

**Valencia County Inmate Healthcare Services RFP-VCR-FY22-008-**  
**Response to Written Questions**

1. How are medications being dispensed by the current vendors? Can we get their schedule for medication dispensing for a 24-hour period? **2 Daily by an LPN or above**
2. What is the start and end of shift hours for the nursing staff (day/evening/night shifts)? **Refer back to RFP staffing matrix.**
3. Can we get a list of the medical staff positions (titles not names of a staff member) that are currently filled? **LPN, EMT, and RN, NP, Psych NP and Psych Counselor.**
4. Can we get vacant positions not filled per the minimal requirements by the current vendors at this time? **Full Time HAS, part time LPN and full time LPN.**
5. How many emergency bags does the medical contractors have in the facility? How many emergency bags does the county recommend? **1 and 1 that is owned by the County.**
6. What is the name of the Pharmaceutical sub-contractors that provide services for Valencia County Detention Center? **Diamond is the current pharmacy provider.**
7. What kind of pharmacy License does Valencia County Detention Center have Custodian or Clinical license, do they have a Controlled Substance License? Do they have a DEA license? **Valencia County does not have any licenses, they are provided by current provider.**
8. Is Valencia County Detention Center's Pharmacy license(s) current and if they are when do they expire (please explain for all classes of licensures)? **Valencia County does not have any licenses, they are provided by current provider.**
9. What is the name of the Dental sub-contractors that provide services for Valencia County Detention Center? **ACH Dental**
10. What is the name of the Electronic Medical Records (EMR) sub-contractors that provide services for Valencia County Detention Center? **Corr EMR.**
11. What is the name of the Mental Health Services sub-contractors on-site or TeleMedicine/TelePsychiatry sub-contractors that provide services for Valencia County Detention Center? **Employed by current provider.**
12. What is the name of the Laboratory sub-contractors that provide services for Valencia County Detention Center? **Quest Diagnostics**

13. What is the name of the Oxygen sub-contractors that provide services for Valencia County Detention Center? **Argas**
14. What is the name of the Biohazard Disposal sub-contractors that provide services for Valencia County Detention Center? **Stericycle**
15. What is the name of the X-Ray/Ultrasound sub-contractors that provide services for Valencia County Detention Center? **Mobile X-Ray**
16. What is the name of the ECG sub-contractors that provide services for Valencia County Detention Center? **EFG- Owned by Valencia County**
17. What is the name of the Optometry sub-contractors that provide services for Valencia County Detention Center? **Eye Associates.**
18. Section C. specific to “Insurance” states, “Upon contract award, the successful provider must provide proof of insurance as follows:

Comprehensive General Liability- \$2,000,000 per occurrence, \$5,000,000 General Aggregate Errors and Omissions Insurance covering Professional Staff- \$2,000,000 per occurrence, \$5,000,000 General Aggregate. "Occurrence" type, if available; if not "Claims Made" type with a minimum of a six (6) year “tail”; Medical malpractice covering professional staff- \$1,000,000 limit per occurrence and \$3,000,000 in the aggregate annually.

A certificate of insurance is required with the above limits of insurance with your return proposal.”

These limits of liability are excessive for a detention facility of the size and scope of Valencia County’s, and with the recent volatility within the insurance market and the general availability of high-risk insurance policies with limits of this extent, these limits of liability are generally unavailable at this time. Would the county consider reducing these limits down to \$1,000,000 for each occurrence and \$3,000,000 in the general aggregate? These limits of liability are much more appropriate for a detention facility of the size and scope of the Valencia County Detention Center and these are the limits of liability which are currently being provided and supported by the current provider. **No, the current requirements in the RFP will remain.**

19. The 3rd sentence under section 1 specific to “GENERAL PROGRAM REQUIREMENTS” on page 16 of the RFP states, “Off-site services may be a component of this RFP by which the successful provider may be responsible for off-site costs.” Furthermore, the last sentence in this same section states, “The successful proposer will provide for twenty-four (24) hour a day seven (7) day a week, three hundred sixty-five (365) days per year comprehensive detainee emergency or immediate medical health care programs and services to include emergency and acute hospital services.” However, section 17 specific to “HOSPITALIZATION AND OFF-SITE SERVICES” on page 24 of the RFP states, “VCDC shall be responsible for all associated costs for off-site services. Inmates returning from hospitalization or off-site appointments are to be assessed upon their return by medical personnel.”

