



**Solicitation Amendment No. 18
Attachment 1
Offer and Acceptance Form
Solicitation No. BPM003905
Inmate Correctional Healthcare**

State of Arizona
Department of Corrections,
Rehabilitation & Reentry
Procurement Services
1645 W Jefferson Street
Phoenix, AZ 85007

SUBMISSION OF OFFER: Undersigned hereby offers and agrees to provide Inmate Correctional Healthcare Service: in compliance with the Solicitation indicated above and our Offer indicated by the latest dated version below:

Initial Offer:	2/11/2022			
	Date	Signature		
Revised Offers:				
	Date	Signature	Date	Signature
	Date	Signature	Date	Signature
Best and Final Offer:				
	Date	Signature		

NaphCare, Inc.

Offeror company name

2090 Columbiana Road, Suite 4000

Address

Birmingham, AL 35216

City | State | ZIP

58-1823464

Federal tax identifier (EIN or SSN)

Signature of person authorized to sign Offer

Bradford McLane, CEO

Printed name and title

Bradford McLane, CEO

Contact name and title

Bradford.mclane@naphcare.com 205-536-8532

Contact Email Address

Contact phone number

CERTIFICATION: By signature in the above, Offeror certifies that it:

- will not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, [Arizona] State Executive Order 2009-9 or A.R.S. § 41-1461 through 1465;
- has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause will result in rejection of the Offer. Signing the Offer with a false statement will void the Offer, any resulting contract, and may be subject to legal penalties under law.
- complies with A.R.S. § 41-3532 when offering electronics or information technology products, services, or maintenance; and
- is not debarred from, or otherwise prohibited from participating in any contract awarded by federal, state, or local government.

ACCEPTANCE OF OFFER: State hereby accepts the initial Offer, Revised Offer, or Best and Final Offer identified by the latest date and number at the top of this form (the Accepted Offer). Offeror is now bound (as Contractor) to carry out the Work under the attached Contract, of which the Accepted Offer forms a part. Contractor is cautioned not to commence any billable work or to provide any material or perform any service under the Contract until Contractor receives the applicable Order or written notice to proceed from the Procurement Officer.

ADCRR's Contract Number CTR060508
Solicitation No. BPM003905

Contract Effective Date: Oct 1, 2022

Chief Procurement Officer Signature Award Date 5/21/22

Denel M. Pickering, Chief Procurement Officer
Chief Procurement Officer Name Title



April 22, 2022

Denel M. Pickering
Chief Procurement Officer

Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR)
1645 W. Jefferson
Phoenix, Arizona 85007

Re: RFP No. BPM003905 Inmate Correctional Healthcare
Request for Best and Final Offers

Dear Ms. Pickering –

Thank you and the members of the ADCRR evaluation committee for the opportunity on April 8, 2022 to discuss NaphCare’s services and our proposal to provide proactive, preventive healthcare for the ADCRR. We appreciate your time and consideration, and we respectfully submit the attached as our Best and Final Offer (BAFO).

NaphCare’s BAFO contains revised pricing and staffing based on the clarifications provided during oral presentation and in your April 15, 2022 and subsequent correspondence. Based on the additional information provided, we have given considerable thought to how we can best meet the needs of ADCRR and also offer a more competitive price, and we have revised our proposal accordingly. Additionally, NaphCare has confirmed our understanding of and agreement to the sections detailed in the Discussion Follow Up for Confirmation.

Following the discussion on April 8, the NaphCare team is even more enthusiastic about a potential partnership with you. And, we’re confident that NaphCare can make a positive impact on the ADCRR healthcare program. Should you need any further information, please contact me at 205.536.8532 or brad.mclane@naphcare.com.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Brad T. McLane', is written over a light blue horizontal line.

Bradford T. McLane
CEO
NaphCare, Inc.

NaphCare Best and Final Offer

Staffing Modifications

Our original staffing matrix was informed in part by the current uncertainty regarding the ongoing legal proceedings and the potential for court mandates that could drive a need for increased staffing. Upon further reflection, however, we have submitted a revised staffing proposal of a total of 1,106.2 Full Time Equivalent Employees (FTEs), or a reduction of 109 FTEs as compared to NaphCare’s original proposal.

Our revised staffing proposal contains all of the positions outlined in the RFP required staffing matrix, as well as the **37.00** positions we believe are required pursuant to the RFP narrative descriptions. In addition to the required positions, we have retained **16.45** of the additional positions originally proposed by NaphCare, as we believe these carefully selected roles will greatly enhance the delivery of care at ADCRR. Charts reflecting the RFP narrative requirements and the NaphCare enhancements are found below.

Added Per RFP Narrative Service Requirements					
POSITION	SITE	FTEs	POSITION	SITE	FTEs
Additional Intake RN	Perryville	1.000	Optometrist	Eyman	1.000
	Phoenix	1.000		Perryville	1.000
				Tucson	1.000
Family Clinical Liasons	Regional Office	4.000	Physical Therapist	Eyman	1.000
Infection Control/Educational Nurse	1 per site	10.000		Perryville	1.000
Medical Records Supervisor	Regional Office	1.000		Tucson	1.000
Women's Health OB/GYN	Perryville	0.200		Winslow	1.000
Women's Health NP	Perryville	1.000		Yuma	1.500
Physical Therapy Tech	Florence	1.000	RN	Florence	2.100
	Lewis	1.000		Safford	2.100
Pharmacists	Regional office	2.000			Winslow
Total FTEs					37.000

ADDED PER NAPHCARE FOR ENHANCED CARE			
Position	Sites	FTEs	Reasons
LPN/MA	Douglas	0.200	12 hr shifts
	Phoenix	1.200	12 hr shifts
	Safford	0.300	12 hr shifts
	Winslow	0.200	12 hr shifts
Medical Director	Perryville	0.200	FT- for recruitment
MH Midlevel	Eyman	0.500	Recruitment and patient care
	Florence	0.500	Recruitment and patient care
Midlevel Practitioner	Douglas	0.500	Recruitment and patient care
Nursing Asst/PCT	Douglas	0.200	12 hr shifts
	Phoenix	0.450	12 hr shifts
	Tucson	0.200	12 hr shifts
STATCARE Medical Provider	Regional	8.000	Enhanced patient care & QA
STATCARE Psych Provider	Regional	4.000	Enhanced patient care & QA
Total FTEs		16.450	

We are confident that we will be able provide a robust level of services that will meet all applicable standards and requirements with this staffing based on the planned overall reduction in the patient population served and efficiencies that are inherent in our Proactive Care Model and information technology. With this staffing, pricing and model, we are confident we can deliver an outstanding healthcare program that will meet or exceed any applicable standards as well as any legal requirements that could materialize in the future. However, to the extent that ADCRR wishes to add additional staffing in order to increase services or meet any applicable legal mandates in the future, NaphCare has provided information that ADCRR can utilize to see the pricing implications of the addition of staffing resources.

Our staffing plan is further predicated on the expectation that NaphCare would start up services at all facilities on October 1, 2022, and redeploy existing staffing at the Florence facility to other facilities as appropriate with the planned closure of that facility.

Cost Proposal Modifications

We acknowledge and understand the invoicing parameters as laid out in the Best and Final Offer letter. Our BAFO pricing is based on changes identified by the Department in the letter

requesting our Best and Final Offer. We were able to reduce our overall price while still including additional money for the staffing bonus plan, which could be used for bonuses, incentives, recruiting/retention efforts including visiting and working with local colleges. Our reduced price is based on a lower ADP of 25,000 coupled with an overall reduction in staffing. Most of our variable costs (i.e. supplies, laboratory, and radiology expenses), which are tied to population level, have naturally decreased by lowering the population. Please note that our discounted total fixed per inmate per day rate at an ADP of 27,000 is \$29.141. We are confident our price will be competitive given the level of service and unique added value we offer that will allow the ADCRR to meet applicable standards and requirements as well as any potential legal requirements. Please find attached NaphCare's revised Attachment 8 Fee Schedule and Attachment 9 Budget Narrative.

Confirmation of RFP Requirements

NaphCare has read, understands and shall comply with sections detailed in the Discussion Follow Up for Confirmation, specifically:

- **Section 1.13.4.1 NaphCare will confirm in their BAFO that they will not utilize LISACs for provision of mental healthcare. This was removed in Amendment 9**

NaphCare understands and confirms that LISACs will not be used to provide mental healthcare.

- **1.13.7.1 NaphCare will confirm in its BAFO that BHTs will not be respond to mental health crisis and will use clinicians at the required level of licensure (Psych RN and/or Psych Associate)**

NaphCare confirms that BHTs will not be used to respond to mental health crisis and that we will use clinicians at the required level of licensure (Psych RN and/or Psych Associate). We have provided additional clarification to our RFP response below.

Crisis Response & Intervention

When in crisis – due to active suicidal ideation, acute psychiatric symptoms (e.g., hallucinations, delusions), or other condition creating risk for imminent harm to self or others – an individual's ability to think and behave rationally is overridden by a heightened state of emotions. In these moments, the individual's ability to anticipate

consequences of his/her behavior, accurately perceive their surroundings, or clearly communicate with others may be impaired. Therefore, the careful coordination of a crisis response team can safely contain the situation to prevent escalation and harm.

Through collaboration of specially trained professionals, NaphCare's approach to crisis intervention aims to use behavioral health strategies as the first response to resolve situations involving emotionally distraught, high-risk individuals and minimize/reduce risk of harm to the individual and others. As an alternative to use of force, our crisis team members – which consists of masters and doctoral level trained clinicians – use proven de-escalation strategies to listen empathically and validate the individual's experience without judgment or dismissiveness.

- **Section 1.13.7.2 NaphCare will confirm in their BAFO that the initial mental health assessment will be completed and finalized within 2 days of arrival to an ADCRR facility by a Mental Health professional**

NaphCare understands and confirms that the initial mental health assessment will be completed and finalized within two (2) days of arrival to an ADCRR facility by a Mental Health professional. NaphCare's mental health screening complies with NCCHC and ACA standards and proactively identifies and prioritizes residents in need of mental health services.

- **Section 1.13.7.8 NaphCare will confirm in their BAFO that all psychological autopsies will be completed and sent to the MSCMB team within 30 days of event**

NaphCare confirms that all psychological autopsies will be completed and sent to the MSCMB team within 30 days of event.

We perform a systems-based "Root Cause Analysis" review, through which a thorough analysis attempts to identify fundamental problems that led to the immediate issue. Our goal for critical incident analysis is to solve problems before they escalate and prevent future problems through promotion of a risk avoidance attitude among the healthcare staff.

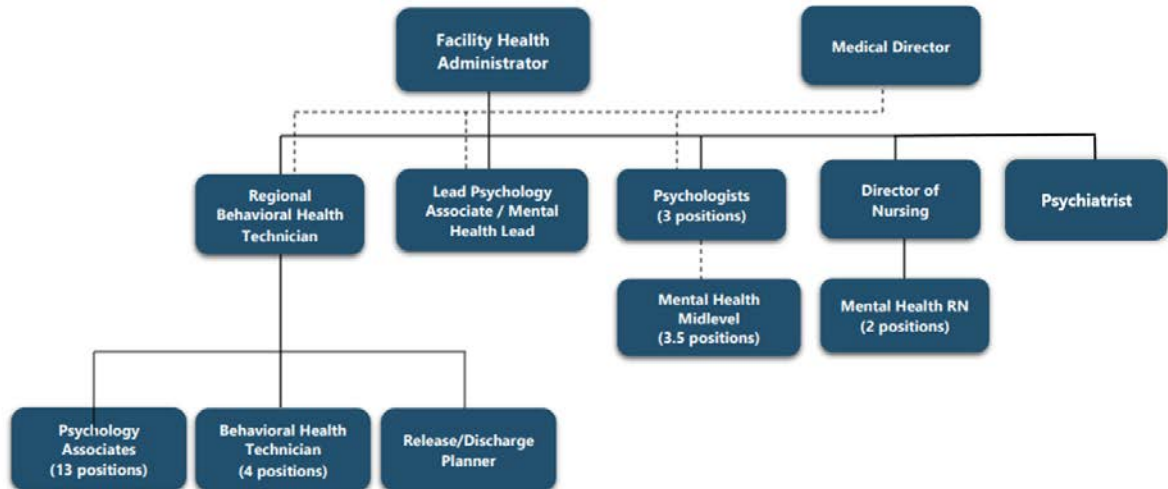
In the event of a death, the first responsibility of site staff is to cooperate with and notify appropriate authorities, including ADCRR command staff and the medical examiner or coroner. NaphCare site leadership and corporate staff will also be notified. Involved staff

will complete incident reports, and the site Medical Director will prepare a case summary and analysis of the care, with any recommendations for improvement. In the event of a suicide, the mental health director will prepare a psychological autopsy.

- **Section 1.13.13 NaphCare will confirm that in their BAFO that Eyman Facility will have a minimum of one on-site psychiatrist.**

NaphCare confirms that the Eyman Facility will have a minimum of one on-site psychiatrist. This position was included in NaphCare’s staffing plan but inadvertently left off the proposed organizational chart, which has been amended as follows:

Arizona State Prison Complex - Eyman



- **Section 1.17.7.6 NaphCare will confirm that the Regional Mental Health Director will be a Licensed Psychologist with an unrestricted license in AZ.**

NaphCare confirms that that Regional Mental Health Director will be a Licensed Psychologist with an unrestricted license in AZ.

- **Section 1.17.11.4 NaphCare will confirm in their BAFO that paid time off (sick/vacation/personal) and off site training/CME hours shall not be included as hours worked.**

NaphCare confirms that paid time off (sick/vacation/personal) and off-site training/CME hours shall not be included as hours worked.

- **Section 1.23.22 NaphCare will confirm in their BAFO that private prisons will have full access to EMR.**

NaphCare confirms and understands that private prisons will have full access to TechCare EHR. NaphCare will provide read-only access to private prisons at the start of contracted services. NaphCare will then provide full implementation and use of the EHR within private prisons within six (6) to nine (9) months of the contract start date.

- **NaphCare has also reviewed Section 1.15.4.8.1 and the correction provided by the ADCRR on April 19, 2022. NaphCare has read, understands and shall comply with the requirement stating that “All covered inpatient Medicaid services should be directly billed to AHCCCS by the provider of those services and AHCCCS should reimburse the service provider for those services.”**

NaphCare will assist providers in billing directly to AHCCCS all covered inpatient Medicaid services. We also understand that there shall not be any off-set to our total amount paid for any inmate healthcare claims paid by AHCCCS.

Staffing Matrix

Title	Regional			Douglas			Eyman		
	RFP	Added	Total	RFP	Added	Total	RFP	Added	Total
Additional Intake RN (Varying Schedule)	0.000		0.000	0.000		0.000	0.000		0.000
Administrative Assistant	0.000		0.000	1.000		1.000	2.000		2.000
Assistant DON	0.000		0.000	1.000		1.000	6.000		6.000
Assistant FHA	0.000		0.000	0.000		0.000	1.000		1.000
Associate Medical Director	0.000		0.000	0.000		0.000	0.000		0.000
Associate Regional MH Director	1.000		1.000	0.000		0.000	0.000		0.000
Associate VP Operations/COO	1.000		1.000	0.000		0.000	0.000		0.000
Behavioral Health Technician	0.000		0.000	0.000		0.000	4.000		4.000
Business Analyst/HRBP	1.000		1.000	0.000		0.000	0.000		0.000
Clinical Coordinator	0.000		0.000	0.500		0.500	1.500		1.500
Clinical Director (PhD)	0.000		0.000	0.000		0.000	0.000		0.000
Dental Assistant	0.000		0.000	2.000		2.000	6.000		6.000
Dental Director	0.000		0.000	1.000		1.000	1.000		1.000
Dentist	0.000		0.000	1.000		1.000	3.000		3.000
Director of Operations	1.000		1.000	0.000		0.000	0.000		0.000
DON	0.000		0.000	1.000		1.000	1.000		1.000
Education Coordinator/Trainer	1.000		1.000	0.000		0.000	0.000		0.000
EMT	0.000		0.000	0.000		0.000	0.000		0.000
Facility Health Admin	0.000		0.000	1.000		1.000	1.000		1.000
Family Clinical Liasons	4.000		4.000	0.000		0.000	0.000		0.000
Healthcare Delivery Facilitator	0.000		0.000	1.000		1.000	1.000		1.000
Infection Control/Educational Nurse	0.000		0.000	1.000		1.000	1.000		1.000
Inventory Coordinator/Pharm Tech	0.000		0.000	1.000		1.000	3.000		3.000
Lab Technician	0.000		0.000	0.000		0.000	0.000		0.000
Lead Inventory Coordinator/Pharm Tech	0.000		0.000	1.000		1.000	1.000		1.000
Lead Outpatient UM Reviewer/UM Manager	1.000		1.000	0.000		0.000	0.000		0.000
Lead Psychology Associate/Mental Health Lead	0.000		0.000	0.000		0.000	1.000		1.000
LISAC Clinician	0.000		0.000	0.000		0.000	0.000		0.000
LPN/MA	0.000		0.000	4.000	0.200	4.200	30.000		30.000
MAT LPN	0.000		0.000	0.000		0.000	0.000		0.000
MAT Nurse	0.000		0.000	0.000		0.000	0.000		0.000
Medical Assistant	0.000		0.000	0.000		0.000	0.000		0.000
Medical Director	1.000		1.000	1.000		1.000	1.000		1.000
Medical Records Clerk	0.000		0.000	1.000		1.000	4.000		4.000
Medical Records Supervisor	1.000		1.000	1.000		1.000	1.000		1.000
Mental Health Clerk	0.000		0.000	0.000		0.000	1.000		1.000
Mental Health Director	1.000		1.000	0.000		0.000	0.000		0.000
Mental Health Midlevel	0.000		0.000	0.000		0.000	3.500	0.500	4.000
Mental Health RN	0.000		0.000	0.000		0.000	2.000		2.000
Mental Health RN - Charge	0.000		0.000	0.000		0.000	0.000		0.000
Midlevel Practitioner	0.000		0.000	1.500	0.500	2.000	5.500		5.500
Nursing Assistant/PCT	0.000		0.000	4.000	0.200	4.200	9.000		9.000
OBGYN	0.000		0.000	0.000		0.000	0.000		0.000
Occupational Therapist	0.000		0.000	0.000		0.000	0.000		0.000
Office Manager/HRBP	1.000		1.000	0.000		0.000	0.000		0.000
Optometrist	0.000		0.000	0.000		0.000	1.000		1.000
Physical Therapist	0.000		0.000	0.000		0.000	1.000		1.000
Physical Therapy Technician	0.000		0.000	0.000		0.000	0.000		0.000
Psychiatrist	0.000		0.000	0.000		0.000	1.000		1.000
Psychologist	0.000		0.000	0.000		0.000	3.000		3.000
Psychology Associate (Clinician)	0.000		0.000	1.000		1.000	13.000		13.000
Recruiter	1.000		1.000	0.000		0.000	0.000		0.000
Regional Behavioral Health Technician	1.000		1.000	0.000		0.000	0.000		0.000
Regional Clinical Pharmacy Director	1.000		1.000	0.000		0.000	0.000		0.000
Regional Clinical Pharmacist	2.000		2.000	0.000		0.000	0.000		0.000
Regional Dental Director	1.000		1.000	0.000		0.000	0.000		0.000
Regional Director CQI/CQI Director	1.000		1.000	0.000		0.000	0.000		0.000
Regional Director of Nursing	1.000		1.000	0.000		0.000	0.000		0.000
Regional Grievance Coordinator	1.000		1.000	0.000		0.000	0.000		0.000
Regional Infection Control Nurse	1.000		1.000	0.000		0.000	0.000		0.000
Regional Lead Psychology Associate	1.000		1.000	0.000		0.000	0.000		0.000
Regional Psychiatric Director	1.000		1.000	0.000		0.000	0.000		0.000
Release/Discharge Planner	1.000		1.000	0.000		0.000	1.000		1.000
RN	0.000		0.000	8.000		8.000	20.000		20.000
Scheduler	0.000		0.000	0.500		0.500	3.000		3.000
Service Desk Analyst/Provider Services/Claims Manager	1.000		1.000	0.000		0.000	0.000		0.000
Speech Therapist	0.000		0.000	0.000		0.000	0.000		0.000
Staff Physician	0.000		0.000	0.000		0.000	1.000		1.000
StatCare Provider	0.000	8.000	8.000	0.000		0.000	0.000		0.000
StatCare Psych Provider	0.000	4.000	4.000	0.000		0.000	0.000		0.000
Telehealth Coordinator	1.000		1.000	0.000		0.000	0.000		0.000
Training & Development Manager	1.000		1.000	0.000		0.000	0.000		0.000
Utilization Review RN	3.000		3.000	0.000		0.000	0.000		0.000
VP of Operations/Chief Executive Officer	1.000		1.000	0.000		0.000	0.000		0.000
Women's Health Midlevel	0.000		0.000	0.000		0.000	0.000		0.000
X-Ray Technician	0.000		0.000	0.250		0.250	1.000		1.000
Total FTE	34.00	12.00	46.00	34.75	0.90	35.65	135.50	0.50	136.00

Title	Florence			Lewis			Perryville		
	RFP	Added	Total	RFP	Added	Total	RFP	Added	Total
Additional Intake RN (Varying Schedule)	0.000		0.000	0.000		0.000	1.000		1.000
Administrative Assistant	2.000		2.000	2.000		2.000	2.000		2.000
Assistant DON	6.000		6.000	6.000		6.000	6.000		6.000
Assistant FHA	1.000		1.000	1.000		1.000	1.000		1.000
Associate Medical Director	0.000		0.000	0.000		0.000	0.000		0.000
Associate Regional MH Director	0.000		0.000	0.000		0.000	0.000		0.000
Associate VP Operations/COO	0.000		0.000	0.000		0.000	0.000		0.000
Behavioral Health Technician	4.000		4.000	4.000		4.000	3.000		3.000
Business Analyst/HRBP	0.000		0.000	0.000		0.000	0.000		0.000
Clinical Coordinator	0.000		0.000	1.000		1.000	1.000		1.000
Clinical Director (PhD)	0.000		0.000	0.000		0.000	0.000		0.000
Dental Assistant	6.000		6.000	6.000		6.000	6.000		6.000
Dental Director	1.000		1.000	1.000		1.000	1.000		1.000
Dentist	3.000		3.000	3.000		3.000	4.000		4.000
Director of Operations	0.000		0.000	0.000		0.000	0.000		0.000
DON	1.000		1.000	1.000		1.000	1.000		1.000
Education Coordinator/Trainer	0.000		0.000	0.000		0.000	0.000		0.000
EMT	0.000		0.000	0.000		0.000	0.000		0.000
Facility Health Admin	1.000		1.000	1.000		1.000	1.000		1.000
Family Clinical Liasons	0.000		0.000	0.000		0.000	0.000		0.000
Healthcare Delivery Facilitator	1.000		1.000	1.000		1.000	1.000		1.000
Infection Control/Educational Nurse	1.000		1.000	1.000		1.000	1.000		1.000
Inventory Coordinator/Pharm Tech	3.000		3.000	4.000		4.000	2.000		2.000
Lab Technician	0.500		0.500	0.000		0.000	0.500		0.500
Lead Inventory Coordinator/Pharm Tech	1.000		1.000	1.000		1.000	1.000		1.000
Lead Outpatient UM Reviewer/UM Manager	0.000		0.000	0.000		0.000	0.000		0.000
Lead Psychology Associate/Mental Health Lead	1.000		1.000	1.000		1.000	1.000		1.000
LISAC Clinician	0.000		0.000	0.000		0.000	0.000		0.000
LPN/MA	30.000		30.000	34.000		34.000	24.000		24.000
MAT LPN	0.000		0.000	0.000		0.000	0.000		0.000
MAT Nurse	0.000		0.000	0.000		0.000	0.000		0.000
Medical Assistant	0.000		0.000	0.000		0.000	0.000		0.000
Medical Director	1.000		1.000	1.000		1.000	0.800	0.200	1.000
Medical Records Clerk	5.000		5.000	3.000		3.000	4.000		4.000
Medical Records Supervisor	1.000		1.000	1.000		1.000	1.000		1.000
Mental Health Clerk	1.000		1.000	1.000		1.000	1.000		1.000
Mental Health Director	0.000		0.000	0.000		0.000	0.000		0.000
Mental Health Midlevel	3.500	0.500	4.000	3.500		3.500	3.500		3.500
Mental Health RN	1.000		1.000	2.000		2.000	5.200		5.200
Mental Health RN - Charge	0.000		0.000	0.000		0.000	0.000		0.000
Midlevel Practitioner	6.000		6.000	6.000		6.000	5.000		5.000
Nursing Assistant/PCT	20.000		20.000	14.000		14.000	14.000		14.000
OBGYN	0.000		0.000	0.000		0.000	0.200		0.200
Occupational Therapist	0.000		0.000	0.000		0.000	0.000		0.000
Office Manager/HRBP	0.000		0.000	0.000		0.000	0.000		0.000
Optometrist	0.000		0.000	0.000		0.000	1.000		1.000
Physical Therapist	0.000		0.000	0.000		0.000	1.000		1.000
Physical Therapy Technician	1.000		1.000	1.000		1.000	0.000		0.000
Psychiatrist	1.000		1.000	1.000		1.000	1.000		1.000
Psychologist	3.000		3.000	3.000		3.000	2.000		2.000
Psychology Associate (Clinician)	8.000		8.000	12.000		12.000	10.000		10.000
Recruiter	0.000		0.000	0.000		0.000	0.000		0.000
Regional Behavioral Health Technician	0.000		0.000	0.000		0.000	0.000		0.000
Regional Clinical Pharmacy Director	0.000		0.000	0.000		0.000	0.000		0.000
Regional Clinical Pharmacist	0.000		0.000	0.000		0.000	0.000		0.000
Regional Dental Director	0.000		0.000	0.000		0.000	0.000		0.000
Regional Director CQI/CQI Director	0.000		0.000	0.000		0.000	0.000		0.000
Regional Director of Nursing	0.000		0.000	0.000		0.000	0.000		0.000
Regional Grievance Coordinator	0.000		0.000	0.000		0.000	0.000		0.000
Regional Infection Control Nurse	0.000		0.000	0.000		0.000	0.000		0.000
Regional Lead Psychology Associate	0.000		0.000	0.000		0.000	0.000		0.000
Regional Psychiatric Director	0.000		0.000	0.000		0.000	0.000		0.000
Release/Discharge Planner	1.000		1.000	1.000		1.000	1.000		1.000
RN	38.100		38.100	30.000		30.000	30.000		30.000
Scheduler	0.000		0.000	1.500		1.500	1.000		1.000
Service Desk Analyst/Provider Services/Claims Manager	0.000		0.000	0.000		0.000	0.000		0.000
Speech Therapist	0.000		0.000	0.000		0.000	0.000		0.000
Staff Physician	2.000		2.000	2.000		2.000	1.200		1.200
StatCare Provider	0.000		0.000	0.000		0.000	0.000		0.000
StatCare Psych Provider	0.000		0.000	0.000		0.000	0.000		0.000
Telehealth Coordinator	0.000		0.000	0.000		0.000	0.000		0.000
Training & Development Manager	0.000		0.000	0.000		0.000	0.000		0.000
Utilization Review RN	0.000		0.000	0.000		0.000	0.000		0.000
VP of Operations/Chief Executive Officer	0.000		0.000	0.000		0.000	0.000		0.000
Women's Health Midlevel	0.000		0.000	0.000		0.000	1.000		1.000
X-Ray Technician	1.000		1.000	1.000		1.000	0.500		0.500
Total FTE	156.10	0.50	156.60	152.00	0.00	152.00	141.90	0.20	142.10

Title	Phoenix			Safford			Tucson		
	RFP	Added	Total	RFP	Added	Total	RFP	Added	Total
Additional Intake RN (Varying Schedule)	1.000		1.000	0.000		0.000	0.000		0.000
Administrative Assistant	1.000		1.000	1.000		1.000	2.000		2.000
Assistant DON	3.000		3.000	2.000		2.000	8.000		8.000
Assistant FHA	0.000		0.000	0.000		0.000	1.000		1.000
Associate Medical Director	0.000		0.000	0.000		0.000	0.000		0.000
Associate Regional MH Director	0.000		0.000	0.000		0.000	0.000		0.000
Associate VP Operations/COO	0.000		0.000	0.000		0.000	0.000		0.000
Behavioral Health Technician	5.000		5.000	0.000		0.000	6.000		6.000
Business Analyst/HRBP	0.000		0.000	0.000		0.000	0.000		0.000
Clinical Coordinator	0.000		0.000	0.000		0.000	1.000		1.000
Clinical Director (PhD)	1.000		1.000	0.000		0.000	0.000		0.000
Dental Assistant	3.000		3.000	2.000		2.000	6.000		6.000
Dental Director	1.000		1.000	1.000		1.000	1.000		1.000
Dentist	0.000		0.000	0.000		0.000	3.000		3.000
Director of Operations	0.000		0.000	0.000		0.000	0.000		0.000
DON	1.000		1.000	1.000		1.000	1.000		1.000
Education Coordinator/Trainer	0.000		0.000	0.000		0.000	0.000		0.000
EMT	0.000		0.000	0.000		0.000	0.000		0.000
Facility Health Admin	1.000		1.000	1.000		1.000	1.000		1.000
Family Clinical Liasons	0.000		0.000	0.000		0.000	0.000		0.000
Healthcare Delivery Facilitator	1.000		1.000	1.000		1.000	1.000		1.000
Infection Control/Educational Nurse	1.000		1.000	1.000		1.000	1.000		1.000
Inventory Coordinator/Pharm Tech	1.000		1.000	1.000		1.000	3.000		3.000
Lab Technician	0.500		0.500	0.000		0.000	2.000		2.000
Lead Inventory Coordinator/Pharm Tech	1.000		1.000	1.000		1.000	1.000		1.000
Lead Outpatient UM Reviewer/UM Manager	0.000		0.000	0.000		0.000	0.000		0.000
Lead Psychology Associate/Mental Health Lead	0.000		0.000	0.000		0.000	1.000		1.000
LISAC Clinician	0.000		0.000	0.000		0.000	0.000		0.000
LPN/MA	3.000	1.200	4.200	6.000	0.300	6.300	40.000		40.000
MAT LPN	0.000		0.000	0.000		0.000	0.000		0.000
MAT Nurse	0.000		0.000	0.000		0.000	0.000		0.000
Medical Assistant	0.000		0.000	0.000		0.000	0.000		0.000
Medical Director	1.000		1.000	1.000		1.000	1.000		1.000
Medical Records Clerk	3.000		3.000	1.000		1.000	6.000		6.000
Medical Records Supervisor	1.000		1.000	1.000		1.000	1.000		1.000
Mental Health Clerk	0.000		0.000	0.000		0.000	1.000		1.000
Mental Health Director	0.000		0.000	0.000		0.000	0.000		0.000
Mental Health Midlevel	3.500		3.500	0.000		0.000	3.500		3.500
Mental Health RN	15.800		15.800	0.000		0.000	2.000		2.000
Mental Health RN - Charge	1.000		1.000	0.000		0.000	0.000		0.000
Midlevel Practitioner	4.000		4.000	1.000		1.000	8.000		8.000
Nursing Assistant/PCT	5.750	0.450	6.200	4.000		4.000	19.000	0.200	19.200
OBGYN	0.000		0.000	0.000		0.000	0.000		0.000
Occupational Therapist	0.000		0.000	0.000		0.000	0.000		0.000
Office Manager/HRBP	0.000		0.000	0.000		0.000	0.000		0.000
Optometrist	0.000		0.000	0.000		0.000	1.000		1.000
Physical Therapist	0.000		0.000	0.000		0.000	1.000		1.000
Physical Therapy Technician	0.000		0.000	0.000		0.000	0.000		0.000
Psychiatrist	1.000		1.000	0.000		0.000	1.000		1.000
Psychologist	4.000		4.000	0.000		0.000	4.000		4.000
Psychology Associate (Clinician)	11.000		11.000	1.000		1.000	14.000		14.000
Recruiter	0.000		0.000	0.000		0.000	0.000		0.000
Regional Behavioral Health Technician	0.000		0.000	0.000		0.000	0.000		0.000
Regional Clinical Pharmacy Director	0.000		0.000	0.000		0.000	0.000		0.000
Regional Clinical Pharmacist	0.000		0.000	0.000		0.000	0.000		0.000
Regional Dental Director	0.000		0.000	0.000		0.000	0.000		0.000
Regional Director CQI/CQI Director	0.000		0.000	0.000		0.000	0.000		0.000
Regional Director of Nursing	0.000		0.000	0.000		0.000	0.000		0.000
Regional Grievance Coordinator	0.000		0.000	0.000		0.000	0.000		0.000
Regional Infection Control Nurse	0.000		0.000	0.000		0.000	0.000		0.000
Regional Lead Psychology Associate	0.000		0.000	0.000		0.000	0.000		0.000
Regional Psychiatric Director	0.000		0.000	0.000		0.000	0.000		0.000
Release/Discharge Planner	0.000		0.000	0.000		0.000	2.000		2.000
RN	12.000		12.000	10.100		10.100	36.000		36.000
Scheduler	0.500		0.500	0.500		0.500	1.000		1.000
Service Desk Analyst/Provider Services/Claims Manager	0.000		0.000	0.000		0.000	0.000		0.000
Speech Therapist	0.000		0.000	0.000		0.000	0.000		0.000
Staff Physician	1.000		1.000	0.000		0.000	2.000		2.000
StatCare Provider	0.000		0.000	0.000		0.000	0.000		0.000
StatCare Psych Provider	0.000		0.000	0.000		0.000	0.000		0.000
Telehealth Coordinator	0.000		0.000	0.000		0.000	0.000		0.000
Training & Development Manager	0.000		0.000	0.000		0.000	0.000		0.000
Utilization Review RN	0.000		0.000	0.000		0.000	0.000		0.000
VP of Operations/Chief Executive Officer	0.000		0.000	0.000		0.000	0.000		0.000
Women's Health Midlevel	0.000		0.000	0.000		0.000	0.000		0.000
X-Ray Technician	1.000		1.000	0.250		0.250	1.000		1.000
Total FTE	90.05	1.65	91.70	37.85	0.30	38.15	183.50	0.20	183.70

Title	Winslow			Yuma		
	RFP	Added	Total	RFP	Added	Total
Additional Intake RN (Varying Schedule)	0.000		0.000	0.000		0.000
Administrative Assistant	1.000		1.000	2.000		2.000
Assistant DON	2.000		2.000	5.000		5.000
Assistant FHA	0.000		0.000	1.000		1.000
Associate Medical Director	0.000		0.000	0.000		0.000
Associate Regional MH Director	0.000		0.000	0.000		0.000
Associate VP Operations/COO	0.000		0.000	0.000		0.000
Behavioral Health Technician	0.000		0.000	3.000		3.000
Business Analyst/HRBP	0.000		0.000	0.000		0.000
Clinical Coordinator	0.000		0.000	1.000		1.000
Clinical Director (PhD)	0.000		0.000	0.000		0.000
Dental Assistant	2.000		2.000	4.000		4.000
Dental Director	1.000		1.000	1.000		1.000
Dentist	0.000		0.000	2.000		2.000
Director of Operations	0.000		0.000	0.000		0.000
DON	1.000		1.000	1.000		1.000
Education Coordinator/Trainer	0.000		0.000	0.000		0.000
EMT	0.000		0.000	0.000		0.000
Facility Health Admin	1.000		1.000	1.000		1.000
Family Clinical Liasons	0.000		0.000	0.000		0.000
Healthcare Delivery Facilitator	1.000		1.000	1.000		1.000
Infection Control/Educational Nurse	1.000		1.000	1.000		1.000
Inventory Coordinator/Pharm Tech	1.000		1.000	2.000		2.000
Lab Technician	0.000		0.000	2.000		2.000
Lead Inventory Coordinator/Pharm Tech	1.000		1.000	1.000		1.000
Lead Outpatient UM Reviewer/UM Manager	0.000		0.000	0.000		0.000
Lead Psychology Associate/Mental Health Lead	0.000		0.000	1.000		1.000
LISAC Clinician	0.000		0.000	0.000		0.000
LPN/MA	4.000	0.200	4.200	10.000		10.000
MAT LPN	0.000		0.000	0.000		0.000
MAT Nurse	0.000		0.000	0.000		0.000
Medical Assistant	0.000		0.000	0.000		0.000
Medical Director	1.000		1.000	1.000		1.000
Medical Records Clerk	1.000		1.000	3.000		3.000
Medical Records Supervisor	1.000		1.000	1.000		1.000
Mental Health Clerk	0.000		0.000	1.000		1.000
Mental Health Director	0.000		0.000	0.000		0.000
Mental Health Midlevel	0.000		0.000	3.000		3.000
Mental Health RN	0.000		0.000	1.000		1.000
Mental Health RN - Charge	0.000		0.000	0.000		0.000
Midlevel Practitioner	2.000		2.000	4.000		4.000
Nursing Assistant/PCT	3.000		3.000	6.000		6.000
OBGYN	0.000		0.000	0.000		0.000
Occupational Therapist	0.000		0.000	0.000		0.000
Office Manager/HRBP	0.000		0.000	0.000		0.000
Optometrist	0.000		0.000	0.000		0.000
Physical Therapist	1.000		1.000	1.500		1.500
Physical Therapy Technician	0.000		0.000	0.000		0.000
Psychiatrist	0.000		0.000	1.000		1.000
Psychologist	0.000		0.000	1.000		1.000
Psychology Associate (Clinician)	1.000		1.000	9.000		9.000
Recruiter	0.000		0.000	0.000		0.000
Regional Behavioral Health Technician	0.000		0.000	0.000		0.000
Regional Clinical Pharmacy Director	0.000		0.000	0.000		0.000
Regional Clinical Pharmacist	0.000		0.000	0.000		0.000
Regional Dental Director	0.000		0.000	0.000		0.000
Regional Director CQI/CQI Director	0.000		0.000	0.000		0.000
Regional Director of Nursing	0.000		0.000	0.000		0.000
Regional Grievance Coordinator	0.000		0.000	0.000		0.000
Regional Infection Control Nurse	0.000		0.000	0.000		0.000
Regional Lead Psychology Associate	0.000		0.000	0.000		0.000
Regional Psychiatric Director	0.000		0.000	0.000		0.000
Release/Discharge Planner	0.000		0.000	1.000		1.000
RN	8.100		8.100	14.000		14.000
Scheduler	0.500		0.500	0.500		0.500
Service Desk Analyst/Provider Servicees/Claims Manager	0.000		0.000	0.000		0.000
Speech Therapist	0.000		0.000	0.000		0.000
Staff Physician	0.000		0.000	1.000		1.000
StatCare Provider	0.000		0.000	0.000		0.000
StatCare Psych Provider	0.000		0.000	0.000		0.000
Telehealth Coordinator	0.000		0.000	0.000		0.000
Training & Development Manager	0.000		0.000	0.000		0.000
Utilization Review RN	0.000		0.000	0.000		0.000
VP of Operations/Chief Executive Officer	0.000		0.000	0.000		0.000
Women's Health Midlevel	0.000		0.000	0.000		0.000
X-Ray Technician	0.500		0.500	1.000		1.000
Total FTE	35.10	0.20	35.30	89.00	0.00	89.00

