selected vendor***
128. Could you provide a copy of the current Leon County health services contract, including any exhibits, attachments, and amendments? ***Yes.***
129. Would you provide (by year) the amounts of any staffing paybacks/credits Leon County has assessed against the incumbent vendor over the term of the current contract? ***22/23 \$213,423.70. 23/24 \$108,460.96. 24/25 \$96,421.43.***
130. Could you provide (by year) the amounts and reasons for any non-staffing penalties/liquidated damages Leon County has assessed against the incumbent vendor over the term of the current contract? ***22/23 \$1,750. 23/24 \$450.00. 24/25 \$250.00.***
131. With regard to lawsuits pertaining to inmate health care: a. How many have been filed against Leon County and/or the incumbent health care provider in the last three years? b. How many have been settled in that timeframe? ***LCSO is unaware of any lawsuits if any filed against current vendor.***
132. Could you provide five-year population projections for the Leon County Detention Facility? ***Maximum Capacity 1427.***
133. Could you provide 3 years of historical data on the number of intakes in Leon County? ***See statistics.***
134. If staffing differs from what is in the contract, please provide the actual staffing your current health care vendor is providing, including any positions and/or hours being worked over and above contract requirements. ***See current contract also published in RFP.***
135. Could you provide a listing of any current health service vacancies by position? ***See above responses.***

136. Is the incumbent health services vendor currently filling any site-level positions through a staffing agency? If "yes," please provide: A. The number of agency staff members, by position, B. The agency billing rate that the incumbent is paying for each position. **No**
137. Concerning any specialty care clinics currently conducted onsite at the Leon County facilities, please provide: A. The type of specialty clinic, B. How often each specialty clinic is currently conducted, C. The length of each specialty clinic, D. The average number of patients in each specialty clinic, E. The name and contact information for the provider who operates each specialty clinic. **See above**
138. Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at Leon County. **LCSO is unaware of any backlogs.**
139. Could you provide the following mental health data? A. Number of individuals on suicide watch each month, **Approx 40**. B. Number of suicide attempts, **None**. C. Number of successful suicides, **None**. D. Number of self-injurious behavior incidents. **Approx 6**.
140. With regard to Medication-Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) programs, please provide: A. Please describe any MAT/MOUD programs currently in place in Leon County. **LCSO provides MAT through the current vendor YesCare as well as through MOUs with Disc Village and New Season**. B. Who will be financially responsible for the cost of MAT/MOUD medications? **Vendor is not responsible for MAT Medication costs. Vivitrol when applicable is grant funded**. C. Please provide Leon County's current protocols for determining who receives MAT/MOUD treatment. **Will provide this information to the successful bidder**. D. For each of the past two years, please provide the average number of Leon County patients receiving MAT/MOUD treatment. **Program just started in November, and data is not available yet**. E. Please indicate which FDA-approved MAT/MOUD drugs Leon County currently uses/prescribes. **Suboxone, Methadone and Vivitrol** F. Is Leon County currently using any long-acting injectable MAT medications? **Vivitrol when applicable**. G. Are any Leon County facilities certified as an Opioid Treatment Program? **No** H. Please provide the name and fee charged by the licensed OTP **See MOUs**.
141. For each of the past 36 months, please provide statistical data for: A. Number of inpatient hospital admissions, B. Number of inpatient hospital days, C. Number of outpatient surgeries D. Number of outpatient referrals E. Number of trips to the emergency department F. Number of ED referrals resulting in hospitalization G. Number of ground ambulance transports H. Number of air ambulance transports I. Number of dialysis treatments **See statistics**.
142. Please confirm that if the awarded vendor retains existing health care staff who are already credentialed, those incumbent staff will not need to undergo credentialing again with the new vendor. **Any successful bidder would be required to credential any staff per RFP and federal, state and local requirements.**
143. For each of the past 3 years, please provide total spend amounts for: A. Offsite services B. pharmaceutical expenditures, C. Laboratory services, D. Offsite diagnostic (x-ray) services **See above**.
144. Under the new contract, who will be financially responsible for these items: Leon County or the vendor? A. Inpatient hospitalization B. Outpatient surgeries C. Other outpatient referrals D. ER visits E. Ambulance transports F. Offsite dialysis G. Offsite diagnostics (lab/x-ray) H. Pharmaceuticals **See RFP and above**.

