STATE OF TENNESSEE
DEPARTMENT OF DISABILITY AND AGING

REQUEST FOR PROPOSALS # 99598
AMENDMENT # 1
FOR PHARMACY SERVICES WEST AND MIDDLE TENNESSEE

DATE: September 15, 2026

RFP # 34401-99598 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		Aug. 18, 2026
2. Disability Accommodation Request Deadline	2:00 p.m.	Aug. 21, 2026
3. Pre-response Conference	1:00 p.m.	Aug. 24, 2026
4. Notice of Intent to Respond Deadline	2:00 p.m.	Aug. 25, 2026
5. Written "Questions & Comments" Deadline	2:00 p.m.	Aug. 28, 2026
6. State Response to Written "Questions & Comments"		Sept. 15, 2026
7. Response Deadline	2:00 p.m.	Sept. 25, 2026
8. State Completion of Technical Response Evaluations		Oct. 2, 2026
9. State Opening & Scoring of Cost Proposals	2:00 p.m.	Oct. 5, 2026
10. Negotiations		Oct. 6 - Oct. 19, 2026
11. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	Oct. 20, 2026
12. End of Protest Period		Oct. 27, 2026
13. State sends contract to Contractor for signature		Oct. 28, 2026
14. Contractor Signature Deadline	2:00 p.m.	Nov. 2, 2026

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
1.1	1	1	The Harold Jordan Center occupancy is listed in RFP Section 1.1 as "24 (12)." Does this reflect 24 licensed beds with a current census of 12 residents, or does it refer to something else? Please clarify, as this may affect staffing and delivery planning.	The Harold Jordan Center is licensed for 24 total occupants but is only funded/budgeted for a total of 12 occupants. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.4.
		2	Is this RFP a re-bid of an expiring pharmacy services contract, or a new procurement? If a re-bid, can the State identify the incumbent Contractor?	This RFP is a re-solicitation of an expiring pharmacy services contract. The incumbent contractor is Turenne Pharmed Co, Inc.
		3	Are all individuals served under this contract currently covered by Medicare Part D and/or TennCare Medicaid, or are there residents with other primary coverage (private insurance or no coverage) that would routinely fall to State billing?	All individuals served under this contract are currently covered by Medicare Part D and/or TennCare with the exception of some of the individuals supported at the Harold Jordan Center, which are state funded.
Attachment 6.3	27	4	For the over-the-counter medication dispensing fee in RFP Attachment 6.3, is the billing unit "per medication per fill" or "per unique OTC product per resident per month"? Please clarify the billing unit intended by "Per each Medication."	For the OTC medication dispensing fee in the RFP Attachment 6.3, the billing unit would be per medication, per fill. OTC medications are to be filled as ordered by the prescriber and are filled a month at a time unless they are PRN, which will be filled upon request of the facility.
1.1	2	5	Does the State require use of a specific, mandated national drug pricing compendium for the Average Wholesale Price (AWP) calculation referenced in RFP Section 1.1 (e.g., Medi-Span, First Databank), or is any nationally recognized compendium acceptable?	The State does not require the use of any specific national drug pricing compendium for the calculation of Average Wholesale Price (AWP). As outlined in Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section C.3.c., AWP must be based on pricing published in one of the national drug pricing compendia as of the date of dispensing. Accordingly, Respondents may utilize any nationally recognized and reputable drug pricing compendium that publishes AWP.
Attachment 6.6 Pro Forma, Section A.5.	2	6	Is administration of the PPD solution and flu vaccine performed by facility nursing staff, or is the Contractor responsible for administration in addition to dispensing?	The administration of the PPD solution and flu vaccine is performed by facility nursing staff. This would be only upon request by the State facility. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.9.. See Amendment Item #3 below for revisions to A.9.
Attachment 6.6 Pro Forma,	3	7	What electronic Medication Administration Record (eMAR) or electronic health record system(s), if	Each facility utilizes the same Therap Services platform – Therap Services. Refer to Attachment 6.6. Pro

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Section A.13.			any, are currently in use at the Middle Tennessee group homes, West Tennessee group homes, and the Harold Jordan Center?	Forma_Pharmacy Services_Release 2, Section A.26.
Attachment 6.6 Pro Forma, Section D.37.a., and RFP Attachment 6.2., A.4 and B.17		8	Regarding Pro Forma Contract Section D.37.a and RFP Attachment 6.2, Items A.4 and B.17: can the State clarify which specific Information Technology Security Requirement option(s) are acceptable, and whether supporting documentation is required at the time of proposal submission or only by the Contract Effective Date?	Any of the enumerated Security Requirement options explicitly listed in the RFP are acceptable. The selected security requirement must be supported by the referenced documentation prior to the Contract Effective Date.
		9	Does the State have an expected or required delivery frequency and turnaround time (routine and STAT/emergency), or is the proposed delivery schedule left entirely to the Respondent's discretion?	Refer to Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.14. Routine delivery of cycle medications come monthly. New medications are delivered within 24 hours. STAT/Emergency medications are delivered within a few hours by the backup local pharmacy that has been arranged through the contractor. STAT medication boxes are also available within the homes that allow for initial doses to start immediately and until the STAT fill can be obtained from the backup pharmacy. STAT box replenishments occur as requested by the facility. STAT boxes within the homes are currently audited and rotated by the current pharmacy representative on a quarterly basis.
		10	Is an there one delivery location assigned to each region for checking medications or do all medications need to be delivered to each home location?	All medications are to be delivered to the appropriate location listed in Attachment 6.6. Pro Forma_Pharmacy Services Section A.4. Delivery shall be in accordance with the other scope parameters in Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.
		11	Does the State require use of a specific DEA-registered reverse distributor for controlled substance destruction, or is any DEA-registered reverse distributor acceptable?	Any DEA-registered reverse distributor is acceptable.
Attachment 6.4	29	12	For the three references required under RFP Attachment 6.4, must the referenced contracts reflect a	Per RFP Attachment 6.4., Respondent is responsible for obtaining completed reference