Title	Position Total		
	RFP	Added	Total
Additional Intake RN (Varying Schedule)	2.000	0.000	2.000
Administrative Assistant	16.000	0.000	16.000
Assistant DON	45.000	0.000	45.000
Assistant FHA	6.000	0.000	6.000
Associate Medical Director	0.000	0.000	0.000
Associate Regional MH Director	1.000	0.000	1.000
Associate VP Operations/COO	1.000	0.000	1.000
Behavioral Health Technician	29.000	0.000	29.000
Business Analyst/HRBP	1.000	0.000	1.000
Clinical Coordinator	6.000	0.000	6.000
Clinical Director (PhD)	1.000	0.000	1.000
Dental Assistant	43.000	0.000	43.000
Dental Director	10.000	0.000	10.000
Dentist	19.000	0.000	19.000
Director of Operations	1.000	0.000	1.000
DON	10.000	0.000	10.000
Education Coordinator/Trainer	1.000	0.000	1.000
EMT	0.000	0.000	0.000
Facility Health Admin	10.000	0.000	10.000
Family Clinical Liasons	4.000	0.000	4.000
Healthcare Delivery Facilitator	10.000	0.000	10.000
Infection Control/Educational Nurse	10.000	0.000	10.000
Inventory Coordinator/Pharm Tech	21.000	0.000	21.000
Lab Technician	5.500	0.000	5.500
Lead Inventory Coordinator/Pharm Tech	10.000	0.000	10.000
Lead Outpatient UM Reviewer/UM Manager	1.000	0.000	1.000
Lead Psychology Associate/Mental Health Lead	6.000	0.000	6.000
LISAC Clinician	0.000	0.000	0.000
LPN/MA	185.000	1.900	186.900
MAT LPN	0.000	0.000	0.000
MAT Nurse	0.000	0.000	0.000
Medical Assistant	0.000	0.000	0.000
Medical Director	10.800	0.200	11.000
Medical Records Clerk	31.000	0.000	31.000
Medical Records Supervisor	11.000	0.000	11.000
Mental Health Clerk	6.000	0.000	6.000
Mental Health Director	1.000	0.000	1.000
Mental Health Midlevel	24.000	1.000	25.000
Mental Health RN	29.000	0.000	29.000
Mental Health RN - Charge	1.000	0.000	1.000
Midlevel Practitioner	43.000	0.500	43.500
Nursing Assistant/PCT	98.750	0.850	99.600
OBGYN	0.200	0.000	0.200
Occupational Therapist	0.000	0.000	0.000
Office Manager/HRBP	1.000	0.000	1.000
Optometrist	3.000	0.000	3.000
Physical Therapist	5.500	0.000	5.500
Physical Therapy Technician	2.000	0.000	2.000
Psychiatrist	7.000	0.000	7.000
Psychologist	20.000	0.000	20.000
Psychology Associate (Clinician)	80.000	0.000	80.000
Recruiter	1.000	0.000	1.000
Regional Behavioral Health Technician	1.000	0.000	1.000
Regional Clinical Pharmacy Director	1.000	0.000	1.000
Regional Clinical Pharmacist	2.000	0.000	2.000
Regional Dental Director	1.000	0.000	1.000
Regional Director CQI/CQI Director	1.000	0.000	1.000
Regional Director of Nursing	1.000	0.000	1.000
Regional Grievance Coordinator	1.000	0.000	1.000
Regional Infection Control Nurse	1.000	0.000	1.000
Regional Lead Psychology Associate	1.000	0.000	1.000
Regional Psychiatric Director	1.000	0.000	1.000
Release/Discharge Planner	8.000	0.000	8.000
RN	206.300	0.000	206.300
Scheduler	9.000	0.000	9.000
Service Desk Analyst/Provider Services/Claims Manager	1.000	0.000	1.000
Speech Therapist	0.000	0.000	0.000
Staff Physician	10.200	0.000	10.200
StatCare Provider	0.000	8.000	8.000
StatCare Psych Provider	0.000	4.000	4.000
Telehealth Coordinator	1.000	0.000	1.000
Training & Development Manager	1.000	0.000	1.000
Utilization Review RN	3.000	0.000	3.000
VP of Operations/Chief Executive Officer	1.000	0.000	1.000
Women's Health Midlevel	1.000	0.000	1.000
X-Ray Technician	7.500	0.000	7.500
Total FTE	1089.75	16.45	1106.20

Attachment 8 Fee Schedule

PIPD Fee Schedule - 25,000 inmates

Breakdown of relative daily costs included in the rate:			Per Inmate per Day (PIPD) Cost					
No.	Title		Medical	Dental	Pharmacy	Mental Health	Administration	Total
1	Employee Personal Services - Direct Care							
	1.1 Base Wages		\$8,249	\$1,039	\$0,248	\$3,171	\$0,616	\$13,323
	1.2 Overtime		\$0,296	\$0,036	\$0,009	\$0,111	\$0,000	\$0,452
2	Employer Related Expenditures for Employees - Direct Care (employer paid)							
	2.1 Employee medical plan		\$0,907	\$0,096	\$0,053	\$0,280	\$0,118	\$1,454
	2.2 Employee dental and vision plan		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
	2.3 Employee life insurance and disability		\$0,033	\$0,004	\$0,002	\$0,011	\$0,004	\$0,054
	2.4 Employee retirement (example: 401K)		\$0,115	\$0,015	\$0,003	\$0,045	\$0,009	\$0,187
	2.5 Payroll taxes		\$0,668	\$0,071	\$0,020	\$0,246	\$0,053	\$1,058
	2.6 Other		\$0,943	\$0,087	\$0,021	\$0,265	\$0,052	\$1,368
3	Professional and Outside Services - Direct Care							
	3.1 Professional and Outside Services - Non Staffing		\$3,791	\$0,000	\$0,000	\$0,000	\$0,000	\$3,791
	3.2 Professional and Outside Services - Staffing		\$0,000	\$0,000	\$0,000	\$0,000	\$0,026	\$0,026
4	Travel - In State							
	4.1 Travel - In State		\$0,000	\$0,000	\$0,000	\$0,000	\$0,066	\$0,066
5	Travel - Out of State							
	5.1 Out of State		\$0,000	\$0,000	\$0,000	\$0,000	\$0,052	\$0,052
6	Other Operating Expenses							
	6.1 Other Operating Expenses excluding Pharmaceuticals		\$0,264	\$0,027	\$0,000	\$0,000	\$0,000	\$0,291
	6.2 Pharmaceuticals, excluding Hepatitis B, C, and HIV		\$0,892	\$0,000	\$0,000	\$0,722	\$0,313	\$1,927
	6.3 Hepatitis B pharmaceuticals		\$0,001	\$0,000	\$0,000	\$0,000	\$0,000	\$0,001
	6.4 Hepatitis C pharmaceuticals		\$0,658	\$0,000	\$0,000	\$0,000	\$0,000	\$0,658
	6.5 HIV pharmaceuticals		\$0,702	\$0,000	\$0,000	\$0,000	\$0,000	\$0,702
7	Capital Equipment							
	7.1 Capital Equipment		\$0,000	\$0,000	\$0,000	\$0,000	\$0,053	\$0,053
	7.2 Building Improvement/Construction							
8	Non-Capital Equipment		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
	8.1 Non-Capital Equipment		\$0,000	\$0,000	\$0,000	\$0,000	\$0,031	\$0,031
9	Insurance							\$0,000
	9.1 Commercial General Liability		\$0,000	\$0,000	\$0,000	\$0,000	\$1,308	\$1,308
	9.2 Business Automobile Liability		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
	9.3 Umbrella Liability		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
	9.4 Professional Liability		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
10	Electronic Health Records							\$0,000
	10.1 Staffing		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
	10.2 Training		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
	10.3 Hardware, software and peripherals		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
	10.4 Telecommunication and storage		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
	10.5 Licensing, user agreements and other associated fees		\$0,000	\$0,000	\$0,000	\$0,000	\$0,373	\$0,373
	10.6 Maintenance and support		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
	10.7 EHR transition and Contract termination		\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
11	Other							\$0,000
	11.1 Claims		\$0,000	\$0,000	\$0,000	\$0,000	\$0,095	\$0,095
	11.2 In-State Administration		\$0,000	\$0,000	\$0,000	\$0,000	\$0,217	\$0,217
	11.3 Out-of-State Administration		\$0,000	\$0,000	\$0,000	\$0,000	\$0,645	\$0,645
	11.4 Corporate Overhead and Administration		\$0,000	\$0,000	\$0,000	\$0,000	\$1,423	\$1,423
	11.5 Profit		\$0,000	\$0,000	\$0,000	\$0,000	\$1,095	\$1,095
			\$0,000	\$0,000	\$0,000	\$0,000	\$0,000	\$0,000
		Total fixed per inmate per day rate	\$17,519	\$1,375	\$0,356	\$4,851	\$6,549	\$30,650

Attachment 9 Budget Narrative

SOLICITATION NO. BPM003905 ATTACHMENT 9

Please refer to Section 1.23 for instructions.

Budget Narrative

No.	Title	Detailed Narrative Explanation
1	Employee Personal Services - Direct Care	
	1.1 Base Wages	Cost of salaries for direct labor personnel based on Solicitation Amendment No. 12, Exhibit 24, Minimum Required Staffing Plan.
	1.2 Overtime	Cost of overtime.
2	Employer Related Expenditures for Employees - Direct Care (employer paid)	
	2.1 Employee medical plan	Cost of employer provided health care plan.
	2.2 Employee dental and vision plan	Included in Section 2.1.
	2.3 Employee life insurance and disability	Cost of employer provided life insurance and accidental death and dismemberment plans.
	2.4 Employee retirement (example: 401K)	Cost of company match for employee 401K contributions.
	2.5 Payroll taxes	Employer match of Social Security and Medicare, Federal and State Unemployment, Worker's Compensation
	2.6 Other	Cost of paid time off and bonuses/incentives.
3	Professional and Outside Services - Direct Care	
	3.1 Professional and Outside Services - Non Staffing	Cost of off-site inpatient stays, outpatients visits, emergency room visits, laboratory services, EKG, mammography, optometry, ambulance, dialysis radiology services. Utilized stats provided in previous solicitation and historical experience.
	3.2 Professional and Outside Services - Staffing	Cost of officer time to transport patients not treated in secure unit based on Solicitation Section 1.6.4.1.
4	Travel - In State	
	4.1 Travel - In State	Cost of travel in the state by Arizona office personnel.
5	Travel - Out of State	
	5.1 Out of State	Cost of travel by those based outside of Arizona.
6	Other Operating Expenses	
	6.1 Other Operating Expenses excluding Pharmaceuticals	Cost of medical supplies, dental supplies and waste disposal. Increased cost due to pandemic.
	6.2 Pharmaceuticals, excluding Hepatitis B, C and HIV	Cost of pharmaceuticals (based on data provided in Solicitation Amendment No 10, Answer No 36).
	6.3 Hepatitis B pharmaceuticals	Cost of Hepatitis B pharmaceuticals.
	6.4 Hepatitis C pharmaceuticals	Cost of Hepatitis C pharmaceuticals.
	6.5 HIV pharmaceuticals	Cost of HIV pharmaceuticals.
7	Capital Equipment	
	7.1 Capital Equipment	Cost of computers, office furniture, telemedicine equipment, and medical equipment where cost is in excess of \$500.
	7.2 Building Improvement/Construction	
8	Non-Capital Equipment	
	8.1 Non-Capital Equipment	Cost of computers, office furniture, telemedicine equipment, and medical equipment where cost is in excess of \$500. Leased equipment (copiers).
9	Insurance	
	9.1 Commercial General Liability	Cost of insurance provided.
	9.2 Business Automobile Liability	Cost included in 9.1 above.
	9.3 Umbrella Liability	Cost included in 9.1 above.
	9.4 Professional Liability	Cost included in 9.1 above.
10	Electronic Health Records	
	10.1 Staffing	Included in Licensing fee, Section 10.5.
	10.2 Training	Included in Licensing fee, Section 10.5.
	10.3 Hardware, software and peripherals	Included in Licensing fee, Section 10.5.
	10.4 Telecommunication and storage	Included in Licensing fee, Section 10.5.
	10.5 Licensing, user agreements and other associated fees	License fee of EHR.
	10.6 Maintenance and support	Included in Licensing fee, Section 10.5.
	10.7 EHR transition and Contract termination	Cost included in sections above.

11	Other		
	11.1	Claims	Cost of claims adjudication and processing personnel.
	11.2	In-State Administration	Cost of Arizona state office including rent and utilities.
	11.3	Out-of-State Administration	Cost of contract start up, payroll processing, performance bond, legal/professional fees.
	11.4	Corporate Overhead and Administration	Cost of corporate staff support including human resources, recruiting, accounting, operations.
	11.5	Profit	Margin before taxes.

Five Year Proforma

REDACTED:
Confidential Information Page 20



DOUGLAS A. DUCEY
GOVERNOR

Arizona Department of Corrections Rehabilitation & Reentry

1601 WEST JEFFERSON
PHOENIX, ARIZONA 85007
(602) 542-5497
www.azcorrections.gov



DAVID SHINN
DIRECTOR

April 15, 2022

NaphCare, Inc.
2090 Columbiana Road, Suite 4000
Birmingham, AL 35216
Attention: Bradford McLane, CEO

Re: Request for Proposal (RFP) No. BPM003905 Inmate Correctional Healthcare
Request for Best and Final Offers

Dear Mr. McLane:

In accordance with A.R.S. 41-2501 Arizona Procurement Rules, R2-7-C315, Offer Revisions and Best and Final Offers, the Arizona Department of Corrections, Rehabilitation & Reentry is requesting your Best and Final Offers (BAFO) for the referenced RFP.

Discussions for RFP No. BPM003905 Inmate Correctional Healthcare has concluded. NaphCare now has the opportunity to submit a BAFO.

The BAFO shall be inclusive of all costs required for the provision of services to include any modifications as a result of the clarifications and the discussions held on April 8, 2022.

The BAFO is an opportunity to make any final revisions to your offer. If you choose to make a revision, you must submit a copy with the track changes or use some other method to indicate a change has been made to any previous submissions in addition to the clean final document. This will allow the department to clearly see any modifications.

The following areas identified below are being recapped based on items that were discussed on April 8, 2022.

Listed below are the changes identified by the Department. NaphCare should consider these in their BAFO.

- ASPC – Florence Closure approximately mid November 2022. One unit (South Unit) will remain open thru approximately December 2023.
- Overall State Prison Population Reduction of 2706 inmates moving to Private Prison

Procurement Services, 1645 W. Jefferson, Mail Code 55302, Phoenix, AZ 85007
Phone: (602) 542-1172

Beds – Estimated Completion November 2022

- ASPC- Florence Dialysis move approximately late April 2022 from Central Unit to ASPC-Eyman Cook Unit.
- ASPC – Florence IPC move approximately mid-late April 2022 from Central Unit to the Baker Unit at ASPC-Phoenix.
- Section 1.6.13 thru 1.6.13.4 Expansion of Infirmary beds is no longer a requirement.
- Section 1.12 – Pharmacy Services, Hepatitis C, Hepatitis B, and HIV
 - The Department qualifies for a reduced cost of pharmaceuticals through its participation in the 340B Program. The Department intends to continue the 340B Program for purchase of Hepatitis C, Hepatitis B, and HIV pharmaceuticals.
 - The following information is being provided in relation the three identified conditions:
 - Hepatitis C – Estimate to treat 100 patients per month
 - Hepatitis B – Currently active 20 patients
 - HIV – Currently active 227 patients
 - All costs related to this section are the responsibility of the Contractor including dispensing fees.
 - Staff Incentive Bonus Payout – As a result of the Department’s current Contract No. ADOC18-216360 which allows incentive hiring bonuses in accordance with Contract Amendment No. 12 due to the staffing shortages, should the Contractor under this subsequent contract hire existing staff from Contract No. ADOC18-216360 who are receiving the hiring bonus, the Department will agree to pay the balance of the bonus through its completion.
 - Section 2.41.11.16 Special Terms and Conditions, Contractors Pollution Liability – The Department is lowering the pollution liability requirement from \$10M to \$5M.

Changes in the ADP – The original ADP number identified in the RFP was 27,437 which was the ADP at the time of the creation of the RFP. The current ADP is 26,160. Based on our discussions regarding the changes identified at ASPC-Florence; i.e. the IPC move, dialysis move, and the population movement of 2706 inmates to a private prison,

NaphCare should use 25,000 ADP in their calculations on the fee schedule and budget narrative as well as any other revisions they deem necessary in their BAFO. Furthermore;

- For the purposes of the RFP, NaphCare should consider in their BAFO an ADP of 25,000 to be a fixed lower parameter, not to be adjusted downward below 25,000 by the Department.
- If the ADP increases to 27,000 or more and is sustained for 3 consecutive months the contractor will be paid at a newly established ADP base of 27,000.
- If a 27,000 ADP should return to 25,000 or below and is sustained for 3 consecutive months the contractor will be paid at the reestablished base of 25,000.
- The ADP used for calculation will be the ADP published on the last day of each month by the Department.

Discussion Follow Up for Confirmation

- Section 1.13.4.1 NaphCare will confirm in their BAFO that they will not utilize LISACs for provision of mental healthcare. This was removed in Amendment 9
- 1.13.7.1 NaphCare will confirm in its BAFO that BHTs will not be respond to mental health crisis and will use clinicians at the required level of licensure (Psych RN and/or Psych Associate)
- Section 1.13.7.2 NaphCare will confirm in their BAFO that the initial mental health assessment will be completed and finalized within 2 days of arrival to an ADCRR facility by a Mental Health professional
- Section 1.13.7.8 NaphCare will confirm in their BAFO that all psychological autopsies will be completed and sent to the MSCMB team within 30 days of event
- Section 1.13.13 NaphCare will confirm that in their BAFO that Eyman Facility will have a minimum of one on-site psychiatrist.
- Section 1.17.7.6 Naphcare will confirm that the Regional Mental Health Director will be a Licensed Psychologist with an unrestricted license in AZ.

- Section 1.17.11.4 NaphCare will confirm in their BAFO that paid time off, (sick/vacation/personal) and off site training/CME hours shall not be included as hours worked.
- Section 1.23.22 NaphCare will confirm in their BAFO that private prisons will have full access to EMR.

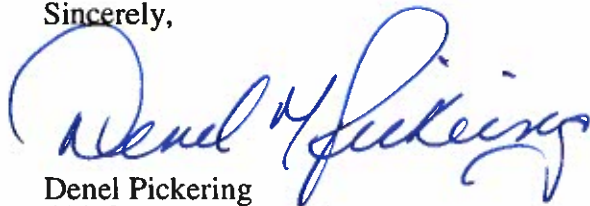
The following new Attachments from Section 1.24 Fee Schedule, are being included for the purpose of the BAFO based on the changes noted by the Department herein:

- Attachment 8 Fee Schedule BAFO,
- Attachment 9 Budget Narrative BAFO

Please provide your BAFO no later than **3:00 P.M. MST, April 22, 2022** through the State's Electronic e-Procurement System, **Arizona Procurement Portal (APP)**. If a written BAFO is not submitted, the Department shall accept the immediate previous written offer as your BAFO.

If you have any questions, please contact Kristine Yaw, Deputy Chief Procurement Officer or Denel Pickering, Chief Procurement Officer at 602-542-1172.

Sincerely,



Denel Pickering
Chief Procurement Officer
Arizona Department of Corrections, Rehabilitation & Reentry

DP/ky

cc: ADCRR Tracking No. 22-036-32

ATTACHMENT 9

Please refer to Section 1.24 for instructions.

Budget Narrative

No.	Title	Detailed Narrative Explanation
1	Employee Personal Services - Direct Care	
	1.1 Base Wages	
	1.2 Overtime	
2	Employer Related Expenditures for Employees - Direct Care (employer paid)	
	2.1 Employee medical plan	
	2.2 Employee dental and vision plan	
	2.3 Employee life insurance and disability	
	2.4 Employee retirement (example: 401K)	
	2.5 Payroll taxes	
	2.6 Other	
3	Professional and Outside Services - Direct Care	
	3.1 Professional and Outside Services - Non Staffing	
	3.2 Professional and Outside Services - Staffing	
4	Travel - In State	
	4.1 Travel - In State	
5	Travel - Out of State	
	5.1 Out of State	
6	Other Operating Expenses	
	6.1 Other Operating Expenses excluding Pharmaceuticals	
	6.2 Pharmaceuticals, excluding Hepatitis B, C, and HIV	
	6.3 Hepatitis B pharmaceuticals	
	6.4 Hepatitis C pharmaceuticals	
	6.5 HIV pharmaceuticals	
7	Capital Equipment	
	7.1 Capital Equipment	
	7.2 Building Improvement/Construction (Deleted)	
8	Non-Capital Equipment	
	8.1 Non-Capital Equipment	
9	Insurance	
	9.1 Commercial General Liability	
	9.2 Business Automobile Liability	
	9.3 Umbrella Liability	
	9.4 Professional Liability	
10	Electronic Health Records	
	10.1 Staffing	
	10.2 Training	
	10.3 Hardware, software and peripherals	
	10.4 Telecommunication and storage	
	10.5 Licensing, user agreements and other associated fees	
	10.6 Maintenance and support	
	10.7 EHR transition and Contract termination	
11	Other	
	11.1 Claims	
	11.2 In-State Administration	
	11.3 Out-of-State Administration	
	11.4 Corporate Overhead and Administration	
	11.5 Profit	



March 23, 2022

Denel M. Pickering
Chief Procurement Officer

Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR)
1645 W. Jefferson
Phoenix, Arizona 85007
Submitted via email

**Re: RFP No. BPM003905 Inmate Correctional Healthcare
Request for Clarifications – NaphCare Clarifications**

Dear Ms. Pickering –

Thank you for the opportunity to provide clarification of NaphCare’s response to the RFP for Inmate Correctional Healthcare for the ADCRR. Below and attached is the requested information.

1. Scope of Work, Page 36, 1.4 Financial Responsibility, Section 1.4.1

In response to this request, please find attached NaphCare’s Audited Financial Statements for years 2016-2020. NaphCare’s Audited Financial Statement for 2021 is not yet available but will be finalized soon. NaphCare will be pleased to also provide the final 2021 Audited Financial Statement if that would be of assistance in evaluating NaphCare’s proposal.

2. Scope of Work, Page 36, 1.4 Financial Responsibility, Section 1.4.2

In response this request, please find attached NaphCare’s pro forma income statements for the corporate entity and five-year ADCRR contract. NaphCare’s overall corporate income and expense projections reflect a scenario where NaphCare is awarded the contract with ADCRR with a start date of October 1, 2022, and includes other projected growth over the five year period.

NaphCare’s pro forma for the five-year period of the contract with ADCRR includes a five-percent (5%) per year cost of living adjustment. If selected as the prevailing party in the RFP process, NaphCare would like the opportunity to negotiate mutually acceptable terms regarding contractual cost of living adjustments that factor in economic and market changes including labor market conditions and inflation. These factors could inform an actual annual cost of living adjustment that could be lower or higher than the current five-percent per year projection. Given current economic and labor market volatility, it is difficult to project a set cost of living adjustment over a five-year period for this contract.

**3. Scope of Work, Page 62 1.8.9 Responsibility for Coordination of Care,
Section Telemedicine Services, 1.8.9.7.1 and 1.8.9.7.2**

NaphCare is pleased to provide the additional information requested regarding telemedicine services.

- **Section Telemedicine Services, 1.8.9.7.1**

Using TechCare EHR and trained providers and specialists, NaphCare has successfully introduced effective telehealth and telemedicine services within many correctional facilities. Based on this experience, we have identified the following barriers that could have an impact on maximizing appropriate utilization of telemedicine services for the ADCRR facilities. However, we are confident in our capacity to partner with ADCRR to overcome any potential barriers and deploy robust telemedicine services in your facilities.

- **Designating spaces that not only provide the appropriate connectivity but also ensure privacy for the patient** – Designated telemedicine locations are often within the medical units where other patients and staff may be within sight or sound of the telemedicine encounter. Also, the space must be conducive to patient privacy while still allowing quick responsiveness by security in the event the patient becomes combative or attempts to assault other patients or staff.

NaphCare Solution: The best solutions usually entail creating a space where the officer may be positioned to see the patient during the telemedicine encounter, but not be able to hear what is being said. In that manner, the officer can respond to an emergency if a patient becomes destructively agitated or attempts to assault health staff that are presenting the patient for the encounter. Another approach is to ensure that health staff have a “panic button” to summon security staff into the room and that the patient does not have the capability to block staff from reaching the button during the encounter.

- **Providing care that is equivalent to the care that would be provided through a face-to-face encounter** – Patient encounters that require a provider to touch the patient – for example, manipulating a joint or extremity – are less effective when rendered by telehealth.

NaphCare Solution: The best approach to this barrier is to communicate with specialty providers initially and on an ongoing basis to ensure they are able to evaluate patients effectively through a virtual encounter. This allows us to consider whether enhanced technology, including additional or updated peripherals, can improve the specialty encounter.

Also, any provider of telehealth services must constantly address whether the preparation for an encounter is adequate for each specialty provider’s needs. Although the advent of electronic health records affords a remote provider easy access to a patient’s complete health history and progress, it is important to create a personalized summary for the specialist that addresses the specific provider’s practice methods and needs. TechCare EHR was designed to anticipate and guide a provider in an efficient manner to address this need.

- **Limitations to care for those patients who are higher custody or otherwise subject to stricter requirements when escorting patients to a telemedicine visit** – It can be challenging to provide telemedicine visits to those whose custody status limits movement within the facility. This could also apply to patients with physical impairments that would preclude their ability to transfer to the telemedicine area.

NaphCare Solution: To address this limitation, we work closely with facility staff on an ongoing basis to determine the trends in volume and type of services rendered in these settings to determine where it would be logical to create more satellite treatment areas in facilities. This helps to reduce the burden on custody staff in moving residents from secured units and improves the quality and efficiency of patient encounters.

- **Identifying specialists or providers who are willing to provide telemedicine services on a schedule that does not conflict with security operations.**

NaphCare Solution: NaphCare is sensitive to the ongoing schedule at a prison site that includes counts, food service schedules, visitation, group and individual programming, and other important activities. We strive to create schedules for telehealth that do not disrupt these activities when at all possible.

- **Limitations to the provider's ability to access patient care records to include history, examinations, and diagnostic results.**

NaphCare Solution: NaphCare is in a unique position to address this limitation with our corrections-specific EHR, TechCare. As stated previously, we anticipate the need for the specialty provider to have the right information for a successful encounter and the need to consider security and sometimes limited connectivity in a correctional facility. Anticipating these factors has been integral to our development of TechCare as an effective solution.

- **Lack of a structured manner to ensure care orders and recommendations are documented and shared with the onsite staff who will follow through on the plan of care.**

NaphCare Solution: NaphCare, through TechCare, has created multiple triggers and relational data exchanges to ensure that orders and recommendations created by a specialty provider are conveyed efficiently to the staff who must execute them.

- **Having adequate custody staff to escort patients to the appointments and monitor patients during the visits.**

NaphCare Solution: To support the ADCRR with this challenge, we are accustomed to working with Wardens and custody leadership to schedule and "batch" patients in a manner that creates the least burden possible on custody staff when rendering services.

- **Having adequate medical staff to assist with telemedicine visits** – Staff members need to be available to assist with any technical issues as well as assist the provider with ensuring ordered care is made available to the patient.

NaphCare Solution: We have created a staffing plan for this proposal that is robust and considers the need for good patient presentation for telehealth encounters. We also place a great deal of energy into sourcing and recruiting staff to keep our positions filled. We will ensure that staff involved in the telehealth process are trained properly to enhance the efficiency of telehealth visits and are able to retrieve patient data that is requested, but not anticipated, that the provider may need.

- **Limited patient cooperation or participation** – Some patients may not feel comfortable with care provided virtually or may feel they are being denied comparable care. This is often exacerbated when the patient has a mental health issue that increases paranoia or anxiety.

NaphCare Solution: Our staff are trained to take into consideration patient characteristics and care needs when determining if a virtual care visit is appropriate. Each patient is informed of the telemedicine concept and any questions or concerns the patient has prior to scheduling the appointment are addressed. Only patients that agree/consent to telemedicine services will be seen virtually. Additionally, we address any generalized anxieties or doubts from patients

regarding virtual encounters through patient education prior to the encounter. When a patient has behavioral health issues that exacerbate anxiety, we review and communicate with behavioral health staff to ensure the telemedicine staff is aware of those needs.

- **Section Telemedicine Services, 1.8.9.7.2**

Please find attached a specifications overview for the telemedicine equipment that NaphCare intends to use at ADCRR facilities.

4. Scope of Work, Page 107 1.12.36.1 Pharmacy Services

As requested, please find attached NaphCare's proposed policy for Pharmacy Services specific to non-formulary medications.

5. Scope of Work, Page 112 1.13.6 Mental Health Services Subsection Addiction Treatment

As requested, NaphCare is pleased to clarify that we understand that the requirement for Medication Assisted Treatment (MAT) and Opioid Treatment Services was removed in Amendment 21. We provided an overview of our capabilities to inform any possible future decision by ADCRR to pursue MAT/Opioid treatment programming; however, we did not include these services in our scope of services or cost proposal.

Once again we appreciate your consideration of NaphCare's proposal. We remain enthusiastic about the opportunity to partner with ADCRR to bring a higher level of care to the residents in your facilities.

Sincerely,



Bradford T. McLane
CEO
NaphCare, Inc.



Audited Financial Statements

CONFIDENTIAL

REDACTED:
Confidential Information





Telemedicine Equipment Specifications

Secure Technology for Telemedicine

NaphCare sources, installs and maintains all onsite telemedicine equipment. Onsite telemedicine units are modular in design and completely implemented and supported by NaphCare’s IT team. Audio and video are clear and consistent, using the latest high-definition equipment available.

NaphCare utilizes advanced video conferencing technologies in conjunction with TechCare EHR to streamline telemedicine/telehealth encounters. Using video conferencing equipment, providers can remotely examine a patient while viewing the patient’s complete health record in TechCare in real-time. The proposed video conferencing system meets all HIPAA requirements, is highly portable and requires only basic internet access.

Telemedicine Equipment	Specifications	Additional Detail
<p data-bbox="155 532 462 560">LTI Rugged Mobile Unit</p> <p data-bbox="155 565 441 592">Quantity for ADCRR: 4</p> 	<p data-bbox="634 532 751 560">Features:</p> <p data-bbox="634 565 1186 592"><i>Two size options to best fit your specific needs</i></p> <ul data-bbox="634 602 1260 1421" style="list-style-type: none"> • IP67-rated rugged case • Integrated I/O panel <ul data-bbox="682 673 966 812" style="list-style-type: none"> - Power on/off - Four USB 3.0 ports - Audio in and out ports - RJ45 Ethernet port • Integrated speakerphone • Integrated high-definition web camera on manually articulating arm • Rugged fold-out keyboard with negative and positive tilt adjustment options • AC Power cord • Integrated Battery and battery status indicator • Tilt adjustment for tablet computing device to accommodate multiple viewing angles. Support for Microsoft Surface Pro or Getac F110 Tablet • Support for optional Cradlepoint LTE modem • Custom foam insert to support multiple peripheral devices, including: <ul data-bbox="682 1291 1207 1421" style="list-style-type: none"> - Multipurpose exam camera with removable lenses - General exam cameras - Oscopes 	<p data-bbox="1302 532 1428 560">Age: NEW</p> <p data-bbox="1302 576 1564 604">Transmission Speed:</p> <ul data-bbox="1302 613 1942 852" style="list-style-type: none"> • Optimal performance is achieved with a minimum of 50Mbps connection speed although the unit has the ability to connect at up to Gigabit speeds. As a mobile unit, it will perform at much lower bandwidth speeds via WiFi or 4/5g Cell to enable functionality within limited IT resources areas that may exist in the prison environment. <p data-bbox="1302 868 1449 896">Resolution:</p> <ul data-bbox="1302 906 1942 998" style="list-style-type: none"> • Image resolution is a minimum of 1280 x 720 and the unit will automatically scale up to 1920 x 1080 when network connectivity performance allows. <p data-bbox="1302 1015 1491 1042">Audio Quality:</p> <ul data-bbox="1302 1052 1942 1144" style="list-style-type: none"> • Audio quality is a minimum 320kbps and the unit will automatically scale up to 1,000+kbps when network connectivity performance allows. <p data-bbox="1302 1161 1480 1188">Data Security:</p> <ul data-bbox="1302 1198 1942 1307" style="list-style-type: none"> • The unit creates end-to-end encryption between endpoints using SSL/TLS. Data stored on the device is encrypted at rest using AES 256. <p data-bbox="1302 1323 1522 1351">Storage Capacity:</p> <ul data-bbox="1302 1360 1900 1388" style="list-style-type: none"> • The unit maintains 256+GB of internal storage

	<ul style="list-style-type: none"> - Stethoscope - Ear bud Headphones - Ultrasound probe - ECG with leads 	
<p>LTI Hi Care-E Lite Telehealth Cart Quantity for ADCRR: 3</p> 	<p>General</p> <ul style="list-style-type: none"> • Base: 19"W x 20"D • Work Surface: 17"W x 14.3"D • PC Compartment: 17.1"W x 3.2"H x 12.5"D • Keyboard Tray: 18.2"W x 1.6"H x 7.5"D • Keyboard Tilt: Negative 15° / Positive 6° <p>Clinical</p> <ul style="list-style-type: none"> • Raised-Edge Work Surface • 5" Dual Wheel Casters w/ Two Locking Casters • Anti-Microbial Agents in Touch Surfaces <p>Ergonomics</p> <ul style="list-style-type: none"> • Ergonomic, Soft Touch Fixed Push Handles • Rubberized Footrest • Negative/Positive Tilt (-15/+6) Slide-Out Keyboard Tray w/Integrated Wrist Rest • One Touch Powered Work Surface Height Adjustment • VESA Mount has Tilt, Swivel, and Rotation Adjustment • Ergonomically Position Storage Module • Centralized Control Pane • 270° Wrap Around Handle • Motorized work surface height adjustment: 32.5" sitting to 47.6" standing • Large raised edge work surface (17"W x 14.3"D) with translucent protective cover 	<p>Age: NEW</p> <p>Transmission Speed:</p> <ul style="list-style-type: none"> • Optimal performance is achieved with a minimum of 50Mbps connection speed although the unit has the ability to connect at up to Gigabit speeds. <p>Resolution:</p> <ul style="list-style-type: none"> • Image resolution is a minimum of 1280 x 720 and the unit will automatically scale up to 1920 x 1080 when network connectivity performance allows. <p>Audio Quality:</p> <ul style="list-style-type: none"> • Audio quality is a minimum 320kbps and the unit will automatically scale up to 1,000+kbps when network connectivity performance allows. <p>Data Security:</p> <ul style="list-style-type: none"> • The unit creates end-to-end encryption between endpoints using SSL/TLS. Data stored on the device is encrypted at rest using AES 256. <p>Storage Capacity:</p> <ul style="list-style-type: none"> • The unit maintains 256+GB of internal storage.

	<p>Technical</p> <ul style="list-style-type: none">• Shipped Fully Assembled• Tool-Less Battery Access and Replacement• Easily Replaceable Power Module• AC Power Distribution w/ 6 AC Receptacles• Easily Accessible Keyboard and Mouse Connections• Large Number of Storage Options Available (Electronic Locking Storage is not Supported)• Keyed PC Compartment• 8' Hospital-Grade Power Cord w/ Extraction Ring and Integrated Handle Hook• Thermally Controlled Variable Speed PC Compartment Cooling Fan• UL and CE Certified• (4) high speed USB 3.0 capable ports, (1) CAT5/6 RJ45 port, (1) HMDI video port, (1) 3.5mm audio jack, (1) spare port for future expansion.• Jabra 410 Speakerphone• Lumens PTZ Camera• 24" Monitor	
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Non-formulary Medications Proposed Policy



Health Care Policy & Procedure

J/P-D-02 Medication Services – Non-Formulary Medications

Section D: Ancillary Health Care Services

Effective Date: 9/12/2014

Policy Revised: 03-21-2022

NCCHC Standard: Medication Services (J/P-D-02)

NCCHC Opioid Standard: Medication Services (O-D-02)

ACA Standard: Pharmaceuticals (4-ALDF-4C-38)

Purpose

To establish guidelines ensuring the appropriate dispensation of non-formulary prescribed medication to patients.

Policy

NaphCare advanced clinical providers will receive orientation and training relating to non-formulary medication ordering, dispensation and documentation.

Procedure

- 1) The advanced clinical provider will receive non-formulary training during orientation prior to prescribing any medications.
- 2) The Health Services Administrator, with the assistance of corporate clinical provider supervisors, is responsible for all non-formulary medication training.
- 3) All advanced clinical providers prescribing non-formulary medication must use the following procedures:
 - a) Complete a non-formulary medication request that also includes documentation, if any, of the current, non-formulary medication prescription from the patient's community provider;
 - b) Non-formulary medication requests must be completed in TechCare;
 - c) Answer any question(s) posed by the corporate office pertaining to the non-formulary medication request as soon as possible, including why a formulary medication is not an appropriate alternative; and
 - d) Prescribe a formulary substitution to continue treatment until the non-formulary medication request is resolved or, if deemed appropriate and if verified on intake, the non-formulary medication may be continued until the non-formulary medication request has been resolved.
- 4) Upon receipt of the non-formulary medication request, the corporate pharmacy will acknowledge receipt to the provider and/or Health Services Administrator, give preliminary approval or denial, and/or relay the medication request to the Corporate Medical Directors and/or Chief Medical Officer for further review.

Corporate pharmacy staff will provide a timely response to the advanced clinical provider or Health Services Administrator, including substitution recommendations, if applicable.

- 5) Non-formulary medication prescription requests may be denied under the following circumstances:
 - a) If the drug has not been approved by the US Food and Drug Administration for the indication for which it is being prescribed;
 - b) If the patient has not taken the previously prescribed non-formulary medication as prescribed;
 - c) If proper procedures pertaining to the prescribing of the medication(s), including psychotropics, have not been followed;
 - d) If a clinically reasonable substitution of a formulary medication can be made; or
 - e) If a patient has recently ingested alcohol or illicit drugs which may alter the intended therapeutic action of the non-formulary medication.
- 6) Medications that will become non-formulary will be maintained until a provider assesses the patient. If the provider determines the medication is clinically indicated and beneficial for the patient, it will be continued. If an alternative, formulary medication is determined to be more beneficial to the patient, then they will be safely transitioned to the new medication by onsite healthcare staff.

DIAGNOSIS:

REQUESTING PROVIDER:

REASON FOR REQUEST:

1. Patient has own medication supply Yes No
2. The inmate has been verified through appropriate Naphcare pathways to have been actively on this medication in the community and there has not been a gap of more than 4 days since they last took it. (Must be documented in TechCare under reconciliation tab or in a Yes No
3. The Non-Formulary Medication was ordered by an off-site provider and I feel there is no appropriate alternative medication on the Formulary. (Off-site providers recommendations must be documented in TechCare.) Yes No
4. This medication is a court ordered medication or patient returned from competency restoration on this medication. Yes No
5. The inmate has a special medical condition that requires this medication (HIV, Cancer, Hepatitis, Dialysis, Transplant, or Post-Surgery). Yes No
6. The inmate has not responded to equivalent formulary medications. Yes No
7. This is a follow-up Non-Formulary request for a previously approved Non-Formulary medication. Yes No
8. This is a change in dosage of a previously approved Non-Formulary medication. Yes No

**** Note to Provider ****

This Non-Formulary Medication request will be sent to the Corporate Medication Review Panel consisting of pharmacy team members and corporate medical administrators for further review. If approved, the medication will be ordered and placed on the eMAR. If an alternative plan is recommended instead, this will be communicated to you, your site HSA, and DON. The medication requested in this form will not be ordered until approved through this process. Once approved, the order will expire in 6 months and must be renewed through option 7 of this form.