145. On average, how many Leon County patients per month receive these types of prescription drugs? A. Psychotropic medications? B. Hepatitis C medications? C. HIV/AIDS medications? D. Medications to treat bleeding disorders? *See statistics.*
146. Does Leon County currently participate in any 340B pharmacy discount programs? If "yes," please provide: A. What specialties does the 340B agreement cover? B. Please identify the FQHC or other 340B-certified entity, C. Which pharmacy is providing the 340B medications? ***LCSO has an MOU with Florida Community Health Partners.***
147. Concerning the cap on offsite care and/or pharmaceuticals: A. Please identify the dollar amount of the cap for which Leon County wants vendors to submit pricing, B. Please identify the amount of any cap in the current contract C. For each of the past three years, by how much have total expenses exceeded the contracted cap amount? ***There is no current offsite CAP, please see RFP and current contract.***
148. Please provide the names and participation levels (dollars spent) of all small/minority/woman/veteran-owned subcontractors used under the current contract. ***LCSO is unaware of any contracts the current vendor may have with these organizations.***
149. Complete details on inmates housed for outside agencies (specific agencies, average numbers, authorization processes, cost handling). ***This information will be provided to selected vendor.***
150. Please confirm labor hours in the following categories count toward "hours provided" and are not subject to paybacks: A. Orientation, in-service training, and continuing education. B. Overtime hours C. Agency hours D. Approved paid-time-off ***Please see RFP for specific requirements. Orientation, In Service training, CEUs are not hours provided to fulfill required FTEs.***
151. Does Leon County maintain any full-time IT staff at its facilities? If not, please describe IT resources available for hands-on tasks. ***LCSO IT have IT Staff and maintain on-call resources after normal hours, but only supports LCSO hardware and software.***
152. Concerning health care staff accessing the Internet, please provide: A. Do vendor staff access through Leon County network or vendor's network? ***Current vendor can only access LCSO network on LCSO machines. Vendor may connect to their EMR through LCSO network (for cloud-based EMR) if the EMR is web/browser based. Regardless, LCSO expects all vendors to maintain CJIS Security Training, and LCSO Security Training for all staff, and regularly maintain all renewals for those trainings. LCSO is open to discuss optional scenarios where vendor connects to their EMR on their own equipment.*** B. Description of current hardware, wiring, and connectivity. ***The current LCSO hardware is a mix of desktops and laptops*** C. Who is financially responsible for this infrastructure? ***LCSO is responsible for LCSO owned equipment.*** D. Who will be responsible for upgrades or expansions? ***LCSO is responsible for LCSO owned equipment expansions.***
153. Is there currently WiFi capability within Leon County facilities? ***Yes.*** A. If "yes," who is providing this capability? ***Adequate Wi-Fi for LCSO hardware and software, and limited guest Wi-Fi.*** B. What hardware is utilized? C. How many wireless access points exist? ***See previous answer.***
154. Concerning health care staff accessing the Leon County network: A. Are computers on Leon County's network or the vendor's private network? ***Current vendor accesses both, LCSO hardware is on the LCSO network, vendor hardware is on a vendor network.*** B. Will this continue under the new contract? ***We are open to exploring alternatives, but LCSO prefers***

