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QUESTIONS AND RESPONSES # 2
PROJECT NO. Q001002014
Department of Public Safety and Correctional Services
Inmate Mental Health Care Services
January 19, 2012

Ladies/Gentlemen:

This List of Questions and Responses #2, questions #101 through #137, is being issued to clarify certain information contained in the above named RFP. The statements and interpretations of contract requirements which are stated in the following questions of potential Offerors are not binding on the State, unless the State expressly amends the RFP. Nothing in the State's responses to these questions is to be construed as agreement to or acceptance by the State of any statement or interpretation on the part of the vendor asking the question as to what the contract does or does not require.

101. **REVISED RESPONSE TO QUESTION & RESPONSE #1, QUESTION #99.** *We understand that there is a required 96% position fill rate. Please confirm that at the sites, if a vendor has a 95% fill rate the liquidated damages deduction will be 1% to the 96% requirement.*

RESPONSE: Yes, confirmed for those positions with a 96% fill rate. However, there would be a ~~4%~~ **5%** deduction for positions with a 100% fill rate.

102. *Per Section 3.21.1.1.1 What level of psychological evaluation testing is required?*

RESPONSE: The testing required is only testing necessary for diagnostic purposes. Most often testing will be comprised of, but not limited to, the MMPI (Minnesota Multi-phasic Personality Inventory), MCMI-III (Millon Clinical Multi-Axial Inventory – 3rd Edition, and PAI (Personality Assessment Inventory).

a) Please provide a sample of a required Regional Psychological Evaluation Test.

RESPONSE: Any catalog for psychological tests (for example Psychological Assessment Resources -PAR) would have examples of the tests listed in response to Question 102 above.

103. *Per Section 3.22.4:*

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a) Please provide the most recent 12 months statistics on the inmate population diagnosed as having a mental illness.

RESPONSE: On an average basis, there are approximately 4,000 Inmates diagnosed as having a Mental Illness. This statistic has remained consistent over the past several years. The most recent 12 months statistics are not available.

b) Please provide the most recent 12 months statistics on the inmate population diagnosed as having an SMI.

RESPONSE: On an average basis, there are approximately 280 Inmates diagnosed as having a Severe Mental Illness. This statistic has remained consistent over the past several years. The most recent 12 months statistics are not available.

104. RFP Section 3.21.1.1.1 states that at the Contract Commencement and Go Live Date, we are required to have, at a minimum 1) Regional Psychological Evaluation Tests. Please identify which Regional Psychological Evaluation Tests are used. Also, please clarify which Mental Health Professionals currently administer these tests.

RESPONSE: Please refer to the answer to Question #102 above. Tests are performed by Licensed Psychologists or Psychology associates working under a Licensed Psychologist.

105. In response to Tab N, should vendors include contracts that, while not completely terminated, had portions of the contract reduced or terminated prior to the original termination date?

RESPONSE: Yes, with an explanation of the partial reduction or termination.

106. As outlined in ATTACHMENT O, the following positions appear to be an addition to the current operating positions. Please clarify the intended roles and specific work locations:

RESPONSE: It is correct that in the revised Attachment O 9.4 positions as indicated in parts a. and b. of this question have been added to the suggested staffing under this Contract. The purpose of these staff additions is primarily to reflect two changed circumstances that will apply under the Contract to be awarded under this RFP: 1) the Department's recent reorganization which will result in more direct Intakes in the various regions rather than three single Intake facilities. 2) Certain services currently being performed by the Medical Contractor relative to mental health services will become the responsibility of the Mental Health Contractor (e.g. laboratory services and medication administration in IMHTUs).

As Per Section 4.4.Tab D (6), Offerors are free to suggest any staffing pattern believed appropriate for the services required by this RFP including staffing that is more, less, in different locations, or with a different staffing mix than is contained in Attachment O.

a. Western/Hagerstown there is an addition of 1.0 FTE of Nurse Practitioner

RESPONSE: See response to Question 106 above.

b. *Jessup/Patuxent there is an addition of 1.0 psychiatry, 4.2 RN and 3.2 LPN*

RESPONSE: See response to Question 106 above.

c. *With all additional positions it appears that the additional cost would be in excess of \$2,000,000 for new staff. May we propose ways to add less staff?*

RESPONSE: See response to Question 106 above.

