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**Amendment #7 to Request for Proposals (RFP)  
DPSCS Inmate Mental Health Care Services  
Solicitation No. Q001002014  
March 26, 2012**

This Amendment 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 have responded to this RFP. Specific parts of the RFP have been amended. The following changes/additions are listed below; new language has been double underlined and marked in bold (ex. **new language**) and language deleted has been marked with a strikeout (ex. ~~language deleted~~).

1. ADD to Section 1.2 (Definitions) and add Definition **1.2.100**, as follows:

**1.2.100 "Psychology Associate" means an individual with a Master's degree in psychology or related field and who is qualified (i.e. has met the criteria) as a psychology associate by the Maryland Board of Examiners.**

2. ADD to Section 1.2 (Definitions) to add Definition **1.2.101**, as follows:

**1.2.101. For the purposes of this Contract "Referral" means a request that an Inmate be Assessed by Contractor Staff to determine whether the Inmate is in need of mental health services. A Referral can be made by an Inmate, State mental health, Custody or other State staff, or staff of Other Healthcare Contractors.**

**A Referral can be made either verbally (in-person or by phone) or in writing. A written Referral can be made via email or by the submission of a DPSCS OTS Form: 124-400-1. If a Referral is made by other than a DPSCS OTS Form: 124-400-1 the Contractor shall Immediately complete a DPSCS OTS Form: 124-400-1 and provide it to the Chief psychologist, lead or designee of the facility where the Inmate who is the subject of the Referral is located. The Chief psychologist or lead of the facility where the Inmate who is the subject of the Referral is located will maintain a log of all Referrals in accordance with the procedures in DPSCSD 124-401 to monitor the Contractor's response to the Referral in terms of both timeliness and outcome.**

**Upon receipt of any Referral, verbal or written, the Contractor is to make the Assessment as quickly as feasible depending upon the described urgency of the**

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**Referral; e.g., Emergent, Urgent or otherwise. The findings of the Assessment are to be Immediately entered into the EHR.**

3. REVISE Section 3.6 (Contractor Staffing and Management), as follows:

3.6.1 The Final staffing plan submitted in response to 4.4 Tab D § 6 shall be formalized as the Contractor's initial staffing plan. **The Contractor's staffing plan shall primarily focus on the total number of Staff to be provided and the number of Staff in each position category. e.g., R.N., LPN, LCSW-C, etc. Although the staffing plan will indicate the projected work site and working hours for each included position, unless directed otherwise in writing by the DPSCS Manager/Director the Contractor may alter Staff work sites or work times without revising its current staffing plan. However, annually the Contractor must submit a staffing plan as described in 3.6.1.1.1.**

3.6.1.1 If at any time during the ~~€~~Contract term the Contractor determines that staffing is necessary to deliver the services required in addition to that contained in its current staffing plan, the Contractor shall institute that staffing at its own expense, absent a material change in circumstances stemming from a Contract modification executed by the Procurement Officer. ~~The Contractor shall provide a revised staffing plan whenever there is a change in staffing. This revised staffing plan shall be provided to the DPSCS Medical Director and Regional ACOM for clinical review and if appropriate approval prior to submission to the DPSCS Contract Manager. If approved, the revised staffing plan shall be provided to the DPSCS Contractor Manager within 10 days of the clinical approval for final disposition by the DPSCS Contractor Manager of the change.~~

**3.6.1.1.1 Beginning with the second year of the Contract, within 10 days after the start of each Contract year the Contractor shall submit a staffing plan, to be known as the Annual Staffing Plan, which reflects its then current staffing arrangement. This Annual Staffing Plan shall indicate all positions working under this Contract, either On-Site or at a Contractor Off-site location in Maryland such as a regional office, including the typical work hours and location for each position. Each Annual Staffing Plan shall highlight staff additions or deletions, by location, since the Initial staffing plan, or a prior Annual Staffing Plan, as applicable. Any overall increase in the number of Staff working under the Contract shall also be specifically described.**

**The DPSCS Manager/Director, ACOMS, Regional Assistant Chiefs of Mental Health, and other designated DPSCS personnel will have the ability to monitor the Contractor's staffing real time via access to the Contractor's monthly staffing schedules as described in §3.6.4. As long as in the opinion of the DPSCS Contract Manager there are not an excessive number and amount of liquidated or direct damages being assessed due to the failure of the Contractor to comply with various Contract requirements, the Contractor shall be afforded the flexibility to use its Staff in the manner it deems most appropriate to satisfy the services requirements of the Contract. However, if in the opinion of the DPSCS Contract Manager there are an excessive number and amount of**

