STATE OF TENNESSEE
Department of Correction

REQUEST FOR PROPOSALS # 32901-31378-24
AMENDMENT # 7
FOR CLINICAL SERVICES

DATE: November 1, 2024

RFP # 32901-31378-24 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		August 5, 2024
2. Disability Accommodation Request Deadline	2:00 p.m.	August 9, 2024
3. Pre-response Conference	10:00 a.m.	August 12, 2024
4. Notice of Intent to Respond Deadline	2:00 p.m.	August 14, 2024
5. Notify State of RSVP for Facility Tours	10:00 a.m.	August 16, 2024
6. Facility Tours - Debra K. Johnson Rehabilitation Center DeBerry Special Needs Facility Bledsoe County Correctional Complex	10:00 a.m.-12:00 p.m. 2:00 p.m. – 4:00 p.m. 9:00 a.m. – 11:00 a.m.	August 21, 2024 August 22, 2024
7. Written "Questions & Comments" Deadline	2:00 p.m.	August 27, 2024
8. State Response to Written "Questions & Comments"		November 1, 2024
9. Response Deadline	2:00 p.m.	November 22, 2024
10. State Completion of Technical Response Evaluations		December 3, 2024
11. State Opening & Scoring of Cost Proposals	2:00 p.m.	December 5, 2024
12. Negotiations (Optional)		December 6-10, 2024

13. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	December 12, 2024
14. End of Open File Period	4:30 p.m.	December 19, 2024
15. State sends contract to Contractor for signature		December 20, 2024
16. Contractor Signature Deadline		December 27, 2024

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

RFP Section	Page #	Question/Comment	State Response
		1. Please provide the names and participation levels (dollars spent) of all small/minority/ woman/veteran owned subcontractors used under the current contract.	TDOC is not a party to those subcontracts; therefore, we cannot share those at this time.
		2. Please provide (by year) the amounts of any staffing paybacks/credits the Tennessee Department of Correction (TDOC) has assessed against the incumbent vendor over the term of the current contract.	Centurion Health FY 19 - $1,471,770.74 FY 20 - $1,082,629.39 FY 21 - $889,241.49 FY 22 - $1,045,773.55 FY23 - $1,013,791.54 FY24 - $957,708.03 Centurion BH FY24 - $214,718.40

		3. Please provide (by year) the amounts and reasons for any non-staffing penalties/ liquidated damages the TDOC has assessed against the incumbent vendor over the term of the current contract.	Centurion Health FY 19 - $205,320.00 FY 22 - $914,500.00 FY23 - $1,734,750.51 FY24 - $332,217.00 Centurion BH – Contract started in FY24 FY24 - $1,287,850.00
		4. Are any of the TDOC facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.	No
		5. With regard to lawsuits (frivolous or otherwise) pertaining to inmate health care: a. How many have been filed against the TDOC and/or the incumbent health care provider in the last three years? b. How many have been settled in that timeframe?	a.) Currently, the State can locate 14 cases. Current statuses: In Discovery = 3 Dismissed = 5 No Award = 3 Answer Filed = 2 No Status Update = 1 b.) none
		6. Please provide five-year population projections regarding the size of the inmate population.	TDOC will not provide population projections because the projections would be based on current laws and could change at any time. In addition, we have no plans to build new prisons or look to contract for additional private bedspace at this time. our population as of 9/22/24 was 19,324 our operating capacity as of 9/22/24 was 21,593

			our operating capacity can change at any time based on the status of maintenance projects and capital projects.
		7. Please provide two years' worth of historical data on the number of TDOC intakes.	Male: To date 2024 =2202 Total 2023 =3725 Total 2022 =4059 Female: To date 2024 =549 2023=679 2022=625
		8. Is the TDOC aware of any upcoming legislation or government policy that could result in a drop in its inmate population (e.g., compassionate release, population reduction measures, etc.)? If yes, please describe and provide a timeframe for the legislation/policy implementation.	No, not at this time.
		9. Does the TDOC have any plans to change the mission, size, or scope of any of its facilities within the term of the contract? If so, please provide details (including timeframe) on the planned change.	No, not at this time
		We understand the TDOC facilities are currently accredited by the American Correctional Association (ACA). Please provide the following information. a. Most recent accreditation date for each facility	a. January 2022 • DJRC-Deborah Johnson Rehabilitative Center • WTSP-West Tennessee State Penitentiary • MCCX-Morgan County Correctional Complex August 2022 • TCIX-Turney Center Industrial Complex • RMSI- Riverbend Maximum Security Institution August 2023

		b. Copy of most recent accreditation audit report for each facility	• NECX-Northeast Correctional Complex January 2024 • BCCX-Bledsoe County Correctional Complex • MLTC-Mark Luttrell Transition Center August 2024 • DSNF-Lois DeBerry Special Needs Facility • NWCX-Northwest Correctional Complex b. ACA reports are not public record, so they will not be released as part of this RFP. Although verbiage is shared with the medical contractor at times, the ACA reports are not routinely shared with vendors.
		11. By facility and by position, please indicate how the Minimum Staffing Requirements provided in RFP Attachment Five differ from: a. What is required by the current contract b. What is actually in place and physically being provided at the TDOC facilities	Please see Addendum 3 to this amendment.
		12. For each TDOC facility, please provide a listing of any current health service vacancies, by position.	BCCX 17.2 DJRC 6.5 DSNF 6.5 MCCX 9.4 MLTC .9 NECX 7.7 NWCX 29.3 RMSI 6.9 TCIX 0 WTSP 33.0 Please see Item X below
Ce		13. What is the overall vacancy rate among nursing staff at the TDOC facilities?	LPN Rate is 10.17 RN Rate is 15.18

		14. What percentage of the incumbent vendor's health care staff at the TDOC facilities is currently employed through a staffing agency?	Of the TDOC facilities- only one uses agency significantly: DSNF which utilizes agency for roughly 68% of its nursing staff.
		15.For each TDOC facility, please indicate the length of time each of the following staff members has been in their position at the institution. a. Site Health Services Administrator (HSA) b. Site Director of Nursing (DON) c. Site Medical Director d. Site Behavioral Health Administrator	a) BCCX- >5 years DSNF->3 years DJRC- >3 years MCCX- >3 years MLTC- >3 years NECX -less than a year NWCX-vacant now RMSI-> 2 years TCIX-> 20 years TCIX-A- > 10 years WTSP-less than a year WTRC-less than a year b) BCCX- less than a year DSNF->3 years DJRC- < 1 year MCCX- > 2 year MLTC- n/a (HSA/DON same position/person) NECX - > 1 year NWCX->2 years RMSI- <1 year TCIX-> 20 years TCIX-A- (HSA/DON same position/person) WTSP- >1 year WTRC- < 1 year c) BCCX- < 1 year DSNF->4 years DJRC- >3 years MCCX- Vacant MLTC- none NECX - > 2 years

			NWCX->1 year RMSI- >2 years TCIX-> 1 year TCIX-A- (TCIX same position/person) WTSP- Vacant WTRC- < 1 year d) BCCX- less than a year DSNF->5 years DJRC- > year MCCX- >1 year MLTC- >1 year NECX - <1 year NWCX-Vacant RMSI- <1 year TCIX->1 year TCIX-A- (covered by TCIX) WTSP- <1 year WTRC- >1 year
		16.Please confirm that if the awarded vendor retains existing health care staff who are already credentialed, those incumbent staff will not need to go through the credentialing all over again with the new vendor.	If their credentials are already current and are within the state law limitations and requirements, then their credentials will be accepted.
		17. Are any members of the current health service workforce unionized? If yes, please provide the following. a. A copy of each union contract b. Complete contact information for a designated contact person at each union c. The number of union grievances that resulted in	Not to TDOC's knowledge.

		arbitration cases over the last 12 months	
		18. Please provide the salaries/wages your incumbent health service Vendor is paying to its staff. a. How recent is this data? b. What is the source of this data (e.g., State/County records, data from the incumbent Vendor, etc.)?	TDOC does not have this data. We pay the vendor a per diem rate and staff salaries are included in that rate.
		19. Please confirm that labor hours in the following categories will count toward any "hours provided" requirements of the contract. a. Time spent by health care staff in orientation, in-service training, and continuing education classes b. hours c. Agency hours d. Approved paid-time-off	a) No b) No c) No d) No
		20. Please list all medical equipment (e.g., blood pressure cuffs, scales, x-ray machines, etc.) currently in use at the health care units and identify which items on the list will remain in place for the new Vendor to use.	See RFP Attachment 6.9
		21. Please list all office equipment (e.g., PCs, printers, fax machines, copiers, etc.) currently in use at the health care units and identify which items on the list will remain in place for the new Vendor to use.	See RFP Attachment 6.9

		22. Does the TDOC maintain any full-time information technology (IT) staff at any of its facilities? If not, please describe any State IT resources that would be able to assist with hardware/software tasks that need to be performed hands-on, in person at a facility.	TDOC IT staff are available to image and install computers on the state network and assist with fiber or CAT6 needs. All other service is vendor provided.
		23. Please provide the name and version of the offender management system software currently in use at the TDOC facilities. Does the TDOC have any plans to change to a different system within the next few years?	TOMIS, yes
		24. With regard to health care staff accessing the State/TDOC network, please provide the following information. a. Currently, are the computers used by health care staff on (a) the State/TDOC network or (b) a private network supplied by the health care vendor? b. Will this scenario continue under the new contract? c. Will the TDOC permit the incoming health care vendor to utilize existing network infrastructure at the facilities, e.g., wiring, switches, etc.? d. Who is financially responsible for network upgrades, additions,	a) Currently on the state network, but there is a STS network charge of approximately $65 per month per machine. If on the vendor network, the state only provides fiber between buildings and CAT6 in buildings. b) Yes c) Yes d) TDOC

		or expansions necessary to support the TDOC inmate health care program?	
		25. With regard to health care staff accessing the Internet: a. Do vendor staff access the Internet through (i) a State/TDOC network or (ii) the vendor's network? b. Please describe how this currently happens, i.e., what type of hardware, wiring, and connectivity is in place. c. Who (TDOC or vendor) is financially responsible for this hardware, wiring, and connectivity? d. Who (TDOC or vendor) will be financially responsible for any necessary upgrades or expansions for this hardware, wiring, and connectivity?	a.) Both b.) Hard-wired internet c.) TDOC d.) TDOC
		26. Is there currently WiFi capability within the TDOC facilities? a. If "yes," who is providing this capability, (a) the incumbent vendor or (b) the TDOC? b. What hardware is utilized to provide the WiFi capability? c. How many wireless access points exist within each facility?	No wireless is currently utilized. The state is resistant to wireless use for security reasons. CAT6 installation will be provided where required.
		27. With regard to timeclocks or other timekeeping devices, please provide the following information.	a) A timeclock is located at each facility in each facilities site medical clinic.

		a. The number of timeclocks in place at each TDOC facility b. Where in the buildings they are located (for example, in the lobbies, at the security sally ports, in the medical units, etc.) c. Will the TDOC allow the incoming Contractor connect its timeclocks to the State/TDOC network?	b) For example, BCCX is one facility with three "sites". Each site medical clinic has a timeclock. c) The timeclocks are on the vendor's network
		28. With regard to electronic health records (EHRs), please provide the following information. a. Please confirm that the TDOC does not currently utilize an EHR. b. What is the State's timeframe for procuring an EHR for the TDOC's use? c. Since the transition from paper records to an EHR may require temporary staffing increases, please indicate whether (a) Respondents should include these temporary staffing costs in their bid prices or (b) the TDOC will negotiate these costs through a contract amendment at the time of its EHR procurement and implementation.	A.) not currently but will be in the future. B.) it has already been procured. C.) No, the respondents should NOT include any Temporary staffing costs in their bid prices. No additional staff will be needed.
		29. Does the TDOC currently utilize telehealth? If so, please provide the following information. a. Description of any equipment that will remain in place for the new vendor to use	Yes Telehealth is utilized. a) Each facility as telehealth equipment at each site with peripherals. All equipment listed in Attachment 6.9 is intended to be onsite for the new vendor to use. b) Yes the equipment will be in place for use

		b. Description of the telehealth connectivity (network) that will remain in place for the new vendor to use c. The type of telehealth clinic (e.g., telepsychiatry, telecardiology, etc.) d. How often each telehealth clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.) e. The length of each telehealth clinic currently conducted (e.g., day, half-day, etc.) f. The average number of patients in each telehealth clinic g. The name and contact information for the tele-provider who conducts each telehealth clinic	c) Telehealth clinics are conducted for Audiology, Cardiology, Dermatology, Endocrinology, Hematology, Infectious Disease, Nephrology, Neurology, Nutrition, Oncology, Orthopedics, Physical Therapy, Pulmonary, Urology, Wound. d) Depending on patient need telehealth is conducted at some sites daily, as needed e) The telehealth clinic time depends on number of telehealth orders and the patient need, generally half day and occasionally full day depending on the site. f) Approximately 23/month for the last 12 months. g) Telehealth clinics vary and can be composed of different specialties at different sites. For example, the average telehealth clinic at any given site may be composed of all infectious disease or of cardiology, nephrology, and infectious disease. TDOC does not have specific information as these would be subcontracted by the vendor.
		30. What laboratory subcontractor does your current health care vendor use for lab services, e.g., LabCorp, Garcia, Bio-Reference, etc.?	TDOC is not a party to those subcontracts, therefore We do not have that information to provide.
		31. Are any x-ray services currently provided onsite? If "yes," is this done (a) with permanent TDOC-owned xray equipment or (b) through a mobile radiology vendor (PLEASE IDENTIFY VENDOR)?	Yes, however TDOC is not a party to those subcontracts, therefore We do not have that information to provide.
		32. Are any optometry services currently provided onsite? If "yes," is this done (a) with permanent TDOC owned optometry equipment or (b) through a mobile optometry	Yes, however TDOC is not a party to those subcontracts, therefore We do not have that information to provide.

		vendor (PLEASE IDENTIFY VENDOR)?	
		33. Section A.5.c of the pro forma contract states, "The Contractor shall provide mobile CT and MRI specialty care services as defined by TDOC Chief Medical Officer or designee at Central and Western regions." Please provide the following information on this topic. a. Are mobile CT and MRI services currently being provided? b. If "yes," please identify the subcontractor/provider that is performing these mobile diagnostic services.	a.) yes b) TDOC is not a party to those subcontracts, therefore We do not have that information to provide.
		34. Section A.5.d of the pro forma contract states, "The Contractor shall provide three (3) mobile medical trailers equipped for providing oncology infusion services." Please provide the following information on this topic. a. Are these mobile oncology trailers currently in place? b. If "yes," who is providing the staff for these units, (a) the incumbent medical vendor or (b) a subcontracted oncology specialty provider? c. Please identify the subcontracted oncology specialty provider (if any) that is staffing/managing the mobile units.	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see item #5 below.

		d. What is the average weekly volume of treatments delivered through the mobile oncology trailers?	
		35. Section A.5.e of the pro forma contract states, "The Contractor shall provide two (2) modular buildings for medical expansion needs." Please provide the following information on this topic. a. Are these modular buildings currently in place? b. If "yes," what services are housed/being provided in the buildings? c. Please provide the current staffing plan for each modular building. d. Please provide a list of the equipment located in each modular building and indicate whether the items will remain in place for the incoming Contractor.	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see Item # 6 below.
		36. For each TDOC facility, which hospital(s) is used most frequently?	The closest hospital based on acuity of the patient.
		37. In Attachment Three – Key Performance Indicator Manual, the critical indictors for Specialty Care/ Consultations require "all initial visits to a specialist [to] occur within 60 days from the date of the	A)85%. B)The $200 penalty is assessed on a case-by-case basis with consideration to exigent circumstances.

		provider's request." Please provide the following information on this topic. a. What percentage of specialty visits are currently being completed in the mandated 60-day timeframe? b. Please confirm that the $200 penalty will not be assessed in instances where a delay is not within the control of the health care Contractor.	
		38. Does the TDOC participate in any programs or legislation (e.g., the Affordable Care Act, Medicaid expansion, Workers Compensation, State law, etc.) that mandate special discounts for inpatient care for TDOC patients? If "yes," please provide the following information. a. Name and brief description of the program b. What services are discounted under the program? c. Who is responsible for enrolling TDOC patients in the program? d. Please provide the current processes and timeframes for (a) enrollment in the program and (b) payment at the program's discounted rates.	No.
		39. With regard to any specialty care clinics currently conducted onsite at the TDOC facilities,	a) Telehealth-Audiology, Cardiology, Dermatology, Endocrinology, Hematology, Infectious Disease, Nephrology, Neurology, Nutrition, Oncology, Orthopedics, Physical Therapy, Pulmonary, Urology,

		please provide the following information. a. The type of specialty clinic (e.g., orthopedics, neurology, etc.) b. How often each specialty clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.) c. The length of each specialty clinic currently conducted (e.g., day, half-day, etc.) d. The average number of patients in each specialty clinic e. The name and contact information for the provider who operates each specialty clinic	Wound. The average number of monthly Telehealth sessions is 131. b) As-needed c) As-needed d) Vendor manages this. e) TDOC is not a party to these sub-contracts, and Therefore, does not have the information to Provide.
		40. Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the TDOC facilities.	NWCX – backlog of 4 inmates for Optometry, and 2 Inmates for TB/IGRA. RMSI – backlog of 12 inmates for Dental, and 1 Inmate for TB/IGRA DJRC – backlog of 1 inmate for TB/IGRA. NECX – backlog of 3 inmates for Dental.
		41. Please provide the following information about any medical, behavioral health, or other special needs units (infirmary, addiction recovery, sex offender, geriatric, skilled nursing, hospice, etc.) at the TDOC facilities. a. Type of each unit b. Location of each unit c. Capacity of each unit d. Average occupancy of each unit e. Staffing for each unit f. Type of services/Acuity able to be handled in each unit	Addiction treatment TC programs: On average the substance use treatment TC program stays at a 98% occupancy because it is open-ended, and admissions and discharge are fluid day to day. BCCX- Unit 15, 16, and 2 (50 beds in each unit) MCCX – Units 8 and 9 (50 beds each unit) Plans to expand up to 50 more beds. Unit hasn't been identified yet. NWCX – Unit N06 and 13 (128 beds and 50 beds) TCIX – Unit W1A and W2A (50 beds each depending on the need and 24 beds at TCIX Main Site) WTRC –Unit 7A (128 Beds) 7B- 128 Beds substance use education program (SURE) WTSP – Unit 3 A (128 Beds) plans to increase 50 beds once unit and beds are identified.

			Unit 3B Pre (Sure Program) and Post (Aftercare) substance use treatment (128 Beds) Unit 5 alpha and Bravo Withdrawal Managment (46 Beds) Unit 5 Charlie Pod-Veteran's TC (24 beds) Please see pgs 72, 73, and 74 in RFP for staffing requirements. DSNF Sex Offender Treatment Program: Unit 5A1 and 5A2 Occupancy Rate 100% fill rate, 32 beds. SLU units for LOC 3 and 4 behavioral health patients- BCCX – Unit 21D Capacity 48 DSNF – Units 7A1, 7B1,7D1, 7C1, 7F1 Capacity 160 MCCX – Unit 26B Capacity 24 NWCX – Unit N05 Capacity128 WTRC – 8A 128 beds – generally occupancy is in range of 35 to 40. However, there is ongoing plans to move the SLU from WTRC to DJRC in the near future. Once moved to DJRC, it will be in Unit 3 with the capacity of 36 Please refer to the Matrix for staffing pattern for behavioral health. Geriatric- TCIX Wayne County- Dorm WD1, WD3, WD4 with a capacity of 175. On average 56 inmates are assigned to those geriatric beds.
		42. For each of the past 36 months, please provide the following mental health data. a. Number of individuals on the mental health caseload b. Number of individuals on suicide watch each month c. Number of suicide attempts d. Number of successful suicides e. Number of self-injurious behavior incidents	a. FY 2022: 6012 FY 2023: 5945 FY 2024: 6425 Current: 6826 b. FY 2024: 1886- Avg: 157.2 per month c. We don't have this answer broken out from SIB numbers in e. d. 10 suicides in 2022 9 suicides in 2023 6 suicides in 2024 (thus far.) e. Average number of SIB by year

			2022 – 57 2023 – 61 2024 – 36 Average number of SIB inmates 2022 – 53 2023 – 55 2024 - 31
		43. With regard to the Medication Assisted Treatment/Withdrawal Management Unit program at WTSP, please provide the following information. a. Is the Medication Assisted Treatment/Withdrawal Management Unit program at WTSP already in place and operating? b. Does the TDOC currently screen all intakes for both opioid use disorder and substance use disorders? c. If "yes," what screening tools are currently in use? d. Please provide the TDOC's current protocols for determining who receives MAT/MOUD treatment. e. For each of the past two years, please provide the average number of TDOC patients receiving MAT/MOUD treatment. f. Please indicate which of the three FDA-approved MAT/MOUD drugs the TDOC currently	a. Yes b. Yes c. Texas Christian University Drugs Screen 5 and Opioid Supplement And COWS d. Policy 113.93.1 established procedures for MAT. e. The number of patients on MOUD/MAT is relatively new to TDOC and we are in the process of expanding. In September 2023 we had nine patients on MAT and by November 2023 we had 35. Currently we have 234 patients on MAT. We are expanding weekly. f. Subutex is used mostly and is on stock. Sublocade is specific orders and 57 people are on injectables. We are in the process of implementing suboxone film and this is not on stock yet and is specific orders, currently. 234 people are on MAT g. See f. h. Yes, as needed for specific patients i. No

		uses/prescribes in its program(s) and provide a breakdown of how many patients are being prescribed each medication. g. Specifically, what buprenorphine product is currently being used, e.g., tablets, films, mono-product, or combo product? h. Is the TDOC currently using any long-acting injectable MAT medications for its incarcerated patients? i. Are any of the TDOC facilities certified as an Opioid Treatment Program?	
		44. With regard to medication administration. a. Who administers the medications (RNs, LPNs, or other position)? b. Do CMAs pass medications at the TDC facilities? c. Is the current process: (a) med carts go to the housing units or (b) patients come to the medical unit? d. How often does med pass occur each day? e. On average, (a) how many FTEs and (b) how long does it take to perform a med pass?	a. LPNs and RNs b. No c. a. yes and b. yes It will depend on facility. d. Typically, twice a day. e. That is dependent on site and if medication is administered on unit or if a special Medline is utilized.
		45. Please provide copies of the following documents. a. The drug formulary currently in use b. The most recent pharmacy report	a. Attachment 11 b. Specify which pharmacy report is being requested we have several. c. This is confidential information and cannot be provided.

		c. The lab test formulary currently in use	
		46. On average, how many TDOC patients per month receive these types of prescription drugs? a. Psychotropic medications b. Hepatitis C medications c. HIV/AIDS medications	a. Psychotropic medications: 4,240 b. HCV medications: 168 c. HIV: 148
		47. Does the TDOC currently participate in any 340B pharmacy discount programs? If "yes," please provide the following information about the program. a. What specialties (categories of medication) does the 340B agreement cover, e.g., HIV meds, Hepatitis C, cancer, etc. b. Please identify the Federally Qualified Health Center (FQHC) or other 340B-certified health care entity whose physicians are prescribing the drugs for the current program. c. Which pharmacy is providing the 340B medications?	a) a. TDOC is a STD Grantee There is no designated formulary for the 340B Program. STD (318 grantee) clinics that participate in the 340B Program may purchase 340B drugs (including prescribed contraceptives), for grantee patients that meet the patient definition criteria [61 Fed. Reg. 55156 (Oct. 24, 1996)]. The covered entity may purchase and dispense any 340B drugs associated with a service for which the covered entity is responsible, including contraceptives, to that patient, to the extent it aligns with patient definition and is consistent with the scope of the grant. b. TDOC Contracted Centurion prescribers c. TDOC owned Central Pharmacy
		48. With regard to transgender individuals, please provide the following information. a. Please provide the TDOC policy(s) on transgender individuals and gender reassignment surgery. b. In the past five years, how many (if any) transgender individuals in TDOC custody have undergone gender reassignment surgery?	a. 113.37Clinical Services Intervention for Gender Dysphoria Policy b. Zero c. One. However, recent changes to state law precludes TDOC from spending any state funding on transgender medical care to include hormones and surgical. d. Not applicable currently. The cost would likely be shared with state and vendor.