- vendor bring in their own EMR solution.** C. Will Leon County permit the incoming vendor to utilize the existing network infrastructure? **We currently allow the current vendor to use existing copper and fiber within the building.** D. Who is responsible for network upgrades? **LCSO is only responsible for LCSO owned equipment.**
155. Concerning timeclocks or other timekeeping devices: A. How many time clocks are in place at each facility? **The current vendor has one time clock.** B What is their location in the buildings? **Medical.** C. Will Leon County allow the incoming Contractor to connect time clocks to the network? **Yes.**
156. What pharmacy subcontractor does your current health care vendor use? **See above.**
157. What laboratory subcontractor does your current health care vendor use? **See above.**
158. Does Leon County participate in any programs (ACA, Medicaid expansion, etc.) that mandate special discounts for inpatient care? **Yes.** A. Name and description of the program, B. What services are discounted? C. Who is responsible for enrolling patients? D. Processes and timeframes for enrollment and payment E. Who is financially responsible for non-eligible individuals? F. Percentage of approved inpatient services covered by Medicaid for the past three years. The dollar amount of inpatient services NOT covered by Medicaid for the past three years. **The details of program will be discussed with successful bidder.**
159. Is Leon County currently using an electronic medication verification system at intake? If "yes," please identify which system is in use. **Yes. P-Care.**
160. Please provide copies of the following documents: A. The drug formulary currently in use, B. The most recent pharmacy report, C. The lab test formulary currently in use. **This is proprietary information of the current vendor.**
161. Are any transgender individuals in Leon County custody currently awaiting gender reassignment surgery? If "yes," please indicate how many. **No.**
162. Please confirm that costs in the following categories will be included under any cap on offsite care: A. Inpatient hospitalization, B. Outpatient surgeries, C. Other outpatient referrals D. ER visits E. Ambulance transportation F. Offsite dialysis G. Offsite diagnostics (lab/x-ray) **There is no CAP, those costs are LCSO responsibility.**
163. Please provide a list of office equipment available for use by Contractor. Please also provide a list of all medical equipment that belongs to the County and will be available for use by Contractor. **Equipment will be provided to successful bidder.**
164. Is NCCHC accreditation required or just compliance with NCCHC standards? **Required, see RFP first paragraph.**
165. Does the vacancy penalty apply after 30 calendar days or 30 business days? **Calendar.**
166. The Contractor is required to provide an external peer review program annually. Does "external" mean a private third-party, or can it be completed by a corporate representative? **Corporate is acceptable.**
167. Please provide a copy of the 2026 fiscal budget for health care services. **This will be shared with the successful bidder.**
168. Please provide the base contracted fee paid to the incumbent provider. **See current contract.**
169. Please verify this is a vendor full risk medical services contract. **It is not.**
170. May alternative pricing models be submitted that conform to all aspects of the RFP? **Yes, as long as RFP requirements are met.**
171. Please provide the last accreditation reports for the following: **See attached.**
- a. FMSJ
  - b. FCAC

- c. NCCHC
172. The RFP requires proposed individuals for key roles (Psychiatrist, Director of Mental Health, Health Services Administrator, Medical Director, Nursing Director) to be identified with the proposal and approved by the Sheriff. Will the LCSO allow perspective bidders to submit Job descriptions for these positions, given they are not the incumbent vendor? **No.**
173. The RFP states that all policies, procedures, protocols, and manuals developed under the contract will remain the property of LCSO and must be provided electronically in Word format. As these materials often include proprietary content and intellectual property developed by contractor, will LCSO allow vendors to retain ownership of their underlying templates and methodologies? **No.** Alternatively, can LCSO clarify whether any confidentiality protections or limitations on redistribution will apply to these documents? ***This information is subject to public information requests and sensitive information is redacted by our records department and distributed.***
174. Please provide a list of LCSO owned office furnishing and equipment that will be available for contractors to use. Please provide a date of purchase and its current condition. ***Will provide to successful bidder.***
175. Please provide the total 2025 expenses for: ***Off-site spend and HIV costs were provided above.***
- a. Hospitalizations
  - b. Outside/Specialty Consults
  - c. Pharmacy
176. Please provide a copy of the current health services agreement to include all addendums. ***See attached.***
177. Please provide a copy of any additional health services contracts/agreements (for services provided to inmates at the Facilities), that are in addition to the base contract, to include pricing for: ***The below are contracts the current vendor has and proprietary information.***
- a. Hospitals
  - b. Outside/Specialty Consults
  - c. Pharmacy Services
  - d. Laboratory Services
  - e. Radiology Services
  - f. Dialysis Services
  - g. Pediatric Services
178. Was the current health services provider assessed any fines or penalties for the following years, and if so, what were the total amounts for each year? ***Provided above.***
- a. 2025
  - b. 2024
  - c. 2023
179. May a Psychiatric PA/CRNP be used to satisfy the Psychiatric Hours? **No**
180. Please provide a detailed list or register of all employees and subcontractors currently working in the medical department to include their names, titles, credentials and years of service (Example: Health Services Administrator, Medical Director, Psychiatrist, Dentist, Physician Assistants, Nurse Practitioners, RN's, LPN's, MA's) ***Proprietary information.***
181. Please provide a list of the current staffing vacancies. ***See above***
182. Are there any consent decrees, lawsuits or litigation pending that will affect this new contract? **No.**