Figure: TechCare's non-formulary request form, which must be completed in order to prescribe a non-formulary medication.

Relevant Forms

None

References

Medication Administration (J-D-02). National Commission on Correctional Health Care: Standards for Health Services in Jails, 2018.

Medication Administration (P-D-02). National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2018.

National Commission on Correctional Health Care: Standards for Opioid Treatment Programs in Correctional Facilities, 2016.

Pharmaceuticals (4-ALDF-4C-38). American Correctional Association: Performance Based Standards for Adult Local Detention Facilities, Fourth Addition, 2004.

American Correctional Association: Standards Supplement, 2016.



DOUGLAS A. DUCEY
GOVERNOR

Arizona Department of Corrections Rehabilitation & Reentry

1601 WEST JEFFERSON
PHOENIX, ARIZONA 85007
(602) 542-5497
www.azcorrections.gov



DAVID SHINN
DIRECTOR

March 17, 2022

NaphCare, Inc.
2090 Columbiana Road Suite 4000
Birmingham, AL 35216
Attention: Bradford McLane, CEO

Re: Request for Proposal (RFP) No. BPM003905 Inmate Correctional Health Services
Request for Clarifications

Mr. McLane:

The Arizona Department of Corrections, Rehabilitation, and Reentry (Department) is in the process of evaluating the proposal submitted in response to the above referenced RFP by NaphCare, Inc. (NaphCare)

Special Terms and Conditions Section 2.9.6 of the RFP required Offerors to acknowledge for each section that "the Offeror has read, understands, and will comply with, as applicable, each Section and Subsection". Your proposal response stated compliance with this requirement. However, there are several sections of your Offer for which you have provided additional information and/or explanation that conflicts with or contradicts the RFP requirements.

Therefore, the Department is requesting your clarification on the following sections:

1. Scope of Work, Page 36, 1.4 Financial Responsibility, Section 1.4.1
NaphCare's proposal included Audited Financial Statements only for four (4) years between 2017 and 2020.

Please submit the Audited Financial Statements for the last five (5) years as required by the RFP.

2. Scope of Work, Page 36, 1.4 Financial Responsibility, Section 1.4.2
NaphCare failed to submit a separate five year pro forma income statement for the corporate entity for the five years of the contract.

Please submit a separate five year pro forma income statement for the corporate entity for the five years of the contract, as required by the RFP.

3. Scope of Work, Page 62 1.8.9 Responsibility for Coordination of Care, Section Telemedicine Services, 1.8.9.7.1 and 1.8.9.7.2
NaphCare's proposal does not provide detailed and sufficient information regarding telemedicine services.

Please provide detailed and sufficient description as required by the referenced sections of the RFP, such as: list barriers to implementing and expanding telemedicine services within any of the ASPCs and a detailed description of your equipment including the age, transmission speed, resolution, audio quality, data security and storage capacity.

4. Scope of Work, Page 107 1.12.36.1 Pharmacy Services
NaphCare's proposal identified guidelines but it does not include a proposed policy.

Please submit your proposed policy that ensures that clinically appropriate transitions exist, and that the transition plan does not affect continuity of care.

5. Scope of Work, Page 112 1.13.6 Mental Health Services Subsection Addiction Treatment
NaphCare's proposal includes Medically Assisted (MAT) and Opioid Treatment Services.

Please clarify and confirm your understanding that these services have been removed from the RFP.

The Department is requesting that NaphCare respond with their clarification response no later than 3:00 PM MST on March 23, 2022, or earlier at your convenience.

If you have any questions, please contact Elizabeth Csaki, Sr. Procurement Specialist at (602)364-3793 or at ecsaki@azadc.gov or me at (602)542-1172.

Sincerely,



Denel M. Pickering
Chief Procurement Officer
Arizona Department of Corrections, Rehabilitation & Reentry

DP /ec

cc: ADCRR Tracking No. 22-036-32



Arizona Department of Corrections, Rehabilitation and Reentry

INMATE CORRECTIONAL HEALTHCARE

Solicitation No. BPM003905

February 17, 2022 | 3:00 PM MST



February 16, 2022

Kristine Yaw
Deputy Chief Procurement Officer
Procurement Services
State of Arizona Department of Corrections, Rehabilitation & Reentry (ADCRR)
1645 W. Jefferson Street
Phoenix, AZ 85007

Re: Solicitation No. BPM003905 Inmate Correctional Healthcare

To the ADCRR Evaluation Committee:

NaphCare is pleased to respond to ADCRR Solicitation No. BPM003905 for Inmate Correctional Healthcare. For more than 30 years, NaphCare has been devoted to partnering with federal, state and local government agencies to provide proactive, preventive healthcare and innovative technology solutions for incarcerated populations. We welcome the opportunity to bring our partnership, expertise and innovative solutions to the ADCRR.

We have followed the proceedings regarding the *Jensen v. Shinn* litigation, and we are confident that we can partner with the ADCRR to achieve 100% compliance with the performance measures contained in the prior consent decree, as well as address any new court-mandated requirements moving forward. We have outlined in this proposal how NaphCare's innovative solutions will help to improve your success rate in achieving those and any future measures.

With NaphCare, you'll see innovation in every aspect of our care delivery – all aimed at **improving patient outcomes** and preparing residents for **a safe and healthy return to the community to reduce recidivism**.

Quality Patient Care: Preventive Health & Wellness

NaphCare's **Proactive Care Model** emphasizes the proper identification of medical, mental health and substance use issues in order to intervene early and establish individualized treatment plans for timely and appropriate care. We apply this model upon reception into the system. Each patient's total health is reviewed by a clinician at our first encounter and integrated medical and mental health treatment is initiated to minimize adverse outcomes. We couple our Proactive Care Model with a long-term health and wellness focus. For ADCRR residents, NaphCare will implement our targeted **MyCare Wellness Program** that emphasizes the importance of treatment compliance and preventive healthcare through patient education to give patients more autonomy in their personal care. MyCare equips individuals with the knowledge and skills needed to make healthy life choices, which in turn, can reduce emergent healthcare needs while incarcerated and decrease rates of recidivism and relapse after release.



Transparency and Compliance with TechCare EHR

Our corrections-specific EHR and medical management system, **TechCare**, is designed specifically to provide efficiency, accountability, transparency and consistency in correctional systems. Because TechCare is a NaphCare product, we are able to **customize the system for the specific performance measures required by ADCRR** and provide real-time reports to ADCRR and Court Monitors, proving compliance and quality of care provided. NaphCare has successfully partnered with clients to comply with and overcome consent decrees and litigation, including collaborating with the Maricopa County Sheriff's Office (AZ) in overcoming a 40-year consent decree.

Partnering with NaphCare means a guaranteed level of continuity of care – **more than 72%** of commitments to the ADCRR are from Maricopa and Pima Counties with existing health records within our EHR, TechCare.

STATCare 24/7 Telehealth Team

STATCare is NaphCare's exclusive, innovative approach to providing **24/7 access to providers via telehealth**. For ADCRR, a dedicated STATCare team of 12 providers – eight (8) medical and four (4) psychiatric – will be based in our Arizona office to provide an added layer of quality assurance and clinical support to site teams throughout the state. With **access to patient records in real-time via TechCare**, STATCare providers will be available for patient encounters, as well as peer-to-peer consults and 24/7 on-call services, ensuring a prescriber is available around-the-clock. **Our STATCare team is always on-call with an immediate response guaranteed.**

NaphCare: A Partner You Can Trust

At NaphCare, we consider our clients to be partners. Through **collaborative partnership, mutual trust and transparency**, we are best able to ensure the success of our programs – meaning the success of our partners. As a family-owned company, NaphCare has never sought the support of outside investors or private equity – allowing us to maintain our focus on serving the interests of our patients and clients. While other companies engage in frequent mergers and acquisitions, we remain under consistent leadership with an unwavering mission.

We welcome the opportunity to become ADCRR's partner of choice in achieving your strategic goals now and into the future. Should you need any further information regarding our proposal, please contact me at 205.536.8532 or brad.mclane@naphcare.com, or Robert Bradford, Senior Vice President of Operations, at 205.406.2247 or robert.bradford@naphcare.com.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Bradford McLane', is written over a light blue horizontal line.

Bradford McLane
Chief Executive Officer
NaphCare, Inc.



Tab 2.9.1.1 Offer and Acceptance Page

**Arizona Department of Corrections,
Rehabilitation and Reentry**

**INMATE CORRECTIONAL HEALTHCARE
Solicitation No. BPM003905**



2.9.1.1 Offer and Acceptance Page

Provide a signed copy of the Offer and Acceptance Page. Proposals submitted without a signed copy of this document may be considered nonresponsive. See Attachment 1, Offer and Acceptance.

NaphCare has included the required signed copy of the Offer and Acceptance Page as well as signed Acknowledgements of receipt of Amendments 1-21 following this page.



Solicitation Amendment No. 18
Attachment 1
Offer and Acceptance Form
Solicitation No. BPM003905
Inmate Correctional Healthcare

State of Arizona
Department of Corrections,
Rehabilitation & Reentry
 Procurement Services
 1645 W Jefferson Street
 Phoenix, AZ 85007

SUBMISSION OF OFFER: Undersigned hereby offers and agrees to provide Inmate Correctional Healthcare Service: in compliance with the Solicitation indicated above and our Offer indicated by the latest dated version below:

Initial Offer:	2/11/2022			
	Date	Signature		
Revised Offers:				
	Date	Signature	Date	Signature
	Date	Signature	Date	Signature
Best and Final Offer:				
	Date	Signature		

NaphCare, Inc.

Offeror company name

2090 Columbiana Road, Suite 4000

Address

Birmingham, AL 35216

City | State | ZIP

58-1823464

Federal tax identifier (EIN or SSN)

Signature of person authorized to sign Offer

Bradford McLane, CEO

Printed name and title

Bradford McLane, CEO

Contact name and title

Bradford.mclane@naphcare.com 205-536-8532

Contact Email Address Contact phone number

- CERTIFICATION:** By signature in the above, Offeror certifies that it:
- will not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, [Arizona] State Executive Order 2009-9 or A.R.S. § 41-1461 through 1465;
 - has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause will result in rejection of the Offer. Signing the Offer with a false statement will void the Offer, any resulting contract, and may be subject to legal penalties under law;
 - complies with A.R.S. § 41-3532 when offering electronics or information technology products, services, or maintenance; and
 - is not debarred from, or otherwise prohibited from participating in any contract awarded by federal, state, or local government.


ACCEPTANCE OF OFFER: State hereby accepts the initial Offer, Revised Offer, or Best and Final Offer identified by the latest date and number at the top of this form (the Accepted Offer). Offeror is now bound (as Contractor) to carry out the Work under the attached Contract, of which the Accepted Offer forms a part. Contractor is cautioned not to commence any billable work or to provide any material or perform any service under the Contract until Contractor receives the applicable Order or written notice to proceed from the Procurement Officer.

ADCRR's Contract Number _____
 Solicitation No. BPM003905

Contract Effective Date: _____

Chief Procurement Officer Signature Award Date

Denel M. Pickering, Chief Procurement Officer
 Chief Procurement Officer Name Title

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.1	Date: September 17, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date is November 15, 2021 at 3:00 PM Arizona Time (MST).

Solicitation BPM003905 is being replaced in its Entirety with Amendment No. 1, due to formatting issues, incorrect numbering and missing information.

Amendment No. 1 BPM003905 should be the only document used by vendors in responding to the RFP.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 17th day of September, 2021.


 _____ 9/17/2021

Signature

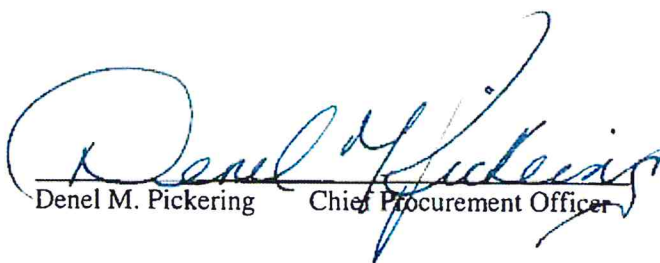
Date

Bradford McLane, CEO

Typed Name and Title

NaphCare, Inc.

Name of Company



 Denel M. Pickering Chief Procurement Officer



Solicitation Amendment

State of Arizona
Department of Corrections,
Rehabilitation, and Reentry
1645 West Jefferson Street
Phoenix, AZ 85007

Solicitation No.: BPM003905

ADCRR Tracking No.: 22-036-32

Solicitation Title: Inmate Correctional Healthcare

Solicitation Amendment No.:2

Date: September 21, 2021

Contract Officer: Rocky Advani

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain November 15, 2021 at 3:00 PM Arizona Time (MST).

Amend to Delete

Section 1.1.19 is being deleted.

All questions should be submitted through the APP Discussion forum

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 21st day of September, 2021.

 12/6/2021

Signature

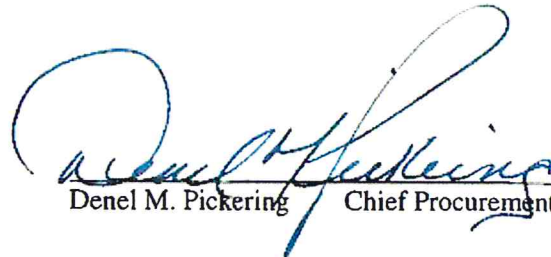
Date


Bradford McLane, CEO

Typed Name and Title

NaphCare, Inc.

Name of Company


Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.:3	Date: September 23, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain November 15, 2021 at 3:00 PM Arizona Time (MST).

Amend to Change

Notice Page on Solicitation Amendment No 1.

FROM

In accordance with Arizona Revised Statutes § 41-2534, Competitive Sealed proposals for the materials or services specified, will be received by the Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) through the State's e-Procurement System, Arizona Procurement Portal (APP) at <https://app.az.gov> until the "Bid/Offer Due Date" indicated in "The State's e-Procurement System" for the Solicitation No. shown at the top of this page. Proposals must be in the ADCRR's possession online no later than that deadline. For Pre-Offer Conference please see section 2.6, GAP Analysis Meeting, please see section 1.17 and for On-Site Inspections, please see section 2.7.

TO

In accordance with Arizona Revised Statutes § 41-2534, Competitive Sealed proposals for the materials or services specified, will be received by the Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) through the State's e-Procurement System, Arizona Procurement Portal (APP) at <https://app.az.gov> until the "Bid/Offer Due Date" indicated in "The State's e-Procurement System" for the Solicitation No. shown at the top of this page. Proposals must be in the ADCRR's possession online no later than that deadline. For Pre-Offer Conference please see section 2.6, GAP Analysis Meeting, please see section 1.1.7 and for On-Site Inspections, please see section 2.7.

Amend to Change

Pharmacy Services Section 1.12 Solicitation Amendment No 1 as follows:

Section 1.12.7

FROM

All audits shall be retained and forwarded to the ADCRR Pharmacy Director upon request. All audits containing discrepancies shall be satisfactorily rectified with the appropriate supporting documentation. Discrepancies are defined as those findings in violation of (1.14.1).

TO

All audits shall be retained and forwarded to the ADCRR Pharmacy Director upon request. All audits containing discrepancies shall be satisfactorily rectified with the appropriate supporting documentation. Discrepancies are defined as those findings in violation of (1.12.1).



Solicitation Amendment

State of Arizona
Department of Corrections,
Rehabilitation, and Reentry
1645 West Jefferson Street
Phoenix, AZ 85007

Solicitation No.: BPM003905

ADCRR Tracking No.: 22-036-32

Solicitation Title: Inmate Correctional Healthcare

Solicitation Amendment No.:3

Date: September 23, 2021

Contract Officer: Rocky Advani

Section 1.12.11

FROM

The Contractor shall provide an Arizona registered pharmacist (s) to conduct on a regular basis the onsite required audits of this contract as well as the required MSTM onsite audits. The required onsite quarterly audits (as well as all other required on site audits) of each Complex health unit and quality improvement review will be made available to the Department and shall be consistent with accreditation requirements established by NCCHC/ACA standards. The Quarterly audit shall be combined with the Audit tool referenced in 1.3.9.3. These audits shall be available on or before the P&T committee meeting and upon request. It is also required for all audits to be reviewed at all site and regional Quality Improvement meetings with signatures of the appropriate parties necessary to correct identified discrepancies. (Contractor Regional Pharmacist, Appropriate Site Leadership, Regional Quality personnel as well as Directors of Operations.)

TO

The Contractor shall provide an Arizona registered pharmacist (s) to conduct on a regular basis the onsite required audits of this contract as well as the required MSTM onsite audits. The required onsite quarterly audits (as well as all other required on site audits) of each Complex health unit and quality improvement review will be made available to the Department and shall be consistent with accreditation requirements established by NCCHC/ACA standards. The Quarterly audit shall be combined with the Audit tool referenced in Exhibit 17. These audits shall be available on or before the P&T committee meeting and upon request. It is also required for all audits to be reviewed at all site and regional Quality Improvement meetings with signatures of the appropriate parties necessary to correct identified discrepancies. (Contractor Regional Pharmacist, Appropriate Site Leadership, Regional Quality personnel as well as Directors of Operations.)

Section 1.12.17

FROM

The Contractor shall provide a monitoring system for ordering, receiving and maintaining an inventory of pharmaceuticals in a safe, secure and organized fashion, in accordance with (1.14.1) at each Arizona State Prison Complex. The Contractor shall also develop a monitoring system addressing the reason for reverse distribution of a medication (i.e. discontinued, expired, duplicate prescription, adulterated, misbranded, and refused).

TO

The Contractor shall provide a monitoring system for ordering, receiving and maintaining an inventory of pharmaceuticals in a safe, secure and organized fashion, in accordance with (1.12.1) at each Arizona State Prison Complex. The Contractor shall also develop a monitoring system addressing the reason for reverse distribution of a medication (i.e. discontinued, expired, duplicate prescription, adulterated, misbranded, and refused).


Section 1.12.21

FROM

All packaging and storage of pharmaceuticals and medications under the direct control of the Contractor shall meet all of the labeling requirements and all requirements, as well as those requirements listed under (1.14.1).

TO

All packaging and storage of pharmaceuticals and medications under the direct control of the Contractor shall meet all of the labeling requirements and all requirements, as well as those requirements listed under (1.12.1).

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.:3	Date: September 23, 2021	

Section 1.12.22

FROM

The Contractor shall ensure that all pharmaceuticals and pharmacy inventory is accounted for and actively/accurately managed (refer to (1.14.1) for criteria for management of medications) at each complex health unit, remote healthcare site and pharmacy at all times. The Contractor shall monitor on a continuous basis all drugs for outdates, appropriate dating and labeling, multi-dose vials, disposal of expired or partially used drugs and items obtained from the pharmacy found in an inmate’s possession. The Contractor shall ensure documentation and tracking of all medication-related errors due to nursing delivery/administration or pharmacy dispensing errors. Perpetual inventory medication logs shall be maintained on each yard. Daily medication delivery manifests shall be kept in binders located in the medication rooms on each yard, to be reviewed and initialed daily by an LPN or RN.

TO

The Contractor shall ensure that all pharmaceuticals and pharmacy inventory is accounted for and actively/accurately managed (refer to (1.12.1) for criteria for management of medications) at each complex health unit, remote healthcare site and pharmacy at all times. The Contractor shall monitor on a continuous basis all drugs for outdates, appropriate dating and labeling, multi-dose vials, disposal of expired or partially used drugs and items obtained from the pharmacy found in an inmate’s possession. The Contractor shall ensure documentation and tracking of all medication-related errors due to nursing delivery/administration or pharmacy dispensing errors. Perpetual inventory medication logs shall be maintained on each yard. Daily medication delivery manifests shall be kept in binders located in the medication rooms on each yard, to be reviewed and initialed daily by an LPN or RN.


Section 1.12.39.5

FROM

Ensure medications are not expired, adulterated, or mislabeled. Ensure that all medications are secured. Ensure compliance is maintained as per the criteria in (1.14.1).

TO

Ensure medications are not expired, adulterated, or mislabeled. Ensure that all medications are secured. Ensure compliance is maintained as per the criteria in (1.12.1).

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.:3	Date: September 23, 2021	

Amend to Delete

Table of Contents Page 2-Solicitation Amendment 1

Amend to Add

Table of Contents Amendment No 3

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

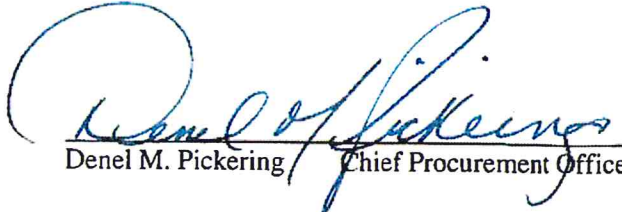
This Solicitation Amendment is hereby executed this 23rd day of September, 2021.


12/6/2021


 Signature Date

 Bradford McLane, CEO
 Typed Name and Title

 NaphCare, Inc.
 Name of Company



 Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.:4	Date: September 24, 2021	Contract Officer: Rocky Advani

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The Solicitation Due Date shall remain November 15, 2021 at 3:00 PM Arizona Time (MST).

Questions have been submitted and the Department provides the following responses

The following question was received on September 21, 2021:

1. Bid for Radiology, Dental and lab services – can we bid directly for these services?

Answer: Section 1.1.10 requires a comprehensive proposal for the provision of healthcare services. Comprehensive health services include all aspects of health care, without limit to specific disciplines.

Section 1.1.11 requires the Contractor to provide comprehensive health services coverage twenty-four (24) hours per day, seven (7) days per week at each Arizona State Prison Complex.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 24th day of September, 2021.



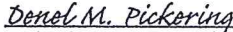
 Signature Date

Bradford McLane, CEO

Typed Name and Title


NaphCare, Inc.

Name of Company



 Denel M. Pickering (Sep 23, 2021 20:55 PDT)

Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.:5	Date: October 5, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain November 15, 2021 at 3:00 PM Arizona Time (MST).

Amend to Change

Solicitation Amendment No 1. –Mental Health Services

Section 1.13.4.1

FROM

Psychology Associate level clinicians shall have an active LAC, LPC, LMFT, LCSW, LMSW license. Any master’s level or doctoral level clinician without a current license must work under the supervision of a licensed clinician and obtain an appropriate license within eighteen (18) months. Clinicians holding a LASAC/LISAC license shall work under the supervision of an independently licensed clinician.

TO

Psychology Associate level clinicians shall have an active LAC, LPC, LMFT, LCSW, LMSW license. Any master’s level or doctoral level clinician without a current license must work under the supervision of a licensed clinician and obtain an appropriate license within eighteen (18) months.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 5th day of October, 2021.

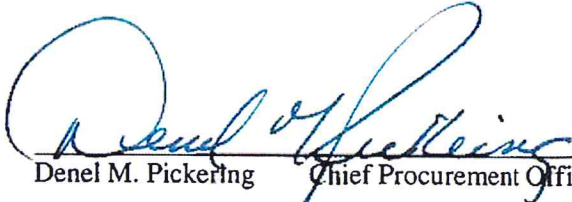

12/6/2021

 Signature Date


Bradford McLane, CEO

 Typed Name and Title
 NaphCare, Inc.

 Name of Company



 Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.:6	Date: October 7, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain November 15, 2021 at 3:00 PM Arizona Time (MST).

Questions have been submitted and the Department provides the following responses

The following question was received on October 5, 2021

1. Custom XRay has installed in 13 site for State of AZ Health Units - Medical XRay Equipment Fully Digital in each Health Unit ready for use by the next Health Care Provider - please contact Tonya Wiertzema to ensure that the bid states that there is existing Digital XRay Equipment in place and ready to use - our company is willing to work with any Health Care Provider that you choose - Digital XRay Equipment is in place it will work with any type of EMR & Pacs Solution with LOCAL support from a dedicated Arizona Imaging Company. Please contact Tonya Wiertzema tonyaw@customxray.com or directly 602-439-3100 www.customxray.com - Thank you

Answer: The Offerors choice for Subcontractors to fulfill contract obligations is made independently of the Department.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 7^h day of October, 2021.



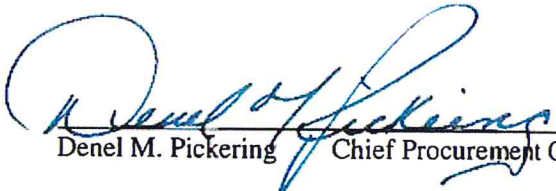
 Signature Date

Bradford McLane; CEO


 Typed Name and Title

NaphCare, Inc.

 Name of Company



 Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.: 7	Date: October 14, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain November 15, 2021 at 3:00 PM Arizona Time (MST).

In accordance with Scope of Work, Section 1.1.7, the October 19, 2021 at 9 am MST (Arizona time) Gap Analysis meeting is hereby cancelled. The Gap Analysis meeting will be rescheduled at a later date prior to closing of the RFP via amendment. Once rescheduled, offerors wishing to attend the meeting shall contact Kristine Yaw (kyaw@azadc.gov).

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

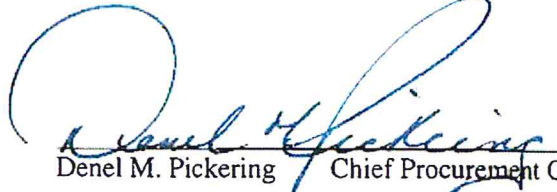
This Solicitation Amendment is hereby executed this 14th day of October, 2021.


 _____ 12/6/2021
 Signature Date


Bradford McLane, CEO

 Typed Name and Title
 NaphCare, Inc.

 Name of Company



 Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
Solicitation Amendment No.: 8	Date: November 2, 2021	Contract Officer: Kristine Yaw	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:


The Solicitation Due Date is being extended to November 30, 2021 at 3:00 PM Arizona Time (MST).

A Solicitation Amendment to answer vendor questions will follow.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

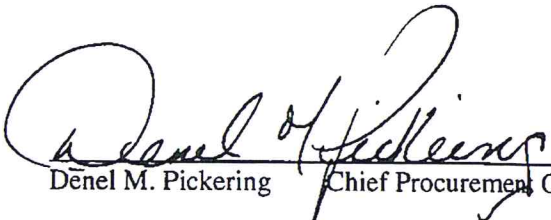
This Solicitation Amendment is hereby executed this 2nd day of November, 2021.

 12/6/2021


 Signature Date
 Bradford McLane, CEO

 Typed Name and Title
 NaphCare, Inc.

 Name of Company



 Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.: 9	Date: November 9, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain November 30, 2021 at 3:00 PM Arizona Time (MST).

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Amend to Delete

Solicitation Amendment No 1 – Attachment 8B

Amend to Change

Solicitation Amendment No 1 – Attachment 8A

FROM
Attachment 8A

TO:
Attachment 8

Amend to Change

Solicitation Amendment No 1 – Special Terms and Conditions (Section 2.9)

FROM

2.9.1.8 Fee Schedule: Offeror shall complete the Fee Schedule (Attachment 8A PIPD Fee Schedule; 8B Total Annual Contract Fee Schedule) and submit with their offer in APP.

TO

2.9.1.8 Fee Schedule: Offeror shall complete the Fee Schedule (**Attachment 8 PIPD Fee Schedule**) and submit with their offer in APP.

Amend to Change – Reference to Questions 54 & 55

Solicitation Amendment No 1 – FEE SCHEDULE (Section 1.24)

FROM


1.24 FEE SCHEDULE

1.24.1 Offeror shall complete Attachment 8, Fee Schedule for both Options; and include it in the Offer.

1.24.1.1 In the APP system, please fill in the Per Inmate per Day Cost under the Items tab. The detailed pricing shall be listed in Attachment 8, Fee Schedule.

1.24.1.2 Fee Schedule, Attachment 8, Option 1: Reference the Solicitation Special Terms and Conditions, Paragraph 2.7.5.

1.24.1.3 Fee Schedule, Attachment 8, Option 2: Reference the Solicitation Special Terms and Conditions, Paragraph 2.7.6.

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1.24.1.4 Both Options of the Fee Schedule shall be submitted, or the Offeror may be deemed as non-responsive.

TO

1.24 FEE SCHEDULE

- 1.24.1 Offeror shall complete Attachment 8, Fee Schedule; and include it in the Offer.
 - 1.24.1.1 In the APP system, please fill in the Per Inmate per Day Cost under the Items tab. The detailed pricing shall be listed in Attachment 8, Fee Schedule.

Amend to Change – Reference to Question 38

Solicitation Amendment No 1 -Pharmacy Services (Section 1.12)

FROM

1.12.16 The Contractor shall purchase, stock, and manage medications, including prescription medications, compound intravenous solutions, and over the counter medications, both formulary and non-formulary. “Manage” refers to assurance of all safety and security of medications, as well as compliance with (1.14.1).

TO

1.12.16 The Contractor shall purchase, stock, and manage medications, including prescription medications, compound intravenous solutions, and over the counter medications, both formulary and non-formulary. “Manage” refers to assurance of all safety and security of medications, as well as compliance with (1.12.1).

Amend to Change

Solicitation Amendment No 1 – Mental Health Services (Section 1.13)

FROM

1.13.4.1 Psychology Associate level clinicians shall have an active LAC, LPC, LMFT, LCSW, LMSW license. Any master’s level or doctoral level clinician without a current license must work under the supervision of a licensed clinician and obtain an appropriate license within eighteen (18) months. Clinicians holding a LASAC/LISAC license shall work under the supervision of an independently licensed clinician.

TO


1.13.4.1 Psychology Associate level clinicians shall have an active LAC, LPC, LMFT, LCSW, LMSW or LISAC license. Any master’s level or doctoral level clinician without a current license must work under the supervision of a licensed clinician and obtain an appropriate license within eighteen (18) months. Clinicians holding a LISAC license shall provide services only to individuals with co-occurring mental illness and substance abuse diagnoses.

Amend to Change

Solicitation Amendment No 1 – Staffing (Section 1.17)

FROM

- 1.17.9 Additional staffing recommendations:
 - 1.17.9.1 Ten pharmacy technicians
 - 1.17.9.2 Three full time pharmacists one of whom will serve as the regional pharmacist.
 - 1.17.9.3 A minimum of eight release/discharge planners and 1 additional release/discharge planner supervisor.
 - 1.17.9.4 Expanded registered nursing FTEs within the intake area.

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- 1.17.9.5 A minimum of 20 licensed psychologists
- 1.17.9.6 A minimum of 80 psychology associates
- 1.17.9.7 A minimum of 7 psychiatrists
- 1.17.9.8 A minimum of 27 midlevel psychiatric providers
- 1.17.9.9 A minimum of 28 psychiatric registered nurses and 1 additional psychiatric charge nurse
- 1.17.9.10 A minimum of 29 behavioral health technicians
- 1.17.9.11 A minimum of 7 mental health clerks
- 1.17.9.12 A minimum of 4 family clinical liaisons
- 1.17.9.13 A medical records director

TO

- 1.17.9 Additional staffing recommendations:
 - 1.17.9.1 Ten pharmacy technicians
 - 1.17.9.2 Three full time pharmacists one of whom will serve as the regional pharmacist.
 - 1.17.9.3 A minimum of eight release/discharge planners and 1 additional release/discharge planner supervisor.
 - 1.17.9.4 Expanded registered nursing FTEs within the intake area.
 - 1.17.9.5 A minimum of 20 licensed psychologists
 - 1.17.9.6 A minimum of 80 psychology associates
 - 1.17.9.7 **A minimum of 10 LISAC clinicians, one at each prison complex**
 - 1.17.9.8 **A minimum of 7 psychiatrists**
 - 1.17.9.9 **A minimum of 27 midlevel psychiatric providers**
 - 1.17.9.10 **A minimum of 28 psychiatric registered nurses and 1 additional psychiatric charge nurse**
 - 1.17.9.11 **A minimum of 29 behavioral health technicians**
 - 1.17.9.12 **A minimum of 7 mental health clerks**
 - 1.17.9.13 **A minimum of 4 family clinical liaisons**
 - 1.17.9.14 **A medical records director**

Amend to Change – Reference to Question 44

Solicitation Amendment No 1 – Staffing (Section 1.17)

FROM

- 1.17.8 Minimum Required Staffing Plan (MRSP): ADCRR has identified the staffing expectations on (Exhibit 8) based on current practices. Sections, 1.6.2.2.1 - 1.6.2.2.5 state recommendations on minimum staffing based on current opportunities.


TO

- 1.17.8 Minimum Required Staffing Plan (MRSP): ADCRR has identified the staffing expectations on (Exhibit 8) based on current practices.

Amend to Delete – Reference to Question 75

Solicitation Amendment No 1 – Exhibit 8

2 Staffing Plans identified as Amendment 5 Proposal – Revised Staffing Comparison: 7/1/21 Contract (pages 9-15); Contract Amendment 5 (pages 16-22)

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Amend to Delete

Solicitation Amendment No 1 – Exhibit 8

Staffing Offset Allowance (pages 23-24)

Amend to Add – Reference to Question 4

Solicitation Amendment No 1 – Exhibits

Exhibit 18 Floor Plans – Medical Services

Amend to Add – Reference to Question 51

Exhibit 19 - Updated PM Chart of Stipulated Measures

Questions have been submitted and the Department provides the following responses.

The following questions were received on October 7, 2021.

1. 1.1.5 (pg. 4) & 1.1.6 (pg. 5) - The RFP states the Contractor shall meet all requirements in the Stipulation of *Parsons v. Shinn* and that regardless of the outcome of the trial, the Department will continue to require successful vendors to comply with the Stipulation, including any revisions made by the Department. Please confirm the Department intends to hold discussions and come to a mutual agreement with regard to the implications on the contract based on the outcome of *Parsons v. Shinn*.

Answer # 1: Section 1.1.5 states that the Contractor and the Department shall work cooperatively.

2. 1.1.14 (pg. 7) - The RFP states vendor shall assume all costs associated with the care of inmates transferred from a private prison due to needing a higher level of care or exceeding a medical cap. Please provide an average # of transfers from private prisons by month in 2019, 2020, and 2021 YTD.


Answer # 2: This information is not tracked by ADCRR.

3. 1.1.1 (pg. 7) - Of the 10 complexes, how many sub-sites are there in each complex? What are the physical addresses of each individual unit?

Answer # 3: Section reference identified in the vendor question is incorrect and it doesn't match the question. However, see Exhibit 15.

4. 1.6.6 (pg. 46) - The RFP states the Department will provide office space within each health services unit. Please provide floorplans for the proposed Contractor office space within each unit.

Answer # 4: Please see Exhibit 18, Amend to Add at the beginning of this amendment.

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5. 1.8.3.2 (pg. 54) - The RFP provides *“the Contractor shall submit a provider network plan to the MSCMB within twenty-one (21) calendar days of contract award date detailing hospitals, clinical and other health providers to be utilized to provide access to health services for Department inmates...The MSCMB must approve the network and credentials (licensure and/or accreditation) for providers prior to Contractor operational effective date.”*

Please confirm the timeline between contract award and operational effective date.

Answer # 5: Section 1.1.18 states that the goal for full service delivery at each Arizona State Prison Complex shall be no later than ninety (90) calendar days from the contract award date.

6. 1.8.12.1.7 (pg. 62) - The RFP requires submission of a credentialing plan to include employees, subcontractors, and network. Please provide the Department’s minimum expectations for the scope of credentialing to be conducted with offsite network providers.

Answer # 6: Section 1.8.3.2 describes the requirements of the submitted network plan; Section 1.8.5 describes the requirements for network providers.

7. 1.8.12.1.7 (pg. 62) - Does the Department expect primary source verification of off-site network provider credentials?

Answer # 7: Section 1.8.5 describes the requirements for network providers.

8. 1.9.3 (pg. 65) - Please confirm routine labs, x-rays, and cervical cancer screenings can be done within 72 hours if patients come to intake on Fridays. Medications would be reviewed and prescribed per 2 day rule.

Answer # 8: Section 1.9.3 states that all intake screening services and activities shall be completed by the end of *the second full day of inmate arrival*.

9. 1.9.8 (pg. 66) - Please provide the number of transfers between each complex for each of the last 3 years.


Answer # 9: 2019: 30,658 2020: 16,285 2021: 15,809

10. 1.10 (pg. 69) - Please provide the current COVID and flu testing plan along with a copy of any policies and procedures.

- a. Please confirm if any rapid testing is being done for either.
- b. Are Abbott ID Machines present? If yes, do they belong to the vendor or ADCRR?
- c. Is Antigen testing and/or Antibody testing being done? If yes, who is financially responsible, the vendor or ADCRR?
- d. If there are required timelines for testing, please provide.
- e. Please provide the following utilization information for COVID testing to include the number tested, number positives, number asymptomatic, etc.

Answer # 10: See ADCRR website-https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adcr-healthservicestechnicalmanual_100421.pdf Medical Services Technical Manual, Chapter 2, Section 5.1.

- a) Yes

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- b) All equipment is owned by ADCRR.
- c) Yes, the contracted healthcare vendor is financially responsible for testing
- d) See the Medical Services Technical Manual
- e) See ADCRR website - COVID-19 Dashboard

11. 1.10.3.1 (pg. 69) - Please confirm telehealth can be used as needed to ensure timely access and maintaining quality as an adjunct for onsite medical providers but not to replace onsite medical providers where care needs to be delivered face to face.

Answer # 11: Yes, as contained in Section 1.8.9, Telemedicine Services, the Department encourages the utilization and expansion of telemedicine services.

12. 1.10.4.1 (pg. 69) - Please confirm on-site specialty clinics may be supplemented by specialty telehealth clinics as needed to ensure access and quality care.

Answer # 12: Yes, as contained in Section 1.8.9, Telemedicine Services, the Department encourages the utilization and expansion of telemedicine services.

13. 1.10.4.5.4 - Please provide the current facilities providing dialysis services and the current list and age of equipment including water purification facilities.

Answer # 13: ASPC-Tucson and ASPC-Florence. Equipment is provided by a subcontractor.


14. 1.10.4.5.5 - Please provide the number of facilities currently housing pregnant and high risk pregnant patients. Are there attempts to house high risk patients at one facility?

Answer # 14: All female inmates are housed at ASPC-Perryville.

15. 1.10.4.5 (pg. 70) - Please identify the following with regard to the current onsite specialties being provided:
- a. Location of the specialty clinic (which facility)
 - b. Frequency and duration
 - c. Provider name
 - d. Provider contact information

Answer # 15: Dialysis: ASPC-Florence, ASPC-Tucson; Audiology: all complexes; Optometry: all complexes; Physical Therapy: ASPC-Eyman, ASPC-Lewis, ASPC-Perryville, ASPC-Tucson, ASPC-Yuma; OB/GYN: ASPC-Perryville. A comprehensive list of names is not available.

16. 1.10.4.5 (pg. 70) - Please provide the frequency with which the requested onsite specialty services are provided (hours/week, hours/month, etc.) for each of the following specialties:
- a. Vision
 - b. Audiology
 - c. Physical, Occupational, and Speech Therapy
 - d. Dialysis
 - e. Obstetrics and Gynecology
 - f. Terminally Ill
 - g. Infectious Diseases

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Answer # 16: Provision of services varies and is based on institutional need.

17. 1.10.4.5.5 (pg. 72) - Does the Dept. currently provide methadone within its facilities for addictive pregnant females? If so, please provide the facilities.

Answer # 17: Yes, ASPC-Perryville

18. 1.10.4.5.6 (pg. 73) - Please provide the number of all DME purchases by month for each of the past two years.