		c. How many (if any) transgender individuals in TDOC custody are currently awaiting gender reassignment surgery? d. Who is financially responsible for the cost of gender reassignment surgery?	
		49. Please provide the following information relating to Interstate Compact individuals. a. Please describe any Interstate Compacts in which the TDOC participates and identify the involved states/jurisdictions. b. On average, how many TDOC incarcerated individuals are housed in other states' facilities? c. Who is financially responsible for the cost of health care provided to TDOC incarcerated individuals are housed in other states' facilities? d. On average, how many individuals from other states' jurisdictions does the TDOC house? e. Who is financially responsible for the cost of health care provided to individuals from other states' jurisdictions that are housed in a TDOC facility?	a.) yes, we do. Kansas, New Mexico, South Carolina, Oklahoma, Florida. b.) exact percent not available, numbers are low c.) likely TDOC but could depend on if there are other circumstances involved. d.) currently 12 total inmates. e.) TDOC is required to provide normal healthcare maintenance, if there are medical costs for healthcare outside of the normal healthcare maintenance, we have to contact the sending state for their approval and payment for those costs.
		50. For each of the past 36 months, please provide statistical data for each of the following categories. If the TDOC includes data from the privately managed institutions in this response, please separate	a.) average based on review of 3 months of data= 2023 monthly average 111, 2024 monthly average 94.4. b.) 2023 monthly average 5.5 days, 2024 monthly average 6 days c.) TDOC does not track this information. d.) specialty consultation referrals= 2023 monthly average is 1,105 and 2024 monthly average is 1183.3.

		the information into "TDOC facility" and "private facility" categories. a. Number of (offsite) inpatient hospital admissions b. Number of (offsite) inpatient hospital days c. Number of outpatient surgeries d. Number of outpatient referrals e. Number of trips to the emergency department (ED) f. Number of ED referrals resulting in hospitalization g. Number of ground ambulance transports h. Number of air ambulance transports i. Number of dialysis treatments	e.) monthly average 2023 113, monthly average 2024 93.7. f.)TDOC does not track this information. g.) TDOC does not track this information. h.) TDOC does not track this information. i.) Dialysis Treatments: - CY 2022- total 5,217; monthly Avg-434 - CY 2023- total 5,688; monthly Avg-474 - CY 2024 through August- total 4,224 Total number of dialysis patients: FY23- 39 patients FY24- 43 patients Average number of weekly treatments past 12 months: -Sept 2023-August 2024- 121 avg weekly treatments
		51. In the past five years, how many (if any) TDOC inmates have received organ transplants? How many have received tissue transplants?	None.
		52. Please provide the following information relating to the TDOC's use of Skilled Nursing Facilities (SNFs) or Long-Term-Acute Care Facilities (LTACs). a. For each of the past 3 years, please indicate how many (if any) TDOC patients have been admitted to a SNF or an LTAC. b. Please provide the average length of stay (ALOS) for the TDOC's SNF/LTAC patients.	No SNF or LTAC's have been used.

		c. Please provide a list of the SNF and LTAC facilities used by the TDOC.	
		53. For each of the past 3 years, please provide total spend amounts for the following categories. a. Offsite services b. Laboratory services c. Offsite diagnostic (x-ray) services	a) These costs are included in the per diem amount and TDOC has no way to track these costs. b) These costs are included in the per diem amount and TDOC has no way to track these costs. c) These costs are included in the per diem amount and TDOC has no way to track these costs.
		54. Section A.8.a.3 of the pro forma contract states, "The hospitals used by the Contractor shall provide vehicle parking, local telephone calls and meals for security staff who are accompanying hospitalized inmates. The Contractor shall pay any costs associated with providing these items." For each of the past three years, please provide the dollar amount associated with such security-related parking, phone calls, and meals.	FY21 $111,286.75 FY22 $103,123.85 FY23 $ 71,155.95
		55. Section A.8.e of the pro forma contract states, "Starting on day three (3) of an inpatient stay at a hospital that does not contain a secured unit, the Contractor shall pay six hundred dollars ($600.00) per day per inmate to cover the cost incurred by the State to provide security." For each of the past three years, please provide the dollar amount	Data is only available for FY24 FY24 - $505,200.00

		associated with such security-related coverage.	
		56. Section A.8.f of the pro forma contract states, "The Contractor shall pay all costs associated with maintenance and capital improvements of the existing secured unit at Nashville General Hospital to ensure all inmates requiring community-based hospital services are properly secured while receiving offsite medical care." Please provide the following information on this topic. a. Please provide the dollar amount the TDOC's incumbent health care vendor has paid related to the secured unit maintenance and capital improvement at Nashville General Hospital. b. Please provide the capital improvement plan for the next five years for the existing secured unit at Nashville General Hospital.	The State has no intent of another secured unit being created for this contract.
		57. Section A.16 of the pro forma contract states, "The Contractor shall provide all medical and dental noncapital equipment including maintenance of existing equipment and including Telemedicine Equipment." Please provide the following information on this topic.	a) The contractor will be responsible for the purchase of capital medical equipment b) Capital equipment is any equipment costing $5,000 or more.

		a. Who is responsible for the purchase of capital medical equipment? b. What are the criteria for determining whether equipment is a capital outlay or a non-capital outlay?	
		58. We understand that the awarded Respondent will be financially responsible for 50% of the costs of HIV/Acquired Immunodeficiency Syndrome (AIDS) and Hepatitis C antiretroviral medications. For each of the past three years, please provide the total (State + Contractor) annual expenditure on such medications.	HCV FY 2022: $16,636,132.39 FY 2023: $11,319,333.99 FY 2024: $13,551,162.49 HIV FY 2022: $5,303,651.64 FY 2023: $6,056,391.77 FY 2024: $4,289,740.74
		59. We understand that the State will reimburse the Contractor for 50% of the cost of all psychiatric medications. For each of the past three years, please provide the total (State + Contractor) annual expenditure on psychiatric medications.	FY 2022 $1,030,825.32 FY 2023 $1,033,633.96 FY 2024 $1,079,595.54
		60. With regard to medication costs for the Medication Assisted Treatment/Withdrawal Management Unit program at WTSP, we understand that the awarded Respondent will be financially responsible for 50% of the costs of MAT/MOUD medications. For each of the past three years, please provide the total (State + Contractor) annual	Annual expenditure; cost share not applicable FY 2022: $453.83 FY 2023: $1,685.14 FY 2024: $34,987.74

		expenditure on MAT/MOUD medications.	
		61. Will the vendor be financially responsible for any of the following services under the new contract? For any category that will be at the vendor's cost, please provide three years of cost data on the expenses incurred in that category. a. Care for newborn babies after the actual delivery b. Abortions that are not clinically necessary c. Cosmetic surgery that is not clinically necessary d. Gender reassignment (sex change) surgery and any follow-up treatment or related cosmetic procedures e. Contraception, including vasectomy, tubal ligation, or reversal of such f. Experimental care g. Elective care, i.e., care which if not provided would not (in the opinion of the Medical Director) cause the patient's health to deteriorate or cause the patient definite and/or irreparable physical harm h. Autopsies i. Organ, tissue, or other transplant surgery and related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or	a) No, this care is provided outside of the contract and the State. b) No, abortion laws do not allow this to take place. c, d, e, g, i and j) these services would be provided if medically/clinically indicated. If they are, the vendor has the primary responsibility to cover the costs for these services. f.) Experimental care – This would be a case-by-case basis. h.)The vendor is not financially responsible for these costs. .

		ongoing care relating to the transplant j. Factor and other medications for the treatment of bleeding disorders	
		62. Section A.8.d of the pro forma contract states, "The Contractor shall assume responsibility for the coordination, provision and cost of inpatient hospitalization of inmates housed at the four (4) privately managed facilities after the cost exceeds four thousand dollars ($4,000)..." Please provide the following information about this cap. a. In each of the past three years, how many times have inmates from the privately managed facilities experienced hospitalizations with costs that exceeded $4,000? b. How many bed-days are included in each of these annual statistics? c. For each of these instances, please provide the actual total dollar amount of the cost of the hospitalization.	This information is maintained by Core Civic and/or Centurion. TDOC Fiscal does not have access to this data.
		63. Section A.11 of the pro forma contract states, "Services included in the Utilization Management and Review Process shall include, facility-based services, outpatient referral services, inpatient hospitalization for jail and state inmates,	a- On average we can house 60 safekeepers. b- DJRC, MCCX, RMSI, DSNF, and WTRC (Until policy is updated) are currently w here we house the safekeepers. c- If we have safekeepers in TDOC facilities, then there would have been a court order for them to be housed

		including safe keepers." Please provide the following information on this topic. a. On average, how many jail inmates/safekeepers are housed by the TDOC at any given time? b. Which TDOC facilities house jail inmates/safekeepers? c. Please define the Contractor's financial responsibility with regard to providing health services for jail inmates/safekeepers housed in a TDOC facility. d. Who is financially responsible for inpatient costs incurred by patients (TDOC and/or jail) who are on suspension status with TennCare?	in TDOC prison. Therefore, they are part of TDOC population, and the vendor is responsible for health services just like every other inmate. There is no difference, they are court ordered to be with TDOC. d- As above the safekeepers are TDOC inmates per court order and financial responsibility is like every other inmate as the financial responsibility for health services is on the vendor. The TDOC healthcare vendor does not provide any health care for inmates that are housed in the county jails.
		64. Section A.11.7 of the pro forma contract states, "The Contractor shall assist the State with developing protocols for tracking state inmates on suspension status with TennCare in both the prisons and county jails." Please provide the following information on this topic. a. Please define the Contractor's role in providing services to inmates housed in County jails. Are these TDOC inmates or County detention agency inmates? b. At any given time, for how many County-jail-housed inmates	Currently DOC supplies the vendor the list from TennCare of those on suspension status. a) TDOC inmates b) TDOC is not able to give a number as it Changes every day. c) Email exchanges

		will the Contractor be responsible? c. Please describe the current process for County jails keeping the TDOC health care Contractor informed/aware/up-to-date on the health status of applicable inmates.	
		65. Section C.3.c of the pro forma contract states, "The Contractor's responsibility shall be capped at two million dollars ($2,000,000) per year for HCV." Please provide the following information about this cap. a. Please list exactly which specific categories of HCV services are included under the cap, e.g., diagnostic services, treatment, hospitalization, medications, etc. b. For each of the past three years, by how much (if at all) have total HCV expenses exceeded the contracted cap amount?	a. applies to medication treatment costs b. HCV vendor **cost share** is $2M; it is not reflective of total HCV medication cost. 2021 costs were outliers due to $26M grant received for HCV treatment Reference: FY 2022 Total Cost $16,636,132.39 FY 2023 Total Cost $11,319,333.99 FY 2024 Total Cost $13,551,162.49
		66. Section C.3.d of the pro forma contract states, "When a single hospitalization for a single inmate from the date and time of admission through the date and time of discharge exceeds fifty	a) TDOC does not track this information by date and time, we do have totals by Fiscal Year. . b) FY22 - $4,965,566.56 FY23 - $5,255,560.96

		thousand dollars ($50,000), the State shall reimburse the Contractor for seventy-five percent (75%) of the cost of the hospitalization in excess of fifty thousand dollars ($50,000)." Please provide the following information about this cap. a. In each of the past three years, how many times have hospitalizations occurred with costs that exceeded the $50,000 cap? b. For each of these instances, please provide the actual total dollar amount of the cost of the hospitalization.	FY24 - $4,599,866.25
		67. For each 12-month period of the contract, the RFP requires a performance bond covering 25% percent of the Contract amount. Please clarify if this is (a) 25% percent of the ANNUAL Contract amount; (b) 25% percent of the total 3-year base Contract amount; or (c) 25% percent of the total 5-year base + option years Contract amount.	The bond amount is 25% of the annual amount each year.
		68. There are conflicting population levels in the RFP, e.g., "21,496" on Tab 6.3.A of the cost forms, "28,642" on Tab 6.3.B of the cost forms, etc. So that all vendors submit pricing based on the same population size—thereby allowing the TDOC to compare apples-to-apples bids—please provide the ADP on which	The 21, 496 is the current TDOC population inclusive of inmate at the 4 Private facilities. The 28,642 number was listed in error. The average number of inmates in the ten state facilities over the last twelve months was 12,391. Please refer to RFP Attachment 6.3.A and 6.3.B for the population figures vendors should use to determine their bid prices.

		vendors should base their bid prices.	
		69. Please provide instructions on how Respondents can take exceptions to the RFP specifications, as we do not see a form for this purpose included in the solicitation documents.	Please refer to section 3.3 of the RFP. There is no template for requesting exceptions as they are not permitted as part of the RFP response. Per RFP Section 5.3.5. the state can entertain, at its sole discretion, limited terms and conditions negotiations provided that such revision of terms and conditions or performance requirements shall not materially affect the basis of response evaluations or negatively impact the competitive nature of the RFP and contractor selection process.
		70. Please provide instructions on how Respondents are to redact/protect the proprietary and confidential information (such as financial statements) in their responses, as we do not see this information in the solicitation documents.	**All** information provided as part of a vendor response is subject to the State's Open Records laws and can be made available upon request during the Open Records period. Please refer to section 4.8 of the RFP. Respondents may not submit redacted response to the RFP.
		71. Section A.3.f of the pro forma contract requires the Contractor to, "utilize Physician, Mid-Level Provider, and nursing staff Adjunct Appointments at all academic institution partners in the correctional healthcare rotations." a. Please clarify if this means (a) clinical instructors from the academic institution partners will need to be onsite at the TDOC facilities with the students OR (b) the Contractor's clinical staff need to become adjunct instructors at academic institution partners. b. Please reconcile how the "Adjunct Appointment" requirements of pro forma A.3.f	a) Onsite b) During student clinical rotations onsite-providers and nursing staff are expected to support student learning by educating them on patient care performed onsite.

		relate to pro forma Section A.24 SUPERVISION OF INTERNS, which does not require any adjunct appointment at an academic institution, but simply states, "appropriately licensed clinician[s] will provide supervision to inter or practicum students. Each licensed clinician can be requested by the State to supervise at least two (2) interns. The Contractor's providers shall be available for teaching purposes and providing training…"	
		72. Section B.2 of the pro forma contract states, "The State reserves the right to execute up to two (2) renewal options…at the State's sole option." Please confirm that such renewal options also require agreement/permission from the awarded Respondent/Contractor.	In the event that the State executes a renewal, it is at the state's sole discretion and would not require signature from the Contractor. In the event that contractual changes (clauses or maximum liability) are included with a renewal it would require signature from the Contractor.
		73. Section A.25.i.2 of the pro forma contract requires the Contractor to "provide treatment services for the inmate population including a…Family program for people with co-occurring disorders." Please define what the TDOC means by a "family program" and provide a detailed description of the TDOC's requirements for this initiative. Is this program currently in place?	Yes, this program is currently in place at BCCX for TCOM with the Cooccurring disorders. This is covered under policy 513.07.3 under C.(1)(2)(3)

		74. Please provide the TDOC's minimum educational and licensure requirements for the following positions. a. Addiction Treatment and Recovery Services Coordinator b. Case Management Coordinator	a.LADAC b. No license required. Must possess a Bachelor's degree.
		75. Please provide the average number of males and females receiving sex offender treatment services, by facility.	Males only, 30-32 on average per month.
		76. Does the TDOC operate a Youthful Offender Program for youths incarcerated as adults? If "yes," please provide the following information for the program. a. Youthful Offender average daily population (ADP) b. Youthful Offender average length of stay (ALOS) c. Average number of these individuals enrolled in the Youthful Offender Program d. Description of the scope, type, and frequency of behavioral health programming offered through the Youthful Offender Program	TDOC established a Young Adult Offender Program at TCIX Main. See Policy 513.14 a. 128 beds b. 12 to 24 months c. Typically, 128 d. The Young Adult Program criteria established that the program is only available to LOC I or II. Behavioral health only provides support to the LOC II mental health patients as with any LOC patient. Young Adults may participate in GRTH on compound if the need is identified.
		77. With regard to RFP Attachment Four–Minimum Staffing Requirements, many positions in the staffing plan are highlighted in yellow. What is the significance of this highlighting?	No significance. A new document has been submitted without highlighting.
		78. In the Minimum Staffing Requirements, there are 6.0 FTE	Please see the attached revised Amendment 4.

		Administrative Staff and 6.0 FTE UM staff under the "Healthcare Services" tab PLUS ANOTHER 6.0 FTE Administrative Staff and 6.0 FTE UM staff under the "Behavioral Healthcare Services" tab. Is this accurate, that the TDOC is requiring (at minimum) a total of 12.0 FTE Administrative Staff and 12.0 FTE UM staff? If not, please publish a corrected minimum staffing plan.	
		79. In the Minimum Staffing Requirements, please provide the following information about the 6.0 FTEs in the row entitled "Utilization Management." a. What are the TDOC's minimum educational and licensure requirements for these positions, e.g., are they RNs, LPNs, administrative support, etc.? b. Please confirm that these positions may work remotely and do not have to be physically located within the State of Tennessee.	a) RN b) Yes, remotely
		80. Throughout the RFP, specifications require the Contractor to comply with, and to provide training on, TDOC policies which were not provided as part of the solicitation documents. Can the TDOC please provide the missing policies listed below? a. Policy 110.04	Several of the policies listed here were among the many TDOC policies included in Attachment 6.8 of the RFP as issued. a. Policy 110.04 was included in Attachment 6.8 b. Policy 110.05 was included in Attachment 6.8 c. Policy 305.03 was included in Attachment 6.8 d. Policy 513.07 was included in Attachment 6.8 e. All BH policies were included in Attachment 6.8.

		b. Policy 110.05 c. Policy 305.03 d. Policy 513.07 e. All TDOC behavioral health policies (none were provided with the RFP)	The following TDOC Policies are being included as attachments to this amendment: 113.37 and 113.37 PCN; 113.81 and PCN 22-25 113.93.1
Performance Indicator Manual		81. Please clarify for the Staffing Measure, which clinical vacancy period is correct, to when the damage will start incurring: a. Indicator - states within 30 days b. Amount - states within 14 days	30 days.
Performance Indicator Manual		82. Please confirm for the Staffing Measure, will TDOC allow for backfill/ overtime/ subcontractor/ agency filled hours to support as a replacement for vacant days; and the damage will not be enforced.	Those items are considered LD offsets to damages, but they do not substitute for filling vacant positions. The damages will still be enforced.
Performance Indicator Manual		83. Please confirm if the TDOC considers "5 working days" for non-clinical positions that are paid salary for a 40-hour work week, when calculating the per day damage when vacant.	Yes, TDOC considers 5 working days for non-clinical positions that are paid a salary for a 40-hour work week when calculating the per day damage when vacant.
Performance Indicator Manual		84. Please confirm if the Staffing Measure is calculated based upon an aggregate, contract total number of days filled; or on a per Facility, per position basis.	These are calculated per position at each facility audit. However, they are aggregated into 1 liquidated damages notice to the vendor on a monthly basis.
Performance Indicator Manual		85. Please provide a recent, monthly staffing measure report from Centurion.	Please see Attachment 4 to this RFP.
Performance Indicator Manual		86. Please provide an example of the calculation to determine total	Staffing LDs are determined by the salary plus benefits set forth by the contractor.

		Staffing Measure liquidated damages, from a monthly report.	
Performance Indicator Manual		88. Please provide an example of the calculation to determine total Staffing Measure liquidated damages, from a monthly report.	Staffing LDs are determined by the salary plus benefits set forth by the contractor.
Minimum Staffing Requirements		89. Please confirm if the State has office location for the Contractor's regional office. If yes: a. Where is the location? B. What is the square footage of the location?	No
Minimum Staffing Requirements		90. Please confirm if the State would prefer the Contractor to submit consolidated, proposed staffing matrices; or, separate matrices for Healthcare and Behavioral Health positions.	Consolidated and labeled appropriately to clarify BH and medical staff. TDOC is requesting that the Contractor submit Consolidated, proposed staffing matrices with the Positions labeled as either a Healthcare position or a Behavioral Health position.
Minimum Staffing Requirements		91. On the staffing matrix there is a MOUD position at WTSP #2. Please describe the education and licensure requirements for this position and the expected duties.	The position is a MAT Coordinator and currently requires a RN licensure.
Current State Positions		92. Please clarify the difference between Attachment 5 total state-filled positions of 56.0 FTEs vs. Attachment 4 total state-filled positions of 41.60 FTEs.	Pro Forma Attachment 5 includes vacant state positions.

Current State Positions		93. Please provide the State's benefit package, specifically pension/retirement program, healthcare coverage, paid time off, educational reimbursement, etc.	• Employee Benefits:
			  • Health Insurance • Dental Insurance • Vision Insurance • Life Insurance • Disability Insurance
			  • Employees Wellness Solutions

			• ParTNers for Health Wellness Program - is a voluntary program to help employee meet their health goals (this may include fitness center discounts, and incentives for participation in certain wellness programs). This program is available to all State employees and spouses enrolled in the State's insurance. • Working for a Healthier Tennessee is a free workplace wellness program that helps Tennessee State Government employees take small steps toward big changes by focusing on three key areas: physical activity, healthy eating, and well-being. Employees do not have to be enrolled in medical insurance program. • Retirement Programs: 401(k) and 457(b) • Paid Time Off: Employees accrue sick and annual leave annually, based upon their initial hire date and on each subsequent service anniversary date. Employees earn 12 sick leave days per year. Annual leave is accrued based on an employee's service group. Employees with more years of service accrue higher amounts of annual leave • Educational Benefits: • Fee Waiver State employees and their dependents can take advantage of two (2) programs to help pay for postsecondary educational opportunities: the fee waiver program for State employees, and the fee discount program for dependents of State employees
Current State Positions		94. Please provide the estimated or actual hourly benefit cost of the State's benefit package for State filled employees.	This is calculated based on 40% of the employee's wages.

Current State Positions		95. Please clarify the intent of the State for current State Positions: a. Are these employees whom were employed by the State prior to Centurion's contract inception? b. Does the State intend for each State employee to be hired on by the Contractor? c. Is there a separate scope of services these positions provide not listed in the RFP scope of services?	a) Yes, with the exception of state staff hired at DSNF since inception of Centurion b) Yes, if the state employee so desires c) no
PIPD Fee Schedule		96. Please confirm if the State requests for rows 19-22 "Travel - In State/ Travel - Out of State" to remain blank, as the RFP alludes on pg. 129 Section C.4, "The Contractor shall not be compensated or reimbursed for travel."	The Contractor Should fill out these lines. The Contractor Is not allowed to submit invoices for travel expenses. however, the Contractor should factor travel expenses into their bid and enter them on rows 19-22.
PIPD Fee Schedule		97. Please provide the State's definition for Capital vs. Non-Capital Equipment (i.e., is there a dollar threshold the State distinguishes between each category?).	Equipment with value less than $5,000 is non-capital; equipment with value equal to or greater than $5000 is capital.
PIPD Fee Schedule		98. Please clarify if row 53, "Marginal rate per inmate above or below 21,496 (Base Rate)", should be revised to reflect the total capacity for State Prisons (excluding Private Prisons population). A. If yes, please provide a corrected Attachment 6.3.	No, the rate would include both the State Prisons and the Private Prisons. The attachment has been revised to show the correct State capacity. Please see revised Attachment 6.3.
Minimum Staffing Requirements		99. Please provide the Attachment 4 schedule indicating	The per diem amount is based on being fully staffed. If there are vacant positions that are not being covered by overtime, a

		how payments may reduce or increase for reductions or additions to the staffing plan.	reduction will be taken for the amount of the staff salary reflected in the per diem amount.
Definitions	8	100. What OMS system is the State using? Will direct access to the OMS be available on clinical computers? If so, what are the requirements (installation, network, accounts)?	TOMIS,, direct access will be available on TDOC clinical computers. The requirements are provisioned by the state on the state network..
Specialty Physicians/Clinics	13	101. Should a specialty care clinic be rescheduled will it be double penalized if the appointment is now beyond the timely date and again for the rescheduled date being greater than 7 days after the first appointment?	It will depend on why it is getting rescheduled and reviewed on a case by case basis.
Specialty Physicians/Clinics	13	102. Please provide the Telehealth usage per month and per facility for the past 12 months.	Vendor tracks this information. Monthly totals June 2024 Telehealth visits completed in 2023 visits completed in 2023 were an average of 148/mo.
Physician Coverage	14	103. Please provide the number of current provider vacancies, including locations.	This information is covered in the Vacancy and staffing matrices already provided to CPO for both behavioral health and medical.
Physician Coverage	14	104. What is the incumbent's fine run rate for missing the 30-minute emergency return call requirement?	TDOC does not track this information.
Adjunct Appointments	15	105. Regarding rotational assignments, please respond to the following questions: a. By Facility, what partner academic institutions are	A, B. TDOC has several Clinical Affiliation agreements with various schools. No, the intern positions are not typically paid. The positions will vary depending on the university clinical affiliations specific program. It will be social work, psychology, and nursing. The level of student will be master level and above

		currently utilized by TDOC. b. By applicable title and Facility, please provide the current stipend structure. c. By applicable title and Facility, please provide the amount incurred through this program in fiscal years 2021, 2022, 2023 and 2024. d. To the extent a shift is filled by an academic assignment, please confirm the shift would not be viewed by TDOC as vacant.	for social work and psychology. For nursing it will be an AD or bachelor's level. c. The positions are not funded and there has been not incurred related to the interns. d. The students and or intern providers are on rotation. They do not count on the staffing report. Thus, it would be a vacancy.
Prosthetics ad Durable Medical	15	106. Please provide an itemized listing of all DME purchased, by type of DME, by Facility for the fiscal years 2021, 2022, 2023 and 2024.	TDOC does not track this data.
Therapeutic Diets	15	107. Please provide the number of allergy tests provided, per patient, in fiscal years 2021, 2022, 2023 and 2024.	CY22 – 84 from 11/1/2022 - 12/31/2022 CY23 – 1,105 CY24 – 1,425 through 09/10/2024
Mid-Level Supervision	15	108. What are the current protocols in mid-level contracts?	Please see Attachment 3 to RFP.
Medical Records	15	109. How are paper medical records managed as there are several units and floors in each facility? Is charting completed in unit then printed and taken over for filing? There only appeared to be one designated medical records area for Debra K Johnson and DeBerry. Are MH charts separate? Will the SUD charts also be moving to the E.H.R.?	The charts are shared across the site as necessary. At times this can be a practice if they do not have the chart available at the time of contact. If the chart is available in the clinic, then charting will be done directly in the chart. No, the MH charts are not separate and have a specified tab in the chart. Yes, the SUD charts will be included in the EHR.