183. Is internet access available to the health services provider? *See above*
184. Is the health services provider able to assess and treat inmates via: ***Only when LCSO agrees and not in place of in person only.***
- a. Tele-Medicine
  - b. Tele-Psychiatry
  - c. Tele-Psychology
185. Please provide the total number of Administrative Staff and/or Correctional Officers who require: ***All new employees are subject to these services there is no specific number.***
- a. PPD
  - b. Chest X-Ray- ***Services not provided by current vendor.***
  - c. Hepatitis A Vaccine
  - d. Hepatitis B Vaccine
  - e. Flu Vaccine
186. Will the successful bidder be financially responsible for hospitalized patients prior to the inmate being received in the facility? (Example: Individual suffered gunshot wound during police arrest and arrestee is arraigned at bedside in the hospital.) ***Please see FL statue 901.35.***
187. Please provide the number of lawsuits arising out of the medical care provided at the Leon County Detention Center that were wiled in the following years: ***LCSO is not aware of any lawsuits filed against current vendor.***
- a. 2025
  - b. 2024
  - c. 2023
188. Are there any consent decrees, lawsuits or litigation pending that will affect this new contract? ***No.***
189. Please provide a breakdown of outside agencies and the number of patients housed by the LCSO in the following years: ***This information will be provided to selected vendor.***
- a. 2025
  - b. 2024
  - c. 2023
190. Will the LCSO consider prospective bidders to carry the industry standard of 1 million per occurrence and 3 million in the aggregate for professional liability insurance? ***Please refer to RFP.***
191. Does the LCSO currently have a Medication Assisted Treatment (MAT) Program? If so, please provide current number of patients participating in program. ***See above.***
192. During the mandatory pre-bid meeting it was mentioned that the LCSO utilizes a “home grown” JMS, does this system have the capability to integrate with CorEMR? ***LCSO is currently in process of transitioning from a homegrown JMS to a product provided by ProPhoenix.***
193. Will the Sheriff’s Office entertain suggestions for operational changes to the health services program if such changes remain in compliance with governing standards and result in an overall cost savings? ***Yes.***
194. Will hours of service deliver via tele-medicine and tele-psychiatry, count towards contract provider hours? ***If there is an agreement and approval from LCSO before services.***
195. Please provide the current healthcare contract with YesCare and any amendments to the current contract. ***See attached.***
196. Will the Sheriff’s Office allow electronic signatures for proposal documents and forms? ***Yes.***