Answer # 18: This information is not maintained by the Medical Services Contract Monitoring Bureau.

19. 1.10.5.3 (pg. 76) - Please provide the number of Hepatitis C patients per year by units in 2019, 2020, and 2021 YTD.

Answer # 19: Total numbers of patients per year –

2019: 77,723 2020: 77,104 2021: 48,669

20. 1.10.5.3 (pg. 76) - Please provide the number of HIV patients per year by units in 2019, 2020, and 2021 YTD.

Answer # 20: Total numbers of patients per year -

2019: 2284 2020: 2937 2021: 1716

21. 1.10.6.3 (pg. 78) - What is the definition of a qualified health professional? Please confirm a trained bachelors level mental health clinician would qualify.

Answer # 21: Definitions are provided in Section 1.2.1.

22. 1.10.7 (pg. 79) - Please confirm whether nurse scheduled shifts are currently 8 hour or 12 hour shifts.

Answer # 22: Current shifts are scheduled 8 or 12 hours based on institutional need.


23. 1.10.7 (pg. 79) - Are there specialty nurse positions like chronic care for each site?

Answer # 23: 1.10.5 requires the contractor to develop and implement a chronic care program. 1.10.5.6 addresses the use of a Registered Nurse within the contractor's chronic care program.

24. 1.10.8.3 (pg. 81) - Please confirm emergency medicine trained providers substitute for the "Cardiologist over-read with immediate responses" unless such a need and response is required for quality care by the emergency medicine provider.

Answer # 24: A board-certified physician in emergency medicine, internal medicine, or family medicine may be permitted to substitute for EKG over reads.

25. 1.10.15 (pg. 84) - Please provide off-site utilization statistics for the following:

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- Specialty
- IP/OP professional
- Place of Service Code
- Admission/Discharge Dates
- Service incurred dates
- Claim types (UB/HCFA)
- DRG/Rev/CPT codes/Modif
- # of units or # of days

Answer # 25: This information is maintained by the current vendor.

26. 1.10.15 (pg.84) - Please provide the total cost of off-site treatment per year by unit for each of the following: 2019, 2020, and 2021 YTD.

Answer # 26: This information is not maintained by the Medical Services Contract Monitoring Bureau.

27. 1.10.15 (pg.84) - Please provide the total cost of inpatient stays per year by unit for each of the following: 2019, 2020, and 2021 YTD.

Answer # 27: This information is not maintained by the Medical Services Contract Monitoring Bureau.

28. 1.10.17 (pg. 85) - For stable patients that require emergency care evaluation off site, what is the availability for CO Transport to the ED?

Answer # 28: ADCRR Operations staff is available at all times for non-emergent transport of inmates to an emergency department for further evaluation.

29. 1.10.25.1 (pg. 91) - Does the ADCRR have any personnel that assist with discharge planning and re-entry activities?


Answer # 29: No.

30. 1.10.25.4 (pg. 92) - Please provide the number of inmates per year by unit who received discharge medications in 2019, 2020, and 2021 YTD.

Answer # 30: 2019: (3rd & 4th qtr): 11,829 2020: 24,889 2021: 19,069

31. 1.12 (pg. 97) - Please provide for calendar year 2019, 2020 and 2021 YTD each of the following regarding pharmacy utilization:

- Number of inmates
- Number of prescriptions
- Cost billed to the ADCRR for the following disease states:
 - Dialysis (billed in dialysis unit)
 - HIV
 - HCV

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- Multiple Sclerosis inmates
- Hemophiliacs
- Patients treated with injectable biologics
- Oncology inmates

Answer # 31: This information is not maintained by the Medical Services Contract Monitoring Bureau.

Number of prescriptions – 2019: 864,875 2020: 970,091 2021: 605,556

32. 1.12 (pg.97) - Please confirm the number of inmates on medications for each of the following in 2019, 2020, and 2021 YTD:

- Psychotropics
- Biological
- Oral Oncology
- Hemophilia
- HIV
- HCV

Answer # 32: This information is not maintained by the Medical Services Contract Monitoring Bureau.

33. 1.12.1 (pg. 97) - Please provide the list of licenses (specific to pharmacy) that each facility maintains.

Answer # 33: Vendor Pharmacy license, Vendor Provider DEA license, Vendor Wholesale license, Vendor Pharmacy DEA license

34. 1.12.5 (pg. 98) - Please provide the current medication class / disease states that fall under your 340B Program, if any.

Answer # 34: HBV, HCV, HIV

35. 1.12.5 (pg. 98) - Please provide the name of the current 340B eligible provider (i.e., Covered Entity).


Answer # 35: Arizona Department of Corrections, Rehabilitation & Reentry

36. 1.12.11 (pg. 99) - The RFP states *"The Quarterly audit shall be combined with the Audit tool referenced in 1.3.9.3."* However, section 1.3.9.3 makes no mention of an audit tool. Please clarify.

Answer # 36: 1.12.11 was amended, please see Solicitation Amendment No. 3

37. 1.12.11 (pg. 99) - Please provide the Audit tool used to audit pharmacy operations.

Answer # 37: Please refer to Amendment No. 3, Exhibit 17.

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38. 1.12.16 (pg. 100) - The RFP states the Contract shall provide a monitoring system for ordering, receiving and maintain an inventory of pharmaceuticals in a safe, secure, and organized fashion in accordance with 1.14.1; however, section 1.14.1 is about utilization management. Please clarify.

Answer # 38: Please see Amend to Change at the beginning of this amendment.

39. 1.13 (pg. 111) - Please confirm whether inmates currently have access to tablets or other individual personalized technology for support of in-cell behavioral health programming or other health care programs.

Answer # 39: Most inmates have access to a tablet.

40. 1.13 (pg. 111) - Please provide Mental Health service numbers for the past 3 years (2019, 2020, and 2021), including: sick call, suicides, suicide attempts, suicide watch placements, # of patients MH level 3 and above (i.e., Level 3, Level 3A, 3B, 3C, 3D, 3E, MH-4, inpatient hospitalization/MH-5), patients on psychotropic medication, # self-injurious acts requiring offsite treatment, groups, individual sessions, restrictive housing rounds, mental health intakes/assessments.

Answer # 40: 2019: N/A 2020: 297,519 2021: 152,219

41. 1.13.6.3 (pg. 113) - What, if any, MAT services exist on-site or off-site for ADCRR inmates and who is the Department partnering with to provide these services?

Answer # 41: None at this time

42. 1.14.11 (pg. 119) - Please provide samples of current healthcare reports provided to the Department.

Answer # 42: The requirement in this section is for the Offeror to provide a report. ADCRR does not have sample.

43. 1.15.5 (pg. 123) - Regarding limiting payment to no more than the AHCCCS FFS payment schedule, please confirm exceptions are allowed with prior Department approval.


Answer # 43: Section 1.15.5 requires the Offeror to acknowledge that they shall not exceed the fee-for-services rates as set by AHCCCS for subcontracted healthcare services.

44. 1.16 (pg. 125) - Please provide the number of grievances by grievance type for each of the last two years specific to the services requested in the solicitation.

Answer # 44: Total **Medical** grievances (not maintained by type):

09/2019 - 08/2020: 1117 09/2020 -08/2021: 1209

45. 1.17.8 (pg. 130) - The RFP states "Section 1.6.2.2.2.1 – 1.6.2.2.5 state recommendations on minimum staffing based on current opportunities." However, there is no section 1.6.2.2.2.1 in the Amendment 1 version of the RFP. Please confirm the recommendations on minimum staffing based on current opportunities referenced are those recommendations listed in 1.17.9 "Additional Staffing Recommendations."

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Answer # 45: Please see Amend to Change at the beginning of this amendment. The minimum staffing requirements are shown on Exhibit 8.

46. 1.17.11.6 and 1.17.11.7 - The RFP provides a payback % for unfilled hours by the number of days vacant (ie. <30 days and >30 days). For example, a nursing position averages \$30 an hour, there is a vacancy of 10 hours for this position for 45 days. Please confirm the payback would be \$45/hr. x 10 = \$450.00.

Answer # 46: Offsets apply to each vacant hour below the 100% threshold. Based on the provided example, the staffing allocation offset would be applied as below:

10 hours/day x 30 days = 300 hours @ (average hourly wage x 125%)

plus

10 hours/day x 15 days = 150 hours @ (average hourly wage x 150%)

47. 1.17.11.7 (pg. 132) - Please provide the staffing vacancy pay backs by month by facility for 2019, 2020, and 2021 YTD.

Answer # 47: FY19-20: 7,315,016 FY20-21: 4,080,003 FY21-22: 1,090,554

48. 1.18 (pg.134) - Please provide a sample of the most recent reports for each of the required reports as detailed in Exhibit 6.

Answer # 48: Each report's submission requirement is identified in Exhibit 6.

49. 1.20.1 (pg.139) - Please provide the audit tool the Department will use for Mental Health Services.

Answer # 49: The audit tool used for all performance measures is identified in Exhibit 1.

50. 1.20.1 (pg.139) - Regarding the 112 performance measures. Please clarify whether each facility is measured monthly. If so, are each of the 10 complexes measured as a whole, or are each of the individual facilities within each complex measured individually?


Answer # 50: Each State complex, as well as each health unit within the State complex, is monitored monthly. The complex performance measure finding is an aggregate of each complex health unit's results.

51. 1.20.1 (pg. 139) - The RFP states "Not every performance measure is applicable to every facility); however, section 1.20.2.1.2 provides "each performance measure is subject to audit at each of the 10 department complexes." Please confirm which performance measures are applicable to which facilities.

Answer # 51: Please see Exhibit 19, Amend to Add at the beginning of this amendment.

52. 1.21 (pg. 141) - Please provide the monetary sanctions per month by facility for 2019, 2020, and 2021 YTD.

Answer # 52: FY2020: 2,335,000 FY2021: 1,746,500

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53. 1.23.15 (pg. 157) - The RFP requires a detailed description of the costs associated with the implementation of an EMR as part of the Technical Proposal; however, the RFP also states that no cost information should be included in the Technical Proposal. Please confirm Offerors should include cost information related to the EMR implementation in the Technical Proposal.

Answer # 53: Section 1.23.15 requires the requested information.

54. 1.24.1.1 (pg. 159) - This subsection states offerors should reference the Solicitation Special Terms and condition, Paragraph 2.7.5; however, in Amendment 1, paragraph 2.7.5 lists the dates of the on-site inspections. Please clarify.

Answer # 54: Please see Amend to Change at the beginning of this amendment.

55. 1.24.1.2 (pg. 159) - This subsection states offerors should reference the Solicitation Special Terms and condition, Paragraph 2.7.5; however, in Amendment 1, there is no paragraph 2.7.6. Please clarify.

Answer # 55: Please see Amend to Change at the beginning of this amendment.

56. 2.18 (pg. 168) - Please provide the points associated with each of the following evaluation criteria:

- Method of Approach/Offeror’s Ability to Meet the Requirements of the Contract
- Fee Schedule
- Qualifications and Experience of Offeror’s Personnel and Organization
- Capacity of Offeror

Answer # 56: This information is currently not available.

57. 2.18 (pg. 168) - Please provide an example of how the fee schedule is scored. For example, the lowest offeror would receive the maximum points available, and then the lowest offeror’s cost is divided by each other offeror’s cost and then multiplied by the maximum points available.

Answer # 57: This information is currently not available.

58. Exhibit 8 - The Department provided current staffing plans by complex in Exhibit 8. Please provide the staffing plan by unit within each complex.


Answer # 58: The contract vendor will determine each unit’s staffing plan based on institutional needs.

59. General - Please provide the listing of current offsite providers utilized by facility.

Answer # 59: Information is not maintained by Medical Services Contract Monitoring Bureau.

60. General - Please provide the listing of on-site services being performed by facility, including provider/vendor information.

Answer # 60: On-site services include, but are not limited to: Audiology, Optometry, OB/GYN, Physical Therapy, Radiology, Lab, Dialysis

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61. General - Please provide the most recent stipulation regarding after hour coverage.

Answer # 61: No reference is listed and the question is unclear.

62. General - Please confirm if any of the current contractor positions are covered by a collective bargaining agreement. If so, please provide what staff members, what organizations, and the agreement.

Answer # 62: Information not maintained by the Medical Services Contract Monitoring Bureau.

63. General - Please confirm the most recent versions of the Technical Manuals are those listed on the website.

Answer # 63: Yes.

64. General - Please provide current weekend and evening hours for Mental Health services and staff.

Answer # 64: Mental Health services are required to be available 24 hours per day, 7 days per week. MH clinicians shall be available by telephone after regular business hours, weekends, and on holidays.

- ASPC-Douglas: On-call
- ASPC-Eyman: prn & on-call
- ASPC-Florence: prn & on-call
- ASPC-Lewis: 0600-1630, prn & on-call
- ASPC-Perryville: 0800-1200, prn & on-call
- ASPC-Phoenix: 0830-1900 & 0900-1730, prn & on-call
- ASPC-Safford: On-call
- ASPC-Tucson: 0800-1800, prn & on-call
- ASPC-Winslow: On-call
- ASPC-Yuma: prn & on-call

65. General - Please provide the average daily census per month by facility in 2019, 2020, and 2021 YTD.

Answer # 65: Information may be obtained from ADCRR's website, <https://corrections.az.gov/reports-documents/reports> – Corrections At A Glance report.


66. General - Please provide the number of intakes per month by facility in 2019, 2020, and 2021 YTD.

Answer # 66: Information may be obtained from ADCRR's website, <https://corrections.az.gov/reports-documents/reports> – Corrections At A Glance report.

67. General - Please confirm the number of inmates by facility released in 2019, 2020, and 2021 YTD.

Answer # 67: Information may be obtained from ADCRR's website, <https://corrections.az.gov/reports-documents/reports> – Corrections At A Glance report.

68. General - Please provide the average number of inmates at all times receiving dialysis treatment in 2019, 2020, and 2021 YTD.

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Answer # 68: 2019: 273 2020: 416 2021: 295

69. General - Please provide the current vendor's total contract value and the current total annual cost.

Answer # 69: Contract value \$216,000,000

70. General - Please provide the number of negative pressure cells by facility. Additionally, please provide details on how many work at each facility.

Answer # 70: 2 – ASPC-Lewis, functioning

2 – ASPC-Tucson, functioning

71. General - Please provide the number of cells for watches that are available by facility.

Answer # 71: ASPC-Douglas – 1
ASPC-Eyman – 34
ASPC-Florence – None
ASPC-Lewis – 33
ASPC-Phoenix - 12
ASPC-Perryville - 19
ASPC-Safford – None
ASPC-Tucson - 43
ASPC-Winslow – 2
ASPC-Yuma – 17

72. General - Are all cells used for watches up to safe cell certification standards?

Answer # 72: Yes


73. General - With regard to Yuma, there are not observation cells/infirmery or negative pressure cells. Where are these inmates going to receive these services?

Answer # 73: Determined by the Contracted Vendor in collaboration with Operations, based on institutional availability

74. 1.3.12.1.10 - RFP Section 1.3.12.1.10 asks for all active and inactive contracts since 2011, provide the following information for the most recent five years. Please clarify, does the Department require the information for contracts since 2011 or since 2016 (the last five years)?

Answer # 74: Section 1.3.12.1 requires the provision of all contracts within the past ten (10) years including any which are no longer active and/or operated under prior ownership or management.

75. 1.17.8 - RFP Section 1.17.8 "Minimum Required Staffing Plan" states: "ADCRR has identified the staffing expectations on (Exhibit 8) based on current practices". Exhibit 8 begins on RFP page 588 and ends on page 604. Within those fourteen pages, three different staffing plans are offered. Which of the three staffing plans does ADCCR consider the "Minimum Required Staffing Plan"?

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Answer # 75: The relevant correct Staff Plan is identified as Exhibit 8 Solicitation Amendment No. 1. Please see Amend to Delete at the beginning of this amendment for the deletion of the two extra staffing plans.

76. RFP Section 1.6.4.1 Transfers - RFP Section 1.6.4.1 Transfers, This section requires the Contractor to transfer any inmate patient who is currently inpatient at a hospital without a secure ward to a hospital with a secure ward within 48 hours of the non-secure hospital's determination that the patient is stable enough to do so. Since all inpatient claims are paid using DRG methodology whether by AHCCCS directly or the Contractor, this would entail two payments for what amounts to one hospital stay. Can we assume Bidders should build this into their pricing proposal?

Answer #76: The RFP is for a Per Inmate Per Day price, inclusive of the above.

77. RFP Section 1.8.11 - RFP Section 1.8.11, under Telemedicine services, is almost identical to requirements in RFP Section 1.12.8, regarding Pharmacy Services. This requirement may be misplaced. Did the Department intend for this to be addressed in Section 1.8.11?

Answer #77: Section 1.8.11 is located under Responsibility for Coordination of Care. Telemedicine Services is Section 1.8.9

78. Section 1.11 - Section 1.11 Dental Services - Can the Department clarify what anticipated or expected changes will occur in the Dental Services Technical Manual during the contract period following contract award?

Answer #78: Unknown at this time.

79. Service Technical Manuals - Service Technical Manuals-For all Service Technical Manuals (i.e. mental health services, medical services manual, diet reference, etc.) Can the Department clarify what anticipated or expected changes will occur in these manuals during the contract period following contract award?

Answer #79: Unknown at this time.

80. Co-Pays - Co-Pays-Does the Department plan to re-instate and charge co-pays in this new contract?


Answer #80: To be determined.

81. 1.12.6 - In Section 1.12.6, the RFP requests weekly audits of at least 10% of individual yard population. Please clarify if this is 10% of the entire yard population, 10% of those patients prescribed medications, or 10% of prescribed medications?

Answer #81: This section references "criteria in the above paragraph", section 1.12.5.

82. 1.12.5, 1.12.6 - RFP sections 1.12.5 and 1.12.6 cover daily audits of select medication orders. These sections appear to be asking for the same audits to be duplicated. Please clarify the required frequency and level of each audit to differentiate.

Answer #82: Section 1.12.5 requires daily audits of all of the select medications; Section 1.12.6 requires weekly audits of 10% of the individual yard population meeting the criteria from Section 1.12.5.

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83. X-Ray - Urgent - please update the Bid to reflect that - Custom XRay has installed in each health unit DIGITAL MEDICAL XRAY SYSTEMS with High Frequency XRay Generators, Elevation Tables with float tops, wall bucky for chest xrays, DR digital or CR digital Systems with PACS sending and DICOM Viewing software. These systems have been installed and used previously by CORIZON - Centurion and they are in place ready for use by the new health care providers. Custom XRay can also provide the mobile xray systems, plus the specialized Dental XRay Digital Sensors - Digital PANO Dental Systems.

Answer #83: Not included in the RFP. The determination and use of a subcontractor will be at the discretion of the awarded contractor.

84. X-Ray - Digital XRay Equipment installed at 13 sites can be used by providers please put the equipment inventory bid so they are aware that there is Imaging Radiology Equipment

Please add the Digital XRay Equipment at each site to the inventory for the bid - the inventory list does not show existing Digital Imaging Equipment, it does show the Digital Dental Pano Systems that we installed at the Phx Correctional Facility with wall mounted computers. The installed medical digital xray equipment will be helpful for your bidding providers.

Answer #84: Not included in the RFP. The determination and use of a subcontractor will be at the discretion of the awarded contractor.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 9th day of November, 2021.

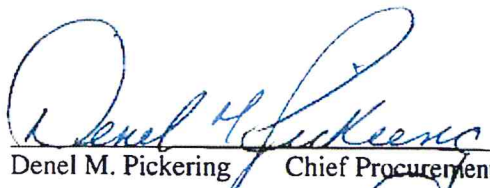

 _____ 12/6/2021
 Signature Date

Bradford McLane, CEO


Typed Name and Title

NaphCare, Inc.

Name of Company



 Denel M. Pickering Chief Procurement Officer

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A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain November 30, 2021 at 3:00 PM Arizona Time (MST).

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Amend to Change – Reference Question 30

Solicitation Amendment No 1 – Special Terms and Conditions (Section 2.9.1)

FROM

2.9.1 To aid in the evaluation, proposals shall follow the same general format. The proposal numbering sequence must be in accordance with the solicitation document and identifiable to each section within the proposal. Offers shall be indexed and tabbed in the order stated below with each tab clearly labeled. Each tab identified represents a specific attachment in APP. Title each attachment with the applicable Tab number. All proposals shall contain all descriptive literature, specifications, samples, etc. Responses are limited to fifteen hundred (1500) additional pages to the RFP, single sided, 12 point font type.

TO

2.9.1 To aid in the evaluation, proposals shall follow the same general format. The proposal numbering sequence must be in accordance with the solicitation document and identifiable to each section within the proposal.

Amend to Change – Reference Question 30

Solicitation Amendment No 1 – Special Terms and Conditions (Section 2.9.1.7)

FROM

2.9.1.7 Offerors shall have at least a minimum of three (3) years of experience providing the following services: (Attachment 7)

TO


2.9.1.7 Offerors shall have at least a minimum of three (3) years of experience providing the following services: (Attachment 10)

Amend to Delete – Reference Question 80 and 81

Solicitation Amendment No 1 – Attachment 7

Amend to Add – Reference Question 80 and 81

Attachment 10 – Experience and References

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Amend to Change - Reference Question 45

Solicitation Amendment No 1 – Scope of Work (1.1.17)

FROM

1.1.17.1 As of September 15, 2021, the total number of inmates confined in the ten (10) Arizona State Prison Complexes was 27,891. Inmate Daily Count Sheets, and Monthly Department institutional bed capacity and committed population information may be found at <https://corrections.az.gov/> under Reports & Statistics or directly at <https://corrections.az.gov/reports-documents>.

TO

1.1.17.1 As of September 15, 2021, the total number of inmates confined in the ten (10) Arizona State Prison Complexes was **27,437**. Inmate Daily Count Sheets, and Monthly Department institutional bed capacity and committed population information may be found at <https://corrections.az.gov/> under Reports & Statistics or directly at <https://corrections.az.gov/reports-documents>.

Amend to Add - Reference Question 5

Exhibit 20 PHARMACY CGAR REPORT 8/2016 – 7/2021

Amend to Add - Reference Question 32 & 64

Exhibit 21 NCHC Accreditation Listing

Amend to Add - Reference Question 41

Exhibit 23 CGAR Compliance Report 7/2020 – 7/2021

Amend to Add - Reference Question 39 & 48

Exhibit 22 Current Position Report


Questions have been submitted and the Department provides the following responses.

The following questions were received on October 8, 2021

1. 1.12 Pharmacy (Page 97) - A competitor has stated that “the Prescription Drug Marketing Act of 1987 (PDMA) requires vendors to provide electronic pedigree papers (ePedigrees) with all stock medications.” However, not every pharmacy is required to provide pedigree papers with its stock medications. Pedigree papers are only required of wholesale distributors under the Prescription Drug Marketing Act.
Will the ADCRR agree and acknowledge that pedigree papers are not required in order to perform services under this contract?

Answer # 1: ADCRR requires that the Contractor and any subcontractors will comply with and be in good standing with all state and federal rules and regulations, NCHC/ACA Standards, etc. as provided in Section 1.12 concerning the practice of pharmacy.

2. 1.12 Pharmacy (Page 97) - A competitor has stated that “true unit-dose dispensing is required in many states before a pharmacy vendor is allowed to accept returns and provide credit on returned medications. A pharmacy

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vendor that dispenses medication in blister cards (both stock and patient-specific) must individually label each bubble of the blister card with a medication's name, strength, manufacturer, NDC number, lot number and expiration date." However, not every pharmacy is required to label its stock and patient specific medications as identified above. The labeling requirement is applicable only to those who hold a repackager registration. Will the ADCRR agree and acknowledge that bidders are not required to label their medications as identified above in order to service the ADCRR?

Answer # 2: ADCRR requires that the Contractor and any subcontractors will comply with and be in good standing with all state and federal rules and regulations, NCCHC/ACA Standards, etc. as provided in Section 1.12 concerning the practice of pharmacy.

3. 1.12 Pharmacy (Page 97) - Please provide the number (and percentage) of inmates on prescription medications per month for the last three years

Answer # 3: 2019: 864,875 2020: 970,091 2021: 605,556

4. 1.12.38 Pharmacy (Page 107) - Which drug categories is the 340B program is being utilized for?

Answer # 4: HBV, HCV, HIV

5. 1.12 Pharmacy (Page 139) - Please show the compliance trends as they are related to medication related (or all if unable to filter out medication related) pharmacy CGAR scores for the past five years.

Answer # 5: Please see Exhibit 20, Amend to Add at the beginning of this amendment.

6. General - Please provide the offsets paid by the current Contractor for the past 3 years for CGAR related performance measures.

Answer # 6: The current Contractor has held the position for 2 years; the performance sanction amount for that time period is 4,081,500.

7. 1.12 Pharmacy (Page 97) - Please provide the total number of prescriptions written in the last 12 months

Answer # 7: 927,285

8. 1.12 Pharmacy (Page 97) - Please provide the total number of patients per year who have received factor drugs for the last 24 months.


Answer # 8: 7 patients

9. 1.12 Pharmacy (Page 97) - What is the total monthly spend on oncology medications for the last 3 years?

Answer # 9: This information is not maintained by the Medical Services Contract Monitoring Bureau.

10. 1.12 Pharmacy (Page 97) - What is the total spend per month on pharmaceuticals for the last three years?

Answer # 10: This information is not maintained by the Medical Services Contract Monitoring Bureau.

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11. 1.12 Pharmacy (Page 97) - What percentage of medications is filled from stock medication?

Answer # 11: This information is not maintained by the Medical Services Contract Monitoring Bureau.

12. 1.12 Pharmacy (Page 97) - Please provide the number and percentage of inmates on Hepatitis C medication in the last 12 months. Also, how many patients tested positive for HCV in the last year, whether treated or untreated?

Answer # 12: HCV medications: 1485 HCV + in the last 12 months: 1871

13. 1.12.15 Pharmacy (Page 97) - Does each Complex and satellite site have its own DEA number?

Answer # 13: No.

14. 1.12.15 Pharmacy (Page 97) - Does each Complex and satellite site hold a State issued pharmacy license or State issued Control Substance license?

Answer # 14: No.

15. 1.12.3 Pharmacy - Is there an EMR system currently in use? If so: Who is the EMR vendor?
Will that EMR remain after the current pharmacy provider leaves?
Would the ADCRR like to continue using that EMR?

Answer # 15: Yes, eOMIS. Marquis.
Please see RFP Section 1.23.1 for EMR related requirements.

16. 1.12.17 Pharmacy - Outside of the EMR's receiving process, do any of the ADCRR facilities use any special devices or system to receive medication boxes?

Answer # 16: Not at this time.


17. 1.24 Fee Schedule - Paragraph 1.24.1.2 states: "Reference the Solicitation Special Terms and Conditions, Paragraph 2.7.5." Paragraph 2.7.5 is related to the on-site inspections. Please clarify or provide the information associated with the fee schedule.

Answer # 17: Please see Solicitation Amendment No. 9, Answer to question #54 and #55.

18. 1.24 Fee Schedule - Paragraph 1.24.1.3 states: "Reference the Solicitation Special Terms and Conditions, Paragraph 2.7.6." The RFP does not contain a section numbered 2.7.6 Please clarify or provide the information associated with the fee schedule.

Answer # 18: Please see Solicitation Amendment No. 9, Answer to question #54 and #55.

19. 1.17 GAP Analysis - Will vendors be allowed to ask questions during the scheduled GAP Analysis Meeting on October 19, 2021 or will all questions need to be submitted in writing?

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Answer # 19: Please see Solicitation Amendment 7, GAP Analysis was cancelled and will be rescheduled.

20. 1.7.x Responsibility For Coordination of Care - For each site/complex, please indicate the current providers/subcontractors/vendors being utilized to deliver outpatient and inpatient hospital services and offsite specialty care. For each medical category, please indicate the last 24 months of utilization, and please additionally indicate whether the current vendor is meeting the CGAR score/requirements.

Answer # 20: This information is not maintained by the Medical Services Contract Monitoring Bureau.

21. 1.7.4.2 Secure Units - Please indicate which hospitals in the current vendor's network have a secure ward available, and how many secure beds are in each facility.

Answer # 21: Florence Anthem Hospital- 16 beds.

22. 1.7.5 Provider Agreements - Please indicate which providers in the current vendor's network are being compensated at rates above the prevailing AHCCCS rate. Please also indicate whether the ADCRR would be amenable to rate agreements that are above the prevailing AHCCCS rate in order to provide sufficient specialty care access to meet CGAR requirements.

Answer # 22: Section reference identified in the vendor question is incorrect as 1.7.5 does not exist. However, the correct reference may be 1.8.5. ADCRR in accordance with ARS 41-1608 is required to pay AHCCCS rate.

23. 1.7.9 Telemedicine Services –


- a. Please indicate for each site/complex the specialties being provided by the current vendor for telemedicine services.
- b. Please provide the utilization statistics for the last 24 months for all telehealth services.
- c. Please provide indicate the telemedicine equipment currently onsite for each site/complex, and whether that telemedicine equipment is owned by the ADCRR or the current vendor.
- d. For each specialty service, please indicate whether the current vendor is meeting the CGAR score/requirements.

Answer # 23: Section reference identified in the vendor question is incorrect as 1.7.9 does not exist. However, the correct reference may be 1.8.9.

- a) This information is not maintained by the Medical Services Contract Monitoring Bureau.
- b) This information is not maintained by the Medical Services Contract Monitoring Bureau.
- c) See Exhibit 5.
- d) This information is not maintained by the Medical Services Contract Monitoring Bureau.

24. 1.9.4 Specialty Care –

- a. For each site/complex, please indicate the current providers/subcontractors/vendors being utilized to deliver onsite specialty care, including optometry, audiology, dialysis, physical and occupational therapy, OB/GYN, and any other onsite specialty clinics.
- b. For each medical category, please indicate the last 24 months of utilization, and please additionally indicate whether the current vendor is meeting the CGAR score/requirements.

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Answer # 24: This information is not maintained by the Medical Services Contract Monitoring Bureau.

25. 1.9.8 Diagnostic Services –

- a. For each site/complex, please indicate the current providers/subcontractors/vendors being utilized to deliver diagnostic services, including radiology/EKG, laboratory, and any other diagnostic services being provided.
- b. For each medical category, please indicate the last 24 months of utilization, and please additionally indicate whether the current vendor is meeting the CGAR score/requirements.

Answer # 25: This information is not maintained by the Medical Services Contract Monitoring Bureau.

26. 1.9.9 Biohazard Waste Disposal - Please indicate the current subcontractor for this service and the last 24 months of utilization by site/complex.

Answer # 26: This information is not maintained by the Medical Services Contract Monitoring Bureau.

27. 1.9.18 Ambulance Services - Please indicate the primary ambulance services subcontractor utilized for each site/complex by the current vendor, and the last 24 months of utilization by site/complex, separated by emergency ground transportation and emergency air transportation.

Answer # 27: This information is not maintained by the Medical Services Contract Monitoring Bureau.

28. 1.10.7 Offsite Dental Care - Please indicate the offsite dental providers being utilized by the current vendor for each site/complex. Please additionally indicate the last 24 months of utilization by site/complex.

Answer # 28: This information is not maintained by the Medical Services Contract Monitoring Bureau.

29. 1.12.38 Pharmacy - Please describe the current 340B program in regard to purchasing, receiving, and inventory of 340B medications.


Answer # 29: A virtual replenishment model is used to purchase, receive, and inventory 340B medications.

30. 2.9 Format of Proposal Submittal (Page 164) - The RFP requirements include requests for financial statements, resumes, job descriptions, medication formulary, and sample reports. Combined these documents could include a substantial number of pages. Would the ADCRR consider adding another Tab for these required documents that would not count toward the 1,500 additional pages to the RFP limit?

Answer # 30: Please see Amend to Change, Section 2.9.1 at the beginning of this amendment.

31. 1.1.14 Private Prisons (Page 7) - Do the private prisons use an EHR that is integrated or otherwise interfaced with eOMIS or are they primarily on paper?

Answer # 31: The private prisons primarily utilize paper medical records.

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32. 1.6.4.2 Accreditation Compliance (Page 45) - Please provide current accreditation status for each Arizona State Prison Complex and pending survey schedules for both ACA and NCCHC.

Answer # 32: Current NCCHC accreditation at all complexes; ACA accreditation pending. Please see Exhibit 21, Amend to Add at the beginning of this amendment.

33. 1.6.13 Infirmary and Sheltered Housing (Page 50) - Please advise on the pending closure of the Florence Complex and when that is anticipated to be complete. Please indicate the number of infirmary and sheltered housing beds located at that complex and what if any plans exist to expand internally infirmary and/or sheltered housing at other Complexes.

Answer # 33: Closure date TBD. There are 57 infirmary/sheltered housing beds. There is a proposed plan for relocation of an infirmary.

34. 1.6.13 Infirmary and Sheltered Housing (Page 50) - Please provide monthly occupancy rate of infirmary and sheltered housing beds by Complex since 09/01/2020.

Answer # 34: ASPC-Florence: average 48
ASPC-Lewis: average 13
ASPC-Perryville: average 8
ASPC-Tucson: average 58

35. 1.10.24 Medical Linen (Page 90) - Please indicate each Prison Complex where the Contractor is required to provide medical linens.


Answer # 35: Florence, Lewis, Perryville, and Tucson complexes

36. 1.12.38.1 Pharmacy (Page 107) - Please provide a detailed description of the current "340B Program" to include the covered entities, the included Complexes, the medical conditions being managed, the manner in which the medical care is being provided (i.e., onsite, via telehealth, etc.), the current medications being utilized and the number of inmates currently receiving care through the program.

Answer # 36: Covered entity: ADCRR
Complexes: All state complexes
Medical conditions: HBV, HCV, HIV
Care management: as required to meet the institutional needs of the complex
Current medications: Including, but not limited to: Epclusa, Mavyret, Zepatier, Ribavirin
Number currently receiving care: HCV - 141 HIV - 154

37. 1.13.6.3 Opioid Treatment Program (Page 113) - Does the ADCRR currently have an Opioid Treatment Program? If so, please provide program details, locations where being offered, criteria to be admitted and the number of inmates currently enrolled by Complex

Answer # 37: See ADCRR website, <https://corrections.az.gov/reports-documents/adcr-policies/department-orders-index> - Department Order 917 Addiction Treatment Services

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38. 1.17.6.5 Employee Drug Testing (Page 128) - Upon transition of the Contract, will current staff who transition to a new vendor be required to be drug tested as if a new employee?

Answer # 38: Yes.

39. 1.17.11 Staffing Offsets (Page 131) - Starting with July 2020, please provide applicable monthly reports that reflect vacant positions, filled and unfilled rates, paybacks required, and penalties imposed.

Answer # 39: Please see Exhibit 22, Amend to Add at the beginning of this amendment.
Offsets: FY20-21: 4,080,003 FY21-22: 1,090,554

40. 1.17.12 Staff Recruiting (Page 132) - Please provide recruiting reports received by ADCRR since 07/01/2020.

Answer # 40: This information is not maintained by the Medical Services Contract Monitoring Bureau.

41. 1.20 Contract Performance Offsets (Page 139) - Please provide monthly CGAR Compliance Reports, by complex and overall, since July 2020.

Answer # 41: Please see Exhibit 23, Amend to Add at the beginning of this amendment.

42. 1.20 Contract Performance Offsets (Page 139) - Please provide monthly summaries of sanctions imposed for failed CGAR measures overall and for failed CGAR measures that resulted in extending the Stipulation, since July 2020.

Answer # 42: FY20-21: 1,746,500 FY21-22: 2,335,000

43. Attachment 8A - Cost Forms - On Attachment 8A PIPD Fee Schedule, there are two different ADP totals at the bottom. Please confirm that that the sentence "Marginal rate per inmate above and below 33,777 (Base Rate)" is correct.

Answer # 43: See Attachment 8. Attachment 8A was amended; see Amend to Change at the beginning of Solicitation Amendment No. 9.

44. Attachment 9 Budget Narrative - Cost Forms - In past RFPs there has been a portion of the Budget Narrative that lists the number of FTEs and average pay rate broken out by the staffing positions and by category. Will that be required for this RFP? If so, will a standard form be provided?


Answer # 44: Please see Attachment 9, this is the only Budget Narrative.

45. Attachment 8A - ADP - Please confirm the ADP for pricing is 28,642.

Answer # 45: Please use ADP 27,437 for pricing. Also Attachment 8A was amended, see Amend to Change at the beginning of Solicitation Amendment No. 9.

46. General - Please provide the contract financial statements for the past twelve months.

Answer # 46: This information was deemed confidential under Contract No. CTR041835.

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47. Exhibit 8 - Please confirm that the minimum required staffing is in Exhibit 8.

Answer # 47: Exhibit 8 requires a minimum staffing plan of 1052.75 FTE positions. The Contracted Vendor is expected to provide staffing at each complex to ensure the delivery of health care to meet contractual obligations.

48. General - Please provide a list of open vacancies by position and by shift.

Answer # 48: Please see Exhibit 22, Amend to Add at the beginning of this amendment. Vacancies are not tracked by shift.

49. General - Please verify the required training and orientation hours needed for staff.

Answer # 49: See Sections 1.17.12.1 through 1.17.12.5 for staff training requirements.

50. General - Please provide a list of current on-site and off-site specialists providing treatment to patients.


Answer # 50: This information is not maintained by the Medical Services Contract Monitoring Bureau.

51. General - For the purpose of accurately pricing the off-site, on-site and pharmacy, please provide the Health Services Reports for the following: full year 2019, full year 2020, year-to-date 2021.

Answer # 51: This information is not maintained by the Medical Services Contract Monitoring Bureau.

52. General - If the Health Services Reports are not available, please provide the following statics for off-site and on-site for the periods of: full year 2019, full year 2020, year-to-date 2021.

- a. Segregation bed counts (total capacity and average beds filled)
- b. Medical Infirmary bed counts (total capacity and average beds filled)
- c. MH housing unit bed counts (total capacity and average beds filled)
- d. Intakes / Bookings
- e. Health & Physicals (H&Ps)
- f. Medical Provider Sick call
- g. Nursing Sick call
- h. Psychiatry provider evaluation
- i. MH Staff individual evaluations
- j. MH groups (including type)
- k. Inpatient Admissions
- l. Inpatient Admissions not covered by Medicaid
- m. Inpatient Days
- n. Inpatient Days not covered by Medicaid
- o. ER visits (not admitted)
- p. # of ambulance runs
- q. Offsite surgeries
- r. Hospital observation stays
- s. Offsite specialty medical appointments (provide by specialty type)
- t. Oral surgeries

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- u. Dialysis patients
- v. Dialysis treatments
- w. Optometry visits# of eyeglasses prescribed
- x. Ultrasounds
- y. Mammograms
- z. Routine x-rays offsite
- aa. Routine x-rays offsite
- bb. MRIs
- cc. CT scans
- dd. OB/GYN visits
- ee. Pregnant females
- ff. Pregnant females

Answer # 52: This information is not maintained by the Medical Services Contract Monitoring Bureau.

53. General - For the years ending 2019, 2020, and year-to-date 2021, please provide a detailed listing of each and all offsite and specialty claims, including the billing provider name, date of service, type of service provided (ED, inpatient admission, etc.), ICD/CPT codes, amount billed, amount paid. Please include unique masked patient identifiers for each claim.

Answer # 53: This information is not maintained by the Medical Services Contract Monitoring Bureau.