Electronic Medical Records	15	110. Please provide the name of EHR selected. Does it include an EMAR? If there is no electronic medication administration record, does the State want the vendor to provide one?	Fusion, yes.
Claim Payments	17	111. Please provide an Excel format, detailed listing of claims data, including the following items, for the fiscal years 2021, 2022, 2023 and 2024. a. Identifier (claim number or per patient appointment ID) b. Date of Service (effective date through discharge date) c. Type of Bill/Claim (Inpatient Facility Service, Outpatient Facility Service, Professional Services) d. Provider Name e. Provider Tax ID f. Provider Total Billed Charges per Identifier g. Centurion's Total Paid per Identifier h. CPT Code/ Description per Identifier i. ICD Code/ Description per Identifier j. DRG Code/ Description per Identifier k. Revenue Code/ Description per Identifier l. Inmate Facility (including the Private Prison locations)	We do not have that information. The vendor tracks data monthly on a patient basis but does not track items due to the way they bill physicians, hospitals, and other vendors (how the information is sent for payments.
Claim Payments	17	112. Please provide the number of offsite appointments currently on backlog.	Please see the attached addendum 2 to this amendment

		a. Of this backlog, what percentage of the backlog is due to correctional staff vacancies?	
Claim Payments	17	113. What is the current reimbursement structure paid to the offsite providers (ie Medicare, Billed Charges, etc)?	That information is outlined in contracts between the current Contractor and the 3rd party vendors. Since TDOC Is not a party to those contracts we do not have That information
Claim Payments	17	114. Please provide the frequency of offsite visits to Vanderbilt compared to other Hospitals.	The State is not able to provide this information as it does not track this data.
Initial Health Assessments	18	115. Initial health assessments are required to be performed immediately upon arrival by qualified health professional. Can immediatly be changed to within 4 hours?	No
Mouth Swabs	18	116. Please provide the cost of mouth swab DNA testing. Also, please provide the number of tests performed in the past 12 months.	Test kits are provided by TBI. No cost to the contractor. There have been 226 tests.
Immunizations	19	117. Who will be financially responsible for the annual Flu vaccine?	State
Immunizations	19	118. Does the contract vendor provide all vaccines for staff and patients? Does this include PPD, Hep B required for staff?	Yes, both patients and staff receive vaccines supplied via stock from Central Pharmacy. Yes
Immunizations	19	119. Will the Contractor be financially responsible for COVID testing and vaccines?	State.
Immunizations	62	120. Please provide the number of COVID tests provided for the	2021= 35,367 2022=14,226

		fiscal years 2021, 2022, 2023 and 2024.	2023=2406 2024=249
Immunizations	62	121. Please provide the number of COVID vaccines provided for the fiscal years 2021, 2022, 2023 and 2024.	year 2021 1200 doses Year 2022 1750 doses Year 2023 330 doses Year 2024 1255 doses
Sick Call	20	122. Please provide the average number of sick calls per week by facility for the past 12 months.	We do not keep an average number of sick calls per week. 2023 Sick calls totaled: BCCX 7992 DJRC 5295 DSNF 1251 MCCX 9905 MLCC 944 NECX 7502 NWCX 8262 RMSI 6186 TCIX M/A 4071 WTSP 4476 WTRC 3375
Sick Call	20	123. Is sick call an open sick call? How is this scheduled with controlled movement due to multiple custody levels?	Per Policy 113.31, the warden/superintendent and HSA will establish regular sick call hours. Seg units will be offered and sick call conducted seven days per week, including holidays. Gen pop will be conducted a minimum five days per week, excluding holidays.
Infirmary Care	20-21	124. Please provide if the State owns the CPAP machines or if they are leased. If leased please provide the vendor.	There is no data to show That the State purchased the CPAP machines and we Have no information regarding leases for them.
Chronic Care Clinics	23	125. Please provide the number of patients, per Facility, treated for the following conditions for the fiscal years 2021, 2022, 2023 and 2024. a. HIV b. Hepatitis C	2021 – HIV – HEP C BCCX 13 - 424 DSNF 1 - 88 MCCX 16 - 453 MLCC 2 – 17 NECX21 - 329 NWCX 47 - 371 RMSI 9 - 95

			TCIX M/A 18 - 206 DJRC 11 - 183 WTSP 10 - 217 WTRC 2 – 196 2022 – HIV – HEP C BCCX 14 - 359 DSNF 4 - 70 MCCX 16 - 413 MLCC 1 – 30 NECX 27 - 277 NWCX 42 - 325 RMSI 8 - 112 TCIX M/A 15 - 170 DJRC 6 - 165 WTSP 10 - 209 WTRC 6 - 212
Chronic Care Clinics	23	126. Please provide the number of IGRA screenings performed to TDOC employees in the last fiscal year.	TDOC does not track This information. A large number of employees have These screenings done by private providers in The community.
Chronic Care Clinics	23	127. Please provide the number of IGRA screenings performed to Centurion employees in the last fiscal year.	TDOC has no way of Knowing what screenings the Contractor performed on Their own employees.
Specialty Care/Consultation Services	24	128. Please provide responses to the following questions regarding Audiology, for the fiscal years 2021, 2022, 2023 and 2024, when applicable. a. Who is the current Vendor providing Audiology services? b. Which Facilities are Audiology services provided at? c. Please provide the number of hearing tests provided, per patient per Facility.	We d not have this information. The State is not able to provide this information as it does not track this data.

<table>
<tr><td></td><td></td><td>d. Please provide the number of hearing aids purchased, per Facility.</td><td></td></tr>
<tr><td>Specialty Care/Consultation Services</td><td>24</td><td>129. Please provide the number of Radiology services provided, by Facility and type provided below, for the fiscal years 2021, 2022, 2023 and 2024.
a. X-Ray
b. CT
c. MRI
d. Ultrasound
e. Mammogram
f. PET scans
g. Echocardiogram</td><td>Total imaging for the month of July 2024 across all sites was 650. Type of imaging not specified.

<table><tr><th colspan="3">Radiology (July 2024)</th></tr><tr><th>Facility</th><th>N</th><th>% of Total</th></tr><tr><td>BCCX</td><td>173</td><td>26.6%</td></tr><tr><td>DJRC</td><td>82</td><td>12.6%</td></tr><tr><td>DSNF</td><td>58</td><td>8.9%</td></tr><tr><td>MLTC</td><td>9</td><td>1.4%</td></tr><tr><td>MCCX</td><td>78</td><td>12.0%</td></tr><tr><td>NECX</td><td>29</td><td>4.5%</td></tr><tr><td>NWCX</td><td>79</td><td>12.2%</td></tr><tr><td>RMSI</td><td>43</td><td>6.6%</td></tr><tr><td>TCIX Annex</td><td>15</td><td>2.3%</td></tr><tr><td>TCIX Main</td><td>29</td><td>4.5%</td></tr><tr><td>WTSP</td><td>55</td><td>8.5%</td></tr><tr><td>Total</td><td>650</td><td></td></tr></table></td></tr>
<tr><td>Specialty Care/Consultation Services</td><td>24</td><td>130. Please provide the requested information pertaining to the required specialty care clinics: (see table built on separate tab)</td><td>See Attachment 3. The State has provided as much information as they have available.</td></tr>
<tr><td>Modular Buildings</td><td>25</td><td>131. Please provide the required dimensions for the modular buildings.</td><td>THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.</td></tr>
<tr><td>Modular Buildings</td><td>25</td><td>132. Please provide the electrical requirements on site (110 or 220).</td><td>THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.</td></tr>
<tr><td>Modular Buildings</td><td>25</td><td>133. Please provide what are the expectations of when the buildings should be on site.</td><td>THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.</td></tr>
</table>

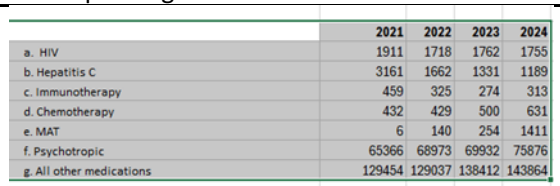
Modular Buildings	25	134. Please provide the detail specification.	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	135. Please provide the water requirements.	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	136. Please provide specific technologies or equipment that must be included in the trailers to meet state regulations.	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	137. How will the state determine the exact locations within the three Grand Divisions/regions?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	138. Will the contractor have any input on the location selection based on patient demographics or other logistical considerations?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	139. What are the expectations for travel and transportation of the trailers between locations, if necessary?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	140. What are the operational hours and staffing requirements for the mobile oncology infusion services?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	141. Are there any specific qualifications required for the medical staff who will operate these services?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	142. Will the mobile medical trailers be stationed at a fixed location within each region, or will they be expected to move between different sites as needed?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	143. If mobility is required, what are the expectations for	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.

		transportation logistics, including frequency and distance of travel?	
Modular Buildings	25	144. Who is responsible for the maintenance, repair, and restocking of the mobile medical trailers if they are stationed?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
Modular Buildings	25	145. Are there any protocols in place for handling emergencies or equipment failures during service delivery?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
MOBILE SERVICES	25	146. How will the costs associated with the mobile oncology infusion services be reimbursed or compensated by the state?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
MOBILE SERVICES	25	147. Are there any caps or limits on the budget for these services?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35.
MOBILE SERVICES	25	148. Are there any specific state or federal regulations that the contractor must comply with in providing these services?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35
MOBILE SERVICES	25	149. What are the reporting and documentation requirements for the services provided through the mobile trailers?	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see question #35
Dental Services	25	150. Are dental services provided using an on-site dental operatory at each facility or through a mobile dentistry provider?	On site.
Dental Services	25	151. If there is an on-site dental operatory, how many dental chairs are there per facility?	BCCX-5 DJRC-1 DSNF-3 MCCX-3 NECX-1 NWCX-2 RMSI-2 TCIX-1

			TCIX-A WTSP-1 WTRC-1
Dental Services	25	152. Is the dental equipment film or digital?	Both, moving to digital likely.
Dental Services	25	153. Is there an amalgam separator installed at the site?	yes
Emergency Care	26	154. Please provide the number of trauma cases sent out to ER in the past 12 months.	A monthly average is 21 patients.
Emergency Care	26	155. Please provide the number of medi-vac (helicopter evacuations) in the past 12 months.	The State is not able to provide this information as it does not track this data.
Hospitalization Services	27	156. What is the average census and length of stay at the secure unit at Nashville General?	The State is not able to provide this information as it does not track this data.
Hospitalization Services	27	157. What is the amount paid by current vendor for inpatient stays over three days in a non-secure unit?	The Contractor has a cap on the amount they Pay for inpatient stays. TDOC does not track this Information.
Hospitalization Services	27	158. What is the historical inpatient cost for fiscal years 2021, 2022, 2023, and 2024 to-date?	The contractor has contracts with the hospital, And we are not a party to those contracts, so we do not Have any data to provide.
Hospitalization Services	27	159. What is the number and cost of catastrophic admissions, regular admissions, and ER runs in the last 12 months?	ER Runs July 23 116 Aug 23 116 Sept 23 104 Oct 23 92 Nov 23 107 Dec 23 109 Jan 24 96 Feb 24 97 Mar 24 94

			Apr 24 85 May 24 115 Jun 24 89 Total 1,220 Hospital Admissions July 23 118 Aug 23 113 Sep 23 86 Oct 23 98 Nov 23 111 Dec 23 103 Jan 24 90 Feb 24 94 Mar 24 98 Apr 24 87 May 24 128 Jun 24 79 Total 1,205 Avg. 100.4
Privately Managed Facilities	28	160. Please provide an Excel format, detailed listing of claims data to support the Contractor's liability for single inpatient hospitalization claims greater $4,000, including the following items, for the fiscal years 2021, 2022, 2023 and 2024. a. Identifier (claim number or per patient appointment ID) b. Date of Service (effective date through discharge date) c. Type of Bill/Claim (Inpatient Facility Service, Outpatient Facility Service, Professional Services) d. Provider Name e. Provider Tax ID	This data is not included in any financial Processes. TDOC does not have access to this information.

		f. Provider Total Billed Charges per Identifier g. Centurion's Total Paid per Identifier h. CPT Code/ Description per Identifier i. ICD Code/ Description per Identifier j. DRG Code/ Description per Identifier k. Revenue Code/Description per Identifier l. Inmate Facility (including the Private Prison locations)	
Privately Managed Facilities	28	161. Please confirm which party (Contractor or CoreCivic) is responsible for the provider network contracting.	Corecivic has their own network .
Privately Managed Facilities	28	162. Please confirm who performs the utilization management for hospitalizations at the Privately Managed Facilities.	TDOC is not a party to the 3rd party contracts that are entered into by the contractor that runs the Privately Managed Facilities, and therefore, we do not have this information.
Non-Secured Units	28	163. Please provide a detailed report of Current Contractor's total paid, by total number of stays/days, of the $600 per day cost for the fiscal years 2021, 2022, 2023 and 2024.	There were no credits applied for during the requested time frame.
Secured Units	29	164. Please confirm if Nashville General Hospital is the only secured hospital unit that TDOC is utilizing?	Yes
Secured Units	29	165. Please confirm if another hospital has been interested in coordinated a secured unit for TDOC?	Not that we are aware of.

Secured Units	29	166. Please confirm the total bed capacity for Nashville General Hospital.	TDOC does not have this information.
Secured Units	29	167. Please confirm the operational total bed capacity allowed for TDOC patients at a time.	There are 16 beds in the secured units at NHG.
Secured Units	29	168. Please provide a detailed report of total patients, by total number of stays/days at the Nashville General Hospital secured unit for the fiscal years 2021, 2022, 2023 and 2024.	FY 2022 – Total Days 501, Monthly Avg 41.8 FY 2023 – Total Days 496, Monthly Avg 41.3 FY 2024 - Total Days 482, Monthly Avg 40.2 We are unable to provide this data for FY 2021.
Secured Units	29	169. Please identify the on-site dialysis provider.	Rendevor is the provider. This provider has been in place for over 7 years. Dr. Azzi.is the nephrologist.
Pharmacy Services	29-30	170. Please provide the average number of patients on the following type of medications for the fiscal years 2021, 2022, 2023 and 2024. a. HIV b. Hepatitis C c. Immunotherapy d. Chemotherapy e. MAT f. Psychotropic g. All other medications	
Pharmacy Services	29-30	171. Please provide the total spend on the following type of medications for the fiscal years 2021, 2022, 2023 and 2024. a. HIV b. Hepatitis C c. Immunotherapy	. Please see Attachment #3.

	2021	2022	2023	2024
a. HIV	1911	1718	1762	1755
b. Hepatitis C	3161	1662	1331	1189
c. Immunotherapy	459	325	274	313
d. Chemotherapy	432	429	500	631
e. MAT	6	140	254	1411
f. Psychotropic	65366	68973	69932	75876
g. All other medications	129454	129037	138412	143864

		d. Chemotherapy e. MAT f. Psychotropic g. All other medications	
Pharmacy Services	29-30	172. Please provide the total spend, by type of LAI, for the fiscal years 2021, 2022, 2023 and 2024.	
Pharmacy Services	29-30	173. Please provide the State Central Pharmacy formulary list, by medication, by unit price.	Please see Attachment 3.
Pharmacy Services	29-30	174. Are there any limitations to what the contract pharmacy can provide?	The only limitations would be limited distribution medications, and compounded medications (sterile and non-sterile). However, the Central Pharmacy does assist with routes to procure those medications.
Pharmacy Services	29-30	175. Is there a process for emergency back up pharmacy?	Yes
Pharmacy Services	29-30	176. How many pill call locations are there by facility?	This varies by site, typically 1-2.
Pharmacy Services	29-30	177. Are Keep on Person medications approved? If so, what are requirements?	Yes, this will vary by site.
Pre-Employment Screening	31	178. How are Pre-Employment health screenings and drug testing currently conducted and is it the State's intention that the Contractor would conduct all components of this?	Contractor expectations are the same as current meaning on-site after hire. Correctional Officers · Health screenings (are paid for by TDOC) – candidates are sent to various vendors contracted through Centurion • Probation/Parole Officers and Non-Security Employees Authorized to Carry a state owned firearm · Health screenings – (currently not being paid for by TDOC) candidates have to select a medical provider to complete their health

			screening (this can be their personal PCP, or a walk-in clinic) • Facility Non-Security Employees · Conducted by a qualified licensed medical provider - consist of pulse, respiration, blood pressure, and Tuberculin Skin Test (TST) • Central Office Employees not authorized to carry a state owned firearm · Health screening is conducted by Central Office nursing staff. The screening includes: basic vitals (blood pressure, pulse, and respiration checks) and consist of health history and current medications • A drug screening is not required for pre-employment • Community Supervision and Rehab Services Employees (not authorized to carry a state owned firearm) · A health screening is not required *All pre-employment drug screenings – candidates are sent to locations that have be designated/contracted by our vendor Comprehensive Drug Testing (CDT)
Staff Uniforms	31	179. Please provide the medical staff uniform requirements.	Modest, scrubs, or business casual that aligns with each facility's Security posted All Facility medical staff are expected to wear uniforms associated with their role
Designated Staff	34	180. Does this position need to be filled by a RN or is this a clerical position?	If this is speaking to Utilization Management staff yes. Yes, it needs to be filled by an RN.
TennCare	35	181. If a patient is Medicaid-eligible, does TennCare pay for inpatient admissions?	Yes, after the patient has been admitted for 24 hours.

Vision Care Services	35	182. Please provide the number of patients, per Facility, treated for vision services for the fiscal years 2021, 2022, 2023 and 2024.	TDOC does not track this information.
Laboratory Services	36	183. Please confirm if all Facilities have active CLIA waivers.	Yes
Laboratory Services	36	184. Please provide further detail on the "monthly network charge per computer."	The State's network is available. Each computer attached to the network is charged a fee from STS of approximately $65 per month.
Renal Dialysis	38	185. Please confirm the on-site dialysis provider is Rendevor. How long has this provider been in place and do they provide the nephrologist?	Yes, Rendevor is the provider. The provider Chardoney was the original and bought out by Rendevor. This provider has been in place for over 7 years. Yes, Dr. Azzi.
Renal Dialysis	38	186. Please provide the number of patients, per gender (Male or Female), per Facility, treated for the following types of dialysis for the fiscal years 2021, 2022, 2023 and 2024. a. Hemodialysis b. Peritoneal	We have one dialysis clinic at DSNF. - TDOC's vendor does Hemodialysis and NOT peritoneal. - Average monthly number of male and female patients: Male Female FY24 - 39 4 FY23- 36 3 FY22- 35 2 FY21- 40 2
Renal Dialysis	38	187. What is the average weekly number of treatments over the past 12 months?	Average number of weekly treatments over the last 12 months: -Sept 2023-August 2024 = 121
Renal Dialysis	38	188. Please provide responses to the following questions regarding implementation of hemodialysis at DSNF for female inmates: a. Please provide the square footage of the location where	a) 5404 Sq ft B) 16 chairs

		this service can be provided. b. Please provide the number of dialysis chairs the State would like to have implemented.	
Renal Dialysis	38	189. Please provide the total spend, per gender (Male or Female), per Facility, treated for the following types of dialysis for the fiscal years 2021, 2022, 2023 and 2024. a. Hemodialysis b. Peritoneal	Total Spend for dialysis (We only provide Hemodialysis): FY 24: Male-$1,475,453 Female- $142,261 FY 23: Male-$1,290,572 Female- $100,711 FY 22: Male-$1,210,455 Female- $55,023 FY 21: Male-$1,254,099 Female- $46,200
Gender Dysphoria Committee	45	190. Please provide the number of patients, per Facility, treated for gender dysphoria for the fiscal years 2021, 2022, 2023, and 2024.	2021 – 3 2022 – 48 2023 – 39 2024 – 72 Total 162
Gender Dysphoria Committee	45	191. Please provide the number of patients, per Facility, receiving transition surgery for gender dysphoria for the fiscal years 2021, 2022, 2023 and 2024.	Zero
Gender Dysphoria Committee	45	192. Please provide the number of patients on hormone replacement therapy, per Facility, for the fiscal years 2021, 2022, 2023, and 2024.	Currently TDOC has seven patients on hormone therapy. This number has remained relatively consistent across 2021. 2022, 2023, and 2024. New state law does not allow state funds to be spent on hormone therapy.
Gender Dysphoria Committee	45	193. Are transgender patients provided laser hair removal? Electrolysis?	No
Medical Supplies and Equipment	47	194. How many AEDs are on site at each facility?	Total number not available.
Medical Supplies and Equipment	47	195. Who is responsible for maintaining the AEDs— the State or the Contractor?	Both the State and the Contractor have AEDs throughout the facility. The maintenance would be up to the owner; i.e. the State for their machines and the contractor for theirs.

Medical Supplies and Equipment	47	196. Who is responsible for medical gas? Is the wall oxygen functional at all locations?	The State is responsible for medical gas. All sites have Functional O2.
Medical Supplies and Equipment	47	197. Please provide a list of all medical and dental equipment by facility that will be available to the new Contractor, including the model, serial numbers, age, and condition.	The list of equipment was provided in Attachment 6.9 of the RFP.
Medical Supplies and Equipment	47	198. Please provide the last inspection reports for all medical and dental equipment that will be available to the new contractor.	The inspection reports are not available at this time however current contract directs routine maintenance of all equipment
Health Information Management	47	199. Please provide a list of all office/computer equipment that will be available to the new Contractor (e.g., computers, printers, fax machine, copier, etc.), including the serial and model number, age, and condition. Provide the number of wiring ports for workstations at each facility.	The list of equipment was provided in Attachment 6.9 of the RFP.
Health Information Management	47	200. Please provide the cost of medical record transcription for the past 12 months?	We do not track this information.
Health Care Delivery Costs and Statistics	48	201. Is there a fine for not reducing ER visits or average # prescriptions/resident 20% from the previous calendar year? If so, please define.	No, there is not a current fine associated with this.
Pre-Release Planning and Transitional Services	49-50	202. Please provide the total spend for the 30-day supply of discharge medications incurred for the fiscal years 2021, 2022, 2023 and 2024.	Release Meds 7/1/20-6/30/21

			$ 300,552 7/1/21-6/30/22 $ 263,698 7/1/22-6/30/23 $ 183,377 7/1/23-6/30/24 $ 171,611
Pre-Release Planning and Transitional Services	49-50	203. A.19.g states the Contractor is responsible to dispense 30-day supply and prescription for 30-day supply; however, on page 64 A.43 indicates: "the Contractor is responsible for issuing inmates the balance of their medications upon their release. The Contractor shall ensure that the supply is a minimum of sixty (60) days. In addition to the sixty (60) day supply of medication upon release, the provider shall also write a prescription for an additional thirty (30) days beyond the time frame covered by discharged medications." *Please clarify which supply/prescription amounts are required.*	When an inmate is released from TDOC custody and is not assumed by another agency or jurisdiction, the health services staff order a minimum 30-day supply of medication to be transferred with the inmate. For Community Supervision for Life (CSL) Sex Offenders (SO) on medications, the health services staff order a minimum of 60-day supply of medication to be transferred with the inmate. Nursing staff use the pharmacy vendor's patient release form for medication and indicate a 30-day or 60-day supply for the SO. This provision does not apply to injectable psychotropic medications, controlled medications, or their accompanying syringes. If the release occurs before the receipt of the 30-day minimum supply of medications, or 60 days for CSL SOs, nursing staff issue the balance of the inmate's current medications on hand and notify the contract pharmacy of the amount needed to complete the minimum 30-day, or 60-day for CSL SOs, supply via a backup pharmacy order. The quantity of medication released with the inmate must not exceed the number of doses needed to complete the duration of

			therapy authorized on the original prescription order documented on the Physician's Order,
Pre-Release Planning and Transitional Services	49-50	204. Regarding the section definition for an Invitee, please answer the following questions: 1. Does an invitee inmate count in the daily population report? 2. Please detail the level of care qualifications required that would allow an inmate to become eligible to be an invitee. 3. Please provide the number of Invitees housed per Facility for the fiscal years of 2021, 2022, 2023 and 2024. 4. Please provide the length of stay for each Invitee, per Facility, for the fiscal years of 2021, 2022, 2023 and 2024. 5. Please confirm if the Contractor is financially responsible for each Invitee's healthcare services. If yes, please provide the total cost spent for Invitees, per Facility, for the fiscal years of 2021, 2022, 2023 and 2024.	1. Yes. 2. The offender's sentence has expired and either their medical or mental health is too acute to be released and both TDOC and conservator agree. 3. Average of 7 invitees annually. 4. TDOC does not track that information. 5. Yes, the Contractor would be financially responsible for each invitee's healthcare services. TDOC does not track this information.
State Contract Monitoring	50	205. Please provide the total liquidated damages paid by Centurion, by performance measure type, for the fiscal years 2021, 2022, 2023 and 2024.	The approximate total non-staffing penalties/liquidated damages assessed over the term of the contract to date is $2,724,017.00. We are not able to provide this information by measure.
Employee Transition Process	51	206. When will the new vendor receive the current base wages?	TDOC dose not set or provide the Contractor with a base wage rate.

