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QUESTIONS AND RESPONSES # 2
PROJECT NO. Q0013030
Department of Public Safety and Correctional Services
Inmate Dental Services
May 23, 2013

Ladies/Gentlemen:

This List of Questions and Responses #2, questions #6 through #29, is being issued to clarify certain information contained in the above named RFP.

In most instances the submitted questions and the Department's responses merely serve to clarify the existing requirements of the RFP. Sometimes, however, in submitting questions potential Offerors may make statements or express interpretations of contract requirements that may be inconsistent with the Department's intent. To the extent that the Department recognizes such an incorrect interpretation the provided answer will note that the interpretation is erroneous and either state that the question is moot once the correct interpretation is explained or provide the answer based upon the correct interpretation.

No provided answer to a question may in and of itself change any requirement of the RFP. If based upon a submitted question it is determined that any portion of the RFP should be changed, the actual change may only be implemented via a formal amendment to the RFP. In this situation the answer provided will reference the amendment which contains the RFP change.

Note: As a follow up to Questions and Responses #1, to the Response to the Question #2(c), Amendment #5, Item # 3 is the Amendment that is referenced as upcoming in the response.

6. (pg. 42 - 3.6.1.2) *Should Paid-Time-Off (PTO) provided to the Contractor's eligible employees be included in the calculations of the Contractor's 96% Fill Rate?*

RESPONSE: No, the 96% Fill Rate must be maintained with Staff physically On-site.

7. (pg. 42 - 3.6.1.2) *Should the 40 hours of training for permanent staff required in 3.10.3.1 be included in the total number of hours provided per month used for the calculation of the 96% Fill Rate?*

RESPONSE: No, employees are not allowed to begin work until training is complete, therefore their training time is not calculated into the 96% Fill Rate.

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8. (pg. 43 – 3.6.3.1) *Is it the intent of the Department to have the Statewide Dental Director serve solely in an administrative role or can this individual fill part or all of a clinical FTE?*

RESPONSE: The Contractor may use the Statewide Dental Director to occasionally fill-in for a vacant dentist position or when a dentist is temporarily absent from his/her scheduled work assignment as long as the Statewide Dental Director's administrative duties do not suffer. The Contractor may also have the Statewide Dental Director work a limited number of scheduled dentist hours, e.g. 8-10 hours per week, again as long as the Statewide Dental Director's administrative duties do not suffer.

9. (pg. 58 – 3.17) *Dental emergencies / urgencies are to be seen by the dental staff within 24 hours. Does this include weekends and holidays?*

RESPONSE: Yes.

10. (pg. 61 – 3.21.1.1) *Will the Department be providing computers for each of the dental clinics? Will there be a cost to the Contractor for the computer usage? If so, what is the cost?*

RESPONSE: The Department is responsible for IT related equipment as described in §3.21.1.1.1 so the Contractor will not bear any costs for such equipment. However, the Contractor must provide any IT related equipment as described in §3.21.1.1.2. The Department cannot project the Contractor's cost to provide any IT related equipment of the nature described in §3.21.1.1.2.

11. (pg. 61 – 3.21.1.2) *Is the successful vendor responsible for purchasing the existing non-clinical furniture in the dental clinics?*

RESPONSE: No, all furniture is the property of the Department and is available free of charge for use by the Contractor.

12. (pg. 72 – 3.22.4) *Dorsey Run facility is listed under Jessup Region, but it is not listed in Attachment N. NRH is listed under Jessup Region in Attachment N, but not in pg. 72 - 3.22.4. Can you please clarify? Can you please provide the following information for both, Dorsey Run and NRH: male or female facility, security level, population, number of dental chairs and suggested FTEs for Dentists and Dental Assistants?*

RESPONSE: The Dorsey Run (minimum security) facility isn't listed in Attachment N because it is not scheduled to be opened until Summer 2013 with a maximum of 500 male Inmates. It currently has a new Dental Suite and should be staffed Monday – Friday, but not necessarily with full-time Staff. NRH is a typographical error and should read JRH- Jessup Regional Hospital (medium security). Attachment G-2 identifies all facilities; females facilities are BCDC Females and MCIW; all other facilities are all male. Please see Amendment #5, item #6

13. (pg. 72 – 3.22.4) *JRI facility is listed under Jessup Region, but it is not listed in Attachment N. Can you please clarify?*

RESPONSE: This is a typographical error and should read JRH – Jessup Regional Hospital (infirmery). Please see Amendment #5.item #7

14. (pg. 73 – 3.22.5.7) *How many off-site referrals occurred last year and for what type of dental treatment?*

RESPONSE: There were approximately 35 Off-site referrals. Information on the types of treatments is held (and paid for) by the Medical Contractor.