54. General - If claims are not available, please provide the total costs for off-site for the periods of full year 2019, full year 2020, year-to-date 2021. Please provide the total costs for on-site for the periods of full year 2019, full year 2020, year-to-date 2021.

Answer # 54: This information is not maintained by the Medical Services Contract Monitoring Bureau.

55. Exhibit 4 - Please provide a list of all equipment owned by the current vendor. Please include description/model and current condition. Will the equipment remain with the County for the new vendor?

Answer # 55: ADCRR owns all equipment. ADCRR is the State and not the County.

56. Exhibit 4 - Please provide a list of all equipment owned by the County that will remain in service for the new contract period. Please include description/model, date acquired, and current condition.


Answer # 56: ADCRR is the State and not the County. However, see Exhibit 4.

57. Exhibit 4 - Please provide a list of all equipment needs that currently exist at each facility.

Answer # 57: Unknown.

58. General - Will medical supplies on site as of the date of transition remain for use by the incoming medical vendor?

Answer # 58: This will be based on further discussion between the outgoing and incoming vendors.

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59. General - For the years ending 2019, 2020 and 2021, please provide a detailed listing of each and all pharmacy orders, including the drug name, NDC, quantity dispensed, date dispensed, amount paid. Please include unique masked patient identifiers for each patient specific pharmacy order.

Answer # 59: This information is not maintained by the Medical Services Contract Monitoring Bureau.

60. General - Please provide total cost by major pharmacy category for the years ending 2019, 2020, and 2021.

Answer # 60: This information is not maintained by the Medical Services Contract Monitoring Bureau.

61. General - Please provide the following pharmacy statistics for the full years of 2019, 2020 and year-to-date 2021.

- a. Patients receiving medications for HCV
- b. Patients receiving medications for HIV
- c. Patients receiving medications for psychotropic
- d. Patients receiving medications for cancer
- e. Patients receiving medications for hemophilia
- f. Average # of patients on medications
- g. # of prescriptions reviewed
- h. # of patient specific medication orders
- i. # of stock medication orders

Answer # 61:

- a. Patients receiving medications for HCV **1053/1923/1045**
- b. Patients receiving medications for HIV **1635/766/1292**
- c. Patients receiving medications for psychotropic **N/A**
- d. Patients receiving medications for cancer **N/A**
- e. Patients receiving medications for hemophilia **N/A**
- f. Average # of patients on medications **864,875/970,091/605,556**
- g. # of prescriptions reviewed **N/A**
- h. # of patient specific medication orders **N/A**
- i. # of stock medication orders **N/A**

62. General - Will stock pharmaceuticals on site as of the date of transition remain for use by the incoming medical vendor?


Answer # 62: This will be based on further discussion between the outgoing and incoming vendors.

63. General - Please provide the following for the full years of 2019, 2020 and year-to-date 2021.

- a. Liquidated damages/penalties assessed against vendor for service delivery
- b. Staffing paybacks or damages assessed against vendor for failure to staff

Answer # 63: Sanctions FY19-20: 2,335,000 FY20-21: 1,746,500 FY21-22: 176,500
Staffing offsets FY19-20: 7,315,016 FY20-21: 4,081,003 FY21-22: 1,090,554

64. General - When the NCCHC accreditation need to be renewed?

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Answer # 64: Please see Exhibit 21, Amend to Add at the beginning of this amendment.

65. General - Please provide the total spend for off-site care that includes hospital in-patient, outpatient care, and ambulance/ER runs for 2019, 2020 and year-to-date 2021.

Answer # 65: This information is not maintained by the Medical Services Contract Monitoring Bureau.

66. General - Please provide the total spend for medical supplies for 2019, 2020 and year-to-date 2021.

Answer # 66: This information is not maintained by the Medical Services Contract Monitoring Bureau.

67. General - Please provide the total spend for on-site services per category for 2019, 2020 and year-to date 2021.

Answer # 67: This information is not maintained by the Medical Services Contract Monitoring Bureau.

68. 1.12 Pharmacy (Page 97) - What is the current number of medication carts? Are all current carts in good working condition? How many would possibly need to be replaced if in poor condition? Do the carts belong to the ADCRR or the current vendor?

Answer # 68: ASPC-Douglas: 2
ASPC-Eyman: 19
ASPC-Florence: 11; 1 needing repair
ASPC-Lewis: 17; 1 needing repair
ASPC-Perryville: 9
ASPC-Phoenix: 10
ASPC-Safford: None
ASPC-Tucson: 19; 2 needing repair
ASPC-Winslow: None
ASPC-Yuma: 14; 3 do not lock (stored in a secured room), 1 needs replaced
Medication carts will remain at the complex.

69. 1.1.7 Gap Analysis - Please confirm that a Gap Analysis does not need to be submitted with the bid and it will only be required of the awarded vendor before the contract is awarded.


Answer # 69: Please see Solicitation Amendment 7, GAP Analysis was cancelled and will be rescheduled.

The following questions were received on October 11, 2021

70. General - Please provide average number of offenders housed within Arizona under interstate compact agreements and average number of Arizona offenders housed within other states.

Answer # 70: Over the past year the average number of inmates housed in AZ under Interstate Compact is 60; AZ inmates housed in other states averaged 59.

71. General - How many correctional facilities have dialysis units?

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- How many stations at each unit
- How many patients at each unit
- How many treatments per month for the last 2 years at each unit
- Who owns the equipment at each unit – dialysis machines, chairs, water systems
- Who is the current dialysis provider
- Who is the current Nephrologist

Answer # 71: ASPC-Florence - 5 chairs ASPC-Tucson – 7 chairs
 Variable # of patients – 2019: 273 2020: 416 2021: 295
 Variable # of treatments, based on patient need
 Currently subcontracted to Chardonay
 Current nephrologist Dr. Masood

72. General - What covered entity does ADCRR partner with to obtain 340B drug discounts?

Answer # 72: ADCRR is the covered entity for 340B medications

73. General - What type of medications does ADCRR or its pharmacy vendor buy under the 340B program? (e.g., HIV, HCV, medications?)

Answer # 73: HBV, HCV, HIV

74. General - Does the x-ray vendor employ all the x-ray technicians that perform x-ray services in the ADCRR sites?

Answer # 74: No.

75. General - How many CT and MRI scans were performed in the last three fiscal years? Can this be reported as the total for the system, as well as by site?

Answer # 75: Information is not maintained by Medical Services Contract Monitoring Bureau.

76. General - How are screening mammographies currently provided? If there is a vendor that comes onsite, can you identify that vendor?

Answer # 76: Mobile mammography


77. General - What entity provides the Sexual Offender Treatment programming for ADCRR?

Answer # 77: Arizona Department of Corrections, Rehabilitation and Reentry

78. General –

- a. What community hospitals currently host secure units for ADCRR inmates?
- b. How many beds are in each?

Answer # 78: a. Florence Anthem Hospital
 b. 16 beds

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79. General – Most of the x-ray rooms had both fixed and portable (roll around) devices inside. Are the fixed x-ray devices operable?

Answer # 79: Yes

80. Attachment 7, Experience and References - RFP Section 1.3.12.5, the RFP instructs Attachment 7 to be completed by each of the Offeror's References. However, Attachment 7 appears for be a form for vendors to fill out with basic contract details and the reference contact information so that the Department could contact them, if so desired. The form doesn't ask for any details, ratings, or responses, etc. Please confirm that vendors can fill in the basic contract information within Attachment 7.

Answer # 80: Please see Amend to Delete Attachment 7 at the beginning of this amendment. Also, see Amend to Add Attachment 10 Experience and References at the beginning of this amendment.

81. Attachment 7, References - Attachment 7 asks vendors to list reference contact information for healthcare experience similar to the RFP scope. It also requires that "At least one (1) of the projects referenced must be Arizona government related." Does this RFP require that the awarded vendor have correctional healthcare experience in Arizona with a government related entity?

Answer # 81: Please see Amend to Delete Attachment 7 at the beginning of this amendment. Also, see Amend to Add Attachment 10 Experience and References at the beginning of this amendment.


82. RFP Section 1.1.7 - Please confirm that a Gap Analysis does not need to be submitted with the bid and it will only be required of the awarded vendor before the contract is awarded.

Answer # 81: Please see Solicitation Amendment 7, GAP Analysis was cancelled and will be rescheduled.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 9th day of November, 2021.

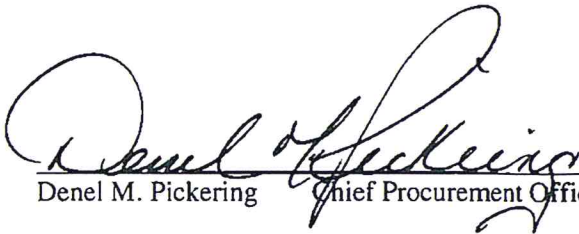


 Signature 12/6/2021


 Date

 Typed Name and Title

 Name of Company



 Denel M. Pickering
 Chief Procurement Officer

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	Solicitation Amendment No.: 11	Date: November 15, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain November 30, 2021 at 3:00 PM Arizona Time (MST).

Currently there is no restriction on the due date to submit questions. The Department may determine a due date to submit questions at a later time.

Questions received after October 18, 2021 will be answered in the next amendment.

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Amend to Change – Reference Question 2

Solicitation Amendment No 1 – Scope of Work (Section 1.8)

FROM

1.8.13 Mortality Review. Upon the death of an inmate, the Contractor shall complete an administrative review, clinical mortality review, and, if death was by suicide, a psychological autopsy. The Contractor shall comply with all parts of Department Order 1105 Inmate Mortality/Morbidity Review, Department Order 608 Criminal Investigations, the MSTM, MHTM, and NCCHC and ACA Standards.

1.7.13.1 The initial mortality review shall be completed within ten (10) working days of every inmate death.


1.7.13.2 The final mortality review will identify and refer any noted deficiencies and recommendations to appropriate managers and supervisors, including the site CQI committee.

TO

1.8.13 Mortality Review. Upon the death of an inmate, the Contractor shall complete an administrative review, clinical mortality review, and, if death was by suicide, a psychological autopsy. The Contractor shall comply with all parts of Department Order 1105 Inmate Mortality/Morbidity Review, Department Order 608 Criminal Investigations, the MSTM, MHTM, and NCCHC and ACA Standards.

1.8.13.1 The initial mortality review shall be completed within ten (10) working days of every inmate death.

1.8.13.2 The final mortality review will identify and refer any noted deficiencies and recommendations to appropriate managers and supervisors, including the site CQI committee.

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Questions have been submitted and the Department provides the following responses:

The following questions were received on October 18, 2021

1. 1.20 Contract Performance Offsets numbering appears to go from 1.20.2.2 to 1.20.2.1.1. Can the Department clarify the subsections in 1.20 that require a response?

Answer #1: All subsections contained in 1.20 require a response.

2. Section 1.8.13 Mortality review includes two subsections, 1.7.13.1 and 1.7.13.2. Can the Department clarify if these subsections should be numbered 1.8.13.1 and 1.8.13.2 instead? Also, 1.7.13.1 indicates that the initial mortality review shall be completed within ten (10) working days of every inmate death. Department Order 1105 requires the contracted healthcare provider of the institution to convene the Complex Mortality Review Committee (CMRC) within seven business days of an inmate's death to complete the mortality review. Can the Department clarify what is required to be completed within 10 working days of an inmate's death and what is required to be completed within 7 business days of an inmate's death as these two timelines appear to be different.

Answer #2: The subsections should be 1.8.13.1 and 1.8.13.2; please see Amend to Change at the beginning of this amendment. An initial mortality review of every inmate death, fetal death, or fetal sentinel event beyond the first trimester shall be completed with seven (7) business days of the date of death or event.

3. RFP Section 1.13.6.3 requests a comprehensive OTP be developed and implemented within ninety (90) days. Currently, a licensed OTP will require approximately 12 months to be developed and licensed. Will the ADCRR confirm if they are seeking a licensed OTP or just the provision of OUD approved medication(s) for qualifying patients?

Answer #3: The Opioid treatment program is not expected to be licensed.


4. RFP Section 1.13.6.3 - If sufficient resources for the continuation of MOUD/MAT following release are not available in a designated community, what are the Department's expectations for the implementation of MOUD treatments?

Answer #4: The expectation is that inmates who qualify for Medication Assisted Treatment, and are interested in starting on treatment, be provided with medications based on the resources available in the community in which they will be residing.

5. RFP Section 1.13.6.3 - If the Department seeks a licensed OTP, will you clarify what services are expected to be operational within the first 90 days?

Answer #5: The Opioid treatment program is not expected to be licensed.

6. Section 1.8.14.4 requires peer review results to be submitted to the MSCMB by the 5th of every month; however, peer reviews are only completed annually. Can the Department clarify if the peer reviews are required to be submitted to the MSCMB annually by the 5th of the month following completion of the peer review?


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Answer #6: Annual peer reviews shall be completed on or before the yearly anniversary date within the month of the yearly anniversary date of each employee. Each month the completed annual peer reviews shall be submitted to the MSCMB by the 5th of the following month.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 15th day of November, 2021.



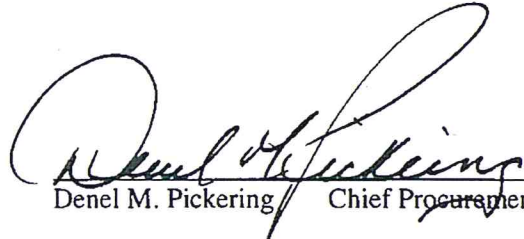
 Signature Date

 Bradford McLane, CEO


 Typed Name and Title

 NaphCare, Inc.

 Name of Company



 Denel M. Pickering Chief Procurement Officer

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	Solicitation Amendment No.: 12	Date: November 17, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date is being extended to December 7, 2021 at 3:00 PM Arizona Time (MST).

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Amend to Delete – Reference Questions 14-15

Solicitation Amendment No 1 – Exhibit 8 Staffing Plan

Amend to Add – Reference Questions 14-15

Exhibit 24 – Staffing Plan

Amend to Change – Reference Questions 14-15

Solicitation Amendment No. 9

FROM

1.17.8 **Minimum Required Staffing Plan (MRSP):** ADCRR has identified the staffing expectations on (Exhibit 8) based on current practices.

TO

1.17.8 **Minimum Required Staffing Plan (MRSP):** ADCRR has identified the staffing expectations on (Exhibit 24) based on current practices.


Questions have been submitted and the Department provides the following responses

The following question was received on October 19, 2021

- Section 1.8.13 Mortality review includes two subsections, 1.7.13.1 and 1.7.13.2. Can the Department clarify if these subsections should be numbered 1.8.13.1 and 1.8.13.2 instead? Also, 1.7.13.1 indicates that the initial mortality review shall be completed within ten (10) working days of every inmate death. Department Order 1105 requires the contracted healthcare provider of the institution to convene the Complex Mortality Review Committee (CMRC) within seven business days of an inmate’s death to complete the mortality review. The Medical Services Technical Manual Chapter 7, Sec. 7.1 states the first mortality review occurs within 7 days with the CMRC convened by the contracted healthcare provider’s FHA. Can the Department clarify what is required to be completed within 10 working days of an inmate’s death and what is required to be completed within 7 business days of an inmate’s death as these two timelines appear to be different?

Answer #1: The subsections should be 1.8.13.1 and 1.8.13.2; please see Amend to Change at the beginning of Solicitation Amendment No. 11. An initial mortality review of every inmate death, fetal death, or fetal sentinel event beyond the first trimester shall be completed with seven (7) business days of the date of death or event.

- Attachment 8A: Please confirm our understanding that the base population that should be used for calculating the POPD rates in Attachment 8A is 33,777.

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Answer #2: Please use ADP 27,437 for pricing. Also Attachment 8A was amended, see Amend to Change at the beginning of Solicitation Amendment No. 9.

- Attachment 8B: Please confirm our understanding that the Total annual Contract cost for 28,642 should be calculated by using the Base POPD rates shown on Attachment 8A, less the marginal rate per inmate rate below 33,777 shown at the bottom of the schedule?

Answer #3: Attachment 8B was deleted; please see Amend to Delete at the beginning of Solicitation Amendment No. 9.

- Please clarify what are the two pricing Options referenced in paragraph 1.24 of the RFP. Does this refer to the two different population levels (33,777 and 28, 642), or does this refer to the option for expanded infirmary beds?

Answer #4: Section 1.24 was amended; please see Amend to Change at the beginning of solicitation amendment no. 9.

- Please confirm how the reference to the Solicitation Special Terms and Conditions, Paragraphs 2.7.5 and 2.7.6, applies to the Fee Schedule?

Answer #5: Section 1.24 was amended; please see Amend to Change at the beginning of solicitation amendment no. 9.


- Section 1.10.8.2.5 states that "The Contractor shall collect inmate blood or bodily fluid samples necessary for laboratory testing as required by court order. Such samples shall be obtained and submitted to the court or designated agency in accordance with all directives and time frames set by the court order. " – Can the Department clarify what volume of court orders for inmate blood or bodily fluid samples for this purpose have been received annually for the past five years?

Answer #6: This information is not maintained by the Medical Services Contract Monitoring Bureau.

- Section 1.10.6.5.1 regarding Inmate Education, DO 910, and Inmate Special Education, DO 920 is a subsection of 1.10.6 Segregated Inmates.
Will the Department clarify if this subsection is intended to speak only to Segregated patients?

Answer #7: Yes, the subsection refers to Segregated Inmates.

- Throughout the RFP process and as in current contract practice, we appreciate that the Department generates updates from time to time to technical manuals, DOs, DIs, and other written documents relevant to the delivery of comprehensive healthcare services. Of note, the most recent update to the Medical Services Technical Manual (MSTM) is dated October 4, 2021, which occurred during the current RFP process; however, the RFP was not amended to reflect the changes. Since the RFP requires written responses based on the requirements of the MSTM, would the Department update the RFP to reflect the most recent revisions to the MSTM? Further, can the Department clarify the process by which the Contractor will be informed of any pending revisions to technical manuals and policies as well as the timeframe for required compliance with any new requirements so that bidders can factor staffing, operational adjustments, and cost assumptions into their proposals?

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Answer #8: Notifications are sent via email to the Contractor.

9. Does ADCRR intend to continue with its established Covered Entity status with the AZ Department of Health to purchase HIV and Hepatitis C medications via its drug wholesaler account with a Contracted Dispensing Pharmacy? If the answer is no, does ADCRR want bidders to propose models where the awarded contractor would supply 340B medications via some alternative in which the contractor is responsible for the logistics and cost of 340B medications?

Answer #9: Yes, at this time ADCRR intends to continue with its established Covered Entity status.

10. Section 2.9.1, Format of Proposal Submission. The procurement website provided a document titled "BMP003905_RFP Solicitation Attachments" in PDF. This document contained Attachments 1 -7, and then Attachment 10, Additional Materials Form. However, there is no mention of Attachment 10 in the RFP file itself or within Section 2.9.1, Format of Proposal Submission.
 - a. Please clarify, is Attachment 10 a required document and tab with proposal submission?
 - b. If so, is the intention for bidders to place any appendices and documents that support our technical response within Attachment 10? For example, Section 1.4 asks for sample reports and bidders should place those in Attachment/Tab 10.

Answer #10: The document titled "BMP003905_RFP Solicitation Attachments" in APP should not be use. Please refer to Solicitation Amendment No. 1 as this should be the only document used by vendors in responding to the RFP. Also, Section 2.9.1 was amended; please see Amend to Change at the beginning of solicitation amendment no. 10.

Attachment 10 Additional Materials Form from "BMP003905_RFP Solicitation Attachments" is not relevant or required.

Attachment 10 added by Solicitation Amendment No. 10 is a new Attachment for Experience and References.

11. RFP Section 2.9.5. Are bidders permitted to include separate proposal response appendices and attachments that are meant as supportive examples?

Answer: #11 Yes.

The following question was received on October 20, 2021


12. Please specify which units within the various complexes have IPC beds and the number of beds within each of these units.

Answer #12: Florence IPC – 57

Lewis IPC – 13

Perryville IPC – 15

Tucson IPC - 66

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13. Which units do not require 24/7 coverage and specify the required hours of coverage for those requiring less than 24/7 coverage?

Answer #13: Section 1.7.2.2.1 state that nursing staff shall be available on-site twenty-four (24) hours per day, seven (7) days per week. The Contracted Vendor is expected to provide staffing at each complex unit to ensure the delivery of health care to meet contractual obligations.

14. Exhibit 8, Minimum Required Staffing Plan, shows zero FTEs for the Florence complex. Please confirm that you do not require a staffing plan for Florence-assigned facilities.

Answer #14: Please see new Exhibit 24, Amend to Add at the beginning of this amendment.

15. If you anticipate any of the Florence units to remain open upon contract initiation, please specify the units and provide minimum staffing requirements for each.

Answer #15: Please see new Exhibit 24, Amend to Add at the beginning of this amendment.

16. Please provide a staffing schedule showing staff/FTE allocation by unit rather than complex.

Answer #16: Exhibit 8 requires a minimum staffing plan of 1052.75 FTE positions. The Contracted Vendor is expected to provide staffing at each complex unit to ensure the delivery of health care to meet contractual obligations.

17. Please provide a copy of the most recent health services contract.

Answer #17: The current ADCRR Inmate Correctional Healthcare contract is available at: https://app.az.gov/page.aspx/en/ctr/contract_manage_public/56134.

18. During the tours, the DOC indicated that some units are not staffed 24/7 but didn't clearly indicate which ones or the number of hours they are to be covered (12 hrs, 16?). Please clarify.

Answer #18: Section 1.7.2.2.1 state that nursing staff shall be available on-site twenty-four (24) hours per day, seven (7) days per week. The Contracted Vendor is expected to provide staffing at each complex unit to ensure the delivery of health care to meet contractual obligations.

19. What covered entity does ADCRR partner with to obtain 340B drug discounts?


Answer #19: ADCRR is the covered entity.

20. What type of medications does ADCRR or its pharmacy vendor buy under the 340B program? (e.g., HIV, HCV, medications?)

Answer #20: HBV, HCV, HIV

21. Does the x-ray vendor employ all the x-ray technicians that perform x-ray services in the ADCRR sites?

Answer #21: No.

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22. How many CT and MRI scans were performed in the last three fiscal years? Can this be reported as the total for the system, as well as by site?

Answer #22: This information is not maintained by the Medical Services Contract Monitoring Bureau.

23. How are screening mammographies currently provided? If there is a vendor that comes onsite, can you identify that vendor?

Answer #23: This information is not maintained by the Medical Services Contract Monitoring Bureau.

24. What entity provides the Sexual Offender Treatment programming for ADCRR?

Answer #24: ADCRR

25. What community hospitals currently host secure units for ADCRR inmates? How many beds are in each?

Answer #25: Florence Anthem Hospital – 16 beds

26. Most of the x-ray rooms had both fixed and portable (roll around) devices inside. Are the fixed x-ray devices operable?

Answer #26: Yes.

27. Please provide facility location of infirmaries and the number of beds in each.

Answer #27: Florence IPC – 57

Lewis IPC – 13

Perryville IPC – 15

Tucson IPC - 66


28. Please provide average number of offenders housed within Arizona under interstate compact agreements and average number of Arizona offenders housed within other states.

Answer #28: For the past year the average number of other state's inmates housed in AZ was 60; the average number of AZ inmates housed out of state was 59.

29. Can we obtain a copy of the current AZ DOC Health Services Contract?

Answer #29: The current ADCRR Inmate Correctional Healthcare contract is available at: https://app.az.gov/page.aspx/en/ctr/contract_manage_public/56134

30. Re: 1.17.9.4 expanded registered nursing FTEs within the intake area. Please specify which units are considered intake areas.

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Answer #30: ASPC-Phoenix (male), ASPC-Perryville (female), ASPC-Lewis (minors)

31. Please define the term 'corridor facility' and indicate which facilities/units meet this definition.

Answer #31: Any State complex except ASPC-Douglas, ASPC-Safford, ASPC-Winslow

32. Re: Exhibit 8 minimum staffing recommendations. Please confirm the expectation is to staff with a minimum of 2.0 FTE Facility Health Administrators.

Answer #32: Section 1.6.2 requires the Contractor to designate a Facility Health Administrator (FHA) to be assigned to and physically located at each State complex.

33. Regarding RFP Section 1.3.12.5, which instructs: "...reference form shall be completed BY [emphasis added] each of the Offeror's references...". However, Attachment 7 appears to be a form seeking basic contact information and contract scope for Offeror references from which the Evaluation Committee would conduct its reference checks for the Offeror. Therefore, did the Department intend for the form to be "...completed FOR each of the Offeror's references...", meaning, the Offeror fill out the form, which would be more efficient, consistent, and accurate? If so, please confirm that it would be acceptable for Offerors to complete the reference form?

Answer #33: No. The requirement is for each of the Offeror's references to complete the reference form. The completed reference form shall be submitted in the Offeror's proposal response. Please see Amend to Delete Attachment 7 at the beginning of solicitation amendment no. 10. Also, see Amend to Add Attachment 10 Experience and References at the beginning of solicitation amendment no. 10.

34. Please provide updated financial information provided in the previous RFP process. Specifically updated data from the following reports:

- Utilization data (ER visits/1000 inmates/year, ambulance visits/1000/year, outpatient surgeries/1000/year, hospital admissions/1000/year, hospital days/1000/year, average length of stay, readmission rate. (Previously Exhibit 30.)
- Claim Report AHCCCS Claim Detail (Previously Exhibit 11A.)
- Medicaid Summary (Previously Exhibit 33.)
- Staffing Vacancies Report (Previously Exhibit 32.)
- Pharmacy Services Data (Previously Exhibit 40.)
- Pharmacy Utilization Data Pricing (Previously Exhibit 37A.)

Answer #34: Information is not maintained by Medical Services Contract Monitoring Bureau.

35. Does the estimated inmate average daily population of 28,642 referred to on Attachment 8 and 9 include inmates housed in private prisons and prisons in other states?

Answer #35: No, it does not.

36. At which ASPC sites is Physical or Occupational Therapy provided on site currently?

Answer #36: ASPC-Eyman, ASPC-Lewis, ASPC-Perryville, ASPC-Tucson, ASPC-Yuma



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Contract Officer: Kristine Yaw

37. Are the AHCCS rates the same rates as those paid to community hospitals and providers for Medicaid enrollees in Arizona?

Answer #37: This information is not maintained by the Medical Services Contract Monitoring Bureau.

38. How many inpatient hospital admissions and inpatient days were there for ADCRR inmates in the last three fiscal years? Can this be reported by hospital? By ASPC site of origination?

Answer #38: This information is not maintained by the Medical Services Contract Monitoring Bureau.

39. When will question answers be posted and based on that timeline would the DOC consider extending the submission deadline to allow vendors to tailor responses to provided answers?

Answer #39: The solicitation due date is December 7, 2021.

40. Please provide the # of x-rays performed and read by a radiologist over the past 2 years, by year, by site.

Answer #40: This information is not maintained by the Medical Services Contract Monitoring Bureau.

41. Which locations do not have fixed x-ray equipment and must use mobile services?

Answer #41: None.

42. Please provide the # of ultrasounds performed over the past 2 years, by year, by site.

- If onsite is there a current ultrasound clinic schedule at each locations

Answer #42: This information is not maintained by the Medical Services Contract Monitoring Bureau.

43. What was the volume of CT Scans performed over the past 2 years, by year, by site. Were they performed onsite or offsite? Who was the vendor?

Answer #43: This information is not maintained by the Medical Services Contract Monitoring Bureau.


44. What was the volume of MRIs performed over the past 2 years, by year, by site. Were they performed onsite or offsite? Who was the vendor?

Answer #44: This information is not maintained by the Medical Services Contract Monitoring Bureau.

45. What was the volume of Fluoroscopy exams performed over the past 2 years, by year, by site. Were they performed onsite or offsite? Who was the vendor?

Answer #45: This information is not maintained by the Medical Services Contract Monitoring Bureau.

46. How many – Digital Dental Xray systems do you need by location.

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Answer #46: Each dental chair should have an intraoral xray unit statewide.

47. How many – Digital DENTAL PANO XRAY systems do you need by location.

Answer #47: Each unit that has a dental clinic should have one pano machine. ASPC-Phoenix will require two pano machines due to intake volume.

48. What Digital Xray Software and PACs software is currently in use.

Answer #48: Two Panoura pano machines at ASPC-Phoenix.

49. Does the DOC maintain an archive of all their x-ray images and results?

Answer #49: All traditional xrays are contained in paper charts.

50. Does the DOC own the existing EKG machines or are they leased from a vendor?

Answer #50: Leased

51. What was the total number of EKGs that required a Cardiologist over read for the past 2 years?

Answer #51: This information is not maintained by the Medical Services Contract Monitoring Bureau.

52. How many onsite optometry visits were performed over the past 2 years, by location.

Answer #52: This information is not maintained by the Medical Services Contract Monitoring Bureau.

53. How many ophthalmology consults were performed over the past 2 years, by location. Where they performed onsite or offsite.

Answer #53: This information is not maintained by the Medical Services Contract Monitoring Bureau.

54. How many prescription eyeglasses were provided to inmates during the last 2 years?

Answer #54: This information is not maintained by the Medical Services Contract Monitoring Bureau.


55. Can you provide the # of biohazard/medical waste containers disposed of last 12 months, the size of the containers, and the frequency of pickup by location.

Answer #55: This information is not maintained by the Medical Services Contract Monitoring Bureau.

56. Does AZ dispose of any special types of waste, for example, human tissue or chemo agents?

Answer #56: This information is not maintained by the Medical Services Contract Monitoring Bureau.

57. How many oxygen cylinders by size are currently in use at each location.

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Answer #57: This information is not maintained by the Medical Services Contract Monitoring Bureau.

58. How many Occupational Therapy, Physical Therapy, and Speech therapy consults were completed over the last 2 years? Where they completed onsite or offsite?

Answer #58: This information is not maintained by the Medical Services Contract Monitoring Bureau.

59. How many audiology exams where completed during the last 2 years, by location? Where they done onsite or offsite?

Answer #59: This information is not maintained by the Medical Services Contract Monitoring Bureau.

60. Does any of the current facilities have exiting audiology equipment or hearing booths?

Answer #60: No.

61. How many sets of hearing aids were provided to inmates over the past 2 years?

Answer #61: This information is not maintained by the Medical Services Contract Monitoring Bureau.

62. What percentage of inmate medications are issued as KOP?

Answer #62: This information is not maintained by the Medical Services Contract Monitoring Bureau.

63. Are there any medications that are not allowed to be issue KOP?

Answer #63: Yes, there are.


64. Who are the current lab provider(s)?

Answer #64: This information is not maintained by the Medical Services Contract Monitoring Bureau.

65. Who are the current radiology provider(s)?

- a. X-rays
- b. Ultrasounds
- c. CT Scans
- d. MRIs
- e. Mammograms

Answer #65: This information is not maintained by the Medical Services Contract Monitoring Bureau.

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ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

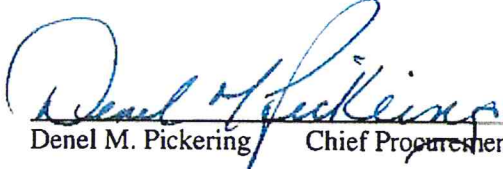
This Solicitation Amendment is hereby executed this 17th day of November, 2021.


 _____ 12/6/2021
 Signature Date

Bradford McLane, CEO

 Typed Name and Title
 NaphCare, Inc.

 Name of Company



 Denel M. Pickering Chief Procurement Officer

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A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain December 7, 2021 at 3:00 PM Arizona Time (MST).

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Questions have been submitted and the Department provides the following responses

The following question was received on October 21, 2021

1. Section 1.11.131.12 - Regarding Section 1.11.13, will the contractor be required to purchase all new digital dental x-ray equipment with sensors or will a digital conversion system such as ScanX (phosphorus plates) be acceptable?

Answer #1 The Contractor is required to purchase all new digital dental xray equipment with sensors.

2. Section 1.9 - Section 1.9 - Health Assessment Intake Process – Can the ADCRR clarify which ASPC facilities/units are used as intake facilities for men, women, juveniles, and any other populations that may have a separate intake healthcare screening location?


Answer #2 ASPC-Phoenix (males)
ASPC-Perryville (females)
ASPC-Lewis (minors)

3. Section 1.13.6.3 - Section 1.13.6.3 states “Opioid Treatment Program. The Offeror shall develop and implement within ninety (90) days a comprehensive Opioid Treatment Program for inmates with Opioid Use Disorder that includes identification of patients who will be released from custody within six (6) months.” Does ADCRR wish to limit the Opioid Treatment Program to patients being released in 6 months or would all patients who wish to be treated be eligible?

Answer #3 No ADCRR does not wish to limit an OTP.

4. Section 1.15.4.8.1 - Section 1.15.4.8.1 contains conflicting information. On the one hand, it says that Medicaid eligible services are billed directly to AHCCCS for payment and that such services are specifically excluded from the contract. On the other hand, it says that the Contractor’s invoice will be off-set by the amount paid by AHCCS for any inmate healthcare claims. Please confirm whether or not the cost of Medicaid eligible healthcare claims should be included in the PIPD Fee Schedule.

Answer #4 The section refers to healthcare service provider claims, including non-Medicaid eligible claims.

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5. Section 1.22.3.2 - Section 1.22.3.2 – Please provide information on any specific Windows version, or other workstation requirements, in order to access the ADCRR’s information network via a LAN to LAN VPN

Answer #5 Any current Microsoft Windows version that is still under support, specifically including security updates. Contractor devices are segregated from ADCRR data production networks by VLAN and VRF.

6. Section 1.23.1 - Please provide a list of the specific private prison complexes and or facilities where vendors will need to provide access to our proposed EMR solution.

Answer #6 ASP-Central Arizona Correctional Facility
 ASP-Florence West
 ASP-Kingman
 ASP-Marana
 ASP-Phoenix West
 ASP-Red Rock Correctional Center

7. Section 1.23.1 –

- a. Will the provision of the EMR solutions at private prisons/facilities include providing all computers and other computer and IT equipment, or will the private prison/facility vendors be responsible for providing their own?
- b. Can the Department provide the names of the current private prison’s pharmacy provider, laboratory provider, x-ray provider, and any other clinical services providers that will interface with our proposed EMR solution?

Answer #7 a) See Section 1.23.1 identifies “at all State operated complexes”.
 b) Not at this time, varied by private facility.

8. Section 1.7.2.3 - Please provide the number of annual inter-facility and or inter-ASPC complex transfer annually for the past two years.


Answer #8 2019: 30,658 2020: 16,285 2021: 15,809

9. Section 1.1.14 - Will the awarded contractor be responsible for the ambulance transport of an inmate requiring a higher level of care at another private prison location upon discharge from the hospital?

Answer #9 The Contractor is responsible for costs associated with the provision of care to inmates housed in state-operated complexes.

10. Section 1.1.14 - The RFP states, “In the event that the inmate’s medical condition requires he be sent to a facility other than an ASPC, such as a hospital or long-term care facility, the Vendor shall take over the care of the inmate upon such movement.” Will the awarded contractor be responsible upon admission to the facility and not during an inpatient stay when the inmate meets their “CAP”?

Answer #10 The Contractor becomes responsible for inmates upon their transfer into a state-operated complex.

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11. General - Does the ADCRR anticipate closing the Florence prison? If so, is there a timeframe? Also, if not fully closed, will any units stay open?

Answer #11 Yes. Final closure date to be determined.

12. Exhibit 10 - CGAR Sanctions - The exhibit for the CGAR sanctions (Exhibit 10) indicates that substantially compliant measures that DO NOT extend the Stipulation Agreement are penalized at \$500 each, and that substantially noncompliant measures that DO extend the agreement incur sanctions on the higher sanction scale (\$2,500 - \$20,000). The exhibit does not make clear the practice of applying both the \$500 sanction on top of the higher level sanctions for the substantially noncompliant measures that result in extending the agreement. Please clarify how the CGAR sanctions will be imposed, and if the practice of applying the \$500 sanction for every noncompliant measure and then applying it again on top of the higher sanction scale for substantial noncompliant measures will continue?

Answer #12 For clarification of the Contract Performance Offsets please see Section 1.20.2.

13. Florence Facility - When/if the Florence facility closes will the ADCRR adjust the court stipulated requirements for the medical and dental staffing requirements accordingly?

Answer #13 Changes to Court stipulated requirements for staffing would require the Court's approval.

14. Exhibit 10 - CGAR Sanctions - Please clarify if sanctions will be imposed on the vendor in instances where a service could not occur due to ADCRR security staffing shortages?

Answer #14 Sanctions may be adjusted with discussion of mitigating circumstances.


15. Exhibit 10 - CGAR Sanctions - Please clarify if sanctions will be imposed for service disruptions that lead to noncompliance caused by a state of emergency, natural disaster, or other unforeseen events that are clearly out of the vendor's control?

Answer #15 Sanctions may be adjusted with discussion of mitigating circumstances.

16. Section 1.1.3 - This section includes the stated requirement that: "Inmates experiencing healthcare emergencies may request and shall receive emergency care by an on-site medical provider or mental health provider twenty-four (24) hours per day, seven days per week." Please clarify if the ADCRR's expectation is for these medical and mental health providers to be on site 24/7, or specific to after hours, be "available" to respond to emergencies site via an on-call protocol?

Answer #16 Please see Section 1.7.2.2.4

17. Section 1.2.1.55, Medical Provider - Medical Provider. In relation to the previous question, please clarify which professional disciplines meet the definition of "medical provider". The RFP definition includes the statement: "Any healthcare practitioner who has been duly empowered by the State of Arizona in the relevant professional discipline." Is this statement applicable only to the disciplines listed preceding the statement (i.e., "Physician, Dentist, Nurse Practitioner, Physician's Assistant") or are there additional disciplines that can meet the definition of "Medical Provider"? If so, give examples of other disciplines, if

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any, that meet the definition of “provider” as it relates to being able to provide on-site “emergency care” in response to emergencies as described in Section 1.1.3.

Answer #17 Applicable to the listed disciplines in Section 1.2.1.55.

18. Section 1.1.3 - Is staffing for the satellite units Globe, Ft. Grant, and Apache included in the current staffing matrix for Florence, Safford and Winslow?

Answer #18 See New Exhibit 24 Staffing Plan, Amend to Add at the beginning of Solicitation Amendment No. 12.

19. Section 1.1.5 - The rules of the different documents referenced in this section do not always align with one another. Does the ADCRR have an order-of-precedence applicable to these various rules and standards?

Answer #19 The order of precedence that ensures timely, appropriate, comprehensive delivery of health care to ADCRR’s incarcerated population.

20. Section 1.1.6 - Will the future performance audits be based off the methodology in the monitoring guide, MSTM, Department orders, or contract? If off all four, will the Department take steps to revise to ensure the parameters set forth in these resources align for auditing purposes?

Answer #20 As stated in Section 1.1.6, compliance with the Stipulation, as well as with all provisions of the Contract, is expected.

21. Section 1.1.6 - The RFP states that the awarded contractor will be responsible for “...provisions which govern...all judicially imposed sanctions and other Court-ordered expenses...” Please clarify a methodology for calculating expected expenses for accurate budgeting of this requirement.

Answer #21 As stated in Section 1.1.6, The nature and extent of the outcome is uncertain.

22. Section 1.2.27 - This section requires that periodontal care be provided, however it doesn’t appear that is a dental hygienist in the staffing matrix. Are periodontal services required in the RFP equivalent to what AHCCCS reimburses in the community?


Answer #22 AHCCCS does not cover periodontal treatment in the community.

