



**STATE OF TENNESSEE  
TENNESSEE DEPARTMENT OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES**

**REQUEST FOR INFORMATION  
FOR  
AUTOMATED MEDICATION DISPENSING CABINETS**

**RFI # 32101-16400  
8/10/2015**

**1. STATEMENT OF PURPOSE:**

The State of Tennessee, Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS) issues this Request for Information ("RFI") for the purpose of acquiring information to support the procurement and implementation of Automated Medication Dispensing Cabinets (AMDC) for its four Regional Mental Health Institutes (RMHIs). We appreciate your input and participation in this process.

**2. BACKGROUND:**

The Tennessee Department of Mental Health & Substance Abuse Services is interested in implementing Automated Medication Dispensing Cabinets in its four (4) Regional Mental Health Institutes (RMHI). The RMHIs span multiple time zones. Currently twenty-seven (27) Care Units exist across the RHMI. Presently, the dispensing and administration of medications to patients are manual processes. Each Care Unit is comprised of approximately twenty-five (25) beds with a daily average of twelve (12) unit doses per bed. In addition, there are some non-unit-dose medications dispensed and administered. There is a dedicated pharmacy in each RMHI that is operational during daytime hours. TDMHSAS utilizes an enterprise pharmacy system, with each RMHI's pharmacy functioning as a separate store within the system. The AMDC solution will need to function in a similar manner with an interface to the current Pharmacy system.

Future implementation of an Electronic Medical Records (EMR) System is expected for TDMHSAS. Efficiency, reduced cost and improved patient safety are the key objectives of this project. The proposed solution must maintain the security and privacy of patient information in compliance with all current State of Tennessee and federal privacy laws.

**3. COMMUNICATIONS:**

- 3.1. Please submit your response to this RFI to:  
Christopher Romaine, Sourcing Analyst  
Central Procurement Office  
312 Rosa L. Parks Avenue  
Nashville, TN 37243  
615-253-5613  
Email: Christopher.Romaine@tn.gov
  
- 3.2. Please feel free to contact the Tennessee Department of Mental Health & Substance Abuse Services with any questions regarding this RFI. The main point of contact will be:  
Lori Abriola, Project Manager  
Middle Tennessee Mental Health Institute  
221 Stewarts Ferry Pike  
Nashville, TN 37214  
615-902-7447  
Email (preferred): Lori.Aabriola@tn.gov
  
- 3.3. Please reference RFI # [32101-16400] with all communications to this RFI.

**4. RFI SCHEDULE OF EVENTS:**

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		8/10/2015
2.	Submission of RFI Questions Deadline	2:00 pm	8/17/2015
3.	TDMHSAS Response to Questions		8/20/2015
4.	RFI Response Deadline		8/27/2015

**5. GENERAL INFORMATION:**

- 5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
  
- 5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the

procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.

5.3. The State will not pay for any costs associated with responding to this RFI.

**6. INFORMATIONAL FORMS:**

The State is requesting the following information from all interested parties. Please fill out the following forms:

**RFI #32101-16400**  
**TECHNICAL INFORMATIONAL FORM**

1. Respondent Legal Entity Name:
2. Respondent Contact Person: Name, Title: Address: Phone Number: Email:
3. How many years of experience has your company had in developing, integrating and implementing AMDC systems, specifically for other government entities?
4. Broadly describe the recommended technical architecture of the solution, including recommended hardware platform, operating systems, database platform, application servers, web servers, etc. You may describe more than one solution. Please indicate whether a vendor-hosted solution, cloud-based solution, or both is available.
5. Describe your project management approach used for previous implementations.
6. Describe lease options your organization provides for AMDC solutions.

The final section of this RFI requests general price ranges. The State is NOT requesting specific pricing for any components or services addressed in this RFI. Instead, the State is seeking price ranges, in order to determine, for budgetary purposes, approximately what the services sought by the State will cost. Do NOT provide specific pricing amounts in response to this RFI.

**COST INFORMATIONAL FORM**

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.).
2. Describe the typical price range for similar services or goods.

**ADDITIONAL CONSIDERATIONS**

1. Please provide input on alternative approaches or additional things to consider that might benefit the State.
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