107. *Section 2.1 Minimum Corporate Qualifications, page 24: Regarding the first bullet in this section of the RFP, is it correct to assume that the phrase "Three (3) years experience in the delivery of correctional mental health care within a correctional system" means three years experience in the actual staffing, management, operation, and oversight of correctional mental health services and not just the simple placement of mental health clinicians without any significant program development or program management requirement (i.e., contract staffing)?*

RESPONSE: Yes.

108. *Section 2.1 Minimum Corporate Qualifications, page 24: Can the Department confirm that it is correct to interpret the meaning of the four bullets contained in this section of the RFP cumulatively instead of individually? In other words, to qualify, the Offeror must have at least three (3) years experience in the delivery of correctional mental health care within a correctional system with at least six different correctional institutional locations, and not less than 10,000 inmates for all locations, and at least one institution with 1,500 inmates?*

RESPONSE: Yes.

109. *3.22.7 Lab. Given the new requirement for Lab in this RFP, there will be many extra and duplicative costs that will increase the total cost of both the physical health and mental health contracts to the Department. Some of the new additional costs include extra staff costs, additional space requirements for mental health to store supplies, hazardous waste expenses, etc. Is it possible for the process of the Health Vendor managing the Labs to stay the same and yet have the mental health vendor pay for the mental health ordered Labs at the rate in the Physical Health contract?*

RESPONSE: The Mental Health Contractor can certainly make arrangements with the Medical Contractor for the Medical Contractor to provide phlebotomy services, store supplies, etc. and reimburse the Medical Contractor for such activities. The RFP is designed in order to assure that the Mental Health Contractor properly orders and reviews needed laboratory tests and is responsible for the costs. For instance, Section 3.22.7.2 states the Contractor may use the Medical Contractor's laboratory.

110. *Please provide clarification on the following position titles that are provided in RFP Attachment O – Staffing Matrix as we are clear to their meanings.*

Under the assumption that the question really means to say, that the Questioner is “unclear” as to the meaning of the titles:

- a. *LCPC listed in MCAC:* **RESPONSE:** Licensed Certified Professional Counselor
- b. *Lead Psych listed in the Jessup SDA:* **RESPONSE:** Lead Psychiatrist
- c. *Regional Psych listed in Western SDA:* **RESPONSE:** Regional Psychiatrist
- d. *APRN listed in MCAC:* **RESPONSE:** In the Revised Attachment O included with Amendment 1 “APRN” is deleted and replaced with “Psychiatrist”.

111. *Please provide all current state psychologists for the DPSCS by location and position. Also please provide any current state psychologist vacancies.*

RESPONSE: The number of State Psychologists by location is listed below. Vacancies vary by location.

*DR means Doctor of Psychology/MA means Masters of Psychology

BCDC- 1DR/1MA	BCF- 3MA
ECI-1DR	MCAC- 2MA
MCI-H- 1DR/1MA	MCI-J- 1DR/2MA
MCI-W- 3MA	MCTC- 1DR/1MA
MHC-X(JCI)- 1DR/1MA	MRDCC- 1DR/2MA
MTC- 2MA	CMHC-J- No State Psychologists
RCI- 1DR/3MA	WCI- 1MA
NBCI- 1DR/2MA	

112. *Please provide the current mental health vendor’s regional staff.*

RESPONSE: The current Mental Health Contractor’s staffing matrix is proprietary information and cannot be disclosed.

113. *As per RFP Section 3.6.1.3, we understand that nursing positions for Inpatient Mental Health Treatment Units and Sick Call must be staffed at 100% of the approved staffing plan. Upon review of RFP Attachment O, Sick Call nursing positions are not clearly identified. Please identify those nursing positions throughout Attachment O that are for Sick Call.*

RESPONSE: The revised Attachment O included with Amendment #1 indicates the nurses suggested for Sick Call. However, Offerors, per Section 4.4 Tab D (14), shall provide a description that includes the positions that will be used to staff Sick Call. The selected Offeror will be required to provide 100% of the staffing contained in its Technical Proposal under this section.

114. *In RFP Section 3.22.4, it states that of the 4,000 inmates that have at least one (1) DSM-IV diagnosable mental illness, approximately 280 experience Serious Mental Illnesses (SMI) including severe personality disorders. Are the inmates diagnosed with severe personality disorders housed and managed separately from the other SMI diagnoses?*

RESPONSE: This question cannot be answered in the exact manner as asked. Depending upon the exact nature and severity of the personality disorder and whether this exists in conjunction with other Mental Illness conditions, a particular Inmate may or may not be

housed and managed in an IMHTU. Inmates with severe personality disorders are not housed separately due to the severe personality disorder.