Employee Transition Process	51	207. Will the required offer of 120% of the employee's current base salary be locked in at the date of award so that the current vendor does not increase wages after award?	The current vendor does not have the ability to Increase/decrease the employee's base salary. This section is referencing STATE employees that work for the Contractor but do not want to leave State service and become a full time employee of the Contractor.
General Requirements for Behavioral Health Care Services	53	208. Please provide copies of court decisions, court orders or consent decrees that are in place.	This does not apply, therefore, There is no information to provide.
Psychological Services	56	209. Which sites have the capability and are approved for telepsychology?	All sites are capable.
Psychological Services	56	210. What special education evaluations are being administered?	The basic evaluations are being given when needed. All students receive a TABE (Test of Basich Achievement). SPED students are reviewed and tested with the Woodcock-Johnson Test of Achievement III NU (given by the SPED teacher), and the WAIS IV (given by the psychological examiner) are given. The Vineland II is given when Intellectual Disability is suspected, and transitions assessments are collected. (The Onet is used for the vocational assessment. General education observations are given for reevaluations.)
Psychological Services	57	211. How many restrictive housing beds at each facility?	This is the current number of beds. These numbers Can increase/decrease depending on maintenance Projects that can start/stop at any time. BCCX 138 DJRC 6 DSNF 19 MCCX 287 MLTC 0 NECX 290 NWCX 117 RMSI 44 TCIX 91 WTSP 87 HCCF 132 SCCF 56

			TTCC 223 WCFA 43
Psychological Services	57	212. Section l requires a 72-hour evaluation when assigned to "restrictive housing" but Section m requires a 30-day interview for those in "segregation." Are these terms being used interchangeably or is there both "restrictive housing" and "segregation" with different requirements? Please clarify.	Yes, this term is being used interchangeably. The correct term is Restrictive Housing.
Sex Offender Treatment Program	57-60	213. How many residents are in SOTP currently and how many are on the waitlist for SOTP?	25 currently.
Sex Offender Treatment Program	57-60	214. What facilities have the SOTP programs? In the minimum staffing document they are grouped into one document. If SOTP is at more than one facility please breakout staffing for each program.	Deberry currently.
Sex Offender Treatment Program	57-60	215. What are the "staffing evaluations" described here?	This is an evaluation if the staffing patterns at each site and the ability to cover essential task/duties on site.
Leadership Structure	62	216. Do all sites also require their own Behavioral Health Administrator and Clinical Director or are those positions shared across sites?	Yes, each site is to have both a Clinical Director and BHA.
Quality Improvement	62	217. What programmatic behavioral health outcome measures are currently utilized?	Depends on the program. For SUT and Cognitive programs use TCU and TCUD pre and post testing. We also measure completion rates.

Quality Improvement	63	218. Are there current research studies in which contractor staff participate?	Not that the State is aware of.
Quality Improvement	63	219. Please clarify if the peer review requirement is annually or every two years. What peer review results are shared with the state?	This is completed by the Contractor and conducted every two years. This is filed in the ACA file and not shared with the State except upon request.
Staff Vacancies	68	220.What are the current behavioral health vacancies by site?	○ Please refer to Attachment 4 to this Amendment.
Pharmaceutical Responsibilities	69	221. Please confirm if the State requests for the Contractor to include 100% budget for the psychiatric medications in its proposed contract price on the RFP designated Pricing Forms (Attachment 6.3).	Yes
Special Education Programs	70	222. How many individuals are currently in the special education programs at NWCX and DJRC? Do they all have a completed integrated psychosocial report? Who writes the IEP?	A. 0 at the beginning of August 2024. B. The teacher writes the IEP.
Case Management	70-71	223. Please provide the missing "following procedures for case management services:"	Please see the case management policy 113.23
Substance Abuse Disorder Treatment	71-80	224. How many certified peer recovery specialists are currently providing peer to peer recovery support at each facility?	NWCX-12 NECX-9 RMSI-5 TCIXA-3 TCIXM-9 WTRC-20 WTSP-13 BCCX-15 DJRC-12 DSNF-4

			MCCX-4 MLTC-19
Substance Abuse Disorder Treatment	71-80	225. Are these paid intern positions or are interns being provided by a particular school? Please define these positions similar to what was provided under definitions for licensed behavioral health professional, LCSW, etc.	No, the intern positions are not typically paid. TDOC has several Clinical Affiliation agreements with various schools. The positions will vary depending on the university clinical affiliations specific program. It will be social work, psychology, and nursing. The level of student will be master level and above for social work and psychology. For nursing it will be an AD or bachelor's level. However, a non-licensed alcohol and drug abuse counselor is automatically titled Alcohol and Drug Abuse Counselor Intern (ADAC I) due to being non-licensed and working under a Qualified Clinical Supervisor. Policy 513.07 states that non-licensed alcohol and drug counselors will work towards licensed alcohol and drug abuse licensure.
Substance Abuse Disorder Treatment	71-80	226. Who selects the interns? What school are interns coming from? Are they paid interns? If being provided by a school, is there a determined rate for each intern? Are the LADACs assigned to a particular SUD unit responsible for the supervision?	See the answer in #225. Yes, a LADAC will be responsible for site supervision on non-licensed alcohol and drug abuse counselor. The term intern is only for signature on substance use clinical documents. The alcohol and drug counselors are paid positions and not-necessarily affiliated with a school program.
Substance Abuse Disorder Treatment	71-80	227. Do DOC Forensic Social Workers connect individuals releasing on parole only with SUD services when releasing from an SUD program or do they assist with other needs (MH/Medical) for those releasing on parole?	This title has changed to Behavioral Health Specialist. They BHS will assist with any offender on community supervision that has substance use issues or MH needs. Both parolees and probationers.
Substance Abuse Disorder Treatment	71-80	228. Are there certified peer recovery specialists implemented at each site? If not at each site, which sites will require implementation?	Yes, the services have been implemented at every site. The vendor will be required to maintain CPRS services at each site and continue to grow the CPRS numbers.
Credentialing	82-83	229. Can credentialing be electronic instead of on paper in our regional office?	No

Payment Methodology	85-86	230. Please confirm if the State requests for the Contractor to include 100% budget for the antiretroviral medications (Hep C, HIV, Aids) in its proposed contract price on the RFP designated Pricing Forms (Attachment 6.3).	The contractor would provide 100% of the HIV and AIDS. HEP-C is limited to 50% match up to $2m.
Payment Methodology	85-86	231. Please provide the total reimbursable share of the State (75%) for single hospitalizations costs exceeding $50,000 paid to Centurion, for the fiscal years 2021, 2022, 2023 and 2024.	FY22 - $4,965,566.56 FY23 - $5,255,560.96 FY24 - $4,599,866.25
Current Contracts & Amendments		232. Please explain why Centurion's Amendment II only reflects total FTEs of 21.50 FTEs for Deberry Special Needs Facility, but the RFP minimum requirement is 117.0 FTEs.	DSNF was not part of the original contract to provide nursing staff
Current Contracts & Amendments		233. Per the tour, it was discussed Deberry Special Needs Facility has several agency nurses. Please provide the following: a. What number of FTEs are being filled by agency nursing. b. Are the FTEs being filled by agency nursing on Centurion's contract staffing matrix.	We do not have this information I just pulled up TDOC's staffing from HR and I am Showing 22 positions at DSNF that are TDOC Employees, 15 were filled as of the end of August. We also have the outside nursing contract. I am also showing 16 Medical Records Assistants at 5 of the other locations, 11 of which are filled.
Current Contracts & Amendments		234. Please provide a summary of positions currently filled by agency staff by position and Facility.	For BH there is one licensed mental health at DSNF and one psychiatrist to start at MCCX in October 2024.
Current Contracts & Amendments		235. Please provide Centurion's current agency average wage by position, by Facility.	TDOC does not have this data. We pay the vendor a per diem rate and staff salaries are included in that rate.

Current Contracts & Amendments		236. Does Centurion currently provide the SOTP program within its Behavioral Health matrices per Facility?	Not currently.
Current Contracts & Amendments		237. Does Centurion currently provide the MAT program within its Behavioral Health matrices per Facility?	No, the WMU is covered under a grant contract but is in the RFP. The current MAT services are provided by staffing covered in the health and behavior health contracts. TDOC is requesting 13 LPN positions to assist MAT med administration, which will be added to the current BH contract.
Current Contracts & Amendments		238. Does Centurion currently provide the WMU program within its WTSP staffing matrix?	No, the WMU is covered under a grant contract but is in the RFP. The current MAT services are provided by staffing covered in the health and behavior health contracts. TDOC is requesting 13 LPN positions to assist MAT med administration, which will be added to the current BH contract.
Current Contracts & Amendments		239. Please provide Centurion's current behavioral health staffing matrix, by position, by Facility.	Please refer to Item 9 below. Please see the attached revised Attachment 4 Staffing Matrix.
Current Contracts & Amendments		240. Please provide Centurion's current clinical health staffing matrix, by position, by Facility.	Please refer to Item 9 below. Please see the attached revised Attachment 4 Staffing Matrix.
Current Contracts & Amendments		241. Please provide the average salary rate per position by Facility (excluding positions filled by agency or PRN staff).	The contractor determines The salary rate they will pay their employees. TDOC is not Privy to that information.
Current Contracts & Amendments		242. Please provide Centurion's current vacant positions, by Facility by title.	Please see Attachment 4 to this Amendment
Current Contracts & Amendments		243. Please provide the current shift differential pay structure, by position, by shift.	The Contractor determines This information and we do not have access to it.
Current Contracts & Amendments		244. Please provide detail of any incentive program currently offered to the employees (i.e. sign-on bonuses, retention bonuses, etc.).	The Contractor determines This information and we do not have access to it.

Current Contracts & Amendments		245. Please provide Centurion's current vacancy average length of time open, by Facility by title.	Please refer to staffing matrix and vacancy report for reference. Please refer to Item 9 below.
		246. Please define the role Behavioral Specialist Counselor and what license type is required.	Master's level clinician and working towards a Behavioral Analyst certification. We would allow a master's level with BA experience. See Policy 113.86
		247. Please provide the fine amount incurred by the incumbent for the most recent 12-month period.	January – December 2023 Medical: $1,352,950.51 BH: $3,015,050
		248. Will the State provide network infrastructure (switches and firewall, etc.) for the Contractor within the facilities, or is this a Contractor responsibility? If the Contractor will provide, will the Contractor be allowed to use existing network drops? Will the Contractor be allowed to use existing fiber to interconnect wiring closets if required? If additional cabling (fiber or network drops) is required, is the Contractor responsible for the cost of the additional cabling, or the State? For each facility, please provide the number of wiring closets that service the Contractor's PCs.	The State will provide appropriate infrastructure.
		249. Does the State or current Contractor provide any wireless connectivity/access to medical? If access is already established, what locations are in scope? If the Contractor provides access,	No we do not currently have any wireless connectivity. . , Wifi implementation is currently underway at all sites. Yes to all interfaces below. The state would be responsible for providing access.

		are there any preferred/existing vendors that can be leveraged to provide this service?	
		250. If the Contractor is required to provide Internet, LAN, WiFi, or end user equipment, are there any restrictions to the products used, or can the vendor implement their standard design and equipment?	This is State provided.
		251. If structured cabling is required, who is financially responsible—the State or the Contractor?	State.
		252. Who is responsible for providing copiers—the State or the Contractor?	The vendor is responsible for providing and paying for their own copy machines.
		253. OurCompany uses UKG timeclocks that require a network connection with access to the Internet. Please confirm that the State will provide network ports to support the timeclocks. 254. Will the State provide a standard POTS telephone line for the Contractor's fax machines, or will the Contractor provide?	No, the vendor will need to provide their own network for the timeclocks. 254. The contractor will provide.
		255. Please provide the vendor/agency for the following services, and indicate "yes" or "no" on whether the current EHR (if there is one) interfaces with this service? i. OMS ii. Lab iii. Pharmacy iv. Electronic prescription interface	The EHR will interface with all agency vendors needed. i. Yes ii. Yes iii. Yes iv. Yes v. Yes vi. TennIIS, Starlims, Trident X-ray, Controlled Substance Monitoring Database (CSMD) vii. The State would be responsibile to pay for any viii. Additional interfaces.

		v. Health Information Exchange vi. Other If any of the above vendors change, does the current EHR contract speak to any additional interface fees from the EHR vendor? If yes, who bears financial responsibility for these fees, the State or the Contractor?	
		256. Do residents have tablets? Which company provides the tablets? Are you open to utilizing tablets for health care communication?	Not yet but they potentially will. The associated contract is in process and is in the first phase of implementation.
		257. How many diagnostic and reception beds are available across the state and at which facilities?	DJRC has approximately 64 beds for diagnostics currently. BCCX has 640 diagnostic beds currently.
		258. Is MAT available at all facilities? If so, what medications are being provided and are there any requirements around time frames to release or continuation on admissions. If available at only some facilities, what facilities is MAT available? How many patients on average per month are on MAT (broken down by medication type) at each facility over the past 2 years?	We currently have 234 individuals at 9 facilities on MAT. We are limited currently with medical staff to administer MAT meds and we are focusing on the high-risk individuals, usually OD events. Currently subtext is used mainly, and we are in the process of adding suboxone film and Sublocade for 49 individuals. BCCX- 6 DSNF- 8 MCCX- 32 NECX- 16 NWCX- 11 RMSI- 22 TCIX- 29 DJRC- 36

			WTSP- 74
		259. Please provide the current process to receive prescriptions/ orders, verify inventory and distribute medications to patients.	Facility medication packages will arrive via overnight delivery service or same day delivery for applicable sites. If your facility is receiving multiple boxes, each box is clearly marked with a numerical sequence value A paper delivery sheet (manifest) will be in one of the boxes. CIPS 9.0 Remote has a bar code scanning delivery reconciling tool If there is an issue with a missing medication and/or shipping box, please notify the Central Pharmacy immediately. There is also a Missing Medication form that can be faxed to the Central Pharmacy Currently the Central Pharmacy interfaces with TN DOC Offender Management System to obtain patient location and patient demographics. Every hour this file is updated in CIPS to ensure proper patient location and patient demographics that are printed on Medication Administration Record (MAR). To ensure accuracy of patient's medication regimen printed on your monthly MAR, the facility must be diligent to discontinue medications in CIPS Remote that are no longer active or have been discontinued by the provider, otherwise these medications will print on your MAR. Medications that are given out of stock, practitioner/dental stock cards, and backup pharmacy prescriptions all need to be profiled in CIPS to be printed on the MAR. MARS will be printed from the Central Pharmacy and sent to the TN DOC facilities around the 20th of each month.
		260. Please list facilities that mental health staff work evenings and weekends.	. DSNF behavioral health staff in the past worked weekend rotation during business hours to provide treatment services. However, this is not currently taking place. DJRC behavioral health provides group therapy and therapy to female inmates at the annex during evening hours during the week. However, the master level therapist position that covered annex is vacant with applicants.
		261. Please provide MH stats from past 2 years including	a. 10 suicides in 2022 9 suicides in 2023

		number of MH intakes, individual, group, sick calls, follow ups, suicides, suicide watches, case management contacts, discharge planning contacts, etc.	6 suicides in 2024 (thus far.) b. We don't collect stats on MH intakes; however, we do collect stats on MH individual and group encounters monthly. The focus is on the MH caseload and services. (see #42) c. From August 2023 to July 2024, the highest number of individual encounters range from 1863 to lowest monthly of individual encounters of 1307. d. planning at this time e. From August 2023 to July 2024, the highest number of group encounters being 824 to the lowest monthly encounter range being 534. f. We do not currently collect stats for case management contacts and discharge .
		262. What is the average number of intakes at each facility per month over the past two years? Also, please provide the number of releases at each facility per month for the past two years.	This question is vague. Could interpret it as intakes from jails to prisons or behavioral intakes. If it is TDOC intakes, that can be found in TDOC Statistical Report. If referring to behavioral health intakes, that is a report from the vendor. Same goes with releases from each facility. Please see Question #7 for additional Information.
		263. Please provide the following statistics for the past 12 months: - The number and cost of residents and that required LTACH or SNF placement last year. - Number of diabetics, hypertensives, HIV, HCV, CHF, COPD, CKD, transplant, dialysis, dementia, wheelchair bound patients last year. - Number and cost of patients with active cancer last year. - Number and cost of patients on biologic medications, chemotherapy, hemophiliac medications, LAI (long-acting	. No patients at LTACH or SNF placed in the last year. For Dialysis: Total Spend for dialysis (We only provide Hemodialysis): FY 24: Male-$1,475,453 Female- $142,261 FY 23: Male-$1,290,572 Female- $100,711 FY 22: Male-$1,210,455 Female- $55,023 FY 21: Male-$1,254,099 Female- $46,200 Total number of dialysis patients: FY23- 39 patients FY24- 43 patients Average number of weekly treatments past 12 months:

		injectable), GLP-1, DOACs, SGLT2, ARNI, DAA. - Number of patients that underwent a knee or hip replacement, shoulder arthroplasty, nephrectomy, or prostatectomy last year? - The number of residents are over the age of 50? - The number of residents had 2 diagnoses or 5 or more medications?	-Sept 2023-August 2024- 121 avg weekly treatments
		264. Please provide the number of non-emergency off-site transports per day per facility and number of offenders allowed per transport to same location?	We do not have this breakdown available. Number of emergency transports was reported.
		265. Please provide the amount paid by current vendor in staffing penalties for the past two fiscal years and 2024 to-date.	Medical Contract FY19 1,471,770.74 FY20 1,082,629.39 FY21 889,241.49 FY22 1,045,773.55 FY23 1,013,791.54 Jan-Mar 2024 77,472.50 Behavioral Health Contract FY23 104,136.00 Jan-Mar 2024 964,625.00
		266. Please provide SUD stats from past 2 years on number of admissions and discharges to programs, number of assessments, number of individual and group contacts, average number of each case load for SUD staff.	FY 23: GRTH: Intakes612, Discharges: 575 Therapeutic Community: Intakes 1082 and Discharges 1088 FY24: GRTH: Intakes 580, Discharges 621 Therapeutic Community: Intakes 952 Discharges: 1002

			Each person admitted into either program and goes thru the intake process will have an assessment. The vendor tracks number of individual and group contacts information monthly. GRTH size is typically 12 to 15 TC case load typically 20 to 25
		267. Does the TN DOC require the vendor to have a SUD agency license in the state to provide SUD services?	No
		268.Please confirm which RFP stated total capacity is correct, and provide the correct stated capacity by Facility. a. RFP pg. 3 states 21,688. b. Attachment 6.7 states 23,124 c. TDOC webpage prison listing states 23,663 d. Attachment 6.3.A states 21,496 e. Attachment 6.3.B. states 28,642	The numbers below reflect the Operating Capacity for both TDOC and Private Locations. There is a difference between Current Population and Operating Capacity. These numbers can change if beds are taken offline for various reason. As of Sept 2024 BCCX 2,369 DJRC 793 DSNF 786 MCCX 2,128 MLTC 339 NECX 1,395 NWCX 1,740 RMSI 786 TCIX 1,699 WTSP 2,160 Total TDOC 14,195 HCCF 1,976 SCCF 1,416 TTCC 2,501 WCFA 1,505

			Total Private 7,398 Total Bed Capacity = 21,593 .
		269. Please confirm, if during negotiations the State expands the scope of services from the RFP; the State will allow a price increase in accommodation to the added service requirement.	The State does not anticipate making substantive changes such as an expansion of services during negotiation. Any such expansion would be after the Contract execution which would require an amendment.
Site Tours		270. We understand MAT induction is provided to high-risk individuals in DOC currently. How is high risk defined and how is it determined they are referred for induction?	The individuals will be assessed by a clinical interview, past history, substance use history, overdose events, and COWS to determine if the individual is in need of MAT services.
Site Tours		271. Please provide the average oxygen use per facility per month over the past year.	We do not track this information.
Introduction 1.1	P 4	272. Please provide a copy of the most recent ACA Report. When are the next scheduled audits?	Next scheduled audits: DJRC 9/2024 WTSP 10/2024 MCCX 11/2024 TCIX 3/2025 RMSI 4/2025 NECX 4/2026 BCCX 10/2026 MLTC 11/2026 DSNF 4/2027 NWCX 5/2027
Introduction 1.1.2	P 4	273. Please provide the actual base fees (before additional services and/or penalty	FY 24 Centurion Health $139,062,545.57 FY 24 Centurion BH $29,415,719.50

		deductions) charged to TDOC for FY 2024, broken down between Inmate Health and Behavioral Health.	
Introduction 1.1.2	P 4	274. Please provide the time period for MAT / MOUD services that resulted in the $3.4m contract value.	TDOC has a withdrawal management unit that provides support including substance use education, peer support, detox support, and potentially MAT. There are 8.4 positions allotted for the WMU and a MAT coordinator. The length of the WMU program is approximately 7 weeks. Individuals on MAT maintenance can be sent to other facilities and continue MAT.
Introduction 1.10; Attach 6.2	P 8, 25	275. Section A.8. requires the Respondent to commit to providing a Performance Bond equal to 25% of the annual contract value and to acknowledge this is a material condition to contract award. However, there is nothing in the RFP requiring the Respondent to provide proof of the ability to deliver a bond in the required form and at 25% of the annual contract value. To ensure all respondents are bidding to the same terms and cost, please confirm that the terms of the Performance Bond are not negotiable. Also, please consider requiring each Respondent to provide a letter from a surety of its ability to obtain the required Performance Bond.	TDOC is amenable to adding to the Performance Bond requirement a letter from a surety of the respondent's ability to obtain the required performance bond.
		276. What are the consequences, if any, of a winning respondent being subsequently unable to	If a respondent is unable to obtain the required bond, the respondent could be bypassed for contract award, with the award being made to the respondent with the next highest total score.

		obtain the required performance bond?	
		277. If a bidder takes exception to the 25% performance bond and proposes a lower bond amount, will the bidder be disqualified?	All respondents must meet the requirements of the bond to be found responsive. Any respondent not able to meet the terms of the solicitation may be found non-responsive and bypassed.
RFP Schedule of Events	P 10	278. The State intends to respond to questions on September 6th, with a bid deadline of September 20th. This timeline only provides eight business days for vendors to complete proposals to print and deliver on the date due. Would the State consider extending the due date an additional two calendar weeks to ensure all bidders can provide responses?	Given the time required to answer all vendor questions and garner all necessary approvals of State responses, the State anticipates revising the RFP Schedule of events, which would include a change in the response deadline.
Attach 6.6, A.2	Contract p 6	279. Item 72: "HepCor" shall mean an online HCV registry database of all HCV positive inmates in the custody of the State. What type of system is this? Who owns the system? Does it integrate with the EHR or OMS?	Tablo, The current contractor. No, TDOC's new electronic health record will replace HepCor.
Attach 6.6 A.3.b	Contract p 13	280. Is ventilator care provided onsite? If so, at which facility(ies)? Who owns the ventilators and, how many are currently available? Is the current number sufficient for the needs of the facilities?	No, it is not provided onsite.
A.3.d.1	Contract p 14	281. What facilities, if any, currently have medical practitioner vacancies of 30 days or more? Please provide the title,	Question #12 provided vacancy information. The July 2024 staffing matrix shows the date that each position became vacant.