197. Does the Sheriff's Office currently provide tablets or kiosks at the facility for inmate use?  
**Yes**
198. Is the LCSO interested in implementing a Medication Assisted Treatment (MAT) program to include induction and counseling services? **LCSO will consider alternative proposals for this.**
199. Please provide dates and outcomes of any accreditation surveys (FMJS, ACA, NCCHC, AJA, DOC, etc.) within the last five years. **See attached most recent survey reports.**
200. Please provide the number of AED located throughout the facility as well as who is responsible for checking the equipment, frequency of checks, as well as who is financially responsible for the disposable supplies associated with equipment upkeep (pads/batteries)? **There are two AED LCSO owns and maintains, they are in booking and medical.**
201. Is the vendor responsible for providing interpreter services for non-English speaking inmates? **Please refer to RFP.**
202. Are there any special requirements for contract medical staff entering the facility such as clear bags, no cell phones, required searches, or any similar security measures? **Clear bags are required, no cell phones allowed, and entry searches are a part of policy.**
203. Are security rounds/counts conducted electronically or via paper logs? **Both.**
204. Are staggered fifteen-minute watches documented electronically or via paper logs? **Both.**
205. Who is responsible for the maintenance, inspection, and licensing of the dental x-ray equipment? **The successful vendor.**
206. What is the average time for new employee clearance process to be complete? **Clarence for LCSO employees is approximately 90 days.**
207. Who is financially responsible for destruction/shredding of privileged health information? **LCSO.**
208. Is there a hospital, or health system, that the agency requires the vendor to use for security reasons/preferences? **TMH preferred.**
209. Please clarify the ADP that should be used in pricing / staffing. **See above.**
210. Please clarify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for:
- a. Oral Surgery - **off**
  - b. Optometry - **off**
  - c. Laboratory - **on**
  - d. Radiology (specify mobile or fixed equipment) **on/ mobile**
  - e. Fluoroscopy - **off**
  - f. Mammography - **off**
  - g. Physical Therapy - **off**
  - h. Dialysis - **off**
  - i. Chronic Care Clinics (please specify which clinics and frequency) **on**
  - j. Specialty Clinics (please specify which clinics and frequency) **onsite for HIV, HEPC and STD.**
  - k. OB/Prenatal care - **off**

211. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.) at the facility. Also, please provide years of service or hire dates ***This is proprietary information of the current vendor.***
212. Please provide the DOLLARS spent on offsite services for by year for the last three years by the categories below, at your facility: ***See above.***
- Hospitalization
  - Emergency room visits
  - Specialty visits
  - Outpatient surgeries
  - Diagnostics
213. Please provide the following by year for the last three contract years for your facility:
- a. HIV medications dollars ***See above.***
  - b. Psychotropic medications dollars ***Unknown.***
  - c. Hepatitis C medications dollars ***See above (included with HIV)***
  - d. Blood products relating to hemophilia dollars ***\$0.***
214. Please provide the TOTAL dollars spent on pharmacy at your facility by year for the last three years. ***LCSO does not know this as current vendor is responsible for Pharmacy with exception of HIV, HEPC, Blood Factor, Cancer medications.***
215. Is biomedical waste managed by the jail or the vendor? Who is the current Biomedical waste provider? ***Vendor.***
216. What percentage of your medications ordered each month is stock vs. patient specific prescriptions? ***LCSO is unaware of this as current vendor provides pharmacy services.***
217. Please provide three (3) years of drug utilization at the facility preferably in an electronic format. ***LCSO is unaware of this as current vendor provides pharmacy services.***
218. Of inmates receiving Hepatitis C treatment, what is the nature of the treatment? ***LCSO is partnered with Florida Community Health Partners for the Testing and Treatment of HIV, HEP C, STDs at no cost to the inmate of LCSO.***
219. How are current medication orders being transcribed to pharmacy? ***Through the EHR.***
220. Please clarify how are medications delivered and dispensed: patient-specific or stock/pill line? ***Both.***
221. Does your current pharmacy provider offer monthly/quarterly pharmacy consultation/inspection? If so, please describe? ***Monthly required.***
222. Does your facility have a DEA License? If so, whose name is under licensure? ***No, under current SMD.***
223. Does your facility have a current state pharmacy license? If so, whose name is under licensure? ***Yes, through the current Pharmacy.***