15. (pg. 73 – 3.22.7.2) *How many dentures (full and partials) and biopsies have been performed in the past year? What lab is currently used?*

RESPONSE: There are approximately 2,700 dentures performed each year. There are approximately 36 biopsies performed each year. The Lab currently used for dentures is MD L&L Dental Lab. Biopsies are handled and tracked through the Medical Contractor which uses Garcia Labs.

16. (pg. 76 – 3.24) *Which facilities are designated as intake / reception centers? How many intakes were processed per facility last year?*

RESPONSE: Although certain facilities primarily serve as intake facilities, any facility can process Inmates for intake. However, the Dental Contractor is not involved in Intake duties. The Dental Contractor would only see Inmates at an intake facility based upon specific referral from the Medical Contractor. In the absence of such referral from the Medical Contractor or a sick call slip from an Inmate, the Dental Contractor is not required to see an Inmate for a dental assessment for up to 90 days after Intake, by which time the Inmate would typically be in other than an intake facility.

17. (pg. 84 – 3.35) *The Department uses NextGen. Will the successful vendor be responsible for any cost associated with NextGen? If so, what would be that cost?*

RESPONSE: No, the Department is responsible for NextGen and the Dental Contractor will not incur any costs associated with NextGen.

18. (pg. 97 - 4.2) *The RFP is asking for the Financial Proposal in MS Word format, but the Financial Proposal was originally included as an MS Excel formatted file. Does the Department actually want the Financial Proposal in MS Word format, or should it be sent in MS Excel format?*

RESPONSE: Financial Proposal is to be submitted in MS Excel format. See Amendment #3.

19. (Attachment I) *Who assesses the dental equipment as poor / fair / good?*

RESPONSE: The current inventory assessment has been determined by the current Dental Contractor and the DPSCS Facility Property Officer. Future assessments of inventory equipment will be the responsibility of the Medical Contractor inventory staff, the Dental Contractor and the DPSCS Facility Property Officer during physical inventories.

20. *(Attachment N) Are there any current FTE vacancies? If so, what position(s) and where?*

RESPONSE: No. There are no current FTE vacancies.

21. *(Attachment N) What is the current contracted level of staffing in FTEs per position, per facility, per the current dental contract?*

RESPONSE: Attachment N lists the current contracted levels of staffing and is the suggested staffing matrix for this Contract. Also see the response to Question 23.

22. *(Attachment N) Attachment N references ECI as two separate clinics, ECI-West and ECI-East, but Attachment G-2 only provides a population count history for ECI and ECI-Annex. Can you please provide recent population count for ECI-East, ECI-West, ECI-Annex, and Poplar Hill Pre-Release Unit? Also, does the ECI-Annex and Poplar Hill Pre-Release Unit utilize either one of the clinics at ECI-East or ECI-West, and if so, which clinics do they use?*

RESPONSE: ECI is a large facility; the ADP provided in Attachment G is for both ECI-EAST and ECI-WEST. Statewide dental services are done in the facilities listed in Attachment N

23. *(Attachment N) FTE totals listed for each facility on Attachment N does not equal the totals listed for all regions of the same attachment. Specifically, the Jessup SDA shows 12.0 Dentists and 12.0 Dental Assistants at six (6) facilities, but the Total line for both shows 10.0 per position. Also, Position Totals for All Regions does not equal the detail FTEs by facility. Can you please update?*

RESPONSE: Attachment N is updated and revised with Amendment #5.

24. *What is the cost, in dollars, per year for the last three (3) years of the current dental contract?*

RESPONSE: \$7,829,520 for Fiscal Year 2011 (July 1, 2010 to June 30, 2011); \$7,676,000 for Fiscal Year 2012 (July 1, 2011 to June 30, 2012); \$8,036,557 estimated for Fiscal Year 2013 (July 1, 2012 to June 30, 2013).