**liquidated or direct damages being assessed due to the failure of the Contractor to comply with various Contract requirements, for as long as deemed appropriate the DPSCS Contract Manager may require the Contractor to obtain his/her advanced, written approval for any proposed staffing changes.**

4. REVISE Section 3.6.3.1 (Contractor Staffing and Management), as follows:

3.6.3.1 The Contractor shall have a Statewide Mental Health Director and Statewide DON, which shall be separate and distinct from the Contractor's Contract Manager (See 1.2.19). The Statewide Mental Health Director must be a physician (MD) licensed in Maryland and be Board certified in Psychiatry. The Statewide DON must be a Master's level Nurse (RN) registered and licensed in Maryland. **Contractor** Facility Mental Health staff, including Mental Health Professionals, shall report to a Contractor ~~Regional~~ **Statewide** Mental Health Director. **The Contractor may also have one or more Regional Mental Health Directors. If one or more Regional Mental Health Director is used, Contractor Facility Mental Health staff, including Mental Health Professionals, shall report to the appropriate Contractor Regional Mental Health Director,** who in turn shall report to the Contractor Statewide Mental Health Director. Mental Health nurses shall report to a Contractor Statewide DON. Similarly, Healthcare Professionals and other Staff, clerks and schedulers, necessary to perform daily functions of Inmate mental health care and mental health problem prevention, shall report to the Contractor's Regional Mental Health Director, **if any,** and/or Regional DON, or nursing supervisor, as appropriate, who in turn shall report to the Contractor Statewide Mental Health Director for all clinical related activities. The management structure indicated on the organization chart shall constitute a critical component of the staffing pattern for which the Contractor is obligated. (See Attachment O).

~~The Contractor shall provide a revised organizational chart whenever there is an approved change in staffing as described in § 3.6.1.1 and/or staff organization. This revised organizational chart shall be provided to the DPSCS Contractor Manager within 10 days of approval by the DPSCS Contract Manager of the change.~~

5. REVISE Section 3.7.1.2 (Contractor Hiring Process and Retention), as follows:

3.7.1.2 As per § 3.6.3.1, any person offered as the Statewide Mental Health Director, must be a physician (MD) licensed in Maryland and the Statewide Nursing Director must have at least a Master's Degree. Any person offered as a Regional Mental Health Director must be a **Psychologist (Ph.D) or higher. minimum of a Master's Degree Licensed Mental Health Professional.** Any Regional Nursing Director must have at least a Bachelor's Degree. However, individuals meeting these required educational levels still may not be accepted for a given offered position.

6. REVISE Section 3.23 (Delivery of Mental Health Care Services – On-site Outpatient Care, to ADD new Section 3.23.5.2, as follows:

**3.23.5.2 Within seven (7) days after an Inmate is placed in Special Confinement, a suicide Assessment shall be performed by a psychiatric nurse or higher. The results of**

**this suicide Assessment shall be Immediately entered into the EHR. If this Assessment indicates an elevated risk of suicide, the Contractor shall take all appropriate treatment measures and shall Immediately notify the appropriate State mental health staff and Custody at the facility and follow the policy and procedures of the DPSCS Suicide Manual.**

7. REVISE Section 3.23.3 (and all subsections) Delivery of Mental Health Care Services – On-site Outpatient Care, as follows:

3.23.1 On-site Outpatient Care shall include Sick Call (both for Routine and Urgent Conditions (See 1.2.77 and 1.2.92)) and Chronic Care Clinics as well as coordinated multidisciplinary treatment planning. On-site Outpatient Care also includes crisis intervention and management in the course of mental health emergencies. For the purposes of this Mental Health Contract, the Staff of the Medical Contractor will receive and review all sick call slips to determine any Inmates that should be seen by **State Mental Health Staff or** a Mental Health Professional (See 1.2.56). Upon receipt of a Sick Call Referral from the Medical Contractor, a ~~Mental Health Professional~~ **Chief Psychologist (See §1.2.13) or Lead Mental Health Staff (See §1.2.46)** will review all such Sick Call Referrals to determine if the Inmate shall be seen by the State Mental Health Staff or the Contractor's Staff.

3.23.2 As part of its Mental health outpatient clinics **the Contractor** will be responsible for:

- (1). response to Referrals ~~from custody or Medical Contractor's staff,~~
- (2). ~~response to sick call/referrals from Inmates,~~
- (3). chronic care clinics, and
- (4). Special confinement rounds.

