



# Department of Public Safety and Correctional Services

## Office of the Secretary

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## Amendment #27

To

## Request For Proposals (RFP)

## Pharmacy Services

Solicitation No. Q0016025

June 21 2018

Ladies and Gentlemen:

This Addendum is being issued to amend and clarify certain information contained in the above named RFP. All information contained herein is binding on all Offerors who respond to this RFP. Specific parts of the RFP have been amended. The following changes/additions are listed below. New language for inclusion in the RFP has been underlined and marked in bold (ex. **new language**), and language deleted has been marked with a strikeout (ex. ~~language deleted~~).

1. Revise **RFP Section 1.2.9 (Abbreviations and Definitions, Clinical Liaison)**, as follows:

- 1.2.9 **Clinical Liaison** – The Contractor shall designate one Clinical Doctor of Pharmacy (Pharm.D.) **that has completed residency training, or has equivalent experience in direct patient care and disease management as defined by the American College of Clinical Pharmacy,** to act as the Clinical Liaison to the CMO and who will be the designated co-chairperson for the Department's quarterly Statewide Pharmacy & Therapeutics Committee (P&T Committee) meetings. **This Contractor Clinical Liaison is in addition to the five (5) Contractor Clinical Pharm.Ds required under RFP § 3.2.17 and will have the obligation to supervise the five (5) Clinical Pharm.Ds and be responsive to any requests by the DPSCS CMO to attend other meetings as required and facilitate problem solving regarding medication utilization with other vendor statewide medical and mental health Directors. Other Healthcare Contractors as requested. The Clinical Liaison will also respond to any inquiries or concerns raised by the DPSCS Chief Nursing Officer. The It is preferred but not required that the Clinical Liaison shall have correctional experience as well as supervisory/managerial experience in order to provide guidance in the reporting of the pharmaceutical processes, cost saving, protocols/policy experience.**

~~National Board certification with clinical process experiences are preferred. Cost models development experience regarding HCV and HIV medications is also preferred.~~

2. Revise RFP Sections 3.2.17.2 A and B (Expected location of five (5) Clinical Pharm.D.s), as follows:

3.2.17.2 Expected location of five (5) Clinical Pharm.D.s

- A. ~~Four (4)~~ **One (1)** Contractor Clinical Pharm.D.s shall be located in **each of the following five (5)** service delivery areas **(as identified below)** ~~in Attachment R~~, although the Department retains the authority to modify these locations and regions at its discretion: ~~One (1) Contractor Clinical Pharm.D. shall be assigned to each of the following service delivery areas:~~

- i. Baltimore Complex (1) **~ Pre-Trial and Sentencing**
- ii. Western Region (1)
- iii. Eastern Region (1)
- iv. Jessup **Region** (1)
- v. **Jessup Region Hub (1) ~ Re-entry/Discharge medication; HIV/HCV transfer medication tracking; 340B medication**

- B. In addition, **the** one (1) Clinical Pharm.D. ~~shall be~~ located in Jessup **(Re-entry, see Section 3.2.17.2 A.v. above)** and **shall be** specifically tasked with the following:

- i. Monitoring **and report generation** of all HIV, HCV and system-wide discharge medications, **including HCV medication intra-facility transfer;**
- ii. Facilitate purchasing and monitoring of all 340B Program drugs; and
- iii. Monitoring medications for those inmates transported to Jessup **Region Hub** from the Western and the Eastern Regions for the following:
  - Re-entry Inmates who will be returning to their housing in Central Maryland;
  - Those Inmates who have court dates in Baltimore; and **have medications transported;**
  - Those Inmates who have **specialty care**/medical appointments/treatments/procedures in Baltimore **community hospitals, including those on HCV**

medications arranging drop off and pick up of those medications supplied; and

- Mental Health and Medical Re-entry coordinator meeting attendance and discharge medication report completion.