25. *Is the Contractor responsible for "closed" and "open" jaw fractures? If so, how many "closed" and "open" jaw fractures were performed in the past three (3) years?*

RESPONSE: The Dental Contractor is not responsible for these medical issues. Jaw fractures would be treated through the Medical Contractor's Utilization Management process.

26. *(Pg. 68 Section 3.21.6.2) This section references the Department's desire to receive two plans for either upgrading to a 100% statewide digital x-ray system or converting the current analog system to a digital format. Section 3.21.6.2.4 lists the types and quantities of x-rays within each clinic, but it does not list the make and model. In order to submit a plan for digital conversion that is accurate and shows the Department its complete advantages, can we please have a list of each x-ray machines make and model, referencing the list of x-ray equipment on pages 69-71?*

RESPONSE: See below

Facility Radiation Machine Model Radiation Machine Head Serial Number

Baltimore SDA

CDF	Gendex GX 770	770-1743893 DP
MDC	Gendex GX 770	771-1741423DP
MTC	Belmont PHOT-XII	EX1160318
	Belmont PHOT-XII	EX1160317
	Gendex GX 770	770-17-43896-DP
	Belmont X-Caliber Panorex	10980
MRDCC	Orthophos 3 Sirona Pan	16346
	Gendex GX 770	773-173987DP
WDC	Gendex GX 770	771-1825679DP

Eastern SDA

ECI-E	Gendex GX 770	771-1749019DP
	Gendex GX 770	771-1675413DP
	Belmont X-Caliber Panorex	1555870
ECI-W	Gendex GX 770	770-1019704FP

Jessup SDA

BCF	Gendex 770	102526
JCI	Gendex GX Pan Panoramic X-ray	21463
	Belmont PHOT-XII	EH11G0320
JRH	Gendex GX 770	102492
	Belmont X-Caliber Pan	1553892
MCI-J	Gendex 770	102516
MCI-W	Gendex Expert DC 65	2016370
	Gendex Orthorilx 9000	1701401DP
PATX	Gendex 770	102307

Western SDA-Cumberland

NBCI	Gendex 765	11733
	Gendex Orthorilx 8500	3640
WCI	Gendex GX Pan Panoramic X-ray	225135623ZDP
	Gendex 770	35389

Western SDA-Hagerstown

MCI-H	Gendex 770	5-0121
	Gendex GX Pan Panoramic X-ray	2251069111
MCTC	Gendex Orthorlix 8500	7009/1994783
	Gendex DC 75	1998590
RCI	Gendex 770	106204
	Belmont 096	A05070

27. *Has the Office of Inmate Health Services (OIHS) considered the potential impact of the AHCA on the cost projections of various bidders and how the unpredictability of the market can adversely affect the outcome of the projected programs?*

RESPONSE: See Amendment #5, Item 4.

28. *In the responsibility to collect all bio and toxic waste, exactly what does that specifically refer to? For example, is it the responsibility of the Dental Vendor to supply and install containers for the collection of the waste such as red bag containers, amalgam separator units, sharps containers, x-ray fixer silver recovery units, and x-ray lead foil and amalgam recovery containers?*

RESPONSE: See Amendment #5, Item 5.

29. *Pg. 12 Section 1.10 – This section states that one (1) unbound original and six (6) bound copies shall be submitted. Can you please explain what is meant by unbound and bounded? Would a proposal clipped together be considered an acceptable submittal of an unbounded original, and would copies submitted in a three-ring binder meet the bound copy requirement?*

RESPONSE:

The pages of an unbound hardcopy proposal are free of holes and staples ensuring the ease and accessibility of the Procurement Officer to reproduce/copy a specific page or series of pages, as necessary, for evaluation purposes. Conversely, the pages of a bound hardcopy proposal cannot be as easily removed for copying purposes.

A hardcopy proposal submitted in a binder/notebook is considered a bound proposal, as are proposals with glued or spiral spines. See Amendment 5, item 1 for a revision to the referenced section and requirements.

Remember proposals are due on June 13, 2013 (per Amendment #4) no later than 2:00 p.m. If there are questions concerning this solicitation, please contact me via e-mail at ptracey@dbm.state.md.us or call me at (410) 260-7918 as soon as possible.

Date Issued: 05/23/2013

By:

Patti Tracey
Procurement Officer