3.23.3 Referrals and sick call requests shall be triaged daily by ~~the Contractor's psychiatric RNs~~ **a Chief Psychologist or Lead Mental Health Staff and if determined appropriate to receive services from a Contractor Mental Health Professional,** and handled as described below. Special Confinement (segregation) Populations (See 1.2.83) shall be triaged and served equivalent to the sick call and chronic care services provided to general population Inmates. No Inmate shall wait more than 14 days from the receipt of ~~Referrals or sick call requests by the psychiatric RN~~ **from a Chief Psychologist or Lead Mental Health Staff** for routine scheduling of a ~~Referral~~.

3.23.3.1 **An Immediate Referral to a Contractor Mental Health Professional on site or on-call shall occur in response to** those sick call slips asserting a psychiatric or mental health complaint **considered by a Chief Psychologist or Lead Mental Health Staff** to be an emergency or time-sensitive **issue shall be responded to immediately.** A response shall occur within no more than two (2) hours for an Emergent Condition (See 1.2.35) and twenty four (24) hours for an Urgent Condition (See 1.2.92).

3.23.3.2 In addition to the above sick call requirements, the O'Malley Consent Decree (See Attachment H) requires the following additional requirements for Inmates housed at DPDS:

Inmates who have submitted a sick call request shall be seen within 48 hours if submitted Sunday through Thursday, or 72 hours if submitted on Friday, Saturday or a holiday.

- 3.23.3.3 Sick call clinics are to be held on regular dates and schedules. The Contractor shall provide sick call clinics five days a week and each sick call clinic shall continue until it is completed (i.e., when each Inmate scheduled to be seen during that sick call and who shows up for the appointment has been seen).
- 3.23.3.3.1 Fixed clinic times and locations shall be provided no later than one week prior to the onset of a calendar month to include the staffing schedule for these clinics to the ACOM assigned to the SDA, **the Chief Psychologist/Lead Mental Health Staff of the institution where the clinic is to be held** and to the designated Custody officials (usually transportation) for that SDA. Monthly staffing schedules shall be provided using a web-based scheduling software application that can be centrally accessed from any browser of appropriate Department personnel.
- 3.23.3.4 Sick call clinics may not be cancelled without the specific written consent of the Regional Director of Mental Health Services and the ACOM. All documentations of sick call clinic encounters shall be made the same day, which should include documentation of missed appointments and refusals. As required by DPSCS Refusal for Treatment Policy, Inmates must sign the refusal, or if the Inmate refuses to sign the refusal, two (2) Healthcare Staff (Health care related Staff of the Contractor, Other Health Care Contractors or the Department, (but not Custody) must witness and sign the Inmate's refusal. In addition, as per DPSCS Sick Call Policy, for a missed appointment documentation of the missed appointment shall be entered in the EHR. Please note, as per this Sick Call Policy, any Inmate that chooses not to keep his/her appointment must be brought to the sick call location to sign the refusal form.
- 3.23.3.5 The Contractor shall maintain an electronic log of all sick call slips and referrals **by a Chief Psychologist or Lead Mental Health Staff.**
- 3.23.3.5.1 The Contractor shall maintain such a log using MS Excel if no log is available in the EHR system. This data will be formatted in a summary report and submitted monthly to the Regional Assistant Director of Mental Health Services and ACOM. The sick call log shall contain, at a minimum, the following:
- (1). Inmate name and number
  - (2). Date sick call slip was submitted
  - (3). Nature of complaint
  - (4). Triage decision
  - (5). Date and time of triage decision
  - (6). Name and credentials (title) of person making the triage decision
  - (7). Date scheduled to be seen, or

- (8). Date of referral to Mental Health Professional, including provider discipline (psychiatry, psychology, social work, mental health counselor and psychiatric RN).
- (9). Disposition

Offerors are to acknowledge receipt of this amendment via email by March 29, 2012 by 2:00PM. Offerors are also to provide a signed document to the Procurement Officer, by hardcopy follow up, at the address provided in RFP Section 1.5 by April 4, 2012 by 2:00 PM, stating that this Amendment #7 has been received and reviewed by the Offeror. Failure to acknowledge receipt of an amendment does not relieve the Offeror from complying with all terms of any such amendment.

Issued and authorized by

<signed>  
Patti Tracey  
Procurement Officer