		# of FTEs, facility and length of vacancy.	
A.3.d.2	Contract p 14	282. The RFP requires a minimum of one RN Supervisor per shift for all State Facilities. Attachment 4 does not include this title at all facilities. Does the RN Charge qualify as a RN Supervisor?	Yes
A.3.d.2	Contract p 14	283. The RFP requires a minimum of one RN Supervisor per shift for all State Facilities. A few facilities do not have either a RN Supervisor or RN Charge listed in Attachment 4. Does the State want additional FTEs added above Attachment 4? Or should Attachment 4 RN FTEs be converted to Supervisor roles?	Neither. The scope of an RN is supervision of subordinate staff.
A.3.d.3	Contract p 14	284. Please confirm that Attachment 4 required minimum staffing has a sufficient # of nurses to meeting the 24/7 nursing coverage requirements for MH supportive living units.	Yes
A.3.h	Contract p 15	285. How many prosthetics have been ordered for each year over the last two TDOC fiscal years?	We do not track this information.
A.3.k	Contract p 15	286. Please confirm that TDOC currently uses paper medical records and an EMR/E.H.R. is not currently in place. If correct, please confirm that the medical Contractor is not responsible for scanning historical paper medical records into the electronic record.	Correct.
A.3.k	Contract p 15	287. Please confirm that the medical Contractor is not	Correct.

		financially responsible for any costs associated with an electronic health record including ongoing maintenance and upgrades.	
A.3.l	Contract p 15	288. Please confirm that this only includes medically necessary diets and excludes religious or preferential diets.	Medical diets do not include religious or preferential diets.
A.3.q	Contract p 16/17	289. Can this consultant position be fulfilled by our system-level CIC-certified infection preventionist? Is the position required to be domiciled in Tennessee?	This can be discussed on a case by case basis.
A.3.q	Contract p 16/17	290. Under what conditions would the State retain an infection prevention consultant? Or is this only if the vendor does not have this role filled?	Only if vendor does not fill
A.3.v	Contract p 17	291. Are inmates undergoing withdrawal management/MAT housed together? If so, please provide the locations and # of inmates at each?	The WMU is located at WTSP in 5A and 5B. There are 46 beds available. As of 8/28/24, there were 42 beds in use. This number fluctuates often, and we like for the beds to be full and in use as much as possible.
A.3.v	Contract p 17	292. Is there flexibility with the withdrawal time requirement of seven weeks if a shorter period is deemed appropriate by the responsible physician?	Yes, there is flexibility with the seven weeks. If the individual consents to treatment, then the minimum amount of time in the WMU would be two weeks.
A.4.a	Contract p 18	293. Please confirm what HCV test is performed at the initial health assessment. Is the test "opt-out"?	Opt out HCV Panel, if positive, an RNA at this point a VL and genotype may also be ordered.
A.4	Contract p 18	294. Is there a timeframe TDOC can provide that it takes to complete the process of	No.

		physicians and mid-level providers for credentialling review?	
A.4.a	Contract p 18	295. Would the State consider an intake H&P program, if deemed feasible?	Programming would follow the contract language.
A.4.a	Contract p 18	296. Please clarify if DNA testing and finger printing are completed by medical staff.	Yes
A.4.a/b	Contract p 18 / 19	297. Please provide for each of the last two completed TDOC fiscal years the annual volume of the required immunizations listed. Will the Contractor have access to State record systems for immunizations/vaccinations?	Dr. Scott 1. Influenza: H1N1 and seasonal influenza vaccines; FY 7/1/2022-6/30/2023: 6,227 FY 7/1/2023-6/30/2024: 5,694 2. Pneumococcal vaccine; FY 7/1/2022-6/30/2023: 420 doses FY 7/1/2023-6/30/2024: 390 doses 3. Hepatitis B FY 7/1/2022-6/30/2023: 1480 doses FY 7/1/2023-6/30/2024: 878 doses 4. Hepatitis A FY 7/1/2022-6/30/2023: 1010 doses FY 7/1/2023-6/30/2024: 530 6. Tetanus FY 7/1/2022-6/30/2023: 57 doses FY 7/1/2023-6/30/2024: 25 doses Yes TennIIs access will be available to the vendor
A.4.a A.4.d	Contract p 18 / 23	298. The RFP indicates that the Contractor shall perform intake assessments for TB by PPD. In A.4.d.4 (page 23) it indicates that annual TB screening will be done utilizing IGRA testing. Does the	No

		TDOC intend to require PPD upon intake and then IGRA annually thereafter for the inmate population?	
A.4.d	Contract p 20	299. Can telehealth be used for provider sick call? Is Telenursing acceptable for nursing sick call?	Face to face is preferred and telemed can be discussed on a case by case need. No tele nursing is not acceptable.
A.4.d	Contract p 20	300. What is the current process for incarcerated persons to submit sick calls while in restrictive housing?	Daily, when nurses perform segregation rounds
A.4.d	Contract p 20	301. Is the onsite physician requirement minimum of 3.5 hours per week per 100 inmates applicable to the facility capacity or to the actual ADP?	Facility Capacity.
A.5	Contract p 24/25	302. Please provide the average number of dialysis patients (male and female) for the each of the last two completed TDOC fiscal years, by TDOC facility.	Total number of dialysis patients: FY23- 39 patients FY24- 43 patients Average monthly number of male and female patients: Male Female FY24 - 39 4 FY23- 36 3 FY22- 35 2 FY21- 40 2 Average number of weekly treatments past 12 months: -Sept 2023-August 2024- 121 avg weekly treatments
A.5	Contract p 24/25	303. For each of the last two completed TDOC fiscal years,	

		please indicate how many dialysis sessions were completed (by facility) for the following: • onsite • mobile care services community dialysis clinic	Dialysis Treatments (Hemodialysis provided at DSNF): - CY 2022- total 5,217; monthly Avg-434 - CY 2023- total 5,688; monthly Avg-474 - CY 2024 through August- total 4,224 Total number of dialysis patients: FY23- 39 patients FY24- 43 patients Average number of weekly treatments past 12 months: -Sept 2023-August 2024- 121 avg weekly treatments
A.5	Contract p 24/25	304. Who owns the current dialysis equipment – TDOC, the medical vendor, or an outside dialysis provider? Please list the number of dialysis chairs by facility, indicating age/condition of equipment.	Rendevor owns all chairs and machines. Chairs 22 Good - ok : range of shape/condition Machines 21 Good - ok : range of shape/condition
A.5	Contract p 24/25	305. Is dialysis currently done off-site? Who provides this service?	No, not done off-site.
A.5.c	Contract p 25	306. Please provide a list of specialty services provided through a mobile clinic, by TDOC facility.	None at this time.
A.5.c	Contract p 25	307. Please provide the number of procedures performed via onsite/mobile unit for the last two full calendar years for each of the following: (a) CT (b) MRI (c) Ultrasound	TDOC does not track this information.
A.5.e	Contract p 25	308. Rather than making the required buildings a component of the medical services contract, would the State consider	Not at this time.

		requiring the medical services provider to participate in the planning of the buildings as a functional expert, with the State procuring the buildings directly. The reason for this approach is to give the state complete control over the design and procurement of assets that will be used by the DOC for a period long after this medical contract expires. This would put the DOC's long-term interest in the buildings at the fore as opposed to what could be a medical provider's short-term interest.	
A.5.e	Contract p 25	309. Will the medical provider be financially responsible for procuring all required office and medical equipment for the new buildings? Which party is responsible for initial medical / office supply costs? What party is financially responsible for all utility installations and ongoing expenses?	This requirement is being removed from the RFP. See Question #35.
A.5.e	Contract p 25	310. Building costs depend on the requirements and design of the building. The State did not provide any such information to allow bidders to reasonably estimate the cost of the buildings. To calculate reasonable cost estimates, please provide the building specifications for each building the DOC requires - including	. This requirement is being removed from the RFP. See Question #35.

		locations, size, building material, security requirements, anticipated utilization / medical capabilities, etc.	
A.6	Contract p 25	311. Is there a current backlog for dental visits, and if so, please identify the number of visits on the backlog for each.	Duplicate. Asking KPMG to obtain and provide. RMSI – backlog of 12 inmates for Dental NECX – backlog of 3 inmates for Dental
A.5.d A.12.h	Contract p 25 / 39	312. Will male inmates requiring chemotherapy continue to be transferred to DSNF and women requiring chemotherapy transferred to DJRC? If so, please detail the expected use of the three (3) mobile medical trailers equipped for providing oncology infusion services.	Yes.
A.5.d	Contract p 25	313. Who is mixing and providing the oncology medications for administration in the mobile clinics?	This requirement has been removed From the RFP. See Q# 35
A.5.d	Contract p 25	314. How many nursing staff are assigned to each mobile clinic? Are these nurses to be solely assigned to the mobile clinics or can they be reassigned when not doing oncology infusions?	This requirement has been removed From the RFP. See Q# 35
A.5.d	Contract p 25	315. Is the contractor responsible in determining what equipment is necessary to outfit the mobile clinics?	This requirement has been removed From the RFP. See Q# 35
A.5.d	Contract p 25	316. How many oncology infusions have been administered in mobile clinics over the last 12 months?	None.
A.5.d	Contract p 25	317. How many nursing staff are currently chemo certified?	We do not have that information at this time.

A.8	Contract p 27	318. Since The Joint Commission is only one of several CMS-approved accrediting bodies, can this section be changed to include any CMS-approved accrediting bodies for hospitals in case a hospital in Tennessee chooses to change vendors for their accreditation?	No.
A.8.a.6	Contract p 27	319. For each of the last two completed TDOC fiscal years, please provide the number of LTAC/SNF inmate placements and number of days outside of DOC facilities, broken down by TDOC facility sending the patients.	None .
A.8.c.1	Contract p 28	320. Please provide details on how the State Medical Officer currently receives notifications of emergency room transports within one hour.	Communication preferred is a phone call.
A.10.g.7	Contract p 33	321. Is online CPR certification acceptable for non-clinical staff?	No
A.10.g.8	Contract p 33	322. For the purpose of continuing education, will the State allow contracted health staff to use nationally accredited web-based training in lieu of attendance at national conferences?	It can be discussed depending on the web-based training being discussed.
A.11	Contract p 34	323. Please provide the number of routine outpatient referral requests for each of the last two TDOC fiscal years, by facility if possible.	We do not track this information.
A.11	Contract p 34	324. Please provide the number of urgent/emergent outpatient referral requests for each of the	We do not track this information.

		last two TDOC fiscal years, by facility if possible.	
A.11	Contract p 34	325. Please provide a list (by facility) of what telehealth specialty services are provided, including the number of events for each of the last two TDOC fiscal years.	Approx 145 telehealth consultations were completed monthly in 2023 and 2024.
A.12.a	Contract p 35	326. Can diabetic eye examinations be completed remotely through telemedicine contractors that are FDA-approved?	No.
A.12.a	Contract p 35	327. Are there any security requirements for eyeglass frames?	Yes, plastic frames
A.12.c	Contract p 36	328. Please provide the $ amount TDOC charges for monthly network access per computer. What if the frequency of rate increases? What is the average percentage increase for each rate adjustment?	The State's network is available. Each computer attached to the network is charged a fee from STS of approximately $65 per month.
A.12.c	Contract p 37	329. What is the process for refusals of forensic testing? Are SANE services currently offered by the current medical vendor? Or is the SANE service handled by a third party?	Same as refusals for any other medical treatment offered. No, they are offered by a third party provider.
A.12.h	Contract p 39	330. How many patients received radiation therapy for each of the last two TDOC fiscal years? Where are radiation treatments done? Are the patients housed at a facility near the radiation treatment center during their radiation treatment?	We do not track this information.

A.12.g	Contract p 39	331. Are there internal hospice programs established at each of the four (4) State Extended Care Facilities? How many beds are available?	DSNF has an established hospice program
A.12.g	Contract p 39	332. Are there hospice care inmates currently housed in the community? Please provide the average number of community housed hospice patients for each of the last two TDOC fiscal years.	This depends and is reviewed on a case-by-case basis.
A.12.h	Contract p 39	333. How many patients are currently receiving chemotherapy at DSNF and DJRC? For each of the last two TDOC fiscal years, please provide the total number of patients on chemotherapy?	TDOC does not Have this information readily available to provide.
A.12.h	Contract p 39	334. Please provide a list of all chemotherapy equipment currently available and in use at the TDOC facilities. Please include the age and condition of the equipment.	.TDOC records do not show any State owned Chemotherapy equipment.
A.12.i	Contract p 39	335. Under the current contract, are at least two nurses per site trained in wound care? Please confirm that wound care nurses are contemplated within the nursing complement listed on Attachment 4, and not required FTEs above the minimum staffing requirements.	The vendor manages training. Generally more than two nurses per site have experience with wound treatment. Yes
A.14.c/e	Contract p 42 / 43	336. Will the TDOC allow the vendor to shift the oversight of nursing orientation and training program from the CQI Coordinator to the Statewide Health Educator?	Yes

A.14.g	Contract page 44	337. A Facility Medical Director is required at each State Facility. Attachment 4 does not list a Medical Director for Turney Annex. Please clarify/confirm that the Medical Director at Turney Center Main covers the Annex and a total 1.0 FTE Medical Director provides sufficient hours to cover required services and oversight.	Correct.
A.15.3	Contract p 45	338. Please provide the current number of individuals diagnosed with gender dysphoria and who is responsible for associated medical costs?	Please see State's responses to questions 190-193 above
A.15.3	Contract p 45	339. What was the total medical costs the last two years for gender dysphoria procedures?	For hormone therapy the cost has been $7500 over the past three years. One patient was responsible for half of that cost.
A.16	Contract p 47	340. Please provide a definition of "non-capital" equipment. Is there a specific dollar amount that defines "capital"? If yes, please provide.	Equipment with value less than $5,000 is non-capital; equipment with value equal to or greater than $5000 is capital.
A.19.b, C.3.d	Contract p 48, 86	341. The RFP requires the medical vendor to contract with 3 regional hospitals for all planned hospitalizations, and all emergency admissions get sqtransferred to the regional locations once patients are stabilized. Section C.3.d provide an inpatient hospitalization cost cap at $50,000 per admission. As the medical vendor has no control over EMS hospital transports and the State has dictated the regional hospital	Yes, this counts at one admission.

		requirements, please confirm that an ER run admitted and then transferred to another hospital constitutes one continuous admission for purposes of the $50,000 admission cap.	
A.19.c	Contract p 49	342. What is the 2023 and 2024-to-date emergency room visits per 1,000 inmates?	Monthly average 2023, 113
A.19.g	Contract p 49	343. Does the prescribing physician have discretion to decide which medications the patient receives a 30-day supply upon discharge?	Yes.
A.22.b	Contract p 51	344. Please provide the number of state employees (by job title and by facility) that are positions covered by an Educational Reimbursement Contract that would not be able to transition until the obligation is fulfilled.	we do not have any positions covered by an Educational Reimbursement Contract.
Attachment 6.9		345. The Equipment Inventory attachment does not include the number of laptops and desktops. Can a list of desktops and laptops be included? Please include quantity and age of each computer by facility.	BCCX, 55 DJRC, 40 DNSF, 64 MCCX, 60 MLTC, 15 NECX, 42 NWCX, 42 RMSI, 33 TCIX, 30 TCIX-A, 24 WTRC, 27 WTSP, 38
General		346. Who is financially responsible for the purchase of new computer equipment and peripherals, maintenance, and	The State is responsible.

		support – the State or the medical vendor?	
General		347. Please confirm that existing computer equipment currently used by medical / mental health staff will remain at the facility and be available for use by the incoming medical contractor at contract start date.	Yes it will be available.
General		348. Please provide a listing of telepsychiatry equipment (including make/model with equipment age) by facility.	Our current equipment lists do not Show any Telepsychiatry equipment at our facilities.
General		349. Does the client provide any wireless connectivity/access available to the incoming Contractor? Please provide details by facility.	No wireless is currently utilized. CAT6 installation will be provided where required.
General		350. If Wireless doesn't exist or is not usable for Medical Services and/or Telemedicine Services, can the Contractor work with the client on a plan to install or expand coverage?	No, the State is resistant to wireless use for security reasons.
General		351. Will the medical vendor be allowed to use existing network infrastructure including internet, cable drops, routers, and switches to access EHR / EMR application and any other necessary applications required to provide patient care	The State's network is available. Each computer attached to the network is charged a fee from STS of approximately $65 per month.
General		352. If DOC is providing the current network, what is the available bandwidth?	Current bandwidth averages 200 per site and approximately 200 to 300 computers share that network.

General		353. Does the current network provide PoE (power over ethernet), for time clock usage?	The current vendor has a separate network for tele-health. The time clocks reside on the vendor network.
General		354. If the medical vendor is required to provide its own Internet circuit, are there network drops in all locations where service is provided by the medical Contractor?	The State provides fiber between the buildings and CAT6 as required in the buildings. Additional CAT6 will be added by the State if needed.
General		355. Please provide the Vendor details on the ISP in use today and available bandwidth for each site?	For the State network, the bandwidth averages 200 Meg per site and approximately 200 to 300 computers share that network. For the current vendor network, bandwidth unknown. Vendor varies by location and could be AT&T, Comcast, Lumen, etc.
General		356. If a time clock needs to be relocated on site, who is responsible for the cost, the TDOC or the medical vendor?	The vendor.
General		357. How many patients are currently being treated for hepatitis C? How many patients being treated for HIV?	HCV-205 HIV-151
General		358. Is it TDOC's desire to initiate an on-site OTP?	No, TDOC has no desire or intention to initiate an OTP
General		359. What current MAT services require MAT patients to be transferred offsite? By facility, please provide the number of patients and offsite visits required for each of the last two completed TDOC fiscal years.	No MAT services required offsite transfer. MAT is conducted in house.
General		360. Which facilities currently offer MAT? Is the goal to have all facilities offer MAT services?	Nine facilities provide MAT to 234 individuals. BCCX- 6 DSNF- 8

			MCCX- 32 NECX- 16 NWCX- 11 RMSI- 22 TCIX- 29 DJRC- 36 WTSP- 74
General		361. For facilities offering MAT, please disclose which offer maintenance and which offer induction. If only selected locations offer induction, is the goal to have all facilities offer induction?	All sites will be used for induction and maintenance. Currently the WMU at WTSP does the majority of induction.
General		362. For facilities currently offering MAT, are there central dosing locations, or multiple dosing locations within the facility? Please provide details for each TDOC facility. What time(s) are MAT med passes? Are they covered during routine med pass?	MAT med passes are conducted separately, and each site differs depending on the housing unit, staffing, and custody levels.
General		363. For each type of MAT medication, please describe which are dispensed from stock and which are dispensed from patient specific orders.	Subutex is used mostly and is on stock. Sublocade is specific orders and 57 people are on sublocade. We are in the process of implementing suboxone film and this is not on stock yet and is specific orders, currently. 234 people are on MAT
General		364. Is buprenorphine provided as tablets or films? If both are	Subutex is used mostly and is on stock. Sublocade is specific orders and 57 people are on sublocade. We are in the process of

		used, please provide the % of each used.	implementing suboxone film and this is not on stock yet and is specific orders, currently. 234 people are on MAT
General		365. For facilities currently offering MAT, are all MAT patients housed together?	No, they are not housed together except at WMU located at WTSP.
General		366. What is the expected / intended MAT expansion over each year of the contract term (i.e. # of patients, locations, etc.)?	TDOC plans to expand MAT over the next year with appropriate staffing. Projected is to have 2000-2500 over the next two to three years. Increase
General		367. Please describe any existing medical vendor and/or TDOC partnerships / agreements in place for MAT services.	Current vendor is providing MAT services. No external contracts or agreements.
General		368. Are there any partnerships / agreements with community providers TDOC wants to initiate with the next medical services contract?	No
General		369. Are Vivitrol, Brixadi or Sublocade currently utilized for MAT? If none are utilized, does the TDOC expect the new contract to include these medications? Please provide (broken down by drug) the # of patients treated for each year of the last two TDOC fiscal years, by facility.	We have 57 of 234 on injectable MAT. 53 on sublocade and four on Brixadi.
General		370. Is methadone dispensed on site? If it is dispensed on site, is methadone stored on-site? How is the methadone transported to the facility – dropped off by a third party or TDOC medical vendor's staff picking up?	TDOC does not currently use Methadone. We use Sublocade, Subutex, suboxone film, and Brixadi
General		371. Please provide the following ratios:	

		• MAT nurses to MAT patients • Behavioral Health Counselors to MAT patients • Peer Support Specialists to MAT patients Re-entry Staff to MAT/BH patients	*We don't have a ratio of behavioral health counselors for MAT patients at this time, however, in the staffing matrix four additional LADACs and 10 non-licensed alcohol and drug abuse counselors are allotted for the expansion and can be designated to faciities with the most need. *We don't currently have a ratio for peer support specialist. This may be determined in the future as MAT services expands. * Clinical case managers will oversee re-entry and work with TDOC re-entry staff for re-entry needs and case management.
General		372. Please provide thee number of offsite mental health services (e.g., hospitalizations) per month for each of the last two completed TDOC fiscal years.	Zero. DSNF is the mental health providing facility for TDOC.
General		373. Please provide by facility the last two completed TDOC fiscal years "Cost" (Prior to 50% cost share, net of credited returns) for psychotropic medications.	MH Spend, FY23 22-Jul, $83,503 22-Aug, $94,672 22-Sep, $84,575 22-Oct, $89,026 22-Nov, $92,027 22-Dec, $88,564 23-Jan, $90,865 23-Feb, $89,167 23-Mar, $98,950 23-Apr, $80,452 23-May, $106,488 23-Jun, $97,511 FY24 23-Jul, $91,325

			23-Aug, $102,419 23-Sep, $93,262 23-Oct, $106,339 23-Nov, $97,656 23-Dec, $103,297 24-Jan, $89,447 24-Feb, $71,024 24-Mar, $79,807 24-Apr, $99,404 24-May, $84,106 24-Jun, $77,506
General		374. Please provide by facility the last two completed TDOC fiscal years "Cost" (Prior to 50% cost share, net of credited returns) for HIV medications.	HIV FY23 22-Jul, $449,567 22-Aug, $499,591 22-Sep, $400,794 22-Oct, $512,577 22-Nov, $470,178 22-Dec, $482,648 23-Jan, $502,751 23-Feb, $486,849 23-Mar, $579,294 23-Apr, $498,868 23-May, $619,808 23-Jun, $553,467 Total: $6,056,391.77 FY24 23-Jul, $419,177 23-Aug, $372,894 23-Sep, $338,065 23-Oct, $347,956 23-Nov, $378,173 23-Dec, $326,595 24-Jan, $358,038 24-Feb, $334,568

			24-Mar, $362,462 24-Apr, $358,350 24-May, $350,818 24-Jun, $342,644 Total: $4,289,740.74
General		375. Are there designated Mental Health housing units? If so, please provide a description of the unit, to include the number of beds	Yes, we have supportive living units: DSNF- 160 BCCX- 48 MCCX-24 NWCX-128 WTRC-128 Policy 113.87 Mental Health Levels of Care defines Supportive Living Units and the criteria for assignment. Supportive Living Unit (SLU): Intermediate care mental health housing designed to serve the needs of the seriously mentally ill inmate who is unable to live and function effectively in the general prison population due to the nature of his/her mental illness
General		376. Which sites currently use staff observers for safety precautions and which sites utilize inmate observers?	All sites mainly use Inmate observers with some staff coverage as needed.
General		377. For the each of the last two completed TDOC fiscal years, please provide the total number of hours worked (by facility) by staff observers for safety watch.	We do not have that breakdown for staff. The majority of watch hours are done by the IM observers (IMOP) at all sites. The FY 22 and 23 averaged over 109 thousand hours per year and 2024 has averaged 75 thousand hours for IMOP use. MCCX, NWCX average approximately 10k IMOP hours per year and WTSP averaging over 12k per year.
General		378. Are there currently any contracts with outside agencies to provide behavioral health services in house, to include reentry? If so please	Grow Free at BCCX for Human Trafficking Victims.