3. Revise to delete RFP Section 3.2.17.5 C (Contractor's Program Manager), as follows:

~~C. Although it is expected that the Contractor's Program Manager will be located Off site; upon request, the Department will consider providing space On site for the Contractor's Program Manager, either primarily or part-time.~~

4. Revise RFP Section 3.2.17.5 D (Contractor's Program Manager), as follows:

D. The Program Manager shall have, at a minimum, a master's degree in health administration or other health fields, or an MBA. a bachelor's degree (preferably in any health-related field or in healthcare management). However, a master's degree in any health-related field or in healthcare management is also preferred. It is preferred that this individual have correctional pharmacy management experience with multiple sites/correctional populations of 10,000 or greater inmates.

5. Revise RFP Section 3.2.17.5 E (Contractor's Program Manager), as follows:

E. The Program Manager shall be based in the State of Maryland and work full-time in the State. The Program Manager's time shall be dedicated exclusively to the DPSCS Pharmacy Services Contract. The Contractor's Program Manager shall be accessible to participate in any in-person meeting, as required under the contract, at the direction of the DPSCS CMO. In-person accessibility of the Contractor's Program Manager is critical to the success of this contract. The interactions of the Contractor's Program Manager extends to the Other Healthcare Contractors, as well as attendance at all facility regional Medical Advisory Council (MAC) meetings.

6. Revise RFP Section 3.2.17.5 F (Contractor's Program Manager), as follows:

**F. The Contractor's Program Manager shall have at least three (3) years of experience in contract management (preferably pharmacy management) that is documented with one or more references. Experience with correctional pharmacy management at multiple sites with populations of 10,000 or greater inmates is preferred**

7. Revise RFP Section 3.2.17.10 (Staffing and Management), as follows:

**3.2.17.10 The Clinical Liaison shall be based in the State of Maryland and work full-time in the State. The Clinical Liaison's time shall be dedicated exclusively to the DPSCS Pharmacy Services Contract. The Clinical Liaison shall be accessible to participate in any in-person meeting, as required under the contract, at the direction of the DPSCS CMO. In-person accessibility of the Contractor's Clinical Liaison is critical to the success of this contract.**

8. Revise RFP to **add** RFP Section 3.2.17.10.1 (Staffing and Management), as follows:

**3.2.17.10.1 The Contractor's Clinical Liaison shall also designate/identify personnel to contact in times of short term absence, vacation, or sick leave. If the timeframe shall be greater than two (2) weeks, the Contractor's Clinical Liaison must also provide a list of personnel contact names in the priority order of contact. In addition, notification to the DPSCS CMO shall be provided in advance of the staff who will not be available onsite if the absence is a planned leave within 30 days of the leave date. A coverage plan shall be submitted for review and approval to the DPSCS CMO/CNO.**

9. Revise RFP to **add** RFP Section 3.2.17.11 (Staffing and Management), as follows:

**3.2.17.11 The Contractor shall, within ninety (90) days of the Go-Live date as contained in the written Notice to Proceed, submit its official staffing plan to the DPSCS CMO to identify the Contractor Program Manager, Contractor Clinical Liaison, and five (5) Clinical Pharm.Ds. who are on staff and committed**

to providing the required services under the contract as of the Go-Live date.

10. Revise RFP to **add RFP Section 3.2.17.12 (Staffing and Management)**, as follows:

3.2.17.12 It is the responsibility of the Contractor to ensure the continuity of care of all inmates already on HCV/Hepatitis C (HepC) medication(s). If an inmate already on HCV/Hepatitis C medication(s) is hospitalized, the HCV/Hepatitis C medication(s) from DPSCS facility stock must be delivered to the hospital pharmacy by a Contractor Clinical Pharm.D for an official recording of a pharmacist to pharmacist medication exchange. Likewise, when the inmate is discharged from the hospital, any existing HCV/Hepatitis C medication(s) must be retrieved from the hospital pharmacy by a Contractor Clinical Pharm.D for an official recording of a pharmacist to pharmacist medication exchange in order to return the existing HCV/Hepatitis C medication(s) to its DPSCS facility stock. The hospital pharmacy will not accept a medication exchange (delivery or retrieval) by a correctional officer or courier.

Within the last two years of the current contract, this circumstance has occurred approximately four (4) times.