115. *In regards to the tracking and monitoring functions for release dates and ongoing needs detailed in RFP Section 3.22.5.6, what level of Mental Health Professional performs these tasks?*

RESPONSE: As per Amendment #2, Item #2, Section 3.22.5 is amended to say “Contractor” rather than Mental Health Provider and based on that change, the State is not suggesting any level of personnel that can track and monitor release

116. *What level of Mental Health Professional conducts the Special Confinement Rounds detailed in RFP Section 3.23.5?*

RESPONSE: Per Amendment #2, Item #3, Psychiatric Nurses will conduct Special Confinement Rounds

117. *As per RFP Section 3.24.2, we understand that a Mental Health Professional needs to be available seven (7) days a week to provide a suicide/homicide risk assessment screening.*

a) What type of Mental Health Professional may be used to provide this screening?

RESPONSE: Any Mental Health Professional (See Section 1.2.56) may provide suicide/homicide risk assessment screenings.

b) Also, do State employees ever provide the screening?

RESPONSE: The Contractor shall provide all Intake screenings. State mental health personnel perform transfer screenings.

118. *Are Psychiatric Nurses considered Mental Health Professionals for the purposes of this contract?*

RESPONSE: Yes, see definition 1.2.56.

119. *Please indicate the order of precedence among the solicitation documents (e.g., the RFP, initial responses to questions, subsequent responses to questions, exhibits and attachments, etc.) so that in case of contradictory information among these materials, bidders know which of the conflicting data sets to use to create their narratives and calculate their prices.*

RESPONSE: There is no order of precedence as there should be no contradictory information in these materials. If a potential Offeror believes there is any type of contradiction, this should be brought to the attention of the Procurement Officer so that, as appropriate, either an explanation is provided as to why there is no conflict, or a RFP Amendment will be issued to eliminate any such contradiction. In the event it is recognized that a response to a given question is different than a response to a previous similar question, it will be noted in the subsequent response that the answer supersedes the answer previously provided. (For example the answer to Question 101 is stated as correcting the previously provided answer to Question 99.) It should be noted that the failure of an Offeror to bring

such a conflict to the attention of the Procurement Officer may preclude an Offeror from raising this conflict as an issue in a protest of a proposed award, or later as a contract claim if that Offeror is selected for award.

120. *Please confirm that no positions listed in Attachment "O" (Mental Health Staffing Matrix) are state employees.*

RESPONSE: Confirmed

121. *Please provide the current base pay rate for each mental health care position listed in Attachment "O" (Mental Health Staffing Matrix).*

RESPONSE: Base pay rate information is proprietary to the current mental health contractor and confidential and cannot be disclosed.

122. *Please identify the on-site services provided at each site by the State Psychologist.*

RESPONSE: State Psychologists provide activities that include, but are not limited to: referral services on an out-patient basis to the Inmates within their institutions, group psycho-therapy, psychological evaluations for diagnostic purposes, classification of security levels and consultation to the institution's administrative staff on mental health issues.

123. *Please identify the on-site services provided at each site by the State Social Workers.*

RESPONSE: State Social Workers provide services that include, but are not limited to, re-entry and group psycho-therapy.

124. *Please provide the amount of liquidated damages that were assessed, if any, during each of the past three years.*

RESPONSE: See Question and Responses #1, Response to Question #80

125. *Regarding RFP section 3.9 on page 38: How long does it take to receive results from the Department criminal history check?*

RESPONSE: It takes an average of 30 day for DPSCS to conduct a criminal history check on perspective employees of the Contractor and Sub-contractors.

126. *Regarding RFP section 3.10.3.1 on page 42: How much non-productive time should we budget for each new hire security orientation and training?*

RESPONSE: Offerors should assume that all employees that need to take this training will devote 40 hours.

127. *Regarding RFP section 3.18.2.2 on page 49: Will the Department allow a live telepsychiatry direct assessment consultation to serve as a face-to-face evaluation at sites where telehealth equipment is available?*

RESPONSE: In instances when the Contractor has been requested to come into the institution or the situation warrants direct assessment, the Department will not allow live telepsychiatry direct assessment consultations to replace or serve as a face-to-face evaluation.

128. Non-compete agreements for staff members were mentioned at the pre-bid conference. Please provide a list by position of all current mental health services staff members who have non-compete agreements in effect that will preclude them from working with any other provider.