224. Where are inmate's personal medications kept upon booking? ***In their property unless it is a scheduled medication which is placed in medical and added to the controlled count.***
225. How many inmates receive MAT continuation? What MAT drugs are being utilized? ***See above.***
226. How many group therapy sessions are provided per week by the current vendor? ***6-8.***
227. How many patients were sent to the state mental hospital from your facility in the past year? ***61***
228. How many patients required placement in some sort of restraint device in the past 6 months? ***Approx 20 all ordered by custody.***
229. Is it the responsibility of the officers to provide direct observation and/or 15-minute checks and logs on all patients placed in suicide watch? ***Yes***
230. How are medications currently made available to inmates upon release from the correctional facility? ***Yes***
231. Does the Sheriff's Office's standard operating policies provide that inmates who are receiving mental health or medical services encounter medical or mental health staff as they are released from the facility? Please describe the process. ***Inmates on Baker Acts or in the Infirmary are seen by MH or Medical prior to discharge.***
232. How many planned or predicted releases on average occur each day? ***Approximately 45.***
233. Please provide a description including average daily enrollment of your inmate substance abuse education, cognitive behavioral classes, and other inmate programs. ***This information will be provided to selected vendor.***
234. Is the current records system a combination of electronic and paper records? If so:
- What records are electronic? ***Records from the inmate's incarceration at LCSO.***
  - What records are paper? ***Outside records.***
235. Will the existing facility network be available for EMR connectivity? ***this is dependent on the nature of the EMR, LCSO is open to discuss alternatives.***
236. What interfaces are currently in place, if any:
- JMS, ***Yes***
  - Lab, ***Yes***
  - Pharmacy, or ***Yes***
  - Other. ***Commissary***
237. What is the current JMS provider? ***Leon County proper is the provider of the current custom JMS, a new JMS solution (ProPhoenix) is expected to be in production by late spring 2026.***
238. Can the EMR be installed on existing jail hardware? ***It depends on the nature of the EMR. In general, vendors should not expect to install their software on LCSO maintained equipment.***

239. Should servers be proposed as a stand-alone system? ***It depends on the nature of the EMR. In general, vendors should not expect to install their software on LCSO maintained equipment. LCSO is open to co-location of any server needs.***
240. Does the existing jail data center/computer room have space available for any or all of the above? ***Yes.***
241. Do you use any tools or guides to ensure the staffing is sufficient? If yes, what current tools are in use? Is the Sheriff’s Office open to vendor-developed tools to help manage staffing levels? ***Staffing levels are adequate currently.***
242. Will the Sheriff’s Office allow for secure off-site cloud-based backup? ***Yes, to the extent that it does not saturate any LCSO network. To circumvent this, the vendor may utilize their own circuit.***
243. What mobile devices and peripherals are currently in use at the facility? ***LCSO owned laptops. Cell phones are not permitted in the facility.***
244. How many medical malpractice and/or civil rights lawsuits have been filed against the jail's healthcare provider related to the services rendered at the facility in the past five (5) years? ***LCSO is unaware of any lawsuits the current vendor may have.***
245. The RFP requires the following pricing information: “For each of the years for the initial term, the bidder will specify a price for each year of the proposal individually, with a monthly amount further specified within each year.” The Fee Proposal form notes a three year “initial award period”, plus the three renewal years, with no boxes to accommodate the individual years of the three-year term. Should bidders modify the Fee proposal form? Or should bidders provide a supplemental schedule to meet the requirements of section 1.1? ***Either will suffice.***
246. Table 1 schedule of events lists the proposal due date as January 26, 2026 at 2pm, however page 7, section III.G notes a bid due date of January 15, 2026, before answers to questions will be received. Please clarify the correct date(s) for release of answers to questions and the proposal due date. ***See addendum.***
247. Answers to questions will be released on January 16th, and physical proposals are due 10 calendar days later. As proposals must be printed/shipped when the weather can create delays, bidders will only have 2-3 business days to complete their technical/financial response after clarifications. Would the County please consider extending the due date by an additional two calendar weeks to ensure adequate time to complete a comprehensive proposal? ***See addendum.***
248. The staffing plan provided in the RFP reflects a reduction from the current dental hours (Dentist and Dental Assistant) 0.75 FTE to 0.60 FTE. Currently, the Dental staff works 30 hours (.75 FTE) per week to meet the clinical requirements and workload at the facility. The RFP only requires a 0.60 FTE. Would the County consider modifying the staffing plan to provide adequate dental hours? ***Please use 30 hours. Although note the 6 additional hours are currently funded alternatively and not through the base contract.***
249. The total FTE identified on the staffing chart is 43.5 FTEs and 1,740 hours. This total does not match the sum of the line items. Please provide an updated chart with appropriate correction(s) to the table so the sum of the FTEs/worked hours matches the detail. ***See below.***