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			comparable population and facility size (i.e., small ICF/IID community group homes), or is any long-term care pharmacy services reference acceptable?	questionnaires for projects similar in size and scope to the goods or services sought under this RFP.
4.4	12	13	If a Respondent proposes a subcontractor solely for after-hours or emergency delivery, is disclosure under RFP Section 4.4 sufficient, or does the State require separate approval prior to proposal submission?	Per Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section 4.4.2., if a Respondent intends to use subcontractors, the response to this RFP must specifically identify the scope and portions of the work each subcontractor will perform (refer to RFP Attachment 6.2., Section B, General Qualifications & Experience Item B.14.).
1.1	1	14	The RFP refers to Unit Dose packaging. Is there a preferred packaging type for unit dose for example blister packaging or strip packaging?	Blister card single dose packaging is required. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.7.
Attachment 6.6.	i	15	The copy of RFP # 34401-99598 available to [Respondent] does not include the complete text of RFP Attachment 6.6, Pro Forma Contract (Sections A through E). Can the State confirm the complete Pro Forma Contract, including Section D.37 (Information Technology Security Requirements), is posted at the procurement website referenced in RFP Section 1.4.7, or provide the complete document directly?	The complete Attachment 6.6., Pro Forma Contract is available on the CPO website. Refer to "Attachment 6.6." listed under "RFP 34401-99598" on the CPO website (https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/supplier-information/request-for-proposals--rfp--opportunities1.html).
		16	Dispensing Cycle: Please identify the dispensing cycle currently utilized by the State for routine medications (e.g., 7-day, 14-day, 28-day, 30-day, 31-day, or other) and indicate whether the State has a preferred dispensing cycle for this procurement.	The dispensing cycle is currently one calendar month at a time. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.6.
		17	Unit-Dose Packaging: The RFP requires medications to be provided in unit-dose packaging. Please clarify whether the State permits pharmacy-standard unit-dose formats, including strip packaging, blister cards, multidose packaging, or other comparable unit-dose systems, or whether a specific packaging format is required.	Refer to the State's response to Q#14.
		18	Routine Delivery Frequency: Please describe the State's expected routine medication delivery frequency for each	Delivery frequency will need to be a monthly dispensing cycle combined with delivery of medications as

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		service location. Is the expectation daily, multiple times per week, weekly, or based upon medication need and the agreed-upon dispensing cycle? Is a service such as FedEx acceptable?	needed. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.6.
		19 Emergency/STAT Medication Delivery: Please clarify the State's expectations for emergency, STAT, first-dose, or after-hours medication requests, including required response times, delivery timeframes, weekends/holidays, and whether a specific 24-hour or on-call service requirement applies.	A 24-hour on-call service requirement exists which may an agreed upon back up pharmacy that offers delivery. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.14.
		20 On-Site Pharmacy Operations: Does the State require the contractor to maintain any pharmacy personnel, pharmacy inventory, dispensing equipment, automated dispensing cabinets, medication storage, or other pharmacy infrastructure at any of the participating facilities? If so, please identify the specific requirements and locations.	Medication storage systems will need to be provided as well as ER or emergency boxes and Medication Return Bins at each location. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.23.
		21 Pharmacist Availability: Please clarify the expected availability and response-time requirements for pharmacist consultation, including routine clinical consultation, medication questions, urgent clinical matters, evenings, weekends, and holidays.	A pharmacist is expected to be available and responsive during the pharmacy's normal business hours with availability of a backup pharmacy overnight, after hours, holidays and weekends. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Sections A.20. – A.23.
		22 Monthly Medication Regimen Reviews: The RFP requests confirmation regarding monthly pharmacist medication regimen reviews. Please clarify whether the State expects a complete medication regimen review for every resident every month, and identify the required scope, documentation, reporting, and physician/nursing follow-up associated with each review.	Medication Regimen Reviews must comply with 42 CFR 483. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.16.
		23 Clinical Services Included in Dispensing Fees: Please clarify which clinical and professional services are expected to be included within the proposed dispensing fees, including medication regimen reviews, consultant pharmacist services, medication therapy management, clinical consultations, psychotropic medication reviews, staff education, quality monitoring, and related documentation.	All costs associated with this proposed contract will be reflected in the line items of the cost proposal.