23. Section 1.6.4.2.2 - This section describes an assessment of monetary sanctions with failure to achieve NCCHC and ACA standards. If presently known, please define the amount of the monetary sanctions referenced in this section.

Answer #23 None at this time.

24. Section 1.8.4.2 - Please provide a list of hospitals in the state known to the Department to have locked units.

Answer #24 Florence Anthem Hospital

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25. 1.10.4.5.7 - This section includes the statement: "A communiqué advising that test results were negative may also be sent if signed by a provider". Will this process be considered compliant?

Answer #25 There is no enough information for ADCRR to provide answer.

26. Section 1.13.2, Mental Health Services –

- a. What are the minimum staffing levels for the ASPC Phoenix licensed psychiatric inpatient hospital, ASPC Perryville licensed psychiatric inpatient hospital, residential treatment programs, Behavioral Management Units, and outpatient treatment programs?
- b. How many ASPC Phoenix and Perryville inpatient psychiatric beds does ADCRR plan to maintain?
- c. Does ADCRR plan to keep ASPC Phoenix and Perryville inpatient units as licensed Arizona Department of Health Services facilities?
- d. Does ADCRR have plans to expand any residential treatment program space, services, and/or resources?
- e. Does ADCRR have plans to provide any additional behavioral management unit space and/or resources?
- f. Does ADCRR have plans to relocate any of the current residential treatment programs or behavioral management unit programs within the first year of the contract?

Answer #26 a) See New Exhibit 24 Staffing Plan, Amend to Add at the beginning of Solicitation Amendment No. 12.

- b) those currently in use
- c) yes
- d) Expansion is a possibility, in collaboration with the Contracted Vendor
- e) not at this time
- f) relocation is a possibility

27. Section 1.13.3 - What types of nursing licensure are required to be dedicated to the Mental Health Program? Specifically, psychiatric inpatient units and residential treatment programs.

- a. CNA
- b. LPN
- c. RN

Answer #27 See New Exhibit 24 Staffing Plan, Amend to Add at the beginning of Solicitation Amendment No. 12.

28. Section 1.13.3 - How many psychiatric nurses are required to be dedicated to the Mental Health Program per ASPC?

- a. Licensed inpatient psychiatric hospital (Phoenix and Perryville)?
- b. Residential Treatment programs?
- c. Behavioral Management Units?
- d. Outpatient psychiatric/Mental health services?

Answer #28 See New Exhibit 24 Staffing Plan, Amend to Add at the beginning of Solicitation Amendment No. 12.



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29. Section 1.13.4.1 - Can the awarded Contractor utilize LISACs to assist with the provision of mental health evaluations/assessments and discharge planning within the development and implementation of a comprehensive Opioid Treatment Program for inmates with Opioid Use Disorder? Specifically, mental health evaluations/assessments and discharge planning?

Answer #29 Yes, that would be an appropriate utilization of LISACs. Please see Amend to Change for this section at the beginning of Solicitation Amendment No. 9.

30. Section 1.13.4.1 - Please clarify the credentialing requirements of staff which will provide substance abuse counseling services.

Answer #30 Please see Department Order 917, Addiction Treatment Services

31. Section 1.13.6 - Addiction Treatment Services –

- a. Does ADCRR have a timeframe for ATS program implementation?
- b. What format will ADCRR Addiction Treatment Staff use to request the mental health diagnosis for inmates enrolled in the program?
- c. Will the ADCRR Addiction Treatment staff participate with dual diagnosis patients multidisciplinary treatment team meetings?
- d. Will the ADCRR Addiction Treatment staff offer services to all ADCRR facilities?

Answer #31 a) The Addiction Treatment Services program is administered by ADCRR.
b) Section 1.13.6.2 requires the Contractor to establish a process
c) See Department Order 917, Addiction Treatment Services
d) See Department Order 917, Addiction Treatment Services

32. Section 1.13.6.3 – Addiction Treatment Services –

- a. Will the vendor or ADCRR be responsible for creating the policies and protocols for the Opioid Treatment Program, or will it be a collaborative process?
- b. Does ADCRR have a preference for what MAT medications will be authorized for use?
- c. Will the Opioid Treatment Program need to include detox services?
- d. What ADCRR complex locations will provide OTP services?

Answer #32 a) Section 1.13.6.3 requires the Contractor to develop and implement within ninety (90) days a comprehensive OTP.

b) No.

c) No.

d) Please see Department Order 917, Addiction Treatment Services;

https://corrections.az.gov/sites/default/files/policies/900/0917_052721.pdf

33. Section 1.13.7.5 - At which ADCRR complexes would the vendor be responsible for providing outpatient psychotherapy groups?

Answer #33 Eyman, Florence-Globe, Winslow, Lewis, Perryville, Douglas, Tucson, Safford, and Yuma if there are SMI patients in administrative, disciplinary segregation, or maximum custody units at these locations.

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34. Section 1.10.8.2.2 - Section 1.10.8.2.2 indicates "STAT work and "critical level" abnormal values with results available within 4 hours after the specimen is obtained." Are bidders correct in assuming that the 4 hours does NOT include transport time for specimens, but is based on the timeframe for turnaround of results based upon the time of receipt of specimens?

Answer #34 The assumption is incorrect. The 4 hour time frame starts with the time of the specimen collection.

35. Section 1.10.15.1 - The RFP States, "Interfacility transfers requiring transportation above and beyond what security can provide is at the cost of the contractor (i.e. stretcher van, ambulance)". Will the contractor be responsible for these costs when services typically provided by the ADCRR are unavailable or in short supply (e.g., security staff vacancies, van in disrepair, multiple wheelchair runs but only one van, etc.)?

Answer #35 The Contractor is responsible for off-site transportation costs when vehicles other than ADCRR transportation vehicles are utilized. ADCRR Operations staff is available at all times for non-emergent transport of inmates to an emergency department for further evaluation.

36. Section 1.10.4.5 - This section indicates requirements for on-site physical, occupational, and speech therapy. However, the RFP required staffing matrix does not include positions for occupational and speech therapy. Should bidders propose positions for these services? If so, does the Department have a preference for numbers of positions and facility locations for these positions?

Answer #36 Section 1.10.4.5.3 requires the Contractor to provide therapy services to all inmates requiring such services by provider order. On-site services, *to the extent possible*, shall be arranged. On-site services may be completed with utilization of specialty services, i.e. audiology, optometry, dialysis, radiology, etc.

37. Section 1.10.4.5.3 - Section 1.10.4.5.3 indicates requirement for OT and speech therapy, which are services not presently required or provided. Does the Department require these services and accompanying staff be added under the new contract?

Answer #37 Section 1.10.4.5.3 requires the Contractor to provide therapy services to all inmates requiring such services by provider order. On-site services, *to the extent possible*, shall be arranged. On-site services may be completed with utilization of specialty services, i.e. audiology, optometry, dialysis, radiology, etc.

38. RFP Section 1.15.4.8.1 states that "the Contractor shall ensure all Medicaid eligible healthcare claims are billed by the healthcare services provider directly to AHCCCS for payment and the Contractor is not responsible for Medicaid eligible services or the payment for those services and such services are specifically excluded from the Contract." Yet "the Contractor's invoice shall be off-set monthly by the total amount paid by AHCCCS for any inmate healthcare claims." This statement seems to be contradicting. Please clarify which claims, if any, the Contractor is responsible for paying under the contract.

Please specify locations of hospice and long-term care units

Please specify locations where onsite optometry is currently provided and frequency optometrist is onsite at each



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Answer #38 The section refers to healthcare service provider claims, including *non-Medicaid eligible* claims.

This information is not maintained by the MSCMB.

Onsite optometry is provided at each state-operated complex in a frequency necessary to meet the institutional needs of the complex.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 19th day of November, 2021.



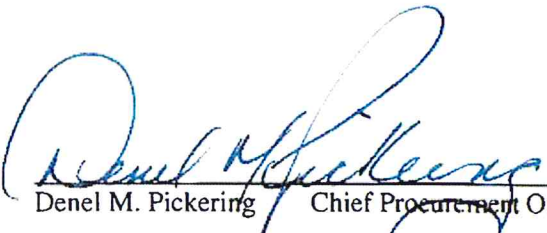
Signature 12/6/2021
Date

Bradford McLane, CEO


Typed Name and Title

NaphCare, Inc.

Name of Company



Denel M. Pickering Chief Procurement Officer

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A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain December 7, 2021 at 3:00 PM Arizona Time (MST).

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Amend to Add – Reference Question 12 & 13

Exhibit 25 Complex Vehicle Inventory

Amend to Add – Reference Question 14

Exhibit 26 Medical, Dental & PT Equipment Inventory

The following questions were received on October 22, 2021

1. Section 1.1 (pg. 4) and Section 1.1.16 (pg. 8) - The RFP Section 1.1 states the vendor will provide services at a fixed price and Section 1.1.16 states the proposal shall be full risk based on a fixed per inmate per day rate as submitted in the Fee Schedule; however, the Fee Schedules only allow for one-year of pricing to be submitted. Additionally, the Special Terms and Conditions Section 2.26 states that the state may reject any request for inflationary increases and that any request for increase must be submitted “at least 365 days prior to year the change takes effect.” Is it the intent of this contract that year 1 and 2 pricing should be the same fixed price?

Answer #1 Yes, the intent is that year 1 and 2 pricing will be the same fixed price.

2. 1.1.14 (pg. 7) - Please provide for the past three years the number of inmates who have been moved from a private prison because they required a higher level of care than available at the private prison or because they exceeded the cap at that facility.


Answer #2 This information is not maintained by the Medical Services Contract Monitoring Bureau (MSCMB).

3. 1.1.15.1 (pg. 8) - Please provide for the past three years the number of Arizona inmates housed within prisons in other states, and the annual cost of extraordinary medical, dental, pharmacy and mental health expenses for such inmates.

Answer #3 Over the past year the average number of AZ inmates housed in other states averaged 59. Financial information is not maintained by the Medical Services Contract Monitoring Bureau.

4. 1.1.15.2 (pg. 8) - Please provide the number of other state inmates housed within Arizona State Prison Complexes for the last three years.

Answer #4 Over the past year the average number of inmates housed in AZ under Interstate Compact Corrections is 60.

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5. 1.2.1.65 (pg. 19) - What is the process for decertifying SMI status?

Answer #5 Please see the Mental Health Technical Manual, Chapter 3, Section 6.0;
https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adccr-mentalservicetechnicalmanual_122419.pdf

6. 1.2.1.65 (pg. 19) - What is the process for communicating between the RBHAs and ADC regarding SMI status and changes?

Answer #6 See the Mental Health Technical Manual, Chapter 3, Section 14.0;
https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adccr-mentalservicetechnicalmanual_122419.pdf

7. 1.1.3.11.4.1 (pg. 30) - The RFP states the contractor must provide “letters of agreement, contracts or other forms of commitment which demonstrates that all requirements pertaining to the Contractor shall be satisfied by all subcontractors.” Please confirm offerors can submit non-binding letters of agreement with the proposal to satisfy this requirement.

Answer #7 Vendors are required to adhere to Section 1.3.11.4.1.

8. 1.3.11.4 (pg. 30) - The RFP requires each subcontractor to submit a written commitment to accept all contract provisions. Please confirm the following language can be used in the subcontractor’s contracts:

a. “Vendor understands and agrees that this Statement of Work is subject to Contract No. XX (the “Contract”) between [Insert bidder name] and the State of Arizona for the provision of Inmate Correctional Healthcare service, Vendor agrees to comply with any and all terms and conditions of the Contract applicable to Subcontractor’s provision of services, and such terms and conditions into this Statement of Work.

Answer #8 The subcontractor’s written commitment requirements are provided in Sections 1.3.11.4.1.1 through 1.3.11.4.1.3

9. 1.3.12.1 (pg. 31) - We understand that information we mark as confidential should be treated as such by the State if it meets the definition of a “trade secret” as outlined in A.A.C. R2-7-101(52). The RFP also indicates that the Chief Procurement Officer will make the determination as to whether information meets this requirement. Section 1.2.12.1.10 of the RFP requests extensive information on current and former contracts that includes compilations of information that derives independent economic value by not being known by other persons, and is subject to significant efforts to maintain its secrecy. Can the ADCRR provide guidance as to such materials would likely be protected from disclosure if properly identified as confidential in accordance with Solicitation Amendment No.1 Attachment 4?

Answer #9 Offerors are to complete the Amendment No. 1 Attachment 4 Confidential Information form and return it with their Offer along with the appropriate supporting information to assist the State in making its determination as to whether any of the materials submitted as part of your Offer should be designated confidential.



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10. 1.3.12.1 (pg. 31) - Our organization provides services to state Departments of Correction as well as to hundreds of county jails throughout the US. Many of the jails we currently serve or have served in the past are small, and dissimilar in most ways to the ADCRR. Would ADCRR be open to us limiting information to current and past contracts for state DOCs and county jails of at least 1,000 providing comparable services to ADCRR?

Answer #10 The requirements are as written in Section 1.3.12.1.

11. 1.5.14 (pg. 43) - The RFP states vendor must provide their own vehicles. Please confirm this requirement applies only to vehicles required to provide healthcare services for which Vendor is responsible under the contract and not all vehicles that service the Department.

Answer #11 Please see Section 1.5.14.1.

12. 1.5.14 (pg. 43) - Please provide the number of vehicles between each complex.

Answer #12 Please see Exhibit 25, Amend to Add at the beginning of this amendment.

13. 1.5.14 (pg. 43) - Please provide the make and model of vehicles currently in use for each facility.

Answer #13 Please see Exhibit 25, Amend to Add at the beginning of this amendment.

14. 1.6.12 (pp. 49) - Based on the stringent inventory requirements please provide a recent inventory of all medical and dental supplies and equipment.

Answer #14 Please see Exhibit 26, Amend to Add at the beginning of this amendment.

15. 1.6.12.1 (pg. 50) - The RFP requires 30-day on hand supplies for all medical supplies. With the current supply chain due to Covid, how is the Department and/or the Current vendor managing this requirement today?

Answer #15 This information is not maintained by the MSCMB.


16. 1.8.12 (pg. 61) - The RFP states records shall be made available to the MSCMB for review on a monthly basis. Please confirm these are records not protected by Patient Safety Organization privileges.

Answer #16 The section refers to QM/QA CQI monthly meetings. The meeting records (minutes) shall be made available to the MSCMB for review on a monthly basis.

17. 1.9.1 (pg. 65) - Please confirm intake screening and assessment can be done by a telehealth RN with a trained facilitator.

Answer #17 Intake screenings and assessments require an in-person face to face encounter.

18. 1.9.2.1 (pg. 65) - Please confirm physical exams can be performed by a telehealth prescribing provider for patients with minimal medical problems and triaged to a face-to-face evaluation by end of Day 2 if condition requires.

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Answer #18 Intake screenings and assessments require an in-person face to face encounter.

19. 1.9.2.2 (pg. 65) - Please confirm the mental health screening intake can be performed by a telehealth licensed mental health clinician, and if a condition requires a face-to-face evaluation, a visit would be completed by end of Day 2.

Answer #19 Intake screenings and assessments require an in-person face to face encounter.

20. 1.9.5 (pg. 66) - The RFP states that the Contractor will be responsible for the cost of intake labs completed by a private prison for an inmate transferred to the private prison if the Contractor had not completed the labs before the transfer takes place. Who is responsible for payment if the private prison repeats labs the Vendor already performed?

Answer #20 The section states that the Vendor is responsible for all costs associated with intake labs and/or procedures. If an inmate is transferred to a private prison without intake labs and/or procedures completed the costs to the private prison shall be reimbursed by the Vendor.

21. 1.9.7 (pg. 66) - Please confirm Contractor can assign medical and mental health scores using our tool, which weighs somatic health, mental health, and social determinants of health and assigns a score accordingly.

Answer #21 Medical and Mental Health scores must be assigned using the criteria set forth in the MSTM and MHTM. See the MSTM and MHTM for criteria in assigning a score to each inmate;

https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adccr-healthservicestechnicalmanual_100421.pdf

https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adccr-mentalservicestechnicalmanual_122419.pdf

22. 1.9.8.4 (pg. 67) - Please confirm the health services screening can be performed by telehealth and triaged to a face-to-face screening if indicated.


Answer #22 Intake screenings and assessments require an in-person face to face encounter.

23. 1.10 (pg. 69) - Has the use of any common Medicaid (or similar) risk adjustment model been applied to the Arizona prison population? If so, please provide the model used and the average case-mix score outputs.

Answer #23 This information is not maintained by MSCMB.

24. 1.10. (pg. 69) - Please provide a stratified view of total patient population according to Medical Score (e.g., average census for each level 1-5) and Mental Health Score for each of the following: 2018, 2019, 2020, 2021 YTD.

Answer #24 This information is not maintained by MSCMB.

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25. 1.10.4.1 (pg. 69) - What is considered “equipment” for specialty on-site care? Please confirm if there is a capital cost ceiling.

Answer #25 The section refers to the provision of telehealth specialty care and any equipment needed in order for the Contractor to deliver telehealth specialty care.

26. 1.10.4.2 (pg. 70) - Please provide the current availability for off-site specialists. Is it feasible to get urgent referrals seen within 30 days and routine referrals seen within 60 days?

Answer #26 This information is not maintained by MSCMB. Yes, referrals may be completed within allowed time frames.

27. 1.10.4.2 (pg. 70) - How are CO shortages addressed for patients that need to have routine/urgent off-site care?

Answer #27 ADCRR Operations staff is available at all times for non-emergent transport of inmates to an emergency department for further evaluation.

28. 1.10.4.2.1 (pg. 70) - How is the urgent 30-day requirement met if the specialty care is unavailable assuming patient’s condition is stable and allows for a longer period for follow up?

Answer #28 Determination of the status of a consult is at the discretion of the Contractor’s health practitioner.

29. 1.10.4.2.2 (pg. 70) - Please define routine vs. urgent specialty consultation.

Answer #29 Routine consults shall be completed within 60 days of initiation; Urgent consults shall be completed within 30 days of initiation. Determining the status of a consult is at the discretion of the Contractor’s health practitioner.

30. 1.10.4.3 (pg. 70) -The RFP states “prior authorization requests for referral to outside consultations, appointments, or in-patient care shall be in compliance with Department policies and the Contractor’s approved utilization review processes.


- a. Who defines prior authorization policies for outside consultations, appointment, and in-patient care?
- b. What are the current prior authorization policies for outside consultations, appointments, and inpatient care?

Answer #30 Please see Section 1.14 Utilization Management

31. 1.10.4.5 (pg. 70) - Please confirm vision services can be performed via telehealth as indicated by patient condition to allow a quality exam.

Answer #31 See section 1.10.4.1 regarding the provision of telehealth specialty care when feasible.

32. 1.10.4.5 (pg. 70) - Is there an ability logistically and/or physically to accommodate expanded outpatient surgical procedures, radiology, and/or oncology services at any of the physical prison locations?

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Answer #32 The Department will entertain a proposal for expanded on-site specialty services.

33. 1.10.4.5 (pg. 70) - Please provide the amounts and range of services paid for healthcare services to off-site providers not shown in the claims detail, through other means such as invoices. Examples may include oncology treatment, dialysis, or other specialty care.

Answer #33 This information is not maintained by MSCMB.

34. 1.10.4.5.3 (pg. 71) - Will the current vendor be leaving behind the existing PT/OT equipment?

Answer #34 Yes. The equipment becomes property of ADCRR.

35. 1.10.4.5.3 (pg. 71) - Please provide the number of ADL beds

- a. What kind of beds are currently utilized?
- b. What is the availability of space for elderly inmates (both male and female)?

Answer #35 This section refers to provision of OT/PT services.

36. 1.10.4.5.4 (pg. 71) - The RFP provides: "If three (3) or more female inmates require hemodialysis, onsite dialysis, the Contractor shall be financially responsible for lease or purchase, installation, and maintenance of a full service dialysis unit at the female complex.

Please provide the number of females currently requiring dialysis.

Answer #36 None.

37. 1.10.4.5.6 (pg. 73) - The RFP states "the Contractor may recommend through the Department a request to the Board of Executive Clemency for commutation of sentence for a terminally ill or otherwise medically infirmed inmate who does not represent a threat to public safety as a result of his or her medical condition.

- a. How likely is Executive Clemency approval for the low community risk or medically frail (requiring near or total dependent care)?
- b. Please provide the number of Executive Clemency approvals for 2018, 2019, 2020, and 2021 YTD.

Answer #37 a) Unable to determine, a number of variables are considered in the approval process.
b) 2018 – N/A 2019 – 6 2020 – 8 2021 – 2

38. 1.10.4.5.7 (pg. 74) - Regarding Infectious Diseases, the RFP states "inmates requesting diagnostic laboratory testing to determine if they are infected with HIV, AIDS, or Hepatitis shall be immediately tested."

- a. Please provide the current number of positive Hep C patients.
- b. What is the Department's expectation for treatment of Hep C?
- c. What is the mechanism by which the Department decides which patients receive Hep C treatment?
- d. What does the decision tree look like?



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- e. Do patients have to test at a certain level?
- f. Is there a backlog for Hep C patient treatment?
- g. Are there time frames the Contractor needs to abide by in treating patients eligible for Hep C treatment under Department policy?
- h. Is there a settlement agreement mandating treatment of Hep C?
If so, are there funds earmarked for pharmacy/lab costs?

Answer #38

- a) The prevalence of chronic hepatitis C in the ADCRR facilities is consistent with national averages within incarcerated settings.
 - b) – e) Please see the Medical Services Technical Manual Appendix C, Section 2.0;
https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adcrr-healthservicetechnicalmanual_100421.pdf
 - f) There are patients who are identified as candidates for treatment and will receive treatment in the near future.
 - g) Please see the Medical Services Technical Manual Appendix C, Section 2.0;
https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adcrr-healthservicetechnicalmanual_100421.pdf
 - h) No. Please see Section 1.9 Health Assessments/Intake Process
39. 1.10.5.6 (pg.76) - Please confirm routine medical visits supplemented with RN care can be assisted by telehealth as long as access and quality are maintained.

Answer #39 Please see Section 1.8.9 Telemedicine Services

- 40. 1.10.8.1 (pg. 79) - Are CTs and MRIs performed on-site? If yes, please provide utilization for 2018, 2019, 2020, and 2021 YTD by facility.

Answer #40 Not at this time.

- 41. 1.10.8.1. (pg. 79) - Are Ultrasounds performed on-site? If yes, please provide utilization for 2018, 2019, 2020, and 2021 YTD by facility.

Answer #41 Yes. This information is not maintained by MSCMB.

- 42. 1.10.12 (pg. 82) - Please provide annual volumes of both 15- and 30-Day in-patient readmissions.

Answer #42 This information is not maintained by MSCMB.

- 43. 1.10.12 (pg. 82) - Please provide the annual volume and percentage of total in-patient admissions resulting in a complication or major complication.

Answer #43 This information is not maintained by MSCMB.

- 44. 1.10.15 (pg. 84) - Please provide claims detail illustrating off-site utilization statistics for the following (but not limited to) beginning with 2018 service dates:



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- Specialty
- IP/OP professional
- Place of Service Code
- Admission/Discharge Dates
- Service incurred dates
- Claim types (UB/HCFR)
- DRG/Rev/CPT codes/Modifiers
- Billed Charges, Discount, Paid Amounts
- # of units or # of days
- Current network par status
- Ambulance Trips

Answer #44 This information is not maintained by MSCMB.

45. 1.10.15 (pg. 84) - Please provide the total cost of off-site treatment per year by unit for each of the following: 2018, 2019, 2020, and 2021YTD.

Answer #45 This information is not maintained by MSCMB.

46. 1.10.15 (pg. 84) - Please provide the total cost of inpatient stays per year by unit for each of the following: 2018, 2019, 2020, and 2021YTD.

Answer #46 This information is not maintained by MSCMB.

47. 1.10.17 (pg. 85) - Please provide off-site emergency services statistics:


- Volumes for each level 1-5 emergency services
- IP admission rate
- Volume of critical care service visits

Answer #47 This information is not maintained by MSCMB.

48. 1.10.17 (pg. 85) - How many transport teams does each facility have?

Answer #48

- ASPC-Douglas – 3
- ASPC-Eyman/ASPC-Florence: 18
- ASPC-Lewis: 12
- ASPC-Perryville: 7
- ASPC-Phoenix: 4
- ASPC-Safford: 3
- ASPC-Tucson: 15
- ASPC-Winslow: 3
- ASPC-Yuma: 6

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49. 1.10.17 (pg. 85) - How many transport teams are assigned to medical runs? Both emergent and scheduled off-site specialty runs?

Answer #49 Section 1.10.17 refers to Off-Site Emergency Services. ADCRR Operations staff is available at all times for non-emergent transport of inmates to an emergency department for further evaluation.

50. 1.10.17 (pg. 85) - Does each facility have at least 1 wheelchair van?

Answer #50 ASPC-Douglas, ASPC-Safford, and ASPC-Winslow complexes do not have ADA vans.

51. 1.10.17 (pg. 85) - Are transport teams available on holidays?

Answer #51 ADCRR Operations staff is available at all times for non-emergent transport of inmates to an emergency department for further evaluation.

52. 1.10.22 (pg. 87) - Please confirm Contractor is responsible for storage of all paper medical records.

- a. If so, what is stored on paper?
- b. Please provide the incumbent vendor for paper storage.
- c. Please provide utilization for the past 24 months

Answer 52 Please see the Medical Services Technical Manual, Chapter 8, Section 3.0;
https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adcrr-healthservicestechnicalmanual_100421.pdf

53. 1.10.24 (pg. 90) - Please fully define the medical linens program.

- a. Provide a full listing of all current beds, sizes, and linen requirements.
- b. Who is the current linen vendor?
- c. Is there a separate vendor for the laundry?

Answer #53 a) 230 hospital beds; sheets, gowns, chucks, towels, washcloths, etc.
b) This information is not maintained by MSCMB.
c) Unknown

54. 1.10.25.4 (pg. 92) - Please provide the number of inmates per year by unit who received discharge medications in 2018, 2019, 2020, and 2021YTD.

Answer #54 2018: N/A 2019: (3rd & 4th qtr): 11,829 2020: 24,889 2021: 19,069

55. 1.11.5 (pg. 95) - Please provide the current provider for dentures.

Answer #55 This information is not maintained by MSCMB.

56. 1.11.5 (pg. 95) - Please provide 24 months of history of dentures purchases.

Answer #56 This information is not maintained by MSCMB.



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57. 1.11.13 (pg. 96) - Contractor is responsible to purchase a digital Xray machine for each dental suite. Please confirm and provide details of a make and model, or specifications that you consider comparable to your requirements?

Answer #57

1. Planmeca Pano machines
2. Planmeca ProX intraoral xray units
3. Planmeca ProSensor HD (sensors)
4. Romexis software

58. 1.12 (pg. 97) - Please provide for calendar year 2018, 2019, 2020 and 2021 YTD each of the following regarding pharmacy utilization

- Number of inmates
- Number of prescriptions
- Amount spent and cost billed to the ADCRR for the following disease states:
 - Dialysis (billed in dialysis unit)
 - HIV
 - HCV
 - Multiple Sclerosis inmates
 - Hemophiliacs
 - Patients treated with injectable biologics
 - Oncology inmates
 - Other

Answer #58 This information is not maintained by MSCMB.

59. 1.12 (pg. 97) - Please confirm the number of inmates on medications for each of the following in 2018, 2019, 2020, and 2021 YTD:

- Psychotropics
- Biological
- Oral Oncology
- Hemophilia
- HIV
- HCV

Answer #59 This information is not maintained by MSCMB.

60. 1.12.24.5-1.12.24.9 (pg.102) - Please provide the name of the inmate store contractor.

Answer #60 Keefe Commissary Network LLC



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61. 1.12.24.5-1.12.24.9 (pg.102) - Please confirm the medical contractor is not responsible for the cost of OTC medications for *resale*.

Answer #61 OTC medications provided by Contractor health staff during a routine or emergent encounter but not properly billed to the inmate by Contractor health staff may be the responsibility of the Contractor.

62. 1.12.24.5-1.12.24.9 (pg.102) - Please clarify in what situations/cases the inmate store contractor is responsible for the cost of OTC medications versus when the medical contractor is responsible for the cost of OTC medications.

Answer #62 OTC medications provided by Contractor health staff during a routine or emergent encounter but not properly billed to the inmate by Contractor health staff may be the responsibility of the Contractor.

63. 1.13 (pg. 111) - Please provide a listing of the mental health programs and/or groups currently being offered to patients.

Answer #63 See the Mental Health Services Technical Manual;
https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adccr-mentalservicetechnicalmanual_122419.pdf

64. 1.13 (pg. 111) - Who determines who is approved for housing on the mental health units?

Answer #64 See the Mental Health Technical Manual;
https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adccr-mentalservicetechnicalmanual_122419.pdf

65. 1.13 (pg. 111) - Please confirm inmates can currently access mental health programming (or other resources) via tablets.

- If so, will the tablets remain property of the Department after contract transition for use by the new Contractor?
- Is the new Contractor able to add programming and resources to these existing tablets?

Answer #65 Most inmates have access to a tablet.


- Tablets are Department property
- In collaboration with the Department

66. 1.13 (pg. 111) - What is the process for allowing and documenting refusals for mental health and psychiatric appointments?

Answer #66 The mental health staff may obtain a refusal after a face-to-face encounter with the patient when the patient either refuses the encounter in totality or refuses to continue the session in accordance with the Court's 10" or 30" encounter durations.

67. 1.13 (pg. 111) - Do psychiatric visits count as mental health contacts?

Answer #67 If the requirements of the encounter are met.

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68. 1.13 (pg. 111) - Do mental health group encounters count as mental health contacts?

Answer #68 In most instances they do not.

69. 1.13 (pg. 111) - Does ADCRR currently provide reentry services? If so, please describe which elements of reentry services are provided by the ADCRR versus those provided by the contractor.

Answer #69 Please see ADCRR website - Department Order 1006;
https://corrections.az.gov/sites/default/files/policies/1000/1006_102221.pdf

70. 1.13.2 (pg. 111) - The RFP states “In order to allow for optimal access to care, weekend and evening clinic hours should be offered.” Please provide a list of the facilities currently offering weekend and evening clinic hours.

Answer #70 Mental Health services are required to be available 24 hours per day, 7 days per week. MH clinicians shall be available by telephone after regular business hours, weekends, and on holidays.

- ASPC-Douglas: On-call
- ASPC-Eyman: prn & on-call
- ASPC-Florence: prn & on-call
- ASPC-Lewis: 0600-1630, prn & on-call
- ASPC-Perryville: 0800-1200, prn & on-call
- ASPC-Phoenix: 0830-1900 & 0900-1730, prn & on-call
- ASPC-Safford: On-call
- ASPC-Tucson: 0800-1800, prn & on-call
- ASPC-Winslow: On-call
- ASPC-Yuma: prn & on-call

71. 1.13.6.3 (pg. 113) - During the site tours, it was stated medically assisted treatment was provided through the Inmate Programs and Re-Entry Division. Please confirm the Opioid Treatment Program service provision a part of the Medical Division not the Inmate Programs and Re-entry Division

- a. If the Opioid Treatment Program is part of the Medical Division, is the Contractor expected to provide substance abuse counseling and co-occurring disorders treatment for patients receiving medication assisted treatment?
- b. Who is currently providing the substance abuse counseling and co-occurring disorders treatment for patients receiving medication assisted treatment?

Answer #71 a) The RFP requires that a comprehensive OTP shall be developed and implemented; the Offeror will determine “comprehensive” in their proposal.
b) ADCRR

72. 1.13.7 (pg. 113) - During the site tours, it was reported that constant, 10-minute, and 30-minute watches are used.

- a. Please clarify when a 30-minute watch would be used.
- b. What property is allowed while on 30-minute watch?



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Answer #72 See the Medical Services Technical Manual, Chapter 7, Section 1.6;

https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adccr-healthservicetechnicalmanual_100421.pdf

73. 1.13.7 (pg. 113) - Please clarify who is allowed to step down and remove someone from suicide watch or mental health watch.

Answer #73 See the Medical Services Technical Manual, Chapter 7, Section 1.6;

https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adccr-healthservicetechnicalmanual_100421.pdf

74. 1.13.10 (pg. 114) - Please provide the on-site community provider facilities currently used/approved by the MSCMB for mental health services not available within the Arizona State Prison Complex services.

Answer #74 None.

75. 1.13.10 (pg. 114) - Please provide the off-site community provider facilities currently used/approved by the MSCMB for mental health services not available within the Arizona State Prison Complex services.

Answer #75 None.

76. 1.15.4.8.1 (pg. 121) - The section states that Contractor's monthly invoices will be offset by any payments made by AHCCCS for such claims.

- a. Why, or under what circumstances, would the Contractor offset monthly invoices by any payments made by AHCCCS to providers, given that Medicaid eligible claims should be billed directly to the AHCCCS by the healthcare services provider and that Contractor will not be responsible for payment of Medicaid eligible claims as Medicaid eligible claims are specifically excluded from the Contract.
- b. Is the intent of ADCRR that the Contractor should include in its pricing all inpatient costs and then reimburse ADCRR for costs billed directly by healthcare services providers?

Answer #76 The section refers to healthcare service provider claims, including *non-Medicaid eligible* claims.


77. 1.15.4.8.1 (pg. 121) - Provide utilization history, amount billed, and amount paid from 1/1/18-9/30/21 by event for Medicaid eligible patients (amounts covered by AHCCCS).

Answer #77 This information is not maintained by MSCMB.

78. 1.17.6.2 (pg. 128) - Please provide the cost ADCRR will charge the vendor for required fingerprinting services.

Answer #78 There is no fingerprinting service cost if completed at an ADCRR state complex. Costs are borne by the Contractor if a third-party vendor is used to complete the fingerprinting services.

79. 1.17.11.2 - The RFP states that "Contractor shall not move an employee from a filled position into a vacant position more than twice per year." Employees with the same licensure (e.g., RN) often are cross-trained to fill

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multiple roles (e.g., intake or sick-call). Would this provision prevent assigning nurses to different roles on a regular basis as needed for optimal patient care?

Answer #79 The section references transferring an individual from a filled FTE position to an unfilled FTE position, not the role being performed.

80. 1.17.11.6 and 1.17.11.7 (pg. 132) - The RFP provides a payback % for unfilled hours by the number of days vacant by title. If, for example, a Nursing Position is vacant at one facility within a complex for 10 hours, would additional hours at another facility in the same complex for the same position offset the penalty?

Answer #80 No.

81. 1.17.11.6 and 1.17.11.7 (pg. 132) - If, in a specific month, 100% of the required staffing hours are filled for any given position, please confirm the vendor would not be required to provide a credit to ADC, even if some of the hours are filled by agency/PRN/overtime.

Answer #81 Staffing offset allocations will be applied to the vacant hours of each contracted position below the 100% threshold.

82. 1.17.11.7 (pg. 132) - If a vendor is filling 100% of the required staffing hours, even if some of the hours are filled by agency/PRN/overtime, for greater than 30 days, please confirm the vendor would not be required to provide a credit to ADC.

Answer #82 Staffing offset allocations will be applied to the vacant hours of each contracted position below the 100% threshold.

83. 1.17.11.7 - When was this penalty structure implemented, and how long has it been in place with the 150% payback percentage?

Answer #83 This is a new requirement within this RFP.


84. 1.17.11.7 (pg. 132) - Please provide the staffing vacancy pay backs by month by facility for 2018, 2019, 2020, and 2021 YTD, stratified by employee position type (e.g. nursing).

Answer #84 2018 – N/A FY19-20: 7,315,016 FY20-21: 4,080,003 FY21-22: 1,090,554

85. 1.21.1 (pg. 141) - The RFP states: “The Department may impose monetary sanctions, suspend, and refuse to renew, or terminate this contract as authorized under the terms of this contract. Will the Department provide the Contractor with a reciprocal indemnity under this section?”

Answer #85 No, the Department will not provide reciprocal indemnity.

86. Fee Schedule (Att. 8A-8B): - The annual amount on 8B states the total annual contract cost will be the PIPD cost * 365 days * 28,642 inmates; however, the PIPD schedule (8A) requests a marginal per diem rate above or below 33,777 and refers to the 33,777 as the base rate. It is understood that the FY21 projected ADP is 28,642;

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however, is the intent that the vendor will likely only be paid for a population projection of 28,642 at a per diem based on the base ADP of 33,777, or was this number carried forward from the prior RFP in error?

Answer #86 See Attachment 8. Attachment 8A was amended; see Amend to Change at the beginning of Solicitation Amendment No. 9. Also, Attachment 8B was deleted; please see Amend to Delete at the beginning of Solicitation Amendment No. 9.

87. Fee Schedule (Att. 8A-8B): - Please confirm the ADP vendors should use in calculating the contract price and to complete Attachments 8A and 8B is 28,642.

Answer #87 Please use ADP 27,437 for pricing. Also Attachment 8A was amended, see Amend to Change at the beginning of Solicitation Amendment No. 9.

88. Exhibit 10 - Please identify which performance/outcome measures would extend the term of the stipulation agreement.

Answer #88

- a) Any individual performance measure that applies to a specific complex found to be below the 85% compliance threshold for six (6) months out of a twenty-four (24) month rolling time frame.
- OR
- b) Any individual performance measure that applies to a specific complex found to be below the 85% compliance threshold for three (3) or more consecutive months within the last eighteen (18) month period.

89. Exhibit 10 - Does the column to the right of the one that identifies the complex refer to the outcome measure number in Exhibit C?

Answer #89 Question is not clear and cannot not be answered.

90. Exhibit 10 - In the example provided, where there is non-compliance, does the value highlighted in yellow or red indicate how many times the outcome measure was non-compliant in a 24-month rolling period?

Answer #90 Yes.

91. Exhibit 10 - Please identify which performance/outcome measures have reached compliance to date.

Answer #91 Please see Exhibit 19, Amend to Add at the beginning of Solicitation Amendment No. 9.

92. Exhibit 10 - Please provide the total amount of staffing sanctions paid by the vendor in FY 2018, 2019, 2020, and 2021 YTD,

Answer #92 Exhibit 10 refers to Performance Measure sanctions.
Staffing sanctions: FY19-20: 7,315,016 FY20-21: 4,080,003 FY21-22: 1,090,554



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93. Exhibit 11 - With respect to the \$100,000 per occurrence monetary sanction related to an act of deliberate indifference that disregards a known and excessive risk to an inmate's health or safety or violates an inmate's civil rights, please describe the series of events that would result in payment of such liquidated damages.

Answer #93 This will be determined based on the occurrence.

94. Exhibit 11 - Would settlement of an inmate's claim of deliberate indifference involving indemnity payments to plaintiff result in payment of such liquidated damages, absent a court finding of deliberate indifference?

Answer #94 Section 1.1.16 - A resultant contract from this RFP shall be full risk to the awarded contractor. Section 1.21.6.1 specifically speaks to a finding of deliberate indifference. The awarded contractor is responsible for payment of damages.

95. Exhibit 11 - With regard to the monetary sanction for a court finding of an act of deliberate indifference toward an inmate, is the "amount of judgment levied against the State of Arizona" limited to the amount for which the awarded vendor would be responsible, or is the awarded vendor expected to indemnify the State of Arizona for related acts not caused by the vendor?

Answer #95 Section 1.1.16 - A resultant contract from this RFP shall be full risk to the awarded contractor. The awarded contractor is responsible for payment of damages. Mitigation of damages would be considered in cases where more than one party bears responsibility for damages.