		describe	
General		379. Please describe any current substance use disorder programming.	There are currently 14 TCOM programs, 18 Group Therapy programs, 1 WMU, and 2 SUR Education programs.
General		380. For each year of the last two contract years, please provide the following statistics – **all statistics provided by Facility (by month where available)**: # of Inpatient admissions # of hospital days incurred # of Emergency room visits # of Ambulance trips # of outpatient procedures completed # of patients identified as requiring organ replacement # of patients receiving organ replacement surgery # of tele-health encounters by Facility / by specialty # of offsite specialty visits by type of service (neurology, gastroenterology, dental etc.) # of patients receiving dialysis # of dialysis treatments # of x-rays taken onsite # of x-rays taking offsite # of mammograms # of CT scans # of ultrasounds # of physical therapy patients and sessions # of respiratory therapy patients and sessions # of patients on medication	Dialysis Data: Dialysis Treatments (Hemodialysis provided at DSNF): - CY 2022- total 5,217; monthly Avg-434 - CY 2023- total 5,688; monthly Avg-474 - CY 2024 through August- total 4,224 Total number of dialysis patients: FY23- 39 patients FY24- 43 patients Average number of weekly treatments past 12 months: -Sept 2023-August 2024- 121 avg weekly treatments MAT Update: Nine facilities provide MAT to 234 individuals. BCCX- 6 DSNF- 8 MCCX- 32 NECX- 16 NWCX- 11 RMSI- 22 TCIX- 29

		# of patients on psychotropic medication # of patients on HIV medication # of patient diagnosed with HCV # of patients treated with HCV medication # of patients receiving Factor products # of patients receiving limited distribution drugs # of opioid-addicted patients receiving MAT medications, broken down between methadone, buprenorphine, and naltrexone # of pregnant female patients receiving MAT medications, broken down between methadone, buprenorphine, and naltrexone # of overdose incidents	DJRC- 36 WTSP- 74 Subutex is used mostly and is on stock. Sublocade is specific orders and 57 people are on injectables. We are in the process of implementing suboxone film and this is not on stock yet and is specific orders, currently. 234 people are on MAT
		381. Please provide the number of inmate healthcare lawsuits currently pending in which the State, its employees or agents are a named party? What is the current status of each pending case?	Currently, the State can locate 14 cases. Current statuses: In Discovery = 3 Dismissed = 5 No Award = 3 Answer Filed = 2 No Status Update = 1
		382. Please provide a list of the inmate healthcare cases closed over the last two years and the outcome of the cases including	No cases were settled. 13 were filed in the past 3 years none of significance and could be categorized as frivolous .

		the amount of any payments (judgments or settlements) paid by the State over the course of the last two years?	
		383. In the last two years, how many claims related to inmate health care have been tendered to the current vendor for indemnity and defense?	TDOC does not have access to this information at this time.
		384. Is the State currently bound by any consent decrees or court orders at any of the facilities that would affect the provision of health care services? If so, will the State please provide a copy of the decree(s) or order(s)?	No
		385. Who performs the observation for patients placed on crisis status/suicide watch?	TDOC Policy #113.88, provided in attachment 6.8, outlines the duties of certified inmate observers. They operate with vendor staff oversight.
		386. Please provide a summary of all inpatient costs incurred by facility for each year of the last two completed fiscal years.	The cost to the state is indicated below for inpatient hospitalization This does not include costs incurred by the contractor. FY23 - $5,255,560.96 FY24 - $4,599,866.25 Fiscal does not have this information by location.
		387. Please provide a summary of all outpatient costs by facility incurred for each year of the last two completed fiscal years.	TDOC does not have this information. These costs are included in the vendor per diem rate.
		388. Please provide a summary of all pharmacy costs incurred by facility for each year of the last two completed fiscal years.	FY23 **Month/Year, Total Cost, less HCV** 22-Jul, $1,550,907 , $1,372,706 22-Aug, $2,012,258 , $1,521,244 22-Sep, $1,839,412 , $1,639,365

			22-Oct, $2,179,383 , $1,907,804 22-Nov, $2,225,434 , $1,903,296 22-Dec, $2,676,758 , $1,505,431 23-Jan, $2,819,481 , $1,456,752 23-Feb, $3,156,362 , $1,387,400 23-Mar, $2,769,152 , $1,641,980 23-Apr, $2,539,270 , $1,357,123 23-May, $2,942,328 , $1,701,854 23-Jun, $2,270,125 , $1,516,986 FY24 23-Jul, $1,800,128 , $1,413,056 23-Aug, $1,980,018 , $1,485,863 23-Sep, $1,583,901 , $1,160,893 23-Oct, $2,017,396 , $1,492,880 23-Nov, $1,982,554 , $1,340,095 23-Dec, $2,361,352 , $1,256,101 24-Jan, $2,286,433 , $1,409,302 24-Feb, $2,733,892 , $1,083,876 24-Mar, $3,153,979 , $1,310,374 24-Apr, $3,768,108 , $1,332,137 24-May, $3,426,066 , $1,378,424 24-Jun, $2,456,760 , $1,220,265
		389. Please provide the current hourly compensation rates utilized for staffing withholds by facility.	Annual & monthly salaries are provided in attachment 5. State employees are paid monthly salaries. The total cost by site in FY24 is provided below. Health FY24 BCCX, $19,909.77 NECX, $205,147.25 NWCX, $526,023.66 MLTC, $206,627.35 BH FY24 DJRC, $78,436.80

			DSNF, $136,281.60
		390. Please provide the medical and behavioral health schedules for each facility, denoting the job title and required hours by day and shift	The Contractor creates the schedule and placement of staff.
		391. Please provide a list of all licenses or permits required by the State in order to provide healthcare services to the TDOC? If known, what fees are associated with any of those licenses?	Refer to Section A.56. Fees are unknown to TDOC.
		392. Will the Agency consider a second round of questions to address any clarifications needed when answers to questions are released?	The State will provide clarifications as needed or requested when these answers are released. We currently do not intend to incorporate a second round of questions within the schedule of events.
		393. Please provide the most recent staffing reconciliation by facility that compares contracted hours versus actual hours that calculates staffing withholds	We track vacancies, not contracted hours versus actual hours.
		394. Please confirm that the contractor is only responsible for ordering medications from the State Central Pharmacy but is not financially responsible for the medications.	The contractor is responsible for 50% of HIV medications, 100% HepC medications, with a cap of $2 million for HepC medications, and 50% of all psychotropic/behavioral health medications (which includes MAT medications). The State is responsible for all other costs.
		395. Please provide a list of all on-site radiology equipment available. Include make/model and age.	DSNF has on-site radiology. SIEMENS/Model 3345209-, Date of Manufacture date: July 2007. All other facilities use mobile services.
		396. Please provide the average number of patients in	Per ACA standards, MH inmates can be in restrictive housing for no more than 30 days.

		segregation for the last 12 months	However, the SLU at MCCX is a Max custody SLU and there are 24 beds in that SLU. The SLU beds are generally full.
		397. Please provide the number of routine referrals per day for the last 12 months.	Average 32
		398. Please provide the average number of patients on Close & Constant Observations per day for the last 12 months.	BCCX – 290 DJRC – 64 DSNF – 369 MCCX – 351 NECX – 160 NWCX – 238 RMSI – 172 TCIX – 49 WTRC - 68 WTSP - 125 Total – 1886 FY 2024; Avg: 157.2 per month
		399. Please provide the number (and overall percentage) of patients with a designated serious mental illness (SMI)	Previous answer was Approx. 330 patients equaling 2.7% of the population. This number remains relatively static over the past three years.
		400. Please provide the number of patients on mental health case load per month for the last 12 months	Attachment 4 lists the current caseload. The TDOC does not have an average case load per month readily available. We have provided the annual caseload for the past three years, see question #42.
		401. Are any of the current facilities audited by JCAHO?	No.
		402. What is the current Offender Management System?	A TDOC developed software called TOMIS.
		403. Will the State Central Pharmacy Contractor be	The TDOC and the State Central Pharmacy Contractor is responsible.

		responsible for medication ordering through a third-party vendor OR will this be the responsibility of the vendor? If the state is ordering, please explain the process and provide a pharmaceutical price list.	TDOC declines to supply a pharmaceutical price list or the process.
		404. Please provide by facility the name of the Specialists listed, last two years volume and copies of the subcontractor agreements.	TDOC requests a clarification of this question as we are unable to determine the listing referenced and declines to provide copies of subcontractor agreements.
		405. Please provide a copy of current contracts with hospitals utilized statewide.	The TDOC declines to provide copies of the current contracts with hospitals as they are not a party to those agreements; they are subcontracts between the hospital(s) and the current vendor.
		406. Please provide the costs for each of the last five years for maintenance and capital costs of the Nashville General Hospital.	TDOC does not track or maintain this information.
		407. Please provide for the last three years the costs associated with the requirement of the medical provider paying for the state correctional officers time, meal, and parking.	FY22: $103,123.85 FY23 $71,155.95 FY24 47,942.60
		408. Please provide the "gross costs (prior to 50% split)" for the last two years by facility for Hepatitis and HIV medications. a) Will the 50% cost sharing include dispensing fees? Would the TDOC also consider expanding the cost sharing to include other high dollar medications?	FY 2022: HEP C $16,636,132.39 HIV $5,303,651.64 FY 2023: HEP C $11,319,333.99 HIV $6,056,391.77

			FY 2024 HEP C $13,551,162.49 HIV $4,289,740.74 Dispensing Fees are not included in cost sharing.
		409. Please provide the current agreement with the 340-B Provider.	TDOC has 340B Entity Status so there is no agreement to share.
		410. Given the potential of substantial expenditures associated with the maintenance, equipment, and capital costs, would the TDOC consider such costs to be a pass thru?	No
		411. Please provide by facility the contracts for vision care, radiology, EKG, dialysis, oncology, and wound care.	The TDOC declines to provide copies of the current contracts as they are not a party to those agreements; they are subcontracts held by the vendor.
1.1	3	412. Please confirm that exclusive of the financial responsibility of Off-site Costs exceeding $4,000 per patient, the medical provider is not responsible for medical costs for the four privately managed facilities.	This is correct.
1.1	3	413. Please provide each of the last 12 months Average Monthly Population for each of the facilities included in the RFP.	"12-Month Avg # Inmates Assigned" per R&D: BCCX (Male) 1993 BCCX (Female) 197 DJRC 604 SPND 584 MCCX 1941

			MLTC 189 NECX 1384 NWCX 1585 RMSI 761 TCIX 1322 WTSP (Male) 886 WTSP (Female) 946
3.1.2	11	414. Attachment 6.3 reflects Bed Budget Capacity by Facility. Given the financial impact if ADP falls below and the weighting impact of ADP declines, would the TDOC consider a "floor" of 95% Bed Budget Capacity?	No
3.1.2	11	415. Will the medical provider be responsible for other Off-site Costs such as Emergency Room and Ambulance, Observation Days, One-Day Surgeries, Dialysis and Physician Visits for the four (4) facilities with the "In Excess of $4,000 Inpatient Hospitalization?" Additionally, please provide the last five years of cost by TDOC facility for patients exceeding the $4,000 limit and for which the contractor was responsible.	The current contract is on a per diem basis and is not broken down by categories. TDOC does not have this information
3.1.2	11	416. Can proposers include Alternative Bids based upon a Per Patient Maximum Off-site Cap for Off-site and Pharmacy given the nature of high dollar cases for long-term patients OR annualized Aggregate Caps for Off-site and Pharmacy?	No. Also per the RFP rules, alternative bids and submissions may result in disqualification. Please refer to both RFP Section 3.1.2. and 3.3.

3.3.8	14	417. Does the six-month grace period mean only the state of Tennessee?	Yes, this refers to only State of Tennessee employees.
4.11	17	418. What is the specific process and timeline for contract amendments?	If a formal amendment to a contract is sought by an agency, the agency shall follow all CPO rules, policies, and procedures to obtain the amendment.
Contract A.2.78	6	419. Refers to ICD-9. Clarify that using ICD-10 is allowed.	Yes ICD 10 is allowed.
Contract A.3.a	12	420. What are the censuses at each facility and the breakdown of adult males, adjust females, juvenile males, and juvenile females.	As of September 23, 2024 there were 7 juvenile males And 0 juvenile females. This number can change on a daily basis. BCCX 2235 (includes male and female) DJRC 577 (female only) DSNF 592 MCCX 1938 MLCC 204 NECX 1400 NWCX 1467 RMSI 761 TCIX M/A 1317 WTRC 1081 (female only) WTSP 849 HCCF 1973 SCCF 1130 TTCC 2273 WCFA 1498
Contract A.3.a	12	421. Please provide a breakdown of the number of housing units and incarcerated persons in each unit per facility.	As of September 23, 2024 there were 7 juvenile males And 0 juvenile females. This number can change on a daily basis. BCCX 2235 (includes male and female) DJRC 577 (female only) DSNF 592

			MCCX 1938 MLCC 204 NECX 1400 NWCX 1467 RMSI 761 TCIX M/A 1317 WTRC 1081 (female only) WTSP 849 HCCF 1973 SCCF 1130 TTCC 2273 WCFA 1498
Contract A.3.k	15	422. In K, it states the contractor shall support the implementation, go-live and transition of paper health records to an EHR that is procured by the State. a. Please provide the anticipated date for an EHR Implementation. b. Will the state cover all expenses related to the implementation? If not, what will the Contractor be responsible for?	The anticipated date for EHR implementation is June of 2025. The State is responsible for all costs related to the EHR.
Contract A.3.c.2	13	423. Are telehealth hours counted in fill rate?	Where indicated that the position is telehealth or hybrid, then those hours are counted for fill rate. However, the positions that are required on site, do not count towards the fill rate when telehealth is used.
Contract A.3.c.3	13	424. Is the 60 day requirement to review claims or also to make payment?	The requirement is to make payment after receiving the final invoice.

Contract A.3.d	13	425. In regard to the state's right to modify staffing, will such reductions be "mutually agreed upon?"	While the State retains the right to reduce staffing at its own discretion should the need arise, it is presented for "mutual agreement" via an amendment to the contract.
Contract A.3.d.1	13	426. Can telehealth be used to meet the requirements of this section? (Physician Coverage)	No
Contract A.3.d.2	14	427. Is telenursing allowed to be used as part of a hybrid nursing coverage plan, where applicable?	No
Contract A.3.d.3	14	428. Is tele-behavioral health allowed to be used as part of a hybrid nursing coverage plan, where applicable?	No
Contract A.3.f	15	429. Who is responsible for the coordination and scheduling of adjunct appointments?	The vendor.
Contract A.3.f	15	430. Please list the current TDOC academic institution partners.	Belmont University East TN State University Milligan University Middle TN State University South College of Nursing Southern Adventist TN Wesleyan TN State University University of Memphis University of Southern Indiana UT Chattanooga UT Knoxville Vanderbilt Liberty University

			Western Governor's University
Contract A.3.j	15	431. Is electronic submission of medical records an allowable alternative to printing?	TDOC currently is and intends to remain paper based until an EHR is implemented by the State, not the vendor
Contract A.3.k	15	432. In regard to a potential conversion to an EHR, will the medical provider be included in the decision-making process and has the TDOC considered the process and associated costs associated with the paper conversion? Who will be financially responsible for the costs of the EHR once operational and implementation and conversion costs?	TDOC has already selected an EHR vendor and we are in the process of implementing the system. The State is responsible for the costs associated with the conversion and implementation.
Contract A.3.k	15	433. Requires the contractor to support the implementation, go-live and transition of paper record to the EHR. a) Has the State selected the EHR it will utilize? b) Has the EHR been purchased? c) What is the anticipated go-live date of the EHR? What support does the State expect from the contractor?	a) Yes, the vendor has been selected b) Yes, we are in the process of development and implementation c) June 2025 The TDOC would expect medical directors at the facilities to participate in the implementation plan to ensure staff have the proper training on how to use the system. The EHR vendor and TDOC expect to have staff dedicated to this process as well.
Contract A.3.m	16	434. Can the nurses be LPNs as well as RNs?	Yes, as appropriate.
Contract A.3.p	16	435. Is the responsible health authority or his/her designee permitted to respond to grievance? This is our current	Yes

		practice as opposed to a regional leader.	
Contract A.3.q	16	436. Does this apply only to sections of the surveillance program that are medical-related violations vs. something like a maintenance issue related to the Airborne Infection Isolation Room that is not working properly after being notified?	Yes
Contract A.3.t	17	437. Is the 60 day payment requirement listed here following the 60 day review period in A.3.c.3?	Initially, yes.
Contract A.3.t	17	438. States the contractor shall hire or contract with a claims payment processor. Can the contractor adjudicate and pay claims itself?	TDOC will consider this as an option for claims payments.
Contract A.3.t	17	439. Can the medical provider assume this is for "undisputed services and / or charges related to 60 days of final invoice receipt ? We understand the State wishes to ensure off-site providers are paid within 60 days of receipt of final invoice. Please confirm that the term 'final invoice' refers to the invoice (i.e. claim) which reflects the resolution of any questions / disputes between the contractor and the provider regarding services provided, rates to be paid, etc. Our concern is if the 60 day clock begins upon an earlier invoice then the 60 days could	TDOC requests that the bidder please rephrase this question. Yes, this is for undisputed services. However, if the invoice is for Numerous patient visits and you are only disputing 1 visit and it Cannot be resolved within the 60 days, you should pay the invoice Less the disputed amount, or have them issue you a new invoice Without the disputed charges.

		possibly pass before resolution is reached	
Contract A.4.a	18	440. If there are TDOC issues that would lead to a delay of completing these timely, will liquidated damages be waived? (Initial Health Assessments)	This would be considered on a case-by-case basis only.
Contract A.4.a	18	441. What is the current compliance rate with the timelines listed?	For the last 12 months, no facility received a contract monitoring audit finding for this standard.
Contract A.4.d1	20	442. Are infirmary censuses available for review (deidentified)?	No, they are not.
Contract A.4.d3	23	443. What type of test is currently used for HIV? Is QuanitFERON used?	It is lab vendor specific.
Contract A.4.e	23	444. How many TDOC staff and TDOC contract staff would be expected to be encountered for the Medical Screenings/Staff Examinations?	TDOC does not track this information.
Contract A.6	25	445. Are dental supplies available at each facility?	Yes
Contract A.8.d	28	446. Given that it appears the medical provider at the private facilities does not staff nor manage patient care, would the state consider allowing hospital costs to be a "pass thru" versus covering hospital costs exceeding $4,000?	No
Contract A.8.f	29	447. Should Nashville General Hospital construct a new facility, would the contractor be responsible for the cost to secure the facility similar to the RFP requirements in items #1 through	The TDOC is unable to answer at this time as this is not the intent of the TDOC and has too many hypothetical factors to compile a reasonable response for costs that may be associated with this to determine such responsibilities.

		#8 should another hospital be identified to house a secured unit?	
Contract A.9	29	448. Would automated medication dispensing be an option for the TN DOC?	Yes, for controlled medications.
Contract A.9.c	30	449. A. Has 340b been considered? B. Does the TDOC still maintain its 340B drug purchasing program with Regional One Medical System in Memphis? C. Does the TN DOC contract with any 340b hospitals? D. 449. Is the DPH a covered entity?	None of these questions apply to TDOC as we have our own 340B covered entity status.
Contract A.10	30	450. Does the end of the 30-day period occur once a candidate has accepted a position or once the candidate actually starts?	Once the position is filled.
Contract A.10	30	451. Section states that all administrative staff must be proficient in Statistical Analysis System (SAS). a) Please clarify what level of proficiency is expected. What SAS-based applications are utilized?	The Contract does not require SAS proficiency but rather requires in the suite of Microsoft products. Please refer to A.10's second sentence.
Contract A.10	30	452. How long does the pre-employment screening typically take?	Approximately 30 minutes.
Contract A.10.a.3	31	453. Does the drug screening include THC?	Yes

Contract A.10.c	31	454. Can personnel files be partially or fully electronic?	Yes
Contract A.10.g	32	455. Does the TDOC have any plans to increase the annual 40 per employee training requirement and does the 40-hour requirement include part-time, PRN and the occasional agency staff?	There are currently no plans to increase the annual training requirements and yes, this includes everyone.
Contract A.10.g.2	32	456. What tool would the State use to perform competency assessments of the Contractor's clinical professionals?	The TDOC conducts contract monitoring audits to ensure all required licenses and credentials are in effect at the time of employment and provision of services.
Contract A.10.g.7	33	457. Please provide by facility the number of annual training sessions necessary to fulfill the four (4) hour facility non-medical training requirement.	The TDOC is not able to provide this breakdown as it varies greatly by site and staff availability.
Contract A.12.c	36	458. What is the amount of the 'monthly network charge' referenced in the third paragraph of this section?	The State's network is available. Each computer attached to the network is charged a fee from STS of approximately $65 per month, currently.
Contract A.14	41	459. Is either remote or hybrid work permitted for these positions?	No
Contract A.17	47	460. To what extent is Telemedicine being used under the current contract?	The current vendor uses telemedicine in line with Section A.5. for specialty clinic/consultations as needed. TDOC does not have a complete breakdown of each telemedicine use to determine the full extent.
Contract A.17	47	461. Is Telemedicine equipment in place at all facilities?	Telemedicine equipment is listed in RFP Attachment 6.9.
Contract A.17	47	462. Please provide a full list of telemedicine equipment by facility, including brand / model / feature information.	Telemedicine equipment is listed in RFP Attachment 6.9.
Contract		463. Is there an expectation of a 20% decrease every year from	There is the expectation of improvement every year in unnecessary ER visits.

		the prior year on emergency room visits?	
Contract A.19.f	49	464. Is the copay system compliant with NCCHC standards?	TDOC follows ACA standards
Contract A.19.g	49	465. Is the current medical and behavioral health responsible for a 30-day supply of medications dispensed at discharge?	Yes, 50% of cost of HIV, Psych, and fixed cost sharing for HCV is billed to the medical/behavioral health vendor.
Contract A.23	51	466. Can an online repository system compliant with security and privacy standards be used for report submission/archiving (e.g. SharePoint)?	Yes; Currently TDOC uses a shared drive on the State's network with the facility staff, not regional team.
Contract A.24	53	467. What intern programs are currently in place? Please include hours.	There are no formal intern programs in place other than agreements TDOC may have with the education institutions listed in Question 430. The hours vary based on the practicum hours required by the school and the level of degree of the student.
Contract A.24	53	468. States 'Each licensed clinician can be requested by the State to supervise at least two interns. The Contractor's providers shall be available for teaching purposes and providing training as requested by the State.' Please expand on this requirement including but not limited to the amount of time the contractor's providers are expected to devote to these activities on a weekly basis.	There are no formal intern programs in place other than agreements TDOC may have with the education institutions listed in Question 430. The hours vary based on the practicum hours required by the school and the level of degree of the student.
Contract A.25	53	469. In the event NCCHC and ACA standards vary, which standard will TDOC expect Contractor to abide by?	ACA

Contract A.25.e	54	470. Who is the clinical recommendations made to in TDOC?	The TDOC Chief Medical Officer. Currently, there are daily OSEL and huddle calls for information sharing and updates.
Contract A.25.g	54	471. Can the location or locations of the intensive treatment program unit be provided?	DSNF
Contract A.25.h	54	472. Please provide the number (and percentage) of Mental Health patients with comorbid/dually diagnosed mental illness and substance use disorders for the last 12 months.	Approx. 75%
Contract A.26	54	473. Please provide the average number of patients receiving psychiatric services per month for the last 12 months	Varies on when they need to be seen and consists of those patients on psychotropic meds. The TDOC does not have a monthly breakdown of these services at this time.
Contract A.26.c	54	474. Please provide the average number of patients on suicide watch per day for the last 12 months	The TDOC does not have a daily breakdown; however, there are 45 beds across the state, not including DSNF's behavioral health unit which consists of 32 beds. The average can range approximately 30-35 at one time.
Contract A.27.f	56	475. Are the justifications rolled up to the State?	Yes
Contract A.27.f	56	476. Are MH visits currently held in the Medical Clinic? If not, where do they occur?	It varies. If not in the medical clinic, they are held in the Supported Living Unit. All others are held in multipurpose rooms near the units.
Contract A.27.h	56	477. Is there an expectation to frequency of supervision? Is it required for supervision to be individual or can it be group supervision?	It is expected on an as needed basis or as the license standards require. It is preferred to be individual when indicated, but not required.
Contract A.27.n.3	57	478. Is the determination of clinically justified suicidal gesture/attempt determined by the State, by the Contractor or by the site Clinical Director?	Refer to TDOC Policy #113.88 in RFP Attachment 6.8., Section G.
Contract A.27.o	57	479. Is there space and Correctional Officers available in	A. Yes

		all restrictive housing and step-down units? In the last 12 months has there been any units that have had to cease programming due to space or Correctional Officer availability?	B. Yes, for limited periods of time in the SLU, Stepdown and programs. Some programs were put on 3 day per week schedule rather than daily until security staff was hired.
Contract A.28.B.2.iv	58	480. Is there a requirement for SOTP patients receiving individual counseling to have justification if they exceed 12 sessions?	No, individual sessions are supplemental only but there's no limit on the number.
Contract A.28.vii	59	481. Can a list of facilities that are currently providing evening hours be provided?	This section specifically requires the allowance of these activities to take place in the evening versus SOTP programming. These activities are performed and supported by the facility.
Contract A.29.b	60	482. Are there any sites that do not have telepsychiatry videoconferencing available, if so can a list of these sites be provided?	All sites have these capabilities.
Contract A.29.b	60	483. Once telepsychiatry equipment is purchased by the Contractor and placed in the facility, does it become property of the State?	Yes
Contract A.30	60	484. What are the expected hours of coverage for evening shifts?	The Contractor creates the schedule and placement of staff.
Contract A.30	60	485. Which sites currently have evening and weekend shifts?	The Contractor creates the schedule and placement of staff.
Contract A.31	60	486. How many patients on the Mental Health services such as suicide watch and psychiatric observation are discharged to general population on average per day?	This is a decision made on a case-by-case basis by the psychiatrist /psychologist. This information is not tracked by TDOC.