<u>Position</u>	<u>FTE</u>	<u>Weekly Hours</u>
Medical		

**Inmate Medical RFP**

**D-25-01**

Medical Director	1	40
Mid-Level Practitioner	1	40
Health Services Administrator	1	40
Director of Nursing	1	40
RN Infirmery	4.2	168
RN Intake	4.2	168
RN Physicals	1	40
RN Quality Improvement	1	40
LPN Medication	8.4	336
LPN Infirmery	4.2	168
LPN Sick Call	2	80
LPN Pharmacy Tech	1	40
Administrative Assistant	1	40
Medical Assistant	1	40
Medical Records Clerk	1.5	60
<b>Behavioral Health</b>		
Psychiatrist	0.2	8
Behavioral Health Mid-Level	0.8	32
Director Behavioral Health	1	40
Behavioral Health Clinical Supervisor	1	40
Behavioral Health Counselor (QMHP)	2	80
Behavioral Health Counselor	0.5	20
Case Manager Behavioral Health	1	40
Behavioral Health LPN	1	40
Behavioral Health Discharge Planner	0.5	20
Psych Tech	2	80
<b>Dental</b>		
Dentist	0.6	24
Dental Assistant	0.6	24
<b>Corrected totals</b>	<b>44.7</b>	<b>1788</b>

The Dental totals were excluded in error

250. The medical vendor is currently financially responsible for the electronic medical record system updates, upgrades, and any system modification costs. Will this process continue in

- the new contract award? ***The current solution is owned and maintained by LCSO with support from the current product manufacturer. It is preferable that the vendor utilize their own EMR. However, we will accept proposals from vendors who wish to use our EMR.***
251. Currently, the County contracts directly with the EHR vendor, with the contractor being financially responsible for updates/upgrades. Does the County intend to continue to utilize the current EHR system, CorrecTek? ***The vendor would responsible for any upgrades they request, that LCSO does not need.***
252. Will there be an opportunity to ask additional and/or follow-up questions? **No.**
253. Can the County please confirm the bidding ADP should we base staffing and pricing on? ***See above #250.***
254. Can the County please provide how many individuals are currently incarcerated for more than a year? **130**
255. When was the last NCCHC audit? **August 2025.**
- If there were any deficiencies in the last audit, please provide details. ***Successful bidder may have this information.***
  - If there were any corrective actions resulting from the audit, please provide details and indicate whether all corrective actions have been completed. ***In process.***
256. What is the County's policy regarding the cost of care for pre-existing conditions? ***See FL statue 901.35.***
257. Please provide the following information for the past two (2) years: ***See above.***
- Total pharmacy costs
  - Total psychotropic medication costs
  - Total HIV/AIDS medication costs
  - Total ER visit costs
  - Total inpatient hospitalization stay costs
  - Total off-site specialist visit costs
  - Total off-site, one-day surgery costs
  - Total pre-booking hospital costs
  - Total ambulance service costs
258. Does the Detention Facility currently receive any assistance on HIV/AIDS medication costs? ***No there is no assistance, there is an MOU with Florida Community Health Partners.***
- If assistance is provided, please identify and provide details.
259. Is there a cap on pharmaceuticals? ***No, meds such as HIV, HEPC, Factor 8 cancer are pass through with the current vendor and the remaining medications are vendor responsibility.***
- If yes, what is the current cap? ***N/A***
260. Can the County please clarify who is responsible for negotiating rates, establishing contracts and adjudicating claims for offsite services, the Contractor or the county's third-party administrator? ***Heritage HealthCare.***
261. Please clarify that the due date should be listed as January 26th, 2026, at 2:00 PM. ***See addendum.***
262. Can the County please clarify the current staffing matrix as outlined as the totals don't match the table at 44.7 FTEs? ***See above.***