96. Exhibit 11 - For the monetary sanction for failure to provide comprehensive healthcare services coverage twenty-four (24) hours per day, seven days per week at each Arizona State Prison Complex, is an "occurrence" defined as each month by complex?

Answer #96 An occurrence is based on the area of non-compliance. Non-compliance may occur daily, monthly, and/or quarterly.

97. Exhibit 11 - For those areas of non-compliance where the Contractor is unable to bring its performance back into compliance at a future date, is an "occurrence" defined as each month by complex? Is the monetary sanction limited to 25 months of non-compliance (\$250,000 per finding of non-compliance)?

Answer #97 An occurrence is based on the area of non-compliance. Non-compliance may occur daily, monthly, and/or quarterly.

98. General - Please provide projected ADP for the initial 5-year term of the contract which would result from this RFP.

Answer #98 See ADCRR website.

99. General - Will the Contractor be responsible for Medical Gas? If so, please provide the current provider and utilization by facility for FY 2018, 2019, 2020, and 2021 YTD.

Answer #99 Yes. 2018: N/A 2019-current: 7647.43



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100. General - Will the Contractor be responsible for shredding services? If so, please provide the current provider and utilization by facility for FY 2018, 2019, 2020, and 2021 YTD.

Answer #100 No. Utilization information is not maintained by MSCMB.

101. General - Will the Contractor be responsible for biomedical services? If so, please provide the current provider and utilization by facility for FY 2018, 2019, 2020, and 2021 YTD.

Answer #101 Please see Section 1.1.10.1.5. Utilization information is not maintained by MSCMB.

102. General - At APSC Tucson, please confirm all meds and medical supplies go to the hub before being transported out to each unit.

Answer #102 This cannot be confirmed.

103. General - Provide utilization history, amount billed, and amount paid from 1/1/18-9/30/21 by event including DRG or CPT code, date of service, and provider name.

Answer #103 This information is not maintained by MSCMB.

104. General - Provide inmate medical transport utilization, amount billed, and amount paid from 1/1/18-9/30/21 in the following categories: air ambulance, ground emergency, ground non-emergency.

Answer #104 This information is not maintained by MSCMB.

105. General - Provide long term acute care or skilled nursing facility utilization/days, amount billed, and amount paid from 1/1/18-9/30/21 in the following categories:

- LOA/Therapeutic
- LOA/Nursing Home
- Subacute Care Level I
- Subacute Care Level II
- Subacute Care Level III


Answer #105 This information is not maintained by MSCMB.

106. General - Provide dental utilization history, amount billed, and amount paid by D-code from 1/1/18-9/30/21.

Answer #106 This information is not maintained by MSCMB.

107. General - At sites that do not house MH3 or higher patients, what is the process for managing a patient who requires suicide watch, who self-harms, or requires a higher level of care?

- a. Do these sites maintain suicide smocks/blankets?
- b. Is there a suicide-resistant certified holding cell?

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Answer #107 Inmates are transferred to a complex appropriate for the level of care needed.

- a) No.
- b) Yes.

108. General - Please provide a demographic breakdown of patient population stratified by age, gender, and race for each of the following: 2018, 2019, 2020, and 2021 YTD.

Answer #108 Please see ADCRR website – Corrections At A Glance report; <https://corrections.az.gov/reports-documents/reports/corrections-glance>

109. General - Are there any physical locations where air-conditioning or other adequate climate controls are unavailable to a material portion of the population

Answer #109 No.

110. General - During the site-tours, staff noted the Florence Complex will close by end of 2021.

- a. Please confirm when the Florence Complex will close.
- b. Where will the patients be moved?
- c. Will they be moved to private facilities?
- d. Where will the IPC move?

Answer #110 a) To be determined
b) Alternative complexes
c) Possibly
d) To be determined

111. General - During the site tours, it was mentioned only Manzanita and Rincon are operated 24 hours currently. Will that expectation remain under a new contract or will the new Contractor be required to staff all housing units 24/7?


Answer #111 Section 1.7.2.2.1 state that nursing staff shall be available on-site twenty-four (24) hours per day, seven (7) days per week. The Contracted Vendor is expected to provide staffing at each complex unit to ensure the delivery of health care to meet contractual obligations.

112. General - The RFP caps reimbursement to providers of offsite care at Medicaid rates. Please provide the following:

- a. The percentage of offsite specialty care goes through ER instead of being scheduled at doctors’ offices
- b. The percentage of active providers (to whom offsite claims have been paid) who allow patients to be scheduled for routine or preventative care
- c. A list of providers (if any) in the state that have refused to treat DOC inmates due to the cap

Answer #112 This information is not maintained by MSCMB.

113. General - Are there any Arizona state laws that require providers to care for inmates?

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Answer #113 This question calls for a legal opinion. ADCRR will not answer and recommends consult your legal counsel for the answer to this question.

114. General - Is there any mechanism available to allow Contractors to pay the provider a premium above the Medicaid rates to get them to participate in our network?

Answer #114 Section 1.15.5 requires the Offeror to acknowledge that they shall not exceed the fee-for-services rates as set by AHCCCS for subcontracted healthcare services.

115. General - What is the average age of the inmate population?

Answer #115 Please see ADCRR website – Inmate Population Fact Sheet;
https://corrections.az.gov/sites/default/files/REPORTS/Inmate_Population/inmate_popfacts_sheet_2019.pdf

116. General - Please provide a list of the clinics offered and their frequency by complex.

Answer #116 There is not enough information for ADCRR to provide an answer, therefore no answer is provided.

117. General - Please provide the equipment inventory for all medical and dental equipment, including the age and condition of the equipment.

Answer #117 Please see Exhibit 26, Amend to Add at the beginning of this amendment.

118. General - Please provide the current incumbent vendor and utilization by facility for 2018, 2019, 2020, and 2021 YTD for the following services:

- Labs
- Biohazard
- Optometry
- Ophthalmology
- Audiology
- Medical orthotics
- Medical linens and laundry vendor
- Onsite dialysis
- Dental prosthetics
- Radiology
- Medical supplies
- Dental supplies
- Language interpretation
- Copy machines
- Office supplies
- Postage machines
- DME vendors and any other rental equipment (e.g., wound vacs, etc.)
- Covid Testing – PCR and Antibody testing
- PPE (N95s, Earloops, Gowns, face shields, etc.)

Answer #118 This information is not maintained by MSCMB.



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119. General - Would the Department please provide bidders with an opportunity to ask additional questions to obtain clarifications to answers provided in the first round of questions?

Answer #119 Yes.

120. General - Please confirm the number of inmates released in 2018, 2019, 2020, and 2021 YTD.

Answer #120 See ADCRR website – Corrections At A Glance report; <https://corrections.az.gov/reports-documents/reports/corrections-glance>

121. General - Please provide the average number of inmates transferred from private prisons to state facilities each year for 2018, 2019, 2020, and 2021 YTD.

Answer #121 This information is not maintained by MSCMB.

122. General - Please provide the average number of inmates receiving dialysis treatment in 2018, 2019, 2020, and 2021 YTD.

Answer #122 2018 – N/A 2019: 273 2020: 416 2021: 295


123. General - During the site-tours it was stated that currently the ADCRR sex offender treatment is provided through “Inmate Programs and Re-entry,” a separate program from the medical division. Please confirm the Contractor will not be required to provide sex offender treatment.

- a. If the Contractor is required to provide sex offender treatment, please provide which ASPC locations currently provide sex offender treatment.
- b. Please provide the staffing matrix for the current provider of sex offender treatment, including any vacancies.
- c. Please provide the number of inmates on average receiving sex offender treatment in 2018, 2019, 2020, and 2021 YTD.
- d. Please provide demographic information for the inmates receiving sex offender treatment (age, gender, etc.).

Answer #123 Please see ADCRR website - Department Order 923. https://corrections.az.gov/sites/default/files/policies/900/0923_112919.pdf

124. General - During the site-tours it was stated that current the ADCRR substance abuse treatment is provided through “Inmate Programs and Re-entry,” which is separate from the Medical Division and which does not adhere to the Mental Health Technical Manual guidelines, but rather to another set of policies. Please confirm the Contactor will not be required to provide substance abuse treatment.

- a. If the agency requires Contractor to provide substance abuse treatment, please provide a listing of the ASPC locations currently providing substance abuse treatment
- b. Please provide the staffing matrix for the current provider of substance abuse treatment, including any vacancies.

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- c. Please provide the number of inmates on average receiving substance abuse treatment in 2018, 2019, 2020, and 2021 YTD.
- d. Please provide demographic information for the inmates receiving substance abuse treatment (age, gender, etc.).

Answer #124 See ADCRR website - Department Order 917.
https://corrections.az.gov/sites/default/files/policies/900/0917_052721.pdf

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 23rd day of November, 2021.

 12/14/21

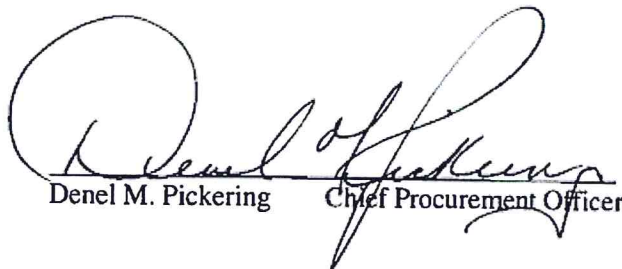
Signature _____ Date

Bradford McLane, CEO

Typed Name and Title

NaphCare, Inc.

Name of Company


 Denel M. Pickering Chief Procurement Officer



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Solicitation Amendment No.: 15

Date: November 29, 2021

Contract Officer: Kristine Yaw

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date is being extended to December 29, 2021 at 3:00 PM Arizona Time (MST).

No further questions will be accepted by the Department after December 15, 2021 at 5:00 PM Arizona Time (MST).

The Gap Analysis will be rescheduled in a forthcoming amendment.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 29th day of November, 2021.

 12/14/21

Signature

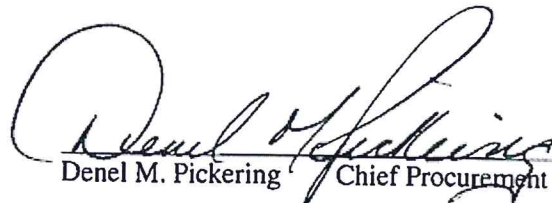
Date


Bradford McLane, CEO

Typed Name and Title

NaphCare, Inc.

Name of Company


Denel M. Pickering Chief Procurement Officer

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	Solicitation Amendment No.: 16	Date: December 8, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain December 29, 2021 at 3:00 PM Arizona Time (MST).

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Amend to Add – Reference Question 11

Exhibit 27 - Accreditation Audit Report By ASPC

Amend to Delete – Reference Questions 28, 98, 149-150, 156-157

Solicitation Amendment No. 1 – Exhibit 13 EMR Requirements (contents Exhibit 21A & 21B)

Amend to Add – Reference Question 28, 98, 149-150, 156-157

Exhibit 28 – EMR Requirements

Amend to Add – Reference Question 38

Exhibit 29 – Daily Backlog

Amend to Delete – Reference Question 135

Solicitation Amendment No. 1 – Scope of Work (Section 1.23.2.15)

Questions have been submitted and the Department provides the following responses

The following questions were received on October 22, 2021

1. Section 1.1.14 – Please clarify if these requirements are all inclusive to all private prisons or specific to only certain prisons. If certain prisons only, please clarify which ones.


Answer #1: The requirement is inclusive of all private prison facilities within Arizona.

2. What is the ADCRR’s targeted award date for the contract?

Answer #2: Upon completion of the evaluation.

3. What is the ADCRR’s targeted start date for the contract?

Answer #3: Upon expiration of existing contract, September 2022 and transition period after award.

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4. Please provide a copy of the current ADCRR's health services contract, including any exhibits, attachments and amendments.

Answer #4: The current ADCRR Inmate Correctional Healthcare contract is available at: https://app.az.gov/page.aspx/en/ctr/contract_manage_public/56134.

5. Please provide (by year) the amounts of any staffing paybacks/credits the ADCRR has assessed against the incumbent vendor over the term of the current contract.

Answer #5: FY19-20: 7,315,016 FY20-21: 4,080,003 FY21-22: 1,090,554

6. Please provide (by year) the amounts and reasons for any non-staffing penalties/ liquidated damages the ADCRR has assessed against the incumbent vendor over the term of the current contract.

Answer #6: Performance Measure sanctions FY2020: 2,335,000 FY2021: 1,746,500

7. Are any of the ADCRR facilities currently subject to any court orders or legal directives (other than the Parsons vs. Ryan)? If "yes," please provide copies of the order/directive.

Answer #7: Not at this time.

8. With regard to lawsuits (frivolous or otherwise) pertaining to inmate health care:
a. How many have been filed against the ADCRR and/or the incumbent health care provider in the last three years?
b. How many have been settled in that timeframe?

Answer #8: This information is not maintained by MSCMB.


9. Please provide a five-year population projection regarding the size of the inmate population.

Answer #9: Please see ADCRR website.

10. Is the ADCRR 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.

Answer #10: Not at this time

11. Are any of the ADCRR facilities currently accredited, e.g., by the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC), Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), etc.? If "yes," please provide the following information.
a. Name of the entity that awarded the accreditation
b. Most recent accreditation date for the facility
c. Copy of most recent accreditation audit report for the facility?

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Answer #11: a – b. Please see Exhibit 21 NCCHC Accreditation Listing, Amend to Add at the beginning of Solicitation Amendment No. 10.

c. Please see Exhibit 27, Amend to Add at the beginning of this amendment.

12. With regard to the minimum required staffing plan at the ADCRR facilities:

- a. Please provide the current health care vendor’s breakdown for staff by shifts, and day of the week.
- b. Additionally, please confirm whether the actual staffing your current health care vendor is providing, for instance, any positions and/or hours being worked over and above or below what contract requirements.

Answer #12: a) This information is not maintained by the Medical Services Contract Monitoring Bureau (MSCMB).

b) Please see Exhibit 22 Current position report, Amend to Add at the beginning of Solicitation Amendment No. 10.

13. For each ADCRR facility, please provide a listing of any current health service vacancies, by position.

Answer #13: Please see Exhibit 22 Current Position Report, Amend to Add at the beginning of Solicitation Amendment No. 10.

14. 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.

Answer #14: This is not confirmed.

15. 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 arbitration cases over the last 12 months

Answer #15: This information is not maintained by MSCMB.

16. Please provide the salaries/wages your incumbent health service vendor is paying to its staff at the ADCRR facilities.


- 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.)?

Answer #16: This information is not maintained by MSCMB.

17. 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 any On-site training, such as orientation and in-service,
- b. Overtime hours
- c. Agency hours

Answer #17: a) No.
b) Yes.

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c) Yes.

18. What is the current average time for ADCRR to complete a pre-employment background check (§ 1.7.6.2)?

Answer 18: The average processing time for the last month was two (2) days.

19. Is there a process for expediting the background checks for key positions such as Medical Directors, Nursing, Management, etc.?

Answer #19: Yes, if the processing time were to exceed the current time frame.

20. Please clarify how “current competitive market wages” are defined by ADOC; for example, U.S. Bureau of Labor Statistics occupational Employment and Wage Statistics 25th, 50th, 75th, or 90th percentile.

Answer #20: Salaries comparable to other employers in the market. A **competitive wage** is equal to or above the standard offered by companies in the same industry and/or geographical area.

21. What is the role, education, and licensing requirement of the Regional Behavioral Health Tech found in Amendment 5?

Answer #21: The role of the Behavioral Health Tech would be at the discretion of the Contractor. Behavioral Health Techs are not licensed in Arizona. Exhibit 8 (original staffing plan) was deleted and replaced with Exhibit 24.

22. Does the ADCRR maintain any full-time information technology (IT) staff at any of its facilities? If not, please describe any ADCRR IT resources that would be able to assist with hardware/software tasks that need to be performed hands-on, in person at a facility.

Answer #22: Yes.

23. Please confirm the name and version of the offender management system software currently in use by ADCRR. Does the ADCRR have any plans to change to a different system within the next few years?

Answer #23: Arizona Correctional Information System, no change expected to occur.

24. With regard to vendor personnel in the health care unit having Internet access:

- a. Do vendor staff access the Internet through (i) a ADCRR 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 (ADCRR or vendor) is financially responsible for this hardware, wiring, and connectivity?
- d. Who (ADCRR or vendor) will be financially responsible for any necessary upgrades or expansions for this hardware, wiring, and connectivity?

Answer #24:

- a) Traffic would be routed through VRFs on ADCRR infrastructure. The vendor would then access the internet through their own circuit.



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- b) The vendor will utilize ADCRR infrastructure on a separate VLAN. ADCRR infrastructure is wired only. Traffic is routed by VRF to a circuit located at Lumen's datacenter in Iron Mountain Phoenix.
- c) ADCRR is responsible for the existing hardware wiring and connectivity.
- d) Further expansion or upgrades to the infrastructure is the responsibility of the vendor.

25. With regard to health care staff accessing the ADCRR network, please provide the following information.

- a. Currently, are the computers used by health care staff on (a) the ADCRR network or (b) a private network supplied by the health care vendor?
- b. Will this scenario continue under the new contract?
- c. Will the ADCRR 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, or expansions necessary to support the ADCRR inmate health care program?

- Answer #25:**
- a) A vendor supplied network
 - b) Yes
 - c) Yes, the existing health system
 - d) The contractor is responsible for their network.

26. With regard to timeclocks or other timekeeping devices, please provide the following information.

- a. The number of timeclocks in place at each ADCRR 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 ADCRR allow the incoming Contractor connect its timeclocks to the ADCRR network?

- Answer #26:**
- a) This information is not maintained by MSCMB
 - b) This information is not maintained by MSCMB, varied by physical plant logistics
 - c) No.

27. In regards to ADCRR's current electronic health record (EHR), that we understand is Marquis software, please provide the following information:

- a. What version of the EHR that is in place?
- b. Is the existing EHR agreement/licensure/ownership in (a) the ADCRR's name or (b) the incumbent health care vendor's name?
- c. Can the incoming vendor take over the existing EHR agreement/licensure?
- d. Where and by what company/agency is the EHR currently hosted?
- e. Who is financially responsible for the cost of hosting the EHR?
- f. Will this arrangement continue under the new contract?
- g. Will the ADCRR allow authorized providers and other staff not located onsite at the ADCRR facilities to have remote access to the EMR?
- h. Please confirm interfaces that are currently in place with the existing EHR, for example, the Offender Management System, the current pharmacy subcontractor, the current lab services contractor, etc.?

- Answer #27:**
- a) version 5



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- b) the incumbent vendor
- c) Yes
- d) Marquis hosts their own
- e) The vendor
- f) Yes
- g) Yes
- h) Arizona Correctional Information System, Pharmacy, and Lab services

28. Since we have confirmed the current EHR can perform the required tasks found in Exhibit 21B, please explain why the functionality has not been implemented and/or utilized.

Answer #28: Exhibit 13 contained information listed for Exhibits 21A & 21B that should not have been attached to RFP. Please refer to Exhibit 28, Amend to Add at the beginning of this amendment for any information in relation to the EHR.

29. Please confirm the ADCRR will accept a pilot/beta test of the EHR at a limited number of selected facilities within 30 days with a full implementation occurring within 90 days.

Answer #29: This is not confirmed. The requirement is for the proposed EMR to be implemented within thirty (30) days from the effective date of the contract.

30. If a new EHR system is proposed, will the incumbent vendor have access to the current software in read only state? If so, for how long?

Answer #30: See section 1.22.11 requires the Offeror to submit a plan for Data Conversion, to include milestones outlining the progress of implementation. The current EMR will be maintained until a new EMR is fully implemented, tested, and approved. (See Sections 1.22.12.7 and 1.22.12.8)


31. Does the ADCRR currently utilize telehealth? If so, please provide the following information.

- a. In addition to equipment describe in Exhibit 4, Capital Inventory Listing, describe any other equipment that will remain in place for the new vendor to 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

Answer #31: Telehealth encounters are utilized by the current Vendor.

- a) None.
- b - g) This information is not maintained by MSCMB.

32. Does the ADCRR supply telephone lines and instruments to the current vendor or does the current vendor supply these? How many telephone lines and instruments are utilized by the vendor at each site?

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Answer #32: See Section 1.6.11.1, an adequate number of telephones/lines are at each complex.

33. What pharmacy subcontractor does your current health care vendor use for pharmacy services, e.g., Diamond, Correct Rx, Boswell, etc.?

Answer #32: Diamond Pharmacy

34. A Pharmacy Director (also referred to as Regional Clinical Pharmacy Director on Exhibit 8/Amendment 1) is required as minimum staffing. The additional staffing recommendation asks for three full time pharmacist one of whom will serve as the regional pharmacist. Is it the intention of ADCRR to have two “regional” pharmacy directors and two pharmacists?

Answer #33: One Regional Pharmacy Director and two (2) staff pharmacists.

35. Please provide the ADCRR’s definition of “contraband date” for KOP medications (§ 1.12.20).

Answer #35 Please see MSTM, Chapter 4, Section 1.1, paragraph 8.0.
https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adccr-healthservicestechnicalmanual_100421.pdf

36. What laboratory subcontractor does your current health care vendor use for lab services, e.g., LabCorp, Garcia, Bio-Reference, etc.?

Answer #36: Garcia Laboratories

37. For each ADCRR facility, which hospital(s) is used most frequently?

Answer #37: This information is not maintained by MSCMB.

38. Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the ADCRR facilities.

Answer #38: Please see Exhibit 29 at Amend to Add at the beginning of this amendment.

39. Please provide the following information about any medical or other special needs units (infirmary, geriatric, skilled nursing, hospice, etc.) at the ADCRR 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

Answer #39: ASPC-Florence: IPC 57 beds
ASPC-Lewis: IPC 13 beds
ASPC-Perryville: IPC and SNU 15 beds each



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ASPC-Tucson: IPC and SNU 66 and 46 beds

40. With regard to medication administration.

- a. Who administers the medications (RNs, LPNs, or other position)?
- b. Is the current process: (a) med carts go to the housing units or (b) patients come to the medical unit?
- c. How often does med pass occur each day?
- d. On average, (a) how many FTEs and (b) how long does it take to perform a med pass?

Answer #40: a) licensed nursing staff
b) both
c) 2-3 med passes occur each day; varies by unit and complex
d) This information is not maintained; dependent on a number of variables

41. Please provide copies of the following documents.

- a. The drug formulary currently in use
- b. The most recent pharmacy report
- c. The lab test formulary currently in use

Answer #41: This information is not maintained by MSCMB.

42. On average, how many ADCRR inmates per month receive these types of prescription drugs?

- a. Psychotropic medications
- b. Hepatitis C medications
- c. HIV/AIDS medications
- d. Medications to treat bleeding disorders (e.g., hemophilia, Von Willebrand disease, etc.)

Answer #42: This information is not maintained by MSCMB.


43. For each of the past 36 months, please provide statistical data for each of the following 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

Answer #43: This information is not maintained by MSCMB.

44. For each of the past 3 years, please provide total spend amounts for the following categories.

- a. Offsite services
- b. Pharmaceutical expenditures
- c. Laboratory services
- d. Offsite diagnostic (x-ray) services

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Answer #44: This information is not maintained by MSCMB.

45. Will the vendor be financially responsible for any of the following services under the new contract and what was the three-year cost previously?
- Care for newborn babies after the actual delivery
 - Abortions that are not clinically necessary
 - Cosmetic surgery that is not clinically necessary
 - Gender reassignment (sex change) surgery and any follow-up treatment or related cosmetic procedures
 - Contraception, including vasectomy, tubal ligation, or reversal of such
 - Experimental care
 - 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
 - Autopsies
 - 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 ongoing care relating to the transplant
 - Factor and other medications for the treatment of bleeding disorders

Answer #45: a)-i) Not at this time.
j) Yes.

46. Please provide information on any current use of inmate tablets in the mental health program and the extent of the topics offered and accessed by inmates (§ 1.10.21.1).

Answer #46: Most inmates have access to a tablet.

47. Is sex offender treatment included in the scope of mental health services? If not, what entity provides SOETP treatment?


Answer #47: Please see ADCRR website - Department Order 923;
https://corrections.az.gov/sites/default/files/policies/900/0923_112919.pdf

48. Regarding § 1.13.6.3 Opioid Treatment Program:

- Please provide data on the number of inmates, by facility, identified with OUD, who qualify for this program within the last years' time.
- Is this a new program that is to commence within 90 days of contract award?
- Please provide program information on the current MAT program, treatments available, and the Contractor's role and responsibilities for fulfillment.

Answer #48: a) No data available.
b) Yes.
c) No data available.

49. Regarding inmates requiring off-site mental health services for mental health services not available within the Arizona State Prison Complex services):

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- a. Please provide data on the number of for the last two years' time
- b. List the name of the off-site community provider facilities and specialty clinics approved by the MSCMB.
- c. Provide data on costs related to providing such services over the past two years. (§ 1.13.10)

Answer #49: None.

50. Regarding 1.13.11 Psychological Evaluations and Referrals:

- a. How many inmates are currently under the scope of the Department Order 910 Inmate Education and the Department Order 920 Inmate Special Education?
- b. What type of educational assessments and IEP development are currently offered?
- c. Will the offering requirements for the new vendor change from current evaluations and referrals?

Answer #50: a) DO 910: 24,132 DO 920: 50
b) See ADCRR website – Department Order 910;
https://corrections.az.gov/sites/default/files/policies/900/0910_042721.pdf
c) See ADCRR website – Department Order 920;
https://corrections.az.gov/sites/default/files/policies/900/0920_041221.pdf

51. Please identify the relative weight the ADCRR will assign to each evaluation criteria listed in section 2.18.

Answer #51: This information is not available; however, the evaluation factors are listed in their relative order of importance.

52. Please provide the formula (or other methodology) the ADCRR will use to evaluate and score vendors' submitted prices.

Answer #52: This information is not available; however, the evaluation factors are listed in their relative order of importance.

53. Conflicting language, data, and specs are often found among the various documents that make up a solicitation. For this RFP, please confirm the latest dated document always holds precedence, so bidders know which information to use in case we identify contradictory or inconsistent data among the original RFP files, addenda, and/or responses to questions.

Answer #53: The latest dated document always holds precedence.

54. If the Parsons bench trial commencing in November results in legal direction that materially changes the cost of operating the ADCRR contract, please confirm that the Department will address these cost increases in a contract amendment that increases reimbursement to the selected vendor. (§ 1.1.6)

Answer #54: Any material changes to the contract will require an amendment.

55. With regard to ADCRR inmates housed at prisons in other states, please provide the following information:



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- a. Current process flow and timeframes for the incumbent vendor paying for extraordinary services rendered to these inmates
- b. Dollar amount invoiced to/paid by the incumbent vendor in each of the past three years for extraordinary services for these inmates (§ 1.1.5.1)

Answer #55: This information is not maintained by MSCMB.

56. With regard to other states' inmates housed at ADCRR facilities, please provide the following information:

- a. Current process flow and timeframes for the incumbent vendor receiving payment from other state for extraordinary services rendered to these inmates
- b. Dollar amount paid (billed to other states) by the incumbent vendor in each of the past three years for extraordinary services provided to these inmates (§ 1.1.5.2)

Answer #56: This information is not maintained by MSCMB.

57. Please confirm that when "the number of inmates covered under this contract...increase[s] and decrease[s] over time" and the vendor makes "necessary adjustments required by [these] population changes," that the ADCRR will cover any additional operating costs resulting from the changes through the execution of a mutually agreeable contract amendment. (§ 1.1.17)

Answer #57: Please see Section 1.6.4.5 and 1.6.4.6


58. With regard to the contract's per diem payment model, please provide the following information. (§ 1.1.17)

- a. Will the ADCRR establish a "floor" ADP for the contract, i.e., a minimum population level for which the vendor will be paid even if the actual ADP drops below this level.
 - 1. If not, please clarify what happens in a situation where the ADCRR inmate population permanently/semi-permanently decreases to the extent that all of the FTEs in the contract-mandated staffing plan are no longer necessary (i.e., the vendor is paying salaries for staff that the vendor is unable to cover the fixed costs required to operate the contract (i.e., the vendor's revenue has been reduced such that it is less than the costs to pay staff salaries and benefits).
 - 2. In the situation described above, would the ADCRR either ((a) re-negotiate the Contracted per diem rate; or (b) waive the contract's minimum FTE levels to avoid forcing the Contractor to pay for staff that are no longer needed?

Answer #58: Material Changes to the contract may constitute re-negotiation to the contract.

59. Please elaborate and give examples of what types of "additional costs" the ADCRR is describing in this section. (1.3.10.3)

Answer #59: Travel expenses, lodging, meals, etc.

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60. In this specification, § 1.4.4.5, please clarify the timeframe for which bidders must provide information, as the first part of the spec states “since 2011” but the second part states “for the most recent 5 years,” i.e., since 2016.

Answer 60: The referenced section 1.4.4.5 is regarding provision of ADCRR and its designees access to the Contractor’s service locations, facilities, or installations....for the purpose of examination, auditing, or investigating. Section 1.3.12.1 requires the provision of all contracts within the past ten (10) years including any which are no longer active and/or operated under prior ownership or management. Of those provided contracts, Section 1.3.12.10 requests information for the most recent five (5) years.

61. Please confirm that the access to service locations required in this section applies only to locations pertaining to the ADCRR contract, as no vendor can provide the Department with access to the facilities it operates for other clients. (§ 1.4.4.5)

Answer #61: Section 1.4.4, Financial Management, specifically states “...with applicable laws... *expenses associated with this contract.*”

62. This RFP specification—§ 1.4.4.7—requires the bidder to submit examples of actual client reports AND to identify the client. This violates the confidentiality mandates of most correctional health care contracts. Please clarify what the ADCRR wants bidders to do if bidders’ existing clients will not allow their proprietary operational reports and data to be shared for the purposes of responding to an RFP.

Answer #62: The Offeror shall meet the requirement. Section 1.4.4.7 is requesting examples of the actual client reports.

63. This RFP specification—§1.4.4.8—requires the bidder to submit examples of actual client reports AND to identify the client. This violates the confidentiality mandates of most correctional health care contracts. Please clarify what the ADCRR wants bidders to do if bidders’ existing clients will not allow their proprietary operational reports and data to be shared for the purposes of responding to an RFP.

Answer #63: The Offeror shall meet the requirement. Section 1.4.4.8 is requesting example of the actual client reports.

64. Please confirm that the ADCRR will reimburse the vendor for all services it is required to provide to individual inmates up to 90 days after termination of the contract. (1.5.6.2)

Answer #64: This is not confirmed. Section 1.5.6.2 refers to continuation of services on a month to month extension of the term of the contract.

65. Is the ADCRR requiring this Medical Records Director to be physically located within the State of Arizona? (1.5.10.1)

Answer #65: Yes.

66. Please confirm that flash drives are an acceptable substitute for meeting the terms of this specification: § 1.5.10.4.

Answer 66: Flash drives are not an acceptable substitute for meeting the terms of the specification.



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67. This specification, § 1.6.4.1, references secure units. Please provide the following information about each of these units.

- Location of the secure unit
- Capacity of the unit
- Average occupancy of the unit

Answer #67: a) Florence Anthem Hospital
b) 16 beds
c) 2

68. This specification, § 1.6.4.1, requires the vendor to be financially responsible for the costs associated with using ADCRR Correctional Officers. Please provide the following information on this topic.

- Number of times the incumbent vendor had to pay for ADCRR CO costs in each of the past three years
- The aggregate dollar amount the incumbent vendor paid for ADCRR CO costs in each of the past three years
- The rate which the ADCRR will charge the incoming vendor for CO coverage under the new contract

Answer #68: None at this time.

69. Please confirm that if these adjustments to service delivery result in increases to the vendor's operating costs, the ADCRR will address these cost increases through a mutually acceptable contract amendment. (§1.6.4.5)

Answer #69: Please refer to Uniform Terms and Conditions, Section 5 Contract Changes.

70. The first sentence of this specification, § 1.6.13, uses the word "shall," making the spec mandatory. However, the first subsection (1.6.13.1) implies that the decision to include infirmary expansion is optional, at the respondent's discretion. Please clarify whether infirmary expansion is mandatory or not.

Answer #70: Section 1.6.13 requires the Offeror to *include an Option* for increasing on-site infirmary beds and other sheltered housing units.

71. At which locations does the ADCRR prefer additional infirmary and/or sheltered housing beds to be established? (§ 1.6.13)

Answer #71: Location is dependent on institutional need.

72. With regard to the minimum timeframes outlines in this specification, § 1.8.6.2 and 1.10.4.2), please provide the following information.

- In each of the past three years, on how many occasions has the timeframe for routine specialty care appointments exceeded the mandated 60 days?
- In each of the past three years, on how many occasions has the timeframe for urgent care appointments exceeded the mandated 30 days?
- Please describe the current process/protocol for ensuring that contracted hospitals and providers agree to see ADCRR patients within the timeframes mandated in the RFP



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Answer #72: This information is not maintained by MSCMB.

73. Please complete the following grid of information for each of the onsite specialty clinics required by the RFP, § 1.10.4.5

	Is clinic currently in place?	At which ADCRR locations?	Clinic frequency	Contact info for current clinic
Vision/Optometr				
Audiology				
Physical Therapy				
Occupational Therapy				
Speech Therapy				
OB/GYN				
Terminal Illness				
HIV/HCV/TB				
Any other clinics				

Answer #73: Vision, Audiology, Terminal Illness, HIV/HCV/TB: available at all complexes
 OB/GYN: ASPC-Perryville
 PT: ASPC-Florence, ASPC-Lewis, ASPC-Perryville, ASPC-Tucson
 OT/ST: not available on-site at this time

74. With regard to dialysis services, please provide the following information. (§ 1.10.4.5)

- a. Are all of the dialysis machines at Central Unit and Rincon Medical in service for providing treatment?
- b. Do any other ADCRR locations currently have onsite dialysis? Is so,
 - i. How many machines are located in each dialysis unit?
 - ii. Who owns these machines and other equipment?
 - iii. Will the machines/equipment be available for the use of the incoming vendor?

Answer #74: a) Dialysis services are currently available at ASPC-Florence (5 chairs) and ASPC-Tucson (7 chairs)
 b) No

75. What database is currently in use as the chronic conditions/disease management registry for the ADCRR inmate population? (§ 1.10.5.11)

Answer #75: This information is not maintained by MSCMB.

76. Please provide historical annual expenditures for the provision and maintenance (laundering) of medical linens for each of the past three years. (§ 1.10.24)

Answer #76: This information is not maintained by MSCMB.

77. Please provide the following information regarding the 340B program referenced in this section: 1.12.38.1.

- a. Through what FQHC (or other 340B qualified entity) is the existing 340B program operated?
- b. What diseases/conditions does the program cover, e.g., HIV, Hepatitis C, cancer, etc.?



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- c. Do the FQHC (or other 340B qualified entity)-employed providers who write the 340B prescriptions see ADCRR patients (a) face-to-face or (b) via telehealth?
- d. What pharmacy fills the prescriptions written by the 340B-qualified providers?
- e. For each of the drug classes covered by the existing 340B program, what average discount is the ADCRR (and/or its vendor) currently obtaining

Answer #77: a) ADCRR
b) HBV, HCV, HIV
c) both
d) The contracted vendor pharmacy
e) N/A

78. Please provide the following information about the ADCRR's inpatient and residential mental health units. (§ 1.13.2)
- a. Location of each unit
 - b. Capacity of each unit
 - c. Average occupancy of each unit
 - d. Staffing for each unit
 - e. Type of services/Acuity able to be handled in each unit

Answer #78: a)-c)

COUNT FOR MENTAL HEALTH UNITS

10/28/2021

UNIT		CAP	COUNT
Eyman - Browning BMU (A79)	Residential	30	11
Perryville-Lumley MH (B58)	Residential	36	18
Perryville- Bld 45 Central MH (B69)	Residential	12	12
Perryville- Treatment MH Ward (B70)	In-patient	16	6
Phoenix - Ida Ward (B08)	In-patient	25	19
Phoenix - John (B43)	In-patient	30	8
Phoenix - King (B44)	In-patient	35	10
Phoenix - George (B71)	In-patient	20	8
Phoenix - Aspen (B22)	Residential	150	127
Tucson - Rincon MH (C34)	Residential	256	181



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Tucson - Rincon MH Program II (C53)	Residential	152	85
TOTAL:			485

Lewis – IPC 13 beds, 12 filled
4B 20 beds, 12 filled

d) **Eyman** BMU: 1 PA (and a back up PA) and 2 BHTs

Perryville:

Complex Ward Inpatient – 1 PA & 1 BHT

Complex Residential Treatment – PA 1 & .5 BHT (BHT Keebler split time)

Lumley Mental Health Unit – PA 1 & .5 BHT (BHT Keebler split time)

Tucson

Two PA's for Rincon MHU;

one psychologist for Kasson.

I have two techs and two providers (one each a program)

Lewis:

(special programs)

1 for IPC

1 for 4B - Barchey transitional program

Phoenix:

Inpatient:

6 Clinicians

3 BHTs

Residential:

3 Clinicians

1 BHT


e) Please see MHTM;

https://corrections.az.gov/sites/default/files/documents/PDFs/tech_manuals/adcrr-mentalservicestechmanual_122419.pdf

79. For the "ADCRR Addiction Treatment staff" referenced in this section, please provide the following information. (§ 1.13.6)

- What is the role of these clinicians?
- What level of licensure and/or certification do these clinicians hold?
- How many are assigned to each ADCRR facility?
- Please define how (under the new contract) the scope of responsibility for addiction treatment services will be divided between ADCRR Addiction Treatment staff and the new incoming health care vendor.

Answer #79: See ADCRR website – Department Order 917;
https://corrections.az.gov/sites/default/files/policies/900/0917_052721.pdf

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80. For section 1.24.1.2, please clarify this specification’s reference to “the Solicitation Special Terms and Conditions, Paragraph 2.7.5,” as this is simply a list of the site tour dates.

Answer #80: Please see Amend to Change at the beginning of solicitation amendment no. 9.

81. For section 1.24.1.3, please clarify this specification’s reference to “the Solicitation Special Terms and Conditions, Paragraph 2.7.6,” as no such paragraph exists in the Special Terms & Conditions part of the RFP document.

Answer #81: Please see Amend to Change at the beginning of solicitation amendment no. 9.

82. With regard to the format of bidders’ proposal submissions (§ 2.9.1), please provide the following information.

- a. After reviewing the solicitation in APP, we do not see that the ADCRR has provided any “questionnaires” or other documents for bidders to complete for the technical proposal. IS this accurate? If not, please provide direction on where in APP bidders can find the questionnaires (or other documents) to be competed for the correctional health care RFP.
- b. We understand that the ADCRR wishes bidders to upload each of the documents/forms listed in RFP Sections 2.9.1.1. through 2.9.1.10 as a separate tab (file) of the proposal. Is this accurate?
- c. Please clarify what the ADCRR means by “Title each attachment with the applicable Tab number,” i.e., does the ADCRR wish bidders to name these tabs (a) after their RFP Section numbers (2.9.1.1., 2.9.1.2, 2.9.1.3, etc.) or (b) by their RFP Attachment numbers (RFP Attachment 1, RFP Attachment 2, RFP Attachment 3, etc.)?

Answer #82: Section 2.9.1 was amended; please see Amend to Change at the beginning of Solicitation Amendment No. 10.

83. The instructions in section 2.9.1 state that “Responses are limited to fifteen hundred (1500) additional pages to the RFP.” Please clarify by answering the following questions.