Contract A.31	60	487. Where are patients on suicide watch housed? Are they celled alone?	They are housed alone. The TDOC does not have a daily breakdown; however, there are 45 beds across the state, not including DSNF's behavioral health unit which consists of 32 beds. The average can range approximately 30-35 at one time.
Contract A.35	61	488. Can the State provide a list of universities that currently have affiliations or MOUs with TDOC?	Belmont University East TN State University Milligan University Middle TN State University South College of Nursing Southern Adventist TN Wesleyan TN State University University of Memphis University of Southern Indiana UT Chattanooga UT Knoxville Vanderbilt Liberty University Western Governor's University
Contract A.35	61	489. What BH intern programs are currently in place? Please include hours.	There are no formal intern programs in place other than agreements TDOC may have with the education institutions listed in Question 430. The hours vary based on the practicum hours required by the school and the level of degree of the student.
Contract A.40	62	490. Who do the State BH Staff administratively or clinically report to?	They report to Associate Wardens of Treatment at their respective facility.
Contract A.43	64	491. Can a full scope of current reentry programs be provided?	Refer to TDOC Policy #113.80 in RFP Attachment 6.8.

Contract A.45	64	492. Is the onsite requirement for all hours, or can a hybrid remote schedule be used?	No
Contract A. 46	66	493. Are vacation, holiday and PTO hours included in the monthly staffing reports for staffing withholds? What has been the last two years by month staffing withholds by facility?	TDOC only tracks vacant positions, so we do not have this data.
Contract A. 46	66	494. Are the # of Positions included in Attachment 4 Minimum Staffing the "gross number of positions" or are they "net" of the state filled positions?	They are the Gross number of positions.
Contract A.46	66	495. When a state employee position is vacant, who is responsible for covering the positions? If the medical provider is responsible to cover state vacancies, how are they reimbursed?	If a state employee position is/becomes vacant, the contractor would absorb the position into their staffing pattern. The State takes into account overtime and costs of covering state vacancies when assessing liquidated damages.
Contract A.52	71	496. What is the current level/scope of care offered for SUD?	Residential, IOP, Outpatient, Intervention.
Contract C.3.c	86	497. States 'The contractor shall reduce their invoice equal to fifty percent (50%) of the cost of all antiretroviral medications prescribed by a physician or Mid-Level Provider for the treatment of Hepatitis C (HCV) or HIV/AIDS, as outlined in Section A.9.c of this Contract.'' Please confirm this is to represent the contractor paying for 50% of the cost of such medications as the contractor is not responsible for the procurement of the medications.	Yes

Contract C.3.c	86	498. States 'The Contractor's responsibility shall be capped at two million dollars ($2,000,000) per year for HCV.' Please confirm this cap is only for HCV and there is no cap for HIV/AIDS medications.	Yes, cap is HCV only.
Contract C.3.c	86	499. If a state employee declines the contractor's job offer, the contractor is to reimburse the State at 140% of the employee's salary with the amount being 140% to represent estimated benefits. As benefits would include time-off and as the hours to be worked by the staff would still have to be covered or subject to penalty, is the State going to provide the necessary backfill hours to cover the time-off since it is charging the contractor for the benefit?	TDOC does not.
Contract C.5.c	87	500. What are the State's normal payment terms from the date of receipt of a properly documented invoice?	45 days from the date of receipt.
Contract D.3	88	501. Given Warn Act requirements can the notice of termination be increased to 60 days? Can the provider also have a 120-day notice termination included in the contract?	The notice of termination language in the RFP document currently states "The State shall give the Contractor at least sixty (60) days written notice before the termination date. " There is nothing that needs to be changed. No – the State will not allow the provider to have a 120-day notice of termination included in the contract. WE NEED TO VERIFY THIS WAS CHANGED

Attach 3		502. How frequent are facility audits? Please provide by month and facility the last two years performance penalties	Currently, contract monitoring audits are conducted every 6 months. Additional audits may conducted based on contractor performance. 2023: Medical: $1,352,950.51 BH: $3,015,050 2022: Medical: $1,907,965.00 BH: $3,100,632.50
Attach 3		503. Does the utilization of PRN or agency staff count regarding a 30-day vacancy?	This is determined on a case-by-case basis by the State.
Attach 3		504. Please provide 2023 and 2024-to-date performance scores for all elements listed in attachment 3.	TDOC contract monitoring audits do not assign "scores"; rather each item is evaluated for a compliance threshold of 95% but are not averaged or summarized.
Attach 3		505. Please provide the date of the last pay increase for each employee listed and confirm that the future annual increase for each state employee will be no more than 3%.	The date of last pay increase is 9/1/24. For future salary increases, it is not possible for TDOC to make that guarantee as these are results of the Tennessee Department of Human Resources (which is separate from TDOC) salary evaluation results and potentially performance ratings.
Attach 6.9		506. Is the 6.9 Equipment Inventory attachment a list of equipment owned by current Contractor, State, or combination of both?	It is owned by the State.
Attach 6.9		507. The 6.9 Equipment Inventory attachment does not include the number of laptops and desktops. Please provide a list of desktops and laptops.	A list of computers can be provided as part of RFP Attachment 6.9.

		508. Please include the number of Desktop and laptops currently being provided by the current contractor. Confirm if they are connected to their own network/ISP.	None
		509. Will the State allow for the Contractor's forms to be developed in the EHR as part of the implementation? If Yes, who is responsible for the cost of the form development?	The forms used are state forms.
		510. Will the Contractor be able to setup data extract from the EHR to a Data Warehouse for purposes of providing data analytics and reporting?	No.
		511. How many patients are currently receiving cancer treatment through the TDOC?	14
	RFP Page 29	512. Who is the current "State Central Pharmacy Contractor"?	Clinical Solutions Pharmacy.
		513. Would the TDOC allow tours of the remaining facilities to provide a more thorough understanding of the layout, space, access, and equipment utilized/needed? This will ensure a more accurate price proposal.	The State is not considering further tours at this time.
A.3. b. 1 State Extended Care Facilities		514. a) Please clarify the full scope of specialty referral services in all three regions.	All sites. Yes, that is the expectation that all sites provide specialty services and regional referral sites are established for onsite and offsite appointments.

		b) Are all regions obligated to render specialty services outlined in A.5?	
A.3. b. 1. a. Specialty Physicians/Clinics		515. a) What are the parameters behind the approvals? b) How far in advanced is the approval needed?	Reviews are done on a case-by-case basis. Physical space is available at the sites that already have specialty consult services onsite.
A.3. b. 1. b. Specialty Physician/Clinics		516. a) Will there be an exception for add on appointments due to the removal of other scheduled patients? b) Will there be exceptions for emergent needs?	All patients should be seen when needed.
A.3. b. 1. c. Specialty Physician/Clinics		517. a) Please define the use of the word "day" – is this "business days" or "calendar days"? b) If a specialty clinic cannot be rescheduled within seven days due to the specialist availability, please provide the expected next steps.	a) Calendar days. b) Next steps would be a case-by-case basis depending on the acuity of the patient and need of the appointment.
A.3. c. 3. Minimum Standards and Requirements		518. Please define the use of the word "day" – is this "business days" or "calendar days"?	Calendar days.

A.3. d.1. Physician Coverage		519. Is the expectation that mid-levels shall be on-call 24/7 for laceration repair and minor surgical procedures?	It is a mixture of both; meaning, there should be an on call schedule for the times in which a provider is not onsite.
A.3. d. 3. Mental Health Nursing Coverage		520. a) Are designated mental health nurses on the approved medical staffing matrix only to provide behavioral health services in the supportive living units and to areas where patients are on precautions/seclusion? b) Do the nursing personnel's' reporting structure fall under the BHA or HSA? The positions are noted under the medical staffing.	Behavioral health nurses should be designated for behavioral health services. The HSA oversees nursing personnel; however, the BHA is responsible for assignment.
A.3. e. Nursing Protocols		521. a) Please define the use of the word "day" – is this "business days" or "calendar days"? b) Who do requests for nursing protocol changes go to on the state aspect?	a) Calendar days. b) Vendor leadership would review, then submit to TDOC leadership for review and approval prior to implementation.

A.3. f. Adjunct Appointments		522. Do students require the same clearance process as contract employees? i.e. drug test clearance, background clearance, applicable trainings, etc.	Yes
A.3. i. Mid-level Supervision		523. a) What does this process look like? Is the Contractor Statewide Medical Director involved in the process? b) Who is the referenced designee? The Contractor's Statewide Medical Director?	Yes, the Statewide Medical Director and CMO will be involved in supporting and review of all OSEL daily sentinel events call as well as the daily Huddle Call with external facilities regarding in patient admissions. The statewide medical director has direct oversite and can consult with TDOC CMO at any time.
A.3. j. Medical Records		524. a) Will the entire record be printed and filed with all intersystem transfers? b) What TDOC policy outlines this process? c) Please clarify if name stamps are permitted for all staff members or only provider staff. d) Please clarify, do all clinical encounters/notes require the utilization of	Please refer to TDOC Policy #113.50 in RFP Attachment 6.8. .

		SOAP format or just clinical assessments?	
A.3. m. Inmate Health Education		525. Please clarify any requirements around time frame in which the education program needs to be reviewed and approved by the State.	60 days from the Effective Date.
A.3. o. Scheduling Services		526. a) Will there be an exception for add on appointments due to the removal of other scheduled patients? b) Will there be exceptions for emergent needs?	Clarify "exception", please. All patients should be seen when needed.
A.3. p. Response to Grievances		527. a) Please clarify and provide the required time frame in which the education program needs to be reviewed and approved by the State. b) Please clarify the titles of appropriate regional staff members that could fulfill this role.	60 days from the Effective Date. The "Health Educator" is listed in the "Healthcare Services" tab of Attachment 4.
A.3. q. OSHA, TOSHA and CDC		528. a) Please clarify the intended position hours for the infectious disease consultant.	This would be the TACHH position reflected in Attachment 4. This position is required to assist the vendor in maintaining compliance and implementing preventative measures rather than being employed after an identified issue.

		b) Will they be required full time by the State, or only required if there is an identified issue with OSHA, TOSHA or CDC?	
A.3. t. Claim Payments		529. On occasion, claims that are in appeal may take more than 60 days prior to making payment. Please clarify the appropriate process for these claim payments.	The 60 days is from the final invoice. Meaning the timeframe doesn't start until after the appeals process, so this shouldn't be affected.
A.3. v. WMU/MAT		530. a) Is there an exception to maximum custody offenders or offenders who aren't compatible for the WMU program at WTSP? b) Clarification is needed on staffing designated for "Program MAT- all other facilities" on the minimum Behavioral Health Matrix. There is no specification as to where 37.40 FTEs are designated to throughout the state. c) Are patients required to stay for the full seven weeks? Sometimes there are reasons for patients to leave the unit before the	a) There is no exception. Max custody inmates are treated where they are housed in restrictive housing. b) MAT generally falls under medical, but behavioral health still as a role in the treatment of those in the program. Nursing will report to the HSA. The breakdown of where nursing would be placed at "all other facilities" from Attachment 4 is below. The remaining positions would be on a schedule determined by the vendor to provide services statewide, with exception to the WMU at WTSP. BCCX – 2.8 FTE RNs MCCX – 2.8 FTE RNs NECX – 2.8 FTE RNs RMSI – 2.8 FTE RNs TCIX Annex – 1.4 FTE RNs TCIX Main – 2.8 FTE RNs NWCX – 2.8 FTE RNs

		seven weeks are completed including transition to TCOM and/or to make room for more acute patients. d) Please clarify, are these services at WTSP only or all facilities?	c) Only WTSP has a Withdrawal Management Unit; however, MAT services should be offered at all State Facilities. 7 weeks is currently the minimum amount of time an inmate should receive clinically managed withdrawal services. d) Only WTSP has a Withdrawal Management Unit; however, MAT services should be offered at all State Facilities. 7 weeks is currently the minimum amount of time an inmate should receive clinically managed withdrawal services.
A.4.Primary Care Services		531. Please clarify if these services are for medical, or does it apply to behavioral health as well?	Medical
A.4. a. Initial Health Assessment and Physical Examinations		532. a) What is considered a health assessment in comparison to physical examination? b) The current contractual TDOC policy 113.20 notes 14 calendar days for completion. Please clarify if the intention is to change to seven calendar days in the new contract.	a) Refer to TDOC Policy #113.50 which indicates and defines health assessment. b) This policy is currently under review for revisions.
A.4. b. 5. Immunizations		533. Which vaccination series shall be offered to inmate workers where there is a high risk of exposure?	Hepatitis vaccinations shall be provided to inmate workers where there is a high risk of exposure and in accordance with the ACIP published annually by the Centers for Disease Control and Prevention.
A.4. c. 2. Other Inmate Evaluations		534. Please define the term, "ServSafe procedures".	It is required that TB testing to be administered and verification that the inmate doesn't have a communicable disease prior to a food handler's permit being issued a new one or when renewed.

A.4. d. 1. b. ii. Infirmary Care		535. Please declare what conditions warrants a transfer to DSNF and/ or DJRC.	Clinical/medical needs or appointments; bed management.
A.4. d. 1. d. 1. C. Infirmary Care		536. a) Please clarify the number of infirmary beds at MCCX. b) Please clarify the number of infirmary beds at TCIX-M. c) Is the minimum staffing identified and sufficient to support the identified beds within this facility?	a) Morgan County Correctional Complex (MCCX): ten (10) infirmary beds (including two (2) negative pressure rooms.) b) 2 medical beds in the same room and one mental health room c) yes
A.4. d. 2. Chronic Care Clinics		537. Please clarify there is a required time frame in which the "Chronic Care Plan" needs to be submitted to the State and what that time frame is.	60 calendar days from Effective Date.
A.5. Specialty Care/ Consultation Services		538. a) Does the Department have specific expectations of the timeframes for "timely payment" regarding payment of all outpatient and inpatient care (e.g., 30,60, 90 days from receipt of proper invoice)? b) This timely payment language appears to contradict the claims payment language in RFP Section A.3.t.	A) It is expected to be within 60 days. B) See #529.

		Please define and clarify this. Is the expectation to be within 60 days?	
A.5.b. and A.5.c. Regional Specialty Care Services and Mobile Specialty Care Services		539. Is the East Region responsible for conducting CT and MRI or shall these patients be transferred to Central and Western regions for these particular specialty services?	These services are not broken down by region.
A.5.d. and A.5.e. Mobile Oncology Infusion Services		540. a) Are there parameters or specifications to the mobile trailers and modular buildings (e.g., size, number of infusion chairs, number of beds, scope of services, etc.)? b) Are staffing expectations for these services identified and sufficient in the minimum staffing requirements? Or should bidders assume additional staff, above the RFP staffing plan, will be needed to operate these programs? c) Is there a target timeframe for opening or operationalizing these	THIS REQUIREMENT IS BEING REMOVED FROM THE RFP THROUGH THIS AMENDMENT. Please see response to question #35.

		services after the contract start date?	
A.8. Hospitalization Services		541. a) Please clarify if the Department has a required frequency of meetings with representatives from hospitals. b) Is this RFP language for all meetings with hospitals or is this in reference only to the initial contracting discussions with the hospitals? c) Is there a specified time frame in which the policy and procedures for hospitalization services needs to be presented to the State CMO?	a) Daily (M-F) huddle with hospital representation. b) This is for all meetings. c) Within 60 calendar days of the Effective Date.
A.8.a.3.General Requirement for Hospitalization		542. Is there a maximum CAP for these fees, or can the Department provide some estimates of what these fees are, or have been in the past?	There is no maximum CAP.
A.8.a.6. General Requirements for Hospitalization Services		543. What does this option look like? Is the contractor responsible for security related fees as well?	The Contractor is responsible for security related fees.
A.8.c.2. Notification of Hospitalization		544. What type of direct messaging is expected and secure?	Phone calls preferred. Email can be sent secured.

A.8.d. Privately Managed Facilities		545. Please clarify if this requirement includes observation-only admissions.	Yes.
A.8.e. Non-Secured Units		546. a) Will this be waived if NGH is unable to provide the services needed? b) Does this include any patient, regardless of prison facility, i.e. TDOC vs. Core Civic?	If NGH cannot comply, then the provision stands as written UNLESS agency leadership decides to waive it. Corecivic contracts are separate contracts and will not be referenced for this RFP.
A.8.f. and A.8.f.1-8 Secured Units		547. a) Bidders will need to include these presently unknown costs in their price proposals, and there is no way for bidders to know these costs at the present time. Could the Department provide an amount that bidders should include in their price proposal or establish a capped amount that the Contractor would be responsible for regarding maintenance and capital improvements at NGH? b) Is there a capped amount that the	The State has no intent of another secured unit Being created for this contract. There is no need to Include a cost for this in your bid.

		Contractor is responsible for regarding another secured unit that may be identified outside of NGH?	
A.9.d. Formulary and Non-formulary Medications		548. Will the State develop a plan related to chronic disease management and nursing protocols or shall the Contractor develop applicable plans and submit it to the state for approval?	The state has provided nursing protocols.
A.10. Staffing Services		549. Please clearly define the usage of the word "day" – does this mean "business days" or "calendar days"?	Calendar days.
A.10.a.2. Pre-employment Screenings		550. This expectation does not appear to be congruent with the language in RFP Section A.46.a. Please clarify the process and requirements for applicable health screenings on pre-employment.	Section A.46 should be deleted.

A.10.b. Background Investigations		551. Please clarify the steps of the screening process prior to employment.	• Correctional Officers
			  • Health screenings (are paid for by TDOC) – candidates are sent to various vendors contracted through Centurion
			• Probation/Parole Officers and Non-Security Employees Authorized to Carry a state owned firearm
			  • Health screenings – (currently not being paid for by TDOC) candidates have to select a medical provider to complete their health screening (this can be their personal PCP, or a walk-in clinic)
			• Facility Non-Security Employees

			• Conducted by a qualified licensed medical provider- consist of pulse, respiration, blood pressure, and Tuberculin Skin Test (TST) • Central Office Employees not authorized to carry a state owned firearm • Health screening is conducted by Central Office nursing staff. The screening includes: basic vitals (blood pressure, pulse, and respiration checks) and consist of health history and current medications • A drug screening is not required for pre-employment • Community Supervision and Rehab Services Employees (not authorized to carry a state owned firearm) • A health screening is not required *All pre-employment drug screenings – candidates are sent to locations that have be designated/contracted by our vendor Comprehensive Drug Testing (CDT)
A.10.c. Personnel Files		552. Please provide a list of the specific information the Department will require be contained in the onsite personnel files.	1) a copy of the fingerprint card 2) a copy of the fingerprint report 3) NCIC report 4) photo ID 5) PREA Self Declaration Form CR-3819 6)Employee Contact Information
A.10.g.1. General Requirements of Orientation and Training		553. Please clarify if there is a required or certain time frame in which the orientation/training plan needs to be submitted to the State.	60 calendar days from the Effective Date.
A.10.g.2. General Requirements of Orientation and Training		554. Is there a certain time frame in which the contractor needs to secure the digital curriculum?	60 calendar days from the Effective Date.

A.10.g.3. Staffing Training Curriculum		555. a) Is this speaking to the same requirement as noted in A.10.g.1.? b) Is this regarding orientation or annual training? c) Please clearly define the usage of the word "day" – does this mean "business days" or "calendar days"?	a) Yes it is the same as A. 10.g.1 b) It is both Orientation and Annual Training c) This means calendar days.
A.11.a.1. Utilization Management and Review Process		556. Please clearly define the usage of the word "day" – does this mean "business days" or "calendar days"?	Calendar days.
A.11.a.4. Utilization Management and Review Process		557. These individuals are not identified in the minimum staffing requirements.	The duties listed in A.11.a.4 are collateral duties the Contractor will assign to one of the Contractors staff at each location.
A.11.a.6. Utilization Management and Review Process		558. a) Is there a certain time frame in which the method of hospitalizations, consultations and the applicable tracking system needs to be presented to the state for implementation?	Daily OSEL and huddles calls are held during regular business days and are used to share information regarding these services. The daily huddle calls are specific to individuals that are hospitalized, while OSEL covers all of these subjects. Presentation of the method of hospitalizations, consultations, and tracking systems should be presented to the State within 60 calendar days from the Effective Date. Hospitalization events that occur over the weekend may be discussed via phone during non- business hours or during the daily huddle calls.

		b) Does the plan need to be submitted to the CMO for approval? c) Daily basis for hospitalization events? Is this covered via OSEL entries? How does the Department envision this communication to occur on weekends?	
A.11.a.7. Utilization Management and Review Process		559. a) Are there current protocols being used today? If so, please provide. b) Who will apply for TennCare qualifications? c) Please clarify the responsible party for the payment of these TennCare hospitalizations.	a) There are not protocols per se. Currently TDOC receives a list of patients when suspended monthly. It is then sent to case management from the vendor. b) The vendor assists in the application process. c) The contractor is responsible for remaining payments after Tenncare is applied.
A.12.a. Vision Care Services		560. a) What is the definition of days- business or calendar? b) Are there parameters to intake optometry	a) Calendar Days. b) No parameters. Promptly shall mean no delay. c) No exceptions. d) Case-by-case basis, escalate as needed.

		examinations? What is the expectation of promptly? c) Will there be exceptions made to the 15-business day timeframe for specialty lenses? d) What are the stipulations behind replacing glasses due factors related to security searches?	
A.12.c. Laboratory Services		561. e) Who identifies which laboratory results require a longer processing time? f) Will those particular labs be outlined and a timeframe for resulting identified? g) What does this process look like?	No, we cannot identify these for the purposes of the RFP as they are vendor specific.
A.12.e. Long- Term Care		562. Is the Contractor responsible for security related costs?	Non-secure unit costs are the vendor's responsibility. TDOC will invoice the vendor monthly.
A.12.f.1. Renal Dialysis		563. Please clarify this requirement, it appears to contradict the language in RFP Section A.5.c. that says, "*The Contractor shall provide mobile renal dialysis available at each*	Female inmates could receive services at DSNF, but in instances in which this is not possible, mobile dialysis should be provided at the female State Facilities. Both sections do mention that these are at the discretion of the State.

		female State Facility as designated by the State."	
A.12.h.1 Oncology		564. RFP Section A.5.d. mentions mobile services in three regions; this portion refers to DSNF and DJRC weekly oncology clinics only. Please clarify the expectation of oncology services.	Currently on site at DSNF and DJRC. The goal is to expand with mobile units to other locations not yet decided upon.
A.13.b. Nurse Credentialing		565. a) Is this speaking of APNs or RNs and LPNs? b) Is a TB or IGRA warranted for nursing personnel? This expectation does not align with TDOC policy 113.44.	Just as the RFP states, "All nursing staff" Which is inclusive of all those listed.
A.13.c. Ancillary Staff Credentialing		566. a) Is a TB or IGRA warranted for ancillary staff members? b) This expectation does not align with TDOC policy 113.44.	No.
A.14.a. Contract Representative		567. Would the Vice President of Operations role suffice for this designated person?	This can be discussed on a case-by-case basis depending on the candidate being discussed.
A.14.c. Contractor's CQI Coordinator		568. Will the Contractor's CQI Coordinator be involved with privately managed facilities?	Yes
A.14.d. Contractor's IDM Coordinator		569. Is the Contractor's IDM Coordinator involved with privately managed facilities?	Yes

A.14.e. Contractor's Statewide Health Educator		570. Is the Contractor's Health Educator involved with privately managed facilities?	Yes
A.14.f. Contractor's Statewide Case Manager		571. Is the Contractor's Statewide Case Manager involved with privately managed facilities?	No, the vendor's statewide case manager is not responsible for the private facilities.
A.14.i. Contractor's Statewide HCV Treatment Management Coordinator		572. Is the Contractor's FibroScan LPN required? The RFP doesn't appear to provide specifications of the individual nor assigned job duties. Please clarify.	Yes.
A.15.a.2. Infectious Disease Committee		573. a) How often are Infectious Disease Committee meetings held? b) How often are TACHH Committee meetings held? Who do these meetings consist of?	a) Infectious Disease committee is a sub-committee of the SCQIC. There is no standardized meeting schedule. b) Every other month. TDOC and vendor medical leadership, TACHH coordinator.
A.15.a.3. Gender Dysphoria Committee		574. How often are the Gender Dysphoria Committee meetings held?	Monthly on site and quarterly at TDOC Central office
A.15.a.5. Morbidity and Mortality Committee		575. a) How often are Morbidity and Mortality Committee meetings held? b) Please clarify the intended and required participants for these meetings.	Monthly. CMO, admin for CMO, appropriate site medical directors, appropriate site staff, and AC if needed. Any and all others as assigned.