Financial responsibility for off-site services are not a component of the current scope of services and in the existing agreement. Please confirm if the successful proposer will be financially responsible for emergent transportation/EMS and off-site specialty services and hospitalization services. **No, Valencia County Detention Center shall be responsible for all associated costs for offsite services.**

20. Please confirm the county is not imposing a page limit on provider's responses to this RFP procurement process. **No, Valencia County will not impose a page limit to the providers response.**

21. On page 22, "VCDC will be responsible for collecting DNA samples for inmates that commit a felony." Please confirm that the Proposer will not be required to collect such sample. **Yes, Valencia County Detention Center will collect DNA.**

22. Do you wish to retain any of the current medical staff? **Yes**

23. Can you provide current staff's salary range and seniority with the current vendor? **No**

24. How many officers currently work at the Valencia County Adult Detention Center? **70**

25. Is the health services provider responsible for the cost of all drug screenings for employees at the facility? **No**

26. Can we please get a copy of the current staffing matrix with the hours each licensure covers at the facility per day for 2 weeks? **The staffing matrix is included in the RFP documents.**

27. Who is/are your current physician(s)? **Leona Herrell**

28. Would you like the vendor to work with this physician if possible? **Yes**

29. How many days is the current physician in the facility? **1 Day**

30. How long does the physician stay? **8 Hrs.**

31. Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician? **Yes**

32. Please provide your current nursing schedule noting RN or LPN. **It is attached to the staffing matrix in the RFP documents.**

33. What are the current salaries for the nurses?

- Is there a shift differential? **Current provider sets scaled wages we just pay a monthly invoice**

34. Is there a supervising nurse?
- If so, is he or she an RN or LPN? **RN**
  - Is he or she administrative only? **Currently no and it was proposed to have the RN more administrative**
35. Will the County or the Medical Service Provider be responsible for paying the bills of the current pharmacy company (Contract Pharmacy Services) under the new contract? **Yes**
36. Please provide the following information about medication administration.
- Who administers medications, e.g., RNs, LPNs, medical assistants? **LPN and above**
  - How many medication passes per day do you currently have and at what times? **2 at 6am and 6pm.**
  - Are medications passed out in the housing unit and by whom? **RHU, WMS are passed in the unit and the GP is escorted to the medical window**
  - Are any medications sent with inmates/detainees upon discharge? **Yes, 14 day supply.**
  - Are the medication carts owned by the county? **No.**
37. Are any medications allowed to be brought in from home? **yes if they are prescribed like HIV medication**
38. Are any medications allowed to be “kept on person” within the jail? **No**
- If so, which are allowed?
39. Are there over-the-counter medications on commissary? **Yes**
- If so, are the inmates/detainees allowed to keep commissary medications on person? **Yes a set amount weekly.**
40. Please provide a listing of current medical commissary items. **Please see attached document at end of questions.**
41. Under the current contract, who is financially responsible for the cost of HIV medications and other AIDS-related drugs? Will this remain the same under the new contract? **Current provider and we allow the family to bring in medication like HIV and Cancer meds**
42. What time(s) and location(s) are sick call currently conducted? **Daily in Medical Room.**
43. Are there specific times that jail security does not want inmate/detainee movement for sick call? **None.**
- If so, when?
44. Is a security officer currently present for every sick call? **Yes**
45. What on-site specialty clinics are conducted? **Dental, X-Ray and Ultrasound**
46. How many health assessments are performed each week? **Varies on the ADP and conducted during a 14 day assessment**

47. Do you have a dental room and equipment? **No.**
48. Do you currently have a dentist who comes on-site? **Yes**
- If so, how long is the dentist onsite? **8 Hrs. a week Every 8 weeks**
  - How many days per week is the dentist on-site? **8 Hrs. a week Every 8 weeks**
  - Does the dentist have an assistant? **Yes**
49. If you do not have a dentist on-site, how many inmates/detainees do you take off-site to see the dentist in a month? **N/A**
50. Please provide a list of medical equipment that is currently on-site for use by the vendor.  
**See attachment at end of questions.**
51. Do you use a mobile x-ray service? **Yes**
- If so, who? **Mobile X-Ray**
- Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform in 2020? How many done so far in 2021? **Skin test planted on the 14-day assessment (provider will be responsible for all staff annual TB tests per NMC compliance)**
52. Are there any special business license fees or taxes that are to be paid to the city or county?  
**No.**
53. Do you currently have a financial limit (POOL) with the current contract? **No.**
- If so, what does it cover and how much is it?
54. Have you gone over the financial limit (POOL)? **No**
- If so, how many months into the contract was it before you went over the limit?
  - If so, how much over the financial limit (POOL) did you go over every year?
55. How much is the current co-pay? **Zero**
56. Who is your current medical services contractor? **CorrHealth**
57. Can you please provide a copy of the current medical services contract? **Submit request through Inspection of Public Record request from the Valencia County Manager's office.**
58. Would you like the new contractor to re-price all medical claims? **Unsure at current time.**
59. What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory?  
**Submit request through Inspection of Public Record request from the Valencia County Manager's office.**
60. May we provide an alternate proposal? **No.**

61. Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the invoice for the county (act as a third-party administrator)?  
**No.**

62. Is there a dedicated fax line to medical? **Yes.**  
• If not, is a fax line available?

63. Do you have an existing EMR system? **Yes, Corr EMR which is owned by current provider.**

64. Is there internet connection already in the medical unit? **Yes, hard wired, WiFi is provided by current provider.**

65. How many simultaneous med passes occur? **2**

66. Who is your JMS provider? **XJail**

67. Can we please have a copy of all questions/answers received by other vendors? **Yes.**

68. When is the desired start date? **May 1, 2022**

69. Are any members of the jail's current health service workforce unionized? If yes, please provide the following: **No.**

- A copy of each union contract
- Complete contact information for a designated contact person at each union
- The number of union grievances that resulted in arbitration cases over the last 12 months.