11. Revise RFP to **add RFP Section 3.2.17.13 (High Cost Medications)**, as follows:

3.2.17.13 High Cost Medications

Medications provided to a hospital entity to be dispensed and administered by hospital pharmacy personnel are currently limited to HCV/HepC. However, the Contractor shall include the utilization of other high cost medications throughout the duration of the contract as identified by the DPSCS CMO and the P&T Committee.

12. Revise **RFP Section 3.2.27.3 (Urgent Medication Delivery)**, as follows:

3.2.27.3 The Contractor shall identify list local pharmacies to be used for Urgent Medication Delivery within each region within thirty (30) days of Contract Commencement. The use of local pharmacies by the pharmacy contractor is subject to approval by the CMO or designee. Local pharmacies shall only be used as a last resort

in those instances when the Contractor cannot meet the four (4) hour medication delivery requirement from their facility, or for those instances when the medication is required to be administered in under four (4) hours because of clinical concerns.

13. Revise RFP to **add RFP Section 4.4(A) (Volume I – Technical Proposal, Personnel Identification Caveat)**, as follows:

**4.4(A) Personnel Identification Caveat:**

As identified in RFP Section 4.4.2.7, the Offeror shall identify and submit individual resumes for its proposed Contractor Program Manager and Clinical Liaison. The Offeror shall also identify and submit individual resumes for each of its five (5) proposed Clinical Pharm.Ds., if available. If the specific identification and individual resumes for each of its five (5) proposed Clinical Pharm.Ds. is not available, Offerors are permitted to submit descriptive qualifications and explanations of the type of individual they will be seeking, and the manner in which they will recruit such staff; i.e. a recruitment plan. Moreover, as per technical proposal evaluation criterion in § 5.2.2 (Experience and Qualifications of Proposed Staff), more technical consideration will be given to Offerors that can and do provide resumes instead of descriptive qualifications/explanations and recruitment plans. As noted in RFP Section 1.23, substitution of previously identified Key Personnel must be approved by the DPSCS CMO prior to staff placement.

14. Revise **RFP Section 4.4.2.7 (Volume I – Technical Proposal, Experience and Qualifications of Proposed Staff)**, as follows:

**4.4.2.7 Experience and Qualifications of Proposed Staff (Submit under TAB F)**

The Offeror shall identify the number and types of staff proposed to be utilized under the Contract.

The Offeror shall describe in detail how the proposed staff's experience and qualifications relate to their specific responsibilities, including any staff of proposed subcontractor(s), as detailed in the Work Plan. Except as allowed by RFP Section 4.4(A) Personnel Identification Caveat, the The Offeror shall include individual resumes for the Key Personnel, including Key Personnel for any proposed subcontractor(s), who are to be assigned to the project if the Offeror is awarded the Contract. [See the Personnel Identification Caveat included as § 4.4(A)] For the purposes of this RFP, the Key Personnel shall

**include but not be limited to the Clinical Liaison, Program Manager, and Pharm.D.s. The Offeror shall identify these positions as well as any other staff it considers to be Key Personnel.** Each resume should include the amount of experience the individual has had relative to the Scope of Work set forth in this solicitation. Letters of intended commitment to work on the project, including letters from any proposed subcontractor(s), shall be included in this section.

The Offeror shall provide an Organizational Chart outlining personnel and their related duties. The Offeror shall include job titles and the percentage of time each individual will spend on his/her assigned tasks. Offerors using job titles other than those commonly used by industry standards must provide a crosswalk reference document.

15. Revise **RFP Section 5.2.2 (Technical Proposal Evaluation Criteria, Experience and Qualifications of Proposed Staff)**, as follows:

5.2.2 Experience and Qualifications of Proposed Staff (See RFP § 4.4.2.7)

**The State prefers that Offerors identify specific individuals with resumes, letters of commitment, etc. Assuming the identified personnel are deemed acceptable by the State, Offerors identifying specific individuals for Key Personnel will receive more technical consideration for this evaluation criterion than Offerors providing descriptive qualifications/explanations of desired characteristics of such personnel for recruitment purposes and a recruitment plan.**

Date Issued: **JUNE 21, 2018**

Issued and Authorized By:

<signed>

Andrea R. Lockett  
Procurement Officer