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		24 Historical Prescription Volume: To support accurate pricing, please provide historical prescription utilization for the population covered by this RFP, including average monthly prescription volume, average number of medications per resident, and, if available, the number of new, refill, discontinued, and emergency/STAT prescriptions.	Medications dispensed. In nine-month period. Contractor: Middle 3013 West 3823 HJC 638 This includes prescription and OTC drugs. This is across all locations.
		25 Current Census and Utilization: Please provide the current census by facility and the historical average census for the population covered by this procurement. If available, please also provide historical medication utilization by facility.	See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.4. for the maximum number of clients at each location.
		26 Payer Mix and State-Paid Claims: Please provide historical or projected percentages of medication claims paid through Medicare Part D, TennCare Medicaid, and State-funded/non-covered medication arrangements, including any applicable claims that would be billed directly to the State.	The State should only get billed for what does not get covered by Medicare or Medicaid.
		27 Drug Cost Reimbursement: Please clarify the methodology that will be used to reimburse the contractor for medication costs, including the applicable pricing methodology, reimbursement for non-covered medications, and treatment of changes in drug acquisition costs during the contract term.	Medications will be covered as allowed under Medicare and/or Medicaid. The Contractor is to propose the costs they are going to charge for meeting the terms of this contract and their pricing methodology for non-covered items and OTC.
		28 $1 Million Contract Maximum: The RFP identifies a maximum liability of $1,000,000 for the five-year period, inclusive of drug costs and dispensing fees. Please clarify whether this amount represents an estimated utilization-based ceiling, and, if available, provide the historical or projected annual pharmacy expenditures supporting this maximum.	This amount is the budgeted amount for the State. This is the maximum celling for utilization over five (5) years. The factor/quantities in the cost proposal represent the percentage of utilization of the different contract deliverables.
		29 Minimum Volume or Utilization Commitment: Does the State anticipate establishing any minimum utilization, minimum prescription volume, minimum census, or other level of services during the contract term? If not, please confirm	There is no minimum guarantee.

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		that no minimum volume or expenditure is guaranteed to the awarded contractor.	
		30 Technology/eMAR Requirements: Please identify the electronic medication administration record (eMAR), electronic prescribing, EHR, or other medication-management platforms currently used by each participating facility and clarify whether the contractor will be required to establish or maintain an electronic interface with any of these systems.	Refer to the State's response to Q#7.
		31 Technology Integration Costs: If an interface or other technology integration is required, please clarify whether the State currently has an existing pharmacy interface and whether the State or contractor will be responsible for any implementation, interface development, licensing, maintenance, or other technology-related costs.	A Pharmacy interface exists but has an annual subscription cost. Contractors will be responsible for any implementation, interface development, licensing, maintenance, and other technology-related costs required to interface with the current system. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.26.
		32 Controlled Substances: Please clarify the State's specific expectations regarding controlled-substance dispensing, packaging, delivery, reconciliation, documentation, returns, destruction, and after-hours replacement, including whether controlled substances are expected to follow the same routine dispensing cycle as other medications.	See Amendment Item #3 below for revisions to Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.15. Controlled substances are ordered by facility nursing staff on a PRN basis when a supply runs low. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.15.a. Packaging is to be in the same blister packaging unless it is a liquid form. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.7. Delivery is to be determined by the contractor. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.14. Reconciliation is to occur at the point of delivery. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.15.b. Returns and destruction will need to be handled via a DEA-registered reverse distributor as identified by the Contractor. See Attachment 6.6. Pro

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			Forma_Pharmacy Services_Release 2, Section A.15.c. After-hours fills are expected to be available if it is a STAT or emergency order. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.14.
		33 Medication Returns and Discontinued Therapy: Please describe the State's requirements for discontinued medications, medication returns, credits, destruction, repackaging, and handling of medications resulting from resident discharge, transfer, hospitalization, or changes in therapy.	The state expects a regulatory-compliant process as proposed by the contractor. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.11.
		34 Facility-Specific Delivery Requirements: Please confirm the number of locations that will require direct pharmacy delivery and whether deliveries may be consolidated or coordinated among locations. Please also identify any locations with special access, security, delivery-window, storage, or other logistical requirements.	All locations listed are expected to have delivery when occupied. See Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, Section A.4.
		35 Complete Contractual/Operational Requirements: Please provide any additional sections, attachments, exhibits, or contractual documents not included in the RFP materials provided to respondents, particularly the complete Attachment 6.6 – Pro Forma Contract, and clarify whether any additional operational, staffing, service-level, reporting, insurance, technology, delivery, or facility-based pharmacy requirements are contained therein.	Refer to the State's response to Q#15.

3. **Delete RFP Attachment 6.6. Pro Forma_Pharmacy Services, in its entirety, and replace it with RFP Attachment 6.6. Pro Forma_Pharmacy Services_Release 2, attached to this amendment.** Revisions of the original RFP document are emphasized within the new release. Any sentence or paragraph containing revised or new text is highlighted.

4. **RFP Amendment Effective Date.** 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.