70. Is the site accredited? If so, by who and when is the next accreditation date? Can we get a copy of the last audit? **yes through NMC 2022 and 2023 and are currently looking at NCCHC in 2022 (yes will be reaccredited in march 31st 2022 the audit will be available once approved by the NMC council.**

71. Is the jail currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive. **No.**

72. Of the total population, how many are:

County	
ICE	
US Marshal	
Juveniles	
Native American	
Federal	
DOC	

Work Release	
Indigent	
Other	

73. Does your jail provide mental health services to inmates/detainees? If no, please proceed to question 60. If yes, please answer questions 54-59.

       Yes                             No

74. Can inmates/detainees request mental health services?

       Yes                             No

• If yes, are inmates/detainees charged a fee for mental health services?

       Yes                             No

75. Indicate who provides mental health services. (Check all that apply)

       County agency (Human or Social Services, etc.)

XX Contracted provider

       Jail/sheriff's department hired staff.

       Other (please explain)

76. Is your mental health program accredited by any professional organization? (NCCHC, ACA)

       Yes      XX No

77. What mental health services are available to inmates/detainees in your jail? (Check all that apply)

XX Crisis intervention

XX Medications and their management

XX Psychiatric medications and their management

XX Referral of inmates/detainees to mental health provider

XX Individual counseling/therapy

XX Group counseling/therapy

XX Substance abuse treatment/services

XX In-depth physical evaluation assessment (typically occurs after 14 days in custody – includes mental health issues)

XX Case management

XX Release planning

XX Other (please explain)

78. Is crisis intervention available 24 hours per day/7 days per week?

XX Yes                             No

79. Indicate the titles of the provider(s) of mental health services in your jail. Please check all that apply and indicate the average number of hours **per week** for each.

Refer to staffing matrix in RFP Documents.

- \_\_\_\_\_ Psychiatrist –
- \_\_\_\_\_ Psychologist –
- \_\_\_\_\_ Masters Level Social Worker –
- \_\_\_\_\_ Registered Nurse (RN) –
- \_\_\_\_\_ Nurse Practitioner –
- \_\_\_\_\_ Licensed Practical Nurse (LPN) –
- \_\_\_\_\_ Jail Chaplain –
- \_\_\_\_\_ Other (please explain) –

80. Indicate the level of screening for inmates/detainees at your jail. (Check all that apply)

**Refer to staffing matrix in RFP Documents.**

- \_\_\_\_\_ Basic intake health screening, generally done at booking for medical and mental health issues by correctional officer.
- \_\_\_\_\_ Separate screening tool specific to mental health/suicide prevention issues completed by correctional officer.
- \_\_\_\_\_ Separate screening tool specific to mental health/suicide prevention issues completed by RN or mental health professional.
- \_\_\_\_\_ Other (please explain) \_\_\_\_\_

81. Is there a secondary review of screening reports for accuracy, completeness, legibility, and the referral process? (e.g., by first line supervisor, jail nurse, etc.)

\_\_\_\_\_ Yes, by whom? \_\_\_\_\_ **XX** No

82. Is staff required to use a prescribed form when making mental health referrals?

**XX** Yes \_\_\_\_\_ No

83. Are arresting/transporting officers and probation agents, etc. required to complete a pre-incarceration form identifying mental health risk issues? \_\_\_\_\_ Yes **XX** No

84. Does your jail staff receive ongoing training on **mental health issues**? **Yes**

Yes, How often? (please explain) **Annually**

How is training delivered? (please explain)

85. Does your jail staff receive ongoing training on **suicide prevention issues**? **Yes**

\_\_\_\_\_ Yes, How often? (please explain) **Annually**

\_\_\_\_\_ How is training delivered? (please explain) \_\_\_\_\_ No

86. Will the county want the vendor to do CPR and AED training with their staff at the Jail?

**No**

87. Will the County allow for the top 2 or 3 vendors to make oral presentations after the panels scores the responses? **No**



88. What kind of CoreEMR does Valencia County, NM currently have? **None, current provider uses CorrEMR.**
89. Is the County or provider responsible for the server and the cost of that server and the current cost of CoreEMR? **No, the provider is responsible.**
90. Does the County have a computer dedicated in booking for the nurse to do intakes? **No, owned by current provider**
91. How many computers does the County own that medical staff can use? **Zero**
92. Please list the programs offered to inmates/detainees in your jail, such as **education, religious, recreation, life skills, substance abuse,** etc. **All of the Above**