A.15.a.6. Ethics Committee		576. a) Is this referring to the State's Ethics Committee or is the contractor expected to have an ethics committee that the TDOC Chief Medical Officer is including in? b) Please clarify the intended and required participants for these meetings.	The intent is a medical ethics committee that the TDOC CMO is included in. This can be discussed on the best plan to complete.
A.15.a.7. Peer Review Committee		577. Please clarify the intended and required participants for these meetings.	At a minimum, the site MD or supervising physician and the statewide medical director. Others can be discussed as needed.
A.15.c. Committee Reports		578. Is the Contractor's CQI Coordinator responsible for completing this task monthly?	Yes, monthly. They are uploaded to a shared drive on the State's network.
A.18.a. Medical Records		579. a) Does the health record need to accompany the inmate when transferred to private managed facilities? b) Clarification needed on "all services provided to an inmate shall be typed for placement in the health record."	Yes, they do. All services, medications, procedures, etc. should be in the medical file. Medical file compilation requirements are outlined in TDOC Policy #113.50.
A.19.c. 5. Health Care Delivery Costs and Statistics		580. If the local hospital or ER can handle the current patient's clinical needs, is there a need to transfer to the Regional Hospital?	It depends and can be reviewed on a case-by-case basis.

A.19.e. Annual Reports		581. What type statistical reports involving utilization is warranted? Who are the annual reports submitted to on the state aspect?	Refer to TDOC Policy #113.54 for clinical services statistics collection and reporting.
A.19.g. Inmate Co-Pay		582. Are co-payments for medical services, eyeglasses and or dentures routed back to the contractor?	Co-pays are not routed back to the contractor.
A.19.h Pre-Release Planning and Transitional Services		583. a) How will providers write the prescriptions? b) Are there laws requiring e-scribe tools, especially for controlled substances, that Contractors need to be aware of?	A) Orders must be placed in Central Pharmacy's online portal called CIPS Remote. If the medication is a controlled substance, the medication must be entered into CIPS Remote as well as faxed. B) TN Code § 63-1-160 (2021) 21 CFR Part 1311 - PART 1311—REQUIREMENTS FOR ELECTRONIC ORDERS AND PRESCRIPTIONS
A.23.C Reports		584. Please clarify the expectation pertaining to the weekly ER reports.	A secure email for ER reports would suffice but open to other communication modalities.
A.25.a and A.25.g. General Requirements for Behavioral Healthcare Services		585. c) Clarification needed on behavioral health operations meeting NCCH or ACA standards. d) Clarification is needed for specifications of this locations and programing of the unit.	a) All services and care provided must be in compliance with these standards. b) This is reference to the Therapeutic communities which is covered in the policy provided. TDOC has multiple TCOMS throughout the state that are self-contained and vary in capacity. The programming mostly used is Hazelton, but there are other cognitive programs included in the programming.
A.26.b. Psychiatric Services		586. Clarification is needed as to whether an APN will be needed	

		to perform and initial 30-day review and every review 30 days thereafter for inmates in restrictive housing. Are minimum staffing requirements sufficient to meet this requirement at facilities with restrictive housing regarding APNs and will there be sufficient supervising coverage to?	Refer to TDOC Policy #113.84 in RFP Attachment 6.8; any licensed mental health prof. can perform these reviews. Yes.
A.26.c Psychiatric Services		587. a) Is it permissible for the "direct assessment" to be completed via telehealth? b) Is it anticipated that APNs will be able to complete the 24-hour restraints assessments?	a) No b) Yes
A.31 Behavioral Health Nurse Coverage		588. Is the expectation that nursing FTE from the minimum staffing medical matrix be utilized to meet this requirement? If so, not every facility has allocated BH nursing FTE on the minimum medical staffing matrix.	Yes, this is TDOC's expectation of the vendor.
A.33 Nursing Protocols		589. Is a second set of nursing protocols required or shall all nursing personnel follow the same established protocols?	Section A.33. is specific to behavioral health services. If the vendor prefers to make one set of nursing protocols for both health and behavioral health services, that would be sufficient to the TDOC, so long as they cover responsibilities for both.
A.35 Supervision of Interns		590. Are there other stipulations related to this requirement? Should this supervision occur within a certain period of time?	There is not a formal program in place. The hours vary based on the practicum hours required by the school and the level of degree of the student.

A.52.d.8. Substance Abuse Disorder Treatment		591. Do the minimum staffing requirements demonstrate sufficient staffing for this expectation?	We do not anticipate implementing a therapeutic community at DJRC. However, the staffing pattern is sufficient for group therapy, aftercare, and assistance with recovery groups for LOC 3 inmates.
A.55 MAT/WMU Unit		592. Is there a specified number of beds allocated to the designated unit at WTSP?	Total number of beds in that designated unit is 48.
A.55.f. MAT/WMU Unit		593. What are the requirements behind "routine" care and assessments?	Refer to TDOC Policy #113.93.
A.55.i. MAT/WMU Unit		594. Is there an annual CAP to this cost?	Yes
Attachment Three Medical		595. a) Will TDOC policy change to reflect contractual expectations? b) Please define the word "days" in this section. Does this mean "business days" or "calendar days"? c) Is the $200 amount assessed per record reviewed or per consultation in a single record? d) What is the definition of "special" housing units? e) What mechanism will be utilized to identify that sick call was offered in	a) The indicator requires the same information as policy, with the only addition being that physician orders are also signed legibly by the ordering provider. b) Calendar. TDOC views the terminology as interchangeable. c) Per record reviewed. d) "Special" housing would include any unit outside of general population. e) Mechanism: Sick call rosters would indicate. f) TDOC contract monitors review both. They are assessed per occurrence; however, if both the nursing documentation and the on-call log show the same discrepancy, it would only be a single charge. If one or the other was noncompliant, it would still be a single charge. g) The indicator requires the same information as policy, with the only addition being that physician orders are also signed legibly by the ordering provider. h) Assessed by the MAR. Both. Screenings are done upon initial intake into TDOC and then annually thereafter; whereas testing is completed when clinically indicated.

		restrictive housing units seven days per week? f) Is this indicator assessed based on the emergency on-call log noting the increments in which an emergent call exceeds 30 minutes? Or will this indicator assess damages based on notation identified in the nursing documentation? g) This Policy 113.71 differs from current contractual obligations. Is it the intention of the Department to change it? The current policy indicates: *Orders for medication will be noted on a Physician's Orders, CR-1892, and include the date and time the order was written, duration of therapy, drug name, drug dosage, route of administration, frequency, clinical indication, and*	

		quantity limits as applicable. h) Is this indicator assessed by patient record or all Medication Administration Records in the patient's record for the specified review period? i) Is the damage assessed per test not completed or screening not completed?	
Amendment Three Behavioral Health		596. a) Is this indicator assessed based on the emergency on-call log noting the increments in which an emergent call exceeds 30 minutes? Or will this indicator assess damages based on notation identified in the nursing documentation? b) Please define the word "days" in this section. Does this mean "business days" or "calendar days"?	a) TDOC contract monitors review both. They are assessed per occurrence; however, if both the nursing documentation and the on-call log show the same discrepancy, it would only be a single charge. If one or the other was noncompliant, it would still be a single charge. b) Calendar days c) The liquidated damages Are the actual salary and benefits for the position. The amount will depend on which position(s) is vacant.

		c) What are the liquidated damage amounts by positions?	
Attachment 4 Minimum Staffing Requirements		597. There are currently filled/vacant State medical records clerk positions that are not allocated within Attachment 4. Please clarify if this omission is intentional.	These positions are listed in the correct version of Attachment 4.
Attachment 4 Minimum Staffing Requirements		598. During the site tour, the current health services administrator commented in front of tour attendees that the current number of agency nursing personnel is 250, operating at a 0.9 FTE capacity. This requirement approximates 225 FTE total. Please clarify if the 225 within Attachment 4 is intentional.	The health administrator was speaking in bodies not FTEs.
Attachment 4 Minimum Staffing Requirements		599. The state Physical Therapist Aide is not allocated on the minimum Healthcare Service staffing plan. Please clarify if this omission was intentional.	Yes, this was intentional.
Attachment 4 Minimum Staffing Requirements		600. Case Manager coverage is not allocated on the minimum Healthcare Service staffing plan. Please clarify if this omission was intentional.	Case Manager position is noted in Attachment Four
Attachment 4 Minimum Staffing Requirements		601. A 1.0 was added to the BH Staffing for a total of 3.0 APNs. Has this been changed?	No
Attachment 4 Minimum Staffing Requirements		602. This does not specify the site. Are there plans to expand this program at DSNF or will there be additional 14 FTEs allocated to multiple sites?	Yes, there are plans to expand in the future; however, TDOC is not able to provide specifics at this time.

A.4.d Staff Examinations		603. This RFP language differs from current contractual obligations surrounding staff examinations. Is the intention of the TDOC to change these requirements in the new contract?	Yes.
A.16 Medical Supplies and Equipment		604. This RFP language differs from current contractual obligations. Is the intention of the TDOC to change these requirements in the new contract?	Yes.
Attachment 6.2, B.9		605. a) How is Respondent defined for purposes of Attachment 6.2, B.9. Is Respondent defined as the entity bidding the RFP? b) Attachment 6.2, B.9 requires the Respondent to disclose all litigation, settlement or judgments related to the Respondent or related to affiliates of the Respondent where a federal, State, or local government entity is a party.	a) YES b) No question was asked for b, but yes that is part of the requirement. c) This requires you to disclose all litigation, settlements, or judgments in which a federal, State or local government is 1) a co-defendant in litigation with the Contractor and/or its affiliates; OR 2) is an adversarial party to Contractor and/or its affiliates. Basically you need to disclose ANY of these situations.

		c) To clarify, does this request seek all litigation, settlement or judgments in which a federal, State or local government is 1) a co-defendant in litigation with the Contractor and/or its affiliates; or 2) is an adversarial party to Contractor and/or its affiliates.	
Attachment 6.6(E)(19		606. Attachment 6.6(E)(19) references a "Summary of Behavioral Health Liquidated Damages" document, which appears to be missing from the RFP. A copy of this document is requested.	IThese are outlined in the correct attachment 3.
Attachment 3, Key Performance Indicator Manual		607. What is the allotted time frame to dispute the findings via appeal to the Director of Clinical Services?	3 days
Attachment 3, Key Performance Indicator Manual Page 10		608. Please clarify the requirements around clinical vacancies and their required fill date timeframes. The RFP language here seems to differ between 30 and 14 days.	It should be 30 for both. Please review the correct version of Attachment 3.
Attachment 3, Key Performance Indicator Manual Page 3		609. We are notifying the Department of some incorrect dates referencing 2016 on page 3 of Attachment 3.	Noted.
Attachment 3, Key Performance Indicator Manual		610. Please clarify the criteria surrounding written approval from the State for exceptions of consults that exceed the 60 days	Exemption details are provided to Chief Medical Officer for approval/denial. CMO determines appropriateness for exception.

Page 10		for routine and 14 working days of urgent.	
A.52, Page 80		611. Page 80 of the RFP includes a list of seven numbered items that do not appear to be related to substance abuse disorder treatment urinalysis testing A.52.m. which is the subsection just above the numbered list of seven items. Can the Department please clarify what the seven numbered items are referencing and explain the placement of them under A.52.m. substance abuse disorder treatment urinalysis testing?	These seven items have been moved to section A. 50 in item number 3 below. Please see item 4 below.
A.55 Medication Assisted Treatment/Withdrawal Management Unit		612. On RFP page 82 under A.55 Medication Assisted Treatment/Withdrawal Management Unit, a. reads "The Contractor shall provide the full-time equivalent of nine-point four (11.4) staff positions consisting of……." Can the Department clarify if this is supposed to be 9.4 or 11.4?"	It should be 11.4. Please see Item 4 below.
Attachment 4, Minimum Staffing Requirements		613. We appreciate Attachment 4 "Minimum Staffing Requirements". Please clarify: a) When creating staffing plans, should we add column C "# of Positions" and column D "State Filled" to determine the number	a) No. Column C includes column D

		of staff required for each position? Or does column C "# of Positions" include column D "State Filled"? For example, on line #98 of the Healthcare Services tab at Northeast Correctional Complex, we see 7.0 FTE LPNs in column C, and 3.0 FTE LPNs in column D. Does the TDOC desire 10 FTE LPNs at Northeast Correctional Complex, or 7.0 FTE LPNs at Northeast Correctional Complex?	
RFP Attachment 6.6 Pro Forma Contract, A.19.g		614. RFP Attachment 6.6 Pro Forma Contract, A.19.g states "The Contractor shall provide clinical case managers ("Contractor's Clinical Case Managers") at each facility to complete reentry planning services for all inmate patients with chronic general medical health or chronic mental health diagnoses and needs", yet there is no Case Manager noted on Attachment 4 for Mark Luttrell (MLTC), Turney Center Main, Turney Center Annex. Please clarify. Does the TDOC require a Case Manager at these facilities?	Yes; they are indicated in the attachment under the "Behavioral Health Services" tab.
RFP Attachment 6.6 Pro Forma Contract, A.40 & Attachment 4		615. RFP Attachment 6.6 Pro Forma Contract, A.40 states "At the facility, the Contractor's clinicians, and Clinical Director shall administratively report to	The psychologist at each site is the clinical director.

		the Behavioral Health Administrator. Leadership at each facility shall consist of a Behavioral Health Administrator and a Clinical Director." Which position at each facility is considered the "Clinical Director"? There are no Clinical Directors identified on Attachment 4, only one identified in the regional office. Please clarify.	
Attachment 4, Minimum Staffing Requirements		616. There is a PT Aide at DSNF today, but there is no PT Aide shown on Attachment 4 at DSNF. Does TDOC intend to eliminate that position?	This omission was in error and has been corrected in RFP Section 11.4.
Attachment 4, Minimum Staffing Requirements		617. Currently the Dental Assistant at MLTC is a 1.0 FTE position and is filled by the TDOC. Please confirm the TDOC desires to covert this position to the vendor and to reduce weekly hours.	TDOC cannot confirm this. The FTE listed in Attachment Four is 0.6, and it does not convert to vendor until State staff member decides to convert or the position becomes vacant.
A.9.b Pharmacy Services		618. A.9 Pharmacy Services b. State Pharmacy and Therapeutics Committee lists among participants a Dental Consultant. Can the Department please clarify if this position is the statewide dental director position included in the staffing matrix or is this a separate position?	Yes, it is the Statewide Dental Director position included in the staffing matrix.
RFP Attachment 6.3, Cost Proposal		619. Please confirm that the cost of the Modular units and trailers should be included in the fixed PIPD rate, rather than shown as a	This requirement is being removed from the RFP.

		separate Ala speciCarte Pricing Option.	
RFP Attachment 6.3, Cost Proposal		620. In order to provide transparency and assist in evaluating costs, would the State consider adding a separate line item on attachment 6.3 for pricing the Modular units.	This requirement is being removed from the RFP.
RFP Attachment 6.3, Cost Proposal		621. Please explain the intention of listing different base population numbers on Attachment 6.3.A of 21,496 (FY 2021) versus the population numbers shown on Attachment 6.3.of 28,642 (FY 2024)?	The different population figures provided were an error on our part. The base population figure is 21,593. State population:14,195 Private Prison population: 7,398 **These are reflective of bed capacity, not population**
RFP Attachment 6.3, Cost Proposal		622. Please confirm the accuracy of following mathematical examples to show how the adjustment for marginal costs above and below the base population will be calculated. If this is not accurate, please provide an alternative example. • If the actual population is 29,000: (Base population 28,642 * Fixed PIPD Rate * Number of days in the month) + (358 * marginal rate PIPD * Number of days in the month)	Yes, this is correct.

		If the actual population is 28,000: (Base population 28,642 * Fixed PIPD Rate * Number of days in the month) – (642 * marginal rate PIPD * Number of days in the month).	
RFP Attachment 6.3, Cost Proposal		623. Does the Department intend on deducting the cost of any State-Filled positions from the vendor's monthly invoice?	Yes
RFP Attachment 6.3, Cost Proposal		624. Should Attachment 6.3.A be completed for all five years or just the first year?	Just the first year.
RFP Attachment 6.3, Cost Proposal		625. Please confirm the base census number that should be used for completed attachment 6.3	21,593
RFP Attachment 6.3, Cost Proposal		626. Can the State please provide the Cost Proposal (Attachment 6.3) in an excel format, similar to attachments 6.3A, B & C?	The State prefers to keep Attachment 6.3 in PDF form. An excel version with the CORRECT population numbers has been provided to CPO.
Attachment 4, Minimum Staffing Requirements		627. There are 81 positions that could be involved with MAT services, 24 licensed and 59 non-licensed personnel. a) Is the DOC desiring that all of these 81 positions be dedicated fully to MAT services? b) If no, please clarify what positions and how many listed in the Attachment 4 plans are fully dedicated to MAT services.	a- No not all 81 positions are allotted for MAT services. There will be some involvement by BH as a LADAC or mental health therapist may need to see a patient on MAT, but this is part of the workflow already. b- 23.7 positions are allotted in the new staffing pattern and 9.4 already in contract for the WMU.

General		628. Are there any planned efforts to restrict % of telehealth visit allowed as a % of overall visit?	Not necessarily. Face to face is preferred.
General		629. Is the TDOC open to the idea of the contractor installing their own isolated network separate from the TDOC's to serve Contractor end points/PCs?	No.
General		630. Are there plans for TDOC to provide wireless connectivity/access for medical? If so, what locations are in scope?	This is being discussed but currently no.
General		631. If infrastructure cabling is required, who is financially responsible?	The State
General		632. Is rack space, power, and cooling available within current network closets to install additional equipment if Contractor network is expanded?	This can be discussed with Facilities if the need arises.
General		633. Is the Contractor responsible for the cost and management of new network runs if needed?	No, The State provides fiber between the buildings and CAT6 as required in the buildings. Additional CAT6 will be added by the State if needed.
RFP Attachment 6.4, References		634. Many government and state agencies no longer permit references to be provided in writing for their vendors, subcontractors, etc. If wiling, it must go through several lines of approval and is often burdensome for our clients. With the voluminous number of reference requests for	The State declines to alter the requirements or accept other options

		procurement across the board, would the Department consider other options for requested references, such as: • If the same reference submitted the reference form to the TDOC within the last 12 months for the same specific services required in this RFP, allowing the agency to simply email the RFP contact and inform them that their prior submitted reference is still active. • Changing the reference form to be contact information so the DOC could directly call that agency for live dialogue and reference requests.	

3. Delete Pro Forma Contract Section A.50 in its entirety and replace with the following:

A.50. CASE MANAGEMENT SERVICES. The Contractor shall provide case management services via the Contractor's case managers with a bachelor's degree in behavioral science and with experience in inmate behavioral healthcare. Upon the Contract Effective Date, the Contractor shall provide and/or assist with the case management services for inmates with a mental illness. These services shall include efforts to coordinate and provide continuity of behavioral healthcare for inmates upon entry, by:

a. Providing an adequate level of care during incarceration; and

b. Coordinating referrals from Contractor behavioral health staff to Deberry Special Needs Facility, Debra K Johnson Rehabilitation Center, or other specialized TDOC treatment units for inmates with a mental illness and at risk of needing a higher level of care, and community services upon release. The Contractor shall provide its case management procedures in writing to the State for approval within the first ninety (90) days of the Contract Effective Date of the contract and annually, no later than April 1st of each year of the Term of this Contract.

c. Guidelines. The Contractor shall provide written guidelines and procedures for the provision of efficient and quality case management services. The State may require the Contractor to changes the Contractor's case management procedures at the State's sole discretion. The Contractor shall provide the following procedures for case management services:

1) Coordination of referrals to Deberry Special Needs Facility, Debra K Johnson Rehabilitation Center, or other specialized TDOC treatment units within thirty (30) days from the time the provider makes the request..

2) Development and implementation of an effective method to coordinate with the TDOC classification and transportation departments for inmate transfers and movement.

3) Clinical recommendations/consultations and assistance with coordination of inmate referrals to other specialized TDOC programs, or designated contract hospitals or community-based treatment programs as applicable.

4) Development of aftercare plans for inmates with medical and/or behavioral health needs to facilitate successful reentry into the community.

5) Assisting inmates in applying to the Social Security Administration, the Veterans Administration, and other governmental agencies to ensure that Inmates receive benefits upon release to which they may be entitled.

6) Communication with Forensic Social Workers in the community to facilitate continuity of care during the inmate's transition from incarceration to the community.

7) Establishment of designated staff to be responsible for case management services.

4. Delete Pro Forma Contract Section A.55.a in its entirety and replace with the following:

a. The Contractor shall provide the full-time equivalent of eleven-point four (11.4) staff positions consisting of 4.2 LPNs, 5.2 RNs, 1 CNA and 1.0 MAT APN for the operation of a Medication Assisted Treatment/Withdrawal Management Unit program for opioid-addicted inmates. The Contractor shall ensure that the unit provides a stable and calming environment to prepare participants for the Therapeutic Community, further preparing them for release from prison and re-entry into the community. The program is to take place at WTSP. Further MAT or withdrawal management services are to be provided as outlined in Section A.3.v.

5. Delete Pro Forma Contract Section A.52m in its entirety and replace with the following:

m. The Contractor shall use urinalysis testing as part of the treatment program as a tool for monitoring program compliance and to identify problems. The Contractor shall provide the following services and shall conform to the following standards:
1. All program-related drug screens shall be conducted in accordance with TDOC Policies #506.21 and #513.07, as may be amended.
2. All program participants shall receive an initial drug screen, random screens, as well as exits screens through the treatment program. All positive screens shall be confirmed through the use of a second methodology.
3. Any program participant that fails a screen beyond the first thirty (30) days in the program shall be subject to serious sanctions, which could result in immediate dismissal and a Class A disciplinary for refusal to participate.
4. All drug testing shall be paid for by the Tennessee Department of Correction.
5. The Contractor shall comply with the TDOC Policy #506.21, as may be amended, regarding urinalysis testing, chain of custody, and sanctions for positive drug screens.

Contractor failure to ensure Substance Use Disorder Treatment is provided as outlined herein or urinalysis tests are not conducted as outlined is subject to liquidated damages in accordance with Attachment Three.

~~1) Coordination of referrals to Deberry Special Needs Facility, Debra K Johnson Rehabilitation Center, or other specialized TDOC treatment units within thirty (30) days from the time the provider makes the request..~~
~~2) Development and implementation of an effective method to coordinate with the TDOC classification and transportation departments for inmate transfers and movement.~~
~~3) Clinical recommendations/consultations and assistance with coordination of inmate referrals to other specialized TDOC programs, or designated contract hospitals or community-based treatment programs as applicable.~~
~~4) Development of aftercare plans for inmates with medical and/or behavioral health needs to facilitate successful reentry into the community.~~
~~5) Assisting inmates in applying to the Social Security Administration, the Veterans Administration, and other governmental agencies to ensure that Inmates receive benefits upon release to which they may be entitled.~~
~~6) Communication with Forensic Social Workers in the community to facilitate continuity of care during the inmate's transition from incarceration to the community.~~
~~7) Establishment of designated staff to be responsible for case management services.~~

6. Pro Forma Section A.5.d. is deleted in its entirety.
7. Pro Forma Section A.5.e. is deleted in its entirety.
8. Attachment 3 Key Performance Indicator Manual is deleted in its entirety and replaced with a revised Attachment 3 Key Performance Indicator Manual.
9. Attachment 4 Staffing Matrix is deleted in its entirety and replaced with a revised Attachment 4 Staffing Matrix.

10. <u>RFP Amendment Effective Date</u>. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.