RESPONSE: Via Amendment 2, Item 4, a prohibition against non-compete agreements for staff members is added to this RFP. A prohibition against non-compete clauses does not exist in the current Mental Health contract. Accordingly, the Department has no information as to whether any current Mental Health services staff members will be precluded via a non-compete clause from working for other than the current Contractor.

129. Please provide a list of MBE providers providing contracted services for the current mental health care services provider.

RESPONSE: Helios, Inc.

130. Section 3.22 Delivery of Mental Health Care Services - General

a) Will clinicians be able to take laptops/rolling computers on all housing units, including segregation, in order to chart efficiently on the EHR, or are they expected to double chart (first on paper, then enter the paper data into the EHR at a later time)?

RESPONSE: Yes, with the approval of the institution laptops/rolling carts will be allowed.

b) What is the scope of substance abuse services the Contractor is expected to directly provide, including involvement in and financing of methadone treatment program?

RESPONSE: The Contractor is not expected to provide any substance abuse services, directly or indirectly. However, the Contractor is to coordinate the methadone treatment program with the Medical Contractor.

c) Are Contractors simply coordinating with State substance abuse clinicians and community programs through the Office of Treatment Services.

RESPONSE: Yes, the Mental Health Contractor shall coordinate with State substance abuse counselors and community programs through the Office of Treatment Services for the provision of substance abuse services.

d) Are Contractors expected to develop and provide programming in the context of a co-occurring disease model?

RESPONSE: The Contractor is not expected to develop and provide programming in the context of a co-occurring disease. However, the Contractor is expected to cooperate with State personnel in providing services to Inmates in a co-occurring disease model.

131. Section 3.22 Delivery of Mental Health Care Services – General The RFP reads that psychologists are State employees. In addition, it appears that the Assistant Director for Mental Health is responsible for the development and monitoring of programming.

a) What will be the Contractor's authority over State psychologists in terms of delivery of services?

RESPONSE: The Contractor has no authority over State psychologists in terms of the delivery of services; however, there shall be a cooperative relationship in order to provide a comprehensive mental health program.

b) What will be Contractor responsibilities for hiring additional or lead psychology staff?

RESPONSE: Attachment O to The RFP suggests that the Contractor employ a number of psychologists at CMHC-J at Patuxent. If the Contractor accepts this suggestion, these would be the only psychology staff the Department anticipates would be needed. Nonetheless, the Contractor is free to hire psychologists for any positions it deems appropriate subject to the approvals and/or conditions described in Sections 3.6 and 3.7.

c) How does the State wish Contractors to work with the Assistant Director of Mental Health?

RESPONSE: The Questioner is using the new title (Assistant Director of Mental Health) for the position in the RFP identified as the Department's Director of Mental Health Services. Addressing the specific question, since the RFP in many places provides extensive discussion of the interactions between the Contractor and the Department's Director of Mental Health Services (Assistant Director of Mental Health), it is impractical to provide any type of abbreviated or truncated description of this interaction. Instead, we will simply say that the Contractor shall work cooperatively with the Department's Director of Mental Health Services (Assistant Director of Mental Health), and in full conformance with the requirements of the RFP.

132. Per Section 3.3.7: (The State assumes that the Questioner is referencing Section 3.37)

a) Please provide a list of all NextGen products/modules the State currently runs as part of their EHR and the associated versions.

RESPONSE: Currently, the state uses NextGen 5.4 which includes medical, mental health and dental modules.

b) Are there other NextGen products/modules that the State currently has licensed but are not being used?

RESPONSE: There are certain templates/functions in the current module for mental health that are available that are not currently being used by the Department. For example, the scheduling template, the lab assigned template and the ophthalmology template.

c) Will remote (off site) access be made available into the EHR for providers who are on call or working off site?

RESPONSE: This technology is not currently available.

d) Please define the type of VTC equipment and services used, standards adhered to, a VTC network diagram, and data transmission rates.

RESPONSE: If the Questioner is defining VTC as "Video Tele Conference", then the Department will provide existing video conferencing equipment (See Attachment Z from the current Inmate Medical RFP found on DBM and DPSCS websites that provides the existing DPSCS telemedicine equipment locations) for the awarded contractor to utilize to meet RFP section 3.35.4. The type of equipment and services used, standards, network diagram and transmission rates are not relevant to the RFP.

e) Will remote (off site) access be available into the VTC network for providers who are on call or working off site?