- a. Is there anything about the current staffing matrix that is inadequate or that the LCSO would like to see changed? **No, but vendors can submit alternatives.**
  - b. Are there currently any vacant positions? **See above.**
  - c. c. If there are vacancies, please identify the position(s) and length of time vacant. **Less than 30 days.**
263. Beyond providing resumes for regional management staff, only the incumbent provider can provide resumes for on-site staff. Can the County please confirm that descriptions in lieu of onsite roles can be submitted under this requirement? **Please provide resumes as RFP indicates.**
264. Is the County open to switching to the alternate electronic medical record system? **Not at this time.**
265. Does the current EMR system provide any of the following interfaces? If yes, please identify interfacing vendor/agency.
- a. JMS - **Yes**
  - b. Laboratory - **Yes**
  - c. Pharmacy - **Yes**
  - d. Electronic prescription interface - **Yes**
  - e. Health Information Exchange - **Yes**
  - f. Other - **Commissary**
266. Will direct access to the JMS be available on clinical computers? **Only on LCSO machines.**
- a. If so, what are the requirements (installation, network, accounts)? **Yes.**
  - b. Does the current Contractor provide time clocks? **Yes.**
267. Can the County please clarify if peers employed by Wellpath at different locations qualify for external peer review? **Yes.**
268. Can the County please clarify if CQI meetings can be conducted quarterly within NCCHC standards? **No, they are required monthly.**
269. Can the County please clarify if the mortality reviews can be conducted within 30-90 days, which follows NCCHC standards? **Yes, as this change took effect since the RFP was published.**
270. Can the County please clarify if the Psychological Autopsy can be conducted within 90 days, which follows NCCHC standards? **Yes, as this change took effect since the RFP was published.**
271. Please provide the following information for the past two (2) years: **See above.**
- a. Average number of incarcerated individuals on HIV/AIDS medication(s) each month
  - b. Average number of incarcerated individuals on hepatitis medication(s) each month
  - c. Average number of incarcerated individuals on hemophilia medication(s) each month
  - d. Average number of incarcerated individuals with diabetes each month
272. How many med passes are conducted daily? **See above.**
- a. How many med carts are used per med pass?
273. Can the County please confirm if there will be a network copier onsite provided by the County? **No.**
274. Can Please identify the following current providers: **See above.**
- Pharmacy services
  - Laboratory services
  - Mobile X-ray services

• Dialysis Services

275. Can the County confirm that there is currently onsite dialysis being provided? ***No, it is being provided off-site.***
- a. If so, who is the current provider, and what is the frequency of services onsite? ***See above.***  
How much has been spent annually on dialysis over the past two (2) years? ***LCSO is responsible for the cost.***
276. Please identify the local hospital(s) used for emergencies and inpatient stays. ***TMH is the main hospital.***
- a. Please identify the local ambulance service(s) currently used. ***Through current vendors.***
- b. Please provide a list of the off-site specialty providers and outpatient ***Through current vendors.***
277. providers that are currently in use.
- a. Please provide the number of office specialty visits by provider type. ***See above***
278. Please identify any on-site specialty clinics currently conducted on site, and frequency. ***See above.***
- a. Please identify the on-site specialty provider(s) and include contact information.
279. Can you please provide the frequency of each telemedicine clinic/consultation. ***No routine telemedicine.***
280. Can the County please detail the current dental program? ***See RFP and current staffing and statistics.***
281. Can the County clarify if the dental Xray equipment film or digital? ***Digital***
- a. If digital, what is the current software being used? Will the County be providing new software or will the contractor need to procure new software? ***No Change anticipated***
282. Please provide the current vendor handling the removal of amalgam. ***Subcontracted through current vendor.***
283. Do you work with a community provider/local clinic to provide MAT services? ***See above.***
284. Can more than one pricing option be provided in the RFP response? ***Yes.***