RESPONSE: Yes. The current Mental Health Contractor has a telemedicine unit located in its MD office. As a result, the awarded Contractor will continue to utilize this same telemedicine equipment. If a new Contractor is selected for award DPSCS will transfer this equipment to the new Contractor's MD office, if other than the location of the current contractor. Mental Health Professionals can only access the DPSCS telemedicine network from the existing DPSCS telemedicine equipment locations listed in Attachment Z of the Inmate Medical RFP.

f) How is internet access provided to contract employees?

RESPONSE: The Department provides internet access to contractor employees.

g) Is wireless access available, and if so, at what sites?

RESPONSE: There is no wireless access available at any site..

133. Per Sections 3.2.6, 3.22, 3.25, 3.39 –

a) What are the State's typical needs for off-site referrals for mental health patients?

RESPONSE: This situation has not happened in recently history nor does the Department anticipate that it will present itself during the term of this Contract; however, in the extremely remote chance that there is an Off-site referral for a truly mental health only

issue, the Contractor would coordinate with the Director of Mental Health Services to move the Inmate Off-site.

b) Since inpatient mental health services are provided by the mental health contractor in-house, specifically, which off-site services does the State require?

RESPONSE: See Response to Question 136 a) above.

c) For example, do "off-site services" refer to the occasional evaluation of neuropsychiatric or cognitive function, do they refer to other occasional services, or do they refer to more frequent or routine services expected by the State but not otherwise delineated in the RFP?

RESPONSE: If the Contractor can't make an evaluation of neuropsychiatric or cognitive function with the Psychiatrists on staff, then yes, the Contractor would be responsible. It is not expected that routine or frequently required services would need to be referred Off-site to be performed.

134. Per Section 4 Tab D.6.E –

a) Assuming "off-site personnel" refers only to individual providers of mental health services referred off-site, what is the degree of management of these off-site providers, subcontracted or otherwise, that the State anticipates the mental health contractor should provide?

RESPONSE: Off-site in this regard refers to Contractor personnel that might work in a central administrative, or regional or home office and that provide assistance with the delivery of mental health services as required by the RFP, but typically do not do so On-site. Such assistance might be in areas such as: developing/adapting/updating policies and procedures; developing and/or providing training; IT support; validating and updating Staff credentials; Staff recruitment/retention activities; maintaining statistics and/or creating reports.

b) Does "management" refer to healthcare quality and clinician performance monitoring, or does it refer to other more direct management (authority over and responsibility for) these providers?

RESPONSE: Presumably this question refers to Section 4.4 Tab D, 6, F, since Tab D, 6, E does not mention "management". In reference to Tab D, 6, F Offerors should describe their management structure, both clinically and administratively, with emphasis on positions with overall contract performance responsibility. i.e., who reports to whom, and who has/have final decision making authority over the contract from the Offeror's perspective, both partially and in total.

c) Does the State have preferred off-site providers, whom they would like to retain if at all possible, or is the mental health contractor at liberty to submit for approval to the State and subcontract with providers of its choosing?

RESPONSE: The answer provided to Question 137 a) may render this question moot.

However, in the remote circumstance that the contractor retains an Off-site provider, the contractor is free to choose any Off-site provider it wishes. Also see the responses to Question 133.

135. Per Section 3.25- if the inpatient mental health unit is full, and the State psychiatric hospital is full or otherwise cannot accept DPSCS patients for inpatient mental health hospitalization, who is responsible for covering the costs of hospitalization of these patients in alternative acute mental health facilities?

RESPONSE: This scenario has never occurred. In the extremely unlikely circumstance it is discovered that no patients could be discharged from the IMHTU and the State psychiatric hospitals are full, then the Contractor would be responsible for this cost.

136. Segregation rounds are currently completed by LCPC's and the system is effective. What is the expectations/ role of the added segregation rounds nurse for the Baltimore Service Delivery Area? Is it intended to fill the sick call clinic expectation outline in the contract?

RESPONSE: The additional Psychiatric Nurses for Segregation rounds in the Baltimore Service Delivery Areas are also intended to fill Sick Call Clinic triaging and scheduling for the psychiatric clinics. See Amendment #2, Item #3.

137. Regarding 3.23.4, Question specific to psycho educational groups for SMI inmates: The section requires the contractor to conduct monthly educational groups for inmates indicated as SMI. What personnel are allocated statewide to conduct monthly groups with this population?

RESPONSE: The Offeror is to describe how it will complete this requirement in its Technical Proposal.

As per Amendment 2, Items 8 & 9 proposals are now due on February 9, 2012 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: 01/19/2012

By:

Patti Tracey
Procurement Officer