- a. The statement implies that bidders must return a copy of the RFP with its proposal. Is this accurate?
- b. If yes, in what order among the tabs would the ADCRR like the copy positioned?
- c. If yes, does the 1,500-page limit include the RFP itself?


Answer #83: Section 2.9.1 was amended; please see Amend to Change at the beginning of Solicitation Amendment No. 10.

84. We see that the ADCRR posted an Excel price sheet in APP for bidders to complete, with the Order Quantity filled in as “10” and the Units as “days.” Please provide the following information about this document.

- a. Does the ADCRR wish bidders to complete this Excel spreadsheet in addition to RFP Attachments 8A, 8B, and 9?
- b. Please explain what the pre-filled Order Quantity of “10” represents in the spreadsheet, as it appears as though the price submitted on this spreadsheet will be for 10 days.
- c. Please explain what bidders are to place in the “Delivery Date” and “Delivery Date1” columns.

Answer #84:

- a. Exhibit 8 was amended; please see Solicitation Amendment No. 9 at the beginning of the amendment. Offerors shall complete and submit Exhibits 8 and 9 with their offer.

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- b. The pre-filled Order “10” is an automatic number generated in APP when creating the line item for price. The Offerors shall provide pricing Per Inmate Per Day (PIPD) as identified in 1.24.1.1.
- c. The “Delivery Date” and “Delivery Date1” columns are not required fields.

85. For the RFP Exhibit 8, there is a 24-page document contains three sets of staffing plans for the ADCRR facilities: the first on pages 1 through 8, the second (dated 7/1/21) on pages 9 through 15; and the third (also dated 7/1/21) on pages 16 through 24. Please provide the following information about these staffing plans.

- a. Why are there three sets of required minimum staffing plans included in the RFP, as opposed to a single set?
- b. Is it correct that set #2 on pages 9-15 and set #3 on pages 16-24 are both dated 7/1/21?
- c. What is the date for set #1 on pages 1-8?
- d. Which of the three sets does the ADCRR wish bidders to utilize as the official required minimum staffing for the RFP?

Answer #85: Exhibit 8 was deleted and new Exhibit 24 Staffing Plan was added, please see changes at the beginning of Solicitation Amendment no. 12.

86. Section 1.17.8; this specification refers to “[RFP] Sections, 1.6.2.2.1 - 1.6.2.2.5 state recommendations on minimum staffing based on current opportunities.” However, we cannot locate any such numbered sections in the RFP. Please provide the ADCRR’s recommendations on minimum staffing based on current opportunities.

Answer #86: Section 1.17.8 was amended; please see Amend to Change at the beginning of solicitation amendment no. 9.

87. With regard to ADCRR inmates’ eligibility for Medicaid coverage, please provide the following information. (§ 1.14.4)

- a. Please confirm that hospitals submit claims directly to AHCCCS for eligible inmates’ inpatient stays.
- b. What percentage of ADCRR inmate inpatient claims are Medicaid-eligible?
- c. Of these Medicaid-eligible inpatient claims, have any been denied? If yes, what percent?
- d. For inmates admitted to inpatient status at a community hospital, who is responsible for enrolling the inmate in AHCCCS and obtaining an inmate’s AHCCCS number?

Answer #87: This information is not maintained by MSCMB.

88. Does the ADCRR have any plans to change the mission, size, or scope of any of its facilities within the term of the contract other than ASPC-Florence? (See next question specifically regarding ASPC-Florence) If so, please provide details (including timeframe) on the planned change.

Answer #88: Movement of the ASPC-Florence IPC to ASPC-Phoenix. Time frame is unknown at this time.

89. At the site tours, the ADCRR indicated they will be closing ASPC-Florence over the next few years. Please answer the following questions on this topic.

- a. Please provide a timeline and process flow for the closure of ASPC-Florence.
- b. Please indicate whether the ADCRR plans to (a) reduce its inmate population, thereby negating the need for ASPC-Florence or (b) maintain its inmate population and transfer the population currently housed at Florence to other ADCRR facilities.



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- c. If the answer to the preceding question is (b), which facility(s) will receive the Florence inmates?
- d. Will the inmate transfers (a) be staggered over time, thus requiring Florence to be staffed on an ongoing basis throughout the facility's closure process? Or (b) done all at once, enabling the vendor to remove all of its Florence health care staff at the same time?
- e. Does the ADCRR want bidders to include a full complement of health care staff for ASPC-Florence in their price proposals?
- f. Please confirm that once the closure of ASPC-Florence is completed, the ADCRR will negotiate a mutually acceptable contract amendment with the health care vendor to adjust staffing and other changes to the operating cost of the contract.

Answer #89: a) To be determined.
b) Inmates will be transferred to other institutions.
c) To be determined.
d) Inmate transfers are proposed to be staggered at this time.

90. This RFP specification—2.40.2—requires the health care contractor to be financially responsible for “any and all costs and attorneys’ fees associated with defending any claims of noncompliance.” Please provide the following information on this topic.

- a. Please confirm that this excludes costs and attorney fees resulting from:
 - i. non-compliance caused by actions of the ADCRR or individuals acting on the ADCRR’s behalf and
 - ii. non-compliance caused by any other events or activities outside of the health care vendor’s control.
- b. Please confirm that the ADCRR will not require the new health care vendor to be financially responsible in any way for fines/penalties levied against the State Agency by the court system as part of the ongoing Parsons litigation.

Answer #90: This is not confirmed.

91. This RFP specification requires the health care contractor to be financially responsible for “all costs and attorneys’ fees incurred by Plaintiffs’ counsel as a result of court intervention.” Please provide the following information on this topic.

- a. Does the ADCRR expect the incoming health care vendor to be appended as a named party in the Parsons litigation?
- b. The new health care vendor will be entering a situation fraught with pre-existing issues that date back many years. Please discuss the ADCRR’s rationale for requiring the newly arrived health care vendor to pay for legal costs relating to litigation that (a) the new vendor is trying to remedy and (b) the new vendor had no role in creating.

Answer #91: a) No, the contracted healthcare vendors have not previously been named in the litigation.
b) The incoming health care vendor is expected to resolve any issues and provide healthcare to meet Performance Measure standards at an 85% threshold.



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92. RFP Page 1, Solicitation Due Date, Would the Department consider extending the proposal due date for a minimum of 3 weeks to allow bidders to evaluate answers to questions once they are released by the State and complete the Gap Analysis (as the Department is rescheduling the informational call)?

Answer #92: The solicitation due date has been extended to December 29, 2021 in Solicitation Amendment No. 15.

93. RFP Page 154, 1.23.3 specifies that Contractors need to provide 24/7 support in a form and format provided by MSCMB. Please provide the form and format requested.

Answer #93: The training and support form and format proposed by the Vendor may be submitted to the MSCMB for review and approval.

94. RFP Page 153, 1.23.2.7 What tablet or Kiosk vendor is currently in place that an EHR needs to interface with for HNR Requests? Does an HNR Interface exists today with the current EHR Vendor?

Answer #94: JPay is the current tablet vendor. An interface does not exist at this time.

95. RFP Page 153, 1.23.2.12 Please identify the specific appointments the State would like to have automated.

Answer #95: Any and all health care related appointments.

96. RFP Page 158, 1.23.22 Please confirm that once implemented, private prisons will cease to use their current EHR and move to the ADCRR approved platform.

Answer #96: That is not confirmed. The section requires the Contractor to allow private prison facilities full access to the EMR.

97. RFP Page 101, 1.12.20 Please define "contraband" date. Is that the date the meds were given to patient?

Answer #97: See MSTM, Chapter 4, Section 1.1, paragraph 8.0


98. Exhibit 13 "Ability to import/export information from partner systems, hospitals, and specialty office consultations" is stated. What specific information is the State looking to have imported and exported? Is this outside of the HIE requirement?

Answer #98: Medical records/information related to the health care of an individual inmate. Please refer to Amend to Delete Exhibit 13 at the beginning of this amendment. Please refer to Amend to Add Exhibit 28 at the beginning of this amendment.

99. General, Please provide an inventory of all scanners.

Answer #99: Please see Solicitation Amendment No. 1 Exhibit 4.

100. General, Please provide an inventory of all signature pads.

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Answer #100: Please see Solicitation Amendment No. 1 Exhibit 4.

101. General, Please provide name and version of current JMS software.

Answer #101: This question is not clear and cannot be answered.

102. General, What vendors currently interface with EHR / EMR (Lab, Pharmacy, JMS, etc.)?

Answer #102: Lab and Pharmacy

103. General, Are the network drops in the medical area to be assumed by the incoming Contractor?

Answer #103: Yes.

104. General, Does Wireless exist everywhere that medical services are provided including the housing units? If Wi-Fi exists but not in all areas needed, can vendor expand?

Answer #104: Yes

105. General, If the ADCRR is providing network, will the vendor be allowed to install a VPN tunnel between the vendor's network and the ADCRR network for use by medical staff for administrative and medical applications?

Answer #105: ADCRR is not providing the network.

106. RFP Page 164, 2.9 Format of Proposal Submission, The amendments state that "a signed copy of this amendment must be returned with your offer". In addition to being acknowledged on the procurement website, which section/Tab of the proposal response should include the signed amendments? Will the amendments be counted toward the response page limit?

Answer #106: Section 2.9.1 was amended; please see Amend to Change, at the beginning of Solicitation Amendment No. 9.

107. RFP Page 164, 2.9 Format of Proposal Submission and Solicitation Attachments, Attachment 10 Additional Materials Form was included in the Solicitation Attachments with the release of the RFP; however, there is no further reference to this attachment in the RFP. Assuming it is to be included in the RFP response:

1. Is it an additional section/Tab?
2. What documents should be included in that section/Tab? Those that are required by the RFP (formulary, resumes, reports etc.)? Do the required materials contribute to the page limitation? Can the vendor submit additional materials that are not required?

Answer #107: Please refer to answer #10 on Solicitation Amendment No. 12.

108. General, During site tours, it was discussed that the Baker Unit at Phoenix was being converted to an inpatient infirmary. Please provide the following:

1. The number of beds planned



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2. The anticipated completion date
3. The planned date to close the infirmary at Florence
4. Will the infirmary beds at Lewis be closed once the new infirmary is opened
5. Is there a date scheduled for the closure of the Lewis infirmary?

Will the Lewis infirmary be repurposed for other needs, such as a Skilled nursing Unit? If so, please advise and the number of beds anticipated for that purpose.

Answer #108: To be determined.

109. General – ASPC Florence, It is our understanding one or more yards at Florence have closed. Please provide which yards have closed and which yards currently remain open, as well as the dedicated mission, security level and population for each yard that remains open. In addition, please provide an estimated schedule on the closing of the remaining yards and any corelated population projects for Florence.

Answer #109: ASPC-Florence open units:
Central - Close 700 on 10/21/21
East – Medium 666 on 10/21/21
Globe – Minimum 223 on 10/21/21
IPC – Maximum 48 on 10/21/21
South – Medium 863 on 10/21/21
Population is variable; see ADCRR’s website

110. General – ASPC Florence, Currently, Globe is considered a satellite facility attached to Florence. Will Globe be closed or will it remain open when Florence is closed?

Answer #110: All units contained within ASPC-Florence complex will be closed.


111. General – ADCRR, Does the ADCRR currently have population projections for the state managed complexes? If so, please provide.

Answer #111: See ADCRR website – Corrections At A Glance;
<https://corrections.az.gov/reports-documents/reports/corrections-glance>

112. General – ADCRR, It is our understanding that the current vendor has access to additional state appropriated funds to incentivize staff retention. Please advise as to how those funds are currently being accessed and what specific criteria has been agreed upon to award those funds. Additionally, please indicate the amount of funds that have been awarded to date to staff of the current vendor under this provision.

Answer #112: Please refer to the current contract amendment no. 6 which is available in APP regarding the information requested. https://appstate.az.gov/page.aspx/en/ctr/contract_manage_public/56134

113. RFP Page 5, 1.1.7 GAP Analysis, Regarding the GAP Analysis:
1. Please confirm the GAP Analysis is to be provided with the proposal submittal.
 2. Does the ADCRR have a specific format they would like vendors to use?
 3. Will the analysis count toward the proposal page number limitation?

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Answer #113: Information regarding the GAP Analysis will be issued in a future solicitation amendment.

114. RFP Page 69, 1.10.4 Specialty Care, Please provide Department Order 1101 and/or identify the specialty clinics required, by complex.

Answer #114: See ADCRR website – Department Order 1101
https://corrections.az.gov/sites/default/files/policies/1100/1101_032519.pdf

115. RFP Page 130, 1.17.8 and 1.17.9 Staffing, In Section 1.17.8, Exhibit 8 regarding minimum staffing is referenced. In the following Section, 1.17.9, additional staffing recommendations were stated. Were all positions recommended in Section 1.17.9 in addition to the minimum staffing provided in Exhibit 8?

Answer #115: 1.17.8 refers to Minimum Staffing position requirements; 1.17.9 is additional recommended positions. The additional positions may or may not be included in Exhibit 8. Also, Exhibit 8 was deleted and new Exhibit 24 was added, please see changes at the beginning of Solicitation Amendment No. 12.

116. Exhibit C, Performance Measures, Other than Performance Measures 1, 2, 3 and 4, are there any additional Performance Measures, Court Orders, Stipulations or other documents related to the Parsons case that specifically address staffing requirements? If so, please provide.

Answer #116: Not at this time.

117. RFP Page 182, 2.41.8.1 Professional Liability, Will the State of Arizona accept an Each Claim Professional Liability Limit that is less than \$10,000,000, such as \$1,000,000 Each Claim or \$2,000,000 Each Claim?

Answer #117: This requirement shall remain as written.


118. RFP Page 182, 2.41.8.5, Will the State of Arizona accept a deductible or retention higher than \$50,000? If so, what is the maximum acceptable deductible or retention?

Answer #118: This requirement shall remain as written.

119. RFP Page 182, 2.41.8.9, Will the State of Arizona accept a policy where costs and expenses are included in the Limits of Liability?

Answer #119: This requirement shall remain as written.

120. General, We understand the Parsons v Shinn trial will begin on November 1, 2021 and end on November 19, 2021. It would appear unlikely that the status quo will remain in effect and that changes in the scope of this contract will likely occur. Please advise how ADCRR intends to address the Judge's ruling within the scope of this procurement. Is it the intent of ADCRR to proceed with the procurement and address any potential changes in scope with the selected vendor or will all potential vendors have the opportunity to modify their respective responses and address any scope modifications that may result from the trial's outcome? If the contract has

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already been entered into, will the awarded vendor have an opportunity to negotiate amendments to the contract if the trail results in material changes to the requirements contained in the Stipulation?

Answer #120: Please see Section 1.1.6

121. Section 1.12.3 – This RFP section indicates that the EHR must contain a perpetual inventory on all non-patient specific medications as well as all patient specific/non- patient specific controlled substances. For clarity, would this result in a perpetual inventory being maintained for all medications? Or is the perpetual inventory function not wanted/required for patient specific medications that are not controlled?

Answer #121: The section requires perpetual inventory for:

- a) non-patient specific medications
- b) all controlled substances
- c) all Gabapentin prescriptions

122. Section 1.12.3 – This RFP section indicated that the EHR's perpetual inventory system will include all requirements in the MSTM. The MSTM contains requirements that are easy to perform on paper, but very difficult to meet within an EHR, for example: MSTM 1.6 reads, "Any recording error in the records will be lined through (with one horizontal line), annotated with "error", and initialed by the person who made the error. The accurate entry will be recorded below the error entry. Errors will not be "blacked out" or written over." Is the Department open to revising the MSTM to better define how to best address these types of procedures to bring them more in line with EHR electronic inventory tracking?

Answer #122: Private prisons currently utilize paper records. Revisions to current policy and procedure may occur to encourage best practices.

123. 1.23.1 – Will the provision of the EHR solutions at private prisons/facilities include providing all computers and other computer and IT equipment used to access the EHR, or will the private prison/facility vendors be responsible for providing their own?


Answer #123: Private prison facilities will be responsible for their equipment.

124. 1.23.1.4 – Shall the Contractor, or third party, provide a statement that the EHR proposed is health vendor agnostic? (Meaning that the proposed EHR shall work with any health service vendor utilized by the ADCRR)? This is beneficial to the State in order to maintain continuity of care should the State elect to contract with a new health services vendor in the future.

Answer #124: This is not a requirement of the RFP.

125. 1.23.2.3 - Will the Department indicate which treatments are performed during Medication Administration?

Answer #125: This information is not maintained by MSCMB.

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126. 1.23.3 - Please provide the form(s) and format(s) of training and documentation, if any, that may be required of the vendor in order to be compliant with 1.23.3

Answer #126: The training and support form and format proposed by the Vendor may be submitted to the MSCMB for review and approval.

127. 1.23.8 - Does the data mining referenced in 1.22.8 to create all reports as directed in the Parson v. Shinn litigation also need to comply with reporting requirements of 1.23.2.14, which details that reporting must be within the application without reliance on an outside tool such as Crystal Reports or SQL Server Reporting Services?

Answer #127: Yes.

128. 1.22.1.3 Please provide the name of the HIE that the EHR will need to interface with.

Answer #128: Determined by the Contractor

129. 1.23.2.7 - Please provide the name of the HNR vendor/system with elaboration on the data points/functionality requested with this interface.

Answer #129: JPay is the HNR vendor

130. 1.23.9.1 - In the event bidders propose an EHR that differs from the current incumbent EHR, a data migration process would be required where the vendor would provide the Agency/incumbent EHR vendor with file format preferences. Please confirm the Agency/incumbent EHR vendor will be required to send files in the manner preferred by the new EHR vendor to ensure an accurate migration of data. Please also provide, if able, the file formats that eOMIS can produce for use during the migration process.

Answer #130: The incumbent health care vendor is contractually obligated to comply with data transfer requirements.


131. 1.23.2 Will the private prison facilities be required to adopt/install the EHR and document patient care in the EHR?

Answer #131: Yes, at a future date.

132. General - EHR Requirements, The EHR requirements in the RFP appear very specific towards a particular system perhaps. Is the ADCRR aware of or have a preference for any EHR(s) that meet the requirements detailed in the RFP? If so, please list them.

Answer #132: No, the proposed system must meet the EHR requirements as provided in the RFP.

133. Sanctions During COVID, please confirm that the ADCRR did not waive any of the staffing penalties or sanctions.

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Answer #133: This is not confirmed.

134. Performance Bond, The RFP references two Performance Bonds, one for \$50,000 and one for 25% of annual payments. Please confirm, are there two separate Performance Bonds required for this contract?

Answer #134: Please see Special Terms and Conditions, Section 2.31 Performance/Payment Bonds. Section 2.31.4 refers to liabilities.

135. Cloud-based Solution, Item 1.22.2.15 on page 148 states “Full functionality in Offline/Disconnected Mode (complete patient record and all application functionality operational without network connection)”

However, item 1.22.2.16 on page 148 states “Cloud-based is preferred (Remote Desktop Protocol or Citrix type connections are not acceptable). Model current network build or upgrade to services that allow for evolution to future technologies and services.

These requirements appear to be mutually exclusive.

- Can you please clarify what is meant by a cloud-based system with full offline application functionality?
- Is AZDOC only considering an on-site cloud-hosted solution?
- If not, how can these requirements be satisfied at the same time?

Answer #135: It should be noted the vendor is using section number from the original RFP that has since been changed by Solicitation Amendment No. 1.

- a. Please see Amend to Delete Section 1.23.2.15 at the beginning of this amendment.
- b. Refer to section 1.23.2.16 cloud based is preferred.
- c. They cannot be as they are mutually exclusive.

136. Data Dictionary, Item 1.22.18.5 on page 152 states “1.22.18.5 A data dictionary, which is a set of information describing the contents, format, and structure of a database and the relationship between its elements, used to control access to and manipulation of the database.”


- Is this requirement applicable to SaaS systems where AZDOC would not have direct access to the underlying database system?

Answer #136: Yes, this is applicable to SaaS systems.

137. Section 1.11.5 Dentures/Prosthetics, Section 1.11.5 Dentures/Prosthetics says, “Dental prostheses shall be provided based on the specific needs of the inmate and as defined in the DSTM.”

Will the ADCRR consider adding the following verbiage: “Dental prostheses shall be provided as medically necessary based on the specific needs **and length of time remaining in the ADC of the inmate as defined in the DSTM. Unless determined medically necessary by a dentist, inmates shall be considered for dental prostheses 24 months after intake.**”

Answer #137: No, the verbiage will not be added.

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138. 1.9.3.7. This section requires full-mouth X-ray services and necessary bite wings on periapical radiographs. Would the ADCRR consider permitting panoramic x-rays to fulfill this requirement?

Answer #138: The requirement is for full-mouth xray services and necessary bite-wings on periapical radiographs.

139. 1.11.3.3 says, "The Contractor shall provide the same comprehensive dental care as community standards."

- A. Please define the term "Community Standards"
- B. Will the ADCRR consider the following verbiage: "The Contractor shall provide comprehensive routine dental care as defined in the DSTM."

Answer #139: a) See 1.2.1.21
b) No, the verbiage will not be added.

140. Section 1.12.7.2 – Please clarify the expectations of mental health staff after the referral is provided.

Answer #140: Clarification of reference required. Section 1.12.7.2 is regarding development and provision of an EMR and eMAR training plan.

141. Section 1.10.15.1 - Is the awarded Contractor responsible to pay for transportation and the expense of security for all medical appointments?

Answer #141: The Contractor shall be responsible for health services provided off-site.

142. Exhibit 4, Inventory Listing. Is the medical vendor expected to provide fuel and re-fuel the Gator vehicles?

Answer #142: Yes.

143. Exhibit 4 contains Gator Utility Vehicles in the Inventory Listing. Please clarify how many Gators are assigned to each complexes for medical use?

Answer #143: Please see Exhibit 25 added by Solicitation Amendment No. 14.

144. Exhibit 4 Inventory Listing. Are the Gators that the ADCRR provide considered vehicles?

Answer #144: Yes.

145. General Question, Please confirm the vendor has the sole responsibility for making reports to professional licensure boards.

Answer #145: This is not confirmed.

146. Guidelines for Treatment, Our company follows and draws from treatment recommendations, including but not limited to, the following expert medical organizations and resources to establish evidence based standards of care for our clinical guidelines:



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- American Academy of Family Physicians
- American Association for the Study of Liver Diseases
- American Cancer Society
- American College of Cardiology
- American Diabetes Association
- American Psychiatric Association
- American Dental Association
- American Heart Association
- American Society of Internal Medicine
- Centers for Disease Control and Prevention
- HIV Medicine Association
- Infectious Diseases Society of America
- National Heart, Lung, and Blood Institute
- National Institutes of Allergy and Infectious Diseases
- National Institute of Health
- U.S. Preventive Services Task Force
- World Health Organization
- World Professional Association for Transgender Health


Will the Department identify what expert medical organizations and resources are used to establish evidence based standards of care for the MSTM and the frequency of which these are reviewed and updated?

Answer #146: See MSTM, Appendix E, Section 4

147. 1.10.7.2 – This section says, “The Contractor shall develop safe staffing patterns in accordance with the "American Nurses Association Principles on Safe Staffing", including, but not limited to the specific needs of each medical unit, patient acuity, the experience level of nurses, and the availability of resources, such as technology and training for the nursing staff.” Please clarify and define the meaning of “Safe Staffing.”

Answer #147: Matching registered nurse expertise with the needs of the recipients of nursing care services in the context of the practice setting and situation. Appropriate nurse staffing should be based on allocating the appropriate number of competent staff to deliver safe, quality care; taking into account the patient’s degree of functional ability, stability, and acuity as well as the environmental setting.

148. 1.16.2 – This section requires one business day for requests for information on any medical grievance. Would the Department consider 72-hours, which is in line with the current program?

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Answer #148: The requirement is one (1) business day.

149. Exhibit 13: For reporting, please clarify the intention and utilization of the word "Discreet" in this instance (e.g., does the Department mean "separate tabs"?)?

Answer #149: Please refer to Amend to Delete Exhibit 13 including Exhibit 21A & 21B at the beginning of this amendment. Please refer to Amend to Add Exhibit 28 at the beginning of this amendment. The sentence should be "Defined tabs...")."

150. Exhibit 13: Please confirm that these requirements are for the Appointments Section of the EHR.

Answer #150: Please refer to Amend to Delete Exhibit 13 including Exhibit 21A & 21B at the beginning of this amendment. Please refer to Amend to Add Exhibit 28 at the beginning of this amendment.

151. 1.23.1 – Please provide a list of all private prisons operated in the State where vendors will need to provide access to the vendor's proposed EMR solution and indicate the health services contractor for each, respectively.

Answer #151: ASP-Central Arizona Correctional Facility, Geo Group
 ASP-Florence West, Geo Group
 ASP-Kingman, Geo Group
 ASP-Marana, MTC
 ASP-Phoenix West, Geo Group
 ASP-Red Rock Correctional Center, Core Civic

152. 1.23.1 – Please provide the names of the current private prison’s pharmacy vendors, laboratory vendors, x-ray vendors, and any other clinical services vendors that will interface with the proposed EHR solution?

Answer #152: This information is not maintained by MSCMB.


153. Section 1.1.9 – Given that the Department Orders (“DO”) cited in this section are known to change and be revised routinely, including changes that have occurred after the release of the RFP, will the Department continuously update the website referenced in this section to ensure vendors are responding to the latest versions of the DOs and other directives?

Answer #153: ADCRR’s website is routinely updated to reflect changes.

154. Section 1.1.14 – Some of the requirements in this section appear to be new requirements. Please provide any available reports that show ED visits and inpatient days by type related to inmates housed in private prisons over a recent 12-24 month period.

Answer #154: This information is not maintained by MSCMB.

155. RFP Section 1.23.2.15 - “Full offline” functionality of an EHR has substantial cost and bandwidth implications and risk. Working in an offline mode means that data is not synchronizing at the time of care. This issue is minimized for set-schedule occurrences such as offline eMAR functionality, wherein all providers know what care will

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occur. However, documentation that does not sync with the overall inmate health record presents care risks and other clinicians not seeing or referencing their colleagues' contributions in a timely manner. An offline EHR cannot guarantee that the most up-to-date version of an inmate's record is always available.

With this, our questions regarding 1.23.2.15 are below:


- a. Is the intent of 1.23.2.15 for the EHR to be configured so that all PHI and PII data exists on all computers so that in the event of an Internet or power outage, the vendor's documentation and data retrieval would be unaffected? This would result in patient data being stored independently on all computers with databases that would contain different data until such time as the internet connection is restored.
- b. Has the department considered having an EHR that has limited, intentional ability to document in an offline capacity?
- c. If Yes to Question B, are there specific functions/abilities that the Department requires the ability to document in a disconnected state?
- d. Would the Department allow vendors to offer more than one possible EHR solution and pricing so that the Department can collaborate/participate with the vendor on selecting the best EHR solution for the Department?

Answer #155: a) Correct.
b) No, real-time access and documentation availability is expected at all times
c) N/A
d) No, the Offeror is required to present the best EMR available that fits their operational expertise and strengths.

156. Exhibit 13: Since the Department of Health and Human Services (HHS) has mandated that all entities covered by the Health Insurance Portability and Accountability Act (HIPAA) must all transition to a new set of codes for electronic health care transactions (ICD-10CM) on October 1, 2015. Please confirm if the EHR must include the replaced International Classification of Diseases (ICD-9CM), given that ICD-9CM's content is no longer clinically accurate and contains numerous limitations, per the CDC.

Answer #156: Please refer to Amend to Delete Exhibit 13 including Exhibit 21A & 21B at the beginning of this amendment. Please refer to Amend to Add Exhibit 28 at the beginning of this amendment. Yes, the EHR must contain most recent, updated codes.

157. Exhibit 21: Question 1: Please list all potential hospitals and the EHR systems that are used in the hospitals that the vendor will be required to establish an interface to meet this requirement, if known.
Question 2: Would the Department please clarify the intention and utilization of the word "Discreet" in this exhibit.
Question 3: Please confirm scope of this requirement to have one-click access from any screen in the EHR. There are numerous screens in the EHR that are not specific to any patient and would not be able to determine which lab results should be shown.
Question 4: Also, please confirm if this requirement applies to screens within specific modules, like Medical, Dental, Scheduling, Consults, etc.

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Answer #157: 1. Please refer to Amend to Delete Exhibit 13 including Exhibit 21A & 21B at the beginning of this amendment. Please refer to Amend to Add Exhibit 28 at the beginning of this amendment. The information is not known.

2. Please see Exhibit 28; Error in wording.
3. Please see Exhibit 28; The requirements listed under the Scheduling and Appointments headers are applicable to individual medical records.
4. Please see Exhibit 28; Yes, it does.

The following questions were received on November 16, 2021.

158. Attachment 10 Experience and References - Attachment 10 Experience and References indicates “It shall be the responsibility of the offeror to obtain the references from the contracting office for each of the references held”. Is ADCRR’s intent for the offeror to send the form to their respective reference, have them complete it and send back to the offeror to include in the offeror’s response? Or does ADCRR want the reference contact to complete it and send it directly to the ADCRR? If so, where should it be sent?

Answer #158: Yes, the offeror shall send the form to their respective reference, have them complete it and send back to the offeror to include in the offeror’s response.

159. ADCRR RFP for Inmate Correctional Healthcare (BPM003905) Timeline Question - With the Q&A still in process, Thanksgiving Holidays being next week (causing office closures), and the submission date immediately after, would the State consider an extension to allow vendors time to tailor our responses to the Answers provided to questions submitted after Oct. 18 but before the original question deadline of October 22? The majority of our questions were submitted on October 20th and 21st and we are concerned about having the time to appropriately apply knowledge gained from the answers that will be supplied with the Holiday cutting working time short.

Answer #159: The solicitation due date has been extended to December 29, 2021 in Solicitation Amendment No. 15.

The following questions were received on November 17, 2021.


160. RFP Section 1.13.6.3, Does the Department expect behavioral health services beyond a mental health evaluation as part of an OTP??

Answer #160: A mental health evaluation is required to be included in the development and implementation of an OTP. If additional mental health services are needed by an individual patient, the Department expects that the needed services will be provided.

161. RFP Section 1.13.6.3, Does the Department anticipate that MOUD will be stocked on site, potentially requiring a license for methadone at each facility with an OTP?

Answer #161: No.

162. RFP Section 1.13.6.3, Please confirm what facilities OTP services will be offered from.

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Answer #162: Each complex that allows inmates to participate in group activities.

163. RFP Section 1.10.8.2.5, Please confirm that the request for the collection of blood and body fluids for forensic purposes will only be done under court order.

Answer #613: Section 1.10.8.2.5 is specific to court-ordered collection of blood and/or body fluids.

164. RFP Section 1.10.8.2.5: In order to achieve NCCHC Standards P-G-04 Therapeutic Relationship; Forensic Information, and Disciplinary Actions, and Y-I-03, Forensic Information, will the Department support the use of a third party for the collection of blood or body fluid samples for the purposes of forensic use.

Answer #164: The use of a 3rd party for collection of samples is supported.

165. Section 1.8.13 Mortality Review - While we appreciate that the Department responded to a question regarding Section 1.8.13 Mortality review including an Amend to Change, the Amend to Change only revised the numbering of the two subsections, but the wording remained the same: “the initial mortality review shall be completed within ten (10) working days of every inmate death.” The Department referred to this Amendment then responded “an initial mortality review of every inmate death, fetal death, or fetal sentinel event beyond the first be completed with seven (7) business days of the date of the death or event.”

Can the Department please clarify if the initial mortality review is required to be completed within ten (10) working days of every inmate death consistent with the RFP requirement and CGAR performance measure 30, or is the Department requiring the initial mortality review to be completed within seven (7) business days of the date of the death or event consistent with DO 1105 most current language?

Answer #165: Department Order 1105 and the Medical Services Technical Manual require the initial mortality review to be completed within seven (7) business days of the death. Department policy supersedes the CGAR measures and/or the RFP.


166. RFP Section 1.13.6.3, Please confirm that only patients within six months of release are intended for participation in the OTP?

Answer #166: 1.13.6.3 states that the OTP includes identification of patients who will be released from custody within six (6) months.

167. RFP Section 1.13.6.3, Will the Department clarify if MOUD treatment will be considered throughout the course of incarceration for patients with a OUD diagnosis, in line with evidence-based practice?

Answer #167: The Offeror shall develop and implement an OTP, the health services vendor shall determine the need for a patient’s MOUD treatment during their incarceration period.

168. RFP Section 1.10.8.2.3 indicates all clinically relevant abnormal laboratory results shall be addressed by the medical provider immediately (same day) upon receipt. However, abnormal results are not considered critical values. Laboratory values outside of reference values are considered abnormal, but abnormal and critical are not

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interchangeable terms, including under laboratory provider definitions. Critical results are life-threatening and require immediate notification of the physician or mid-level provider (ordering provider).

Please clarify that the Department defines clinically relevant abnormal laboratory results requiring the medical provider to address same day or immediately as lab values considered critical or panic level.

Answer #168: Abnormal results considered clinically relevant vary depending on several factors. The ordering practitioner is responsible for review and determination of the actions needed based on the reported results and the patient’s clinical status/medical needs.

169. RFP Section 1.10.8.2.3 states a medical provider shall review and sign all laboratory results within 48 hours after receipt of test results to assess the follow-up care indicated and to screen for discrepancies between.

Currently, the Department requires sign off of any and all laboratory results within five calendar days.

- a. Please clarify that the Department will accept notification of a medical provider by clinical personnel for any critical laboratory results, immediately or same day, with the medical provider addressing the results immediately or same day, then sign-off to occur by the provider during the next 5 calendar days or during their return to work a regularly scheduled shift.
- b. Please clarify that for all laboratory results, medical providers have clinical autonomy to address, review and sign off on laboratory results according to medical immediacy and necessity within 5 calendar days of receipt, including abnormal lab results addressed according to the needs of the individual patient’s case.

Answer #169: a) & b) Clinically relevant abnormal results shall be addressed by the practitioner immediately (same day). The MSTM requires that, within five (5) days of receipt, all lab and radiology reports are to be reviewed, acted upon when abnormal results are reported, and signed off with the practitioner noting the date of review.

The following questions were received on November 19, 2021.

170. Amendment 9 - 1.17.9.7 - Amendment 9, states: “1.17.9.7 A minimum of 10 LISAC clinicians, one at each prison complex” which was an addition of these positions to the staffing plan. The new staffing plan, Exhibit 24, included with Amendment 12 does not have them listed. Also, in paragraph 1.17.9.1, there are Ten pharmacy technicians. These are not included in the new staffing plan with Amendment 12 either. Can the ADCRR confirm if these are required positions or recommended positions?

Answer #170: 1.17.9, along with the subsections listed, are Additional Staffing Recommendations

171. Regarding RFP Section 1.13.6.3:
- a. Will the OTP be a therapeutic community with a designated housing unit?
 - b. If yes to question a, what will the unit capacity be?
 - c. Will the Department be providing program space to provide OTP patients with psychoeducation and case management services?



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- d. Will OTP patient education be implemented by healthcare staff or by ADCRR Addiction Treatment Staff?
- e. Is the Department prepared to support dedicated OTP staffing, to include providers, nursing, behavioral health and/or addiction treatment staff that are not currently allocated in the staffing matrix?
- f. How long does the Department anticipate providing MAT/MOUD treatment prior to a patient's release (i.e., induction immediately prior to release or a series of months prior to release)?
- g. How does the Department intend to manage patient requests for MOUD treatment for non-eligible individuals; via ADCRR Staff or the Healthcare Staff?
- h. Is the Department willing to delay the start-up of the OTP beyond 90 days to collaborate in the design and implementation of an OTP?
- i. Does the Department anticipate having an independent medication administration line for MAT/MOUD patients and will there be an ADCRR security observation post administration?

- Answer #171:**
- a) No
 - b) N/A
 - c) Current program space may be utilized
 - d) Both health care staff and ADCRR addiction treatment staff
 - e) No
 - f) See section 1.13.6.3
 - g) Health care staff
 - h) No
 - i) No, health services staff are responsible for the administration of medications

172. Amendment 9, Sections 1.13.4.1 and Section 1.17.9 - In Amendment 9, Sections 1.13.4.1 and Section 1.17.9, the ADCRR added the requirement for a minimum of 10 LISAC staff, one for each of the 10 ASPCs, to serve individuals with co-occurring mental illness and SUD diagnoses.

- a. Please provide current data on the number of individuals at each of the 10 complexes who meet criteria for co-occurring treatment services
- b. Does the Department have a preferred or expected clinician to patient staffing ratio for co-occurring treatment services?
- c. Describe the type of co-occurring services these individuals currently receive and where these services are provided
- d. Describe the type of co-occurring services the Department would like the 10 LISACs to provide
- e. What type of office and treatment space is available at each ASPC to accommodate the LISACS additional services?
- f. Does the Department have an expected treatment duration for individuals who meet criteria?
- g. Can the Department confirm that they will continue to provide staff for SUD treatment programming at each ASPC?
- h. To what extent does the Department anticipate the LISAC clinical staff working with the Department's SUD program staff?
- i. Does the Department plan to house individuals who receive co-occurring treatment services in a separate housing unit/area from the general population and or separate from SUD housing units/areas?

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j. Would the Department like to see co-occurring treatment services provided in a modified therapeutic community environment or similar residential treatment setting?

- Answer #172:**
- a) The information is not maintained by the MSCMB.
 - b) The Offeror is responsible for determining an effective, therapeutic ratio.
 - c) The information is not maintained by the MSCMB.
 - d) The Offeror is responsible for determining effective, therapeutic services.
 - e) Office space is available within the health unit.
 - f) The Offeror is responsible for determining effective, therapeutic services.
 - g) The Department intends to continue with Department Order 917 – Addiction Treatment Services
 - h) As needed to provide effective, therapeutic services.
 - i) No
 - j) The services are expected to be provided in the current treatment settings.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

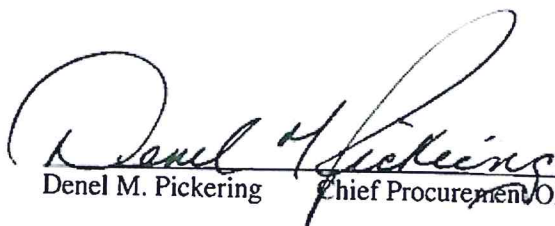
This Solicitation Amendment is hereby executed this 8th day of December, 2021.

 12/14/21


 Signature Date
 Bradford McLane, CEO

 Typed Name and Title
 NaphCare, Inc.

 Name of Company



 Denel M. Pickering Chief Procurement Officer

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A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date is being extended to January 18, 2022 at 3:00 PM Arizona Time (MST).

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Amend to Change

Solicitation Amendment No 1 – Scope of Work (1.1.7)

FROM

1.1.7 The Offeror shall conduct at Gap Analysis before the contract is awarded, identifying all areas that are not currently meeting 100% compliance, and defined by each performance measure being at least 85% compliant. The Offeror shall identify exactly what resources are necessary to achieve 100% compliance, utilizing innovative solutions in accordance with specifications and requirements, in all analyzed areas and a timeline required to do so. The Department has scheduled a meeting via Google Meets to discuss the compliance report and each performance measure. **The meeting will occur on October 19, 2021 at 9 am MST (Arizona time).** Offerors wishing to attend this meeting shall contact Rocky Advani (radvani@azadc.gov).

TO

1.1.7 The Offeror shall conduct a Gap Analysis and submit with the proposal response, identifying all areas that are not currently meeting 100% compliance, and defined by each performance measure being at least 85% compliant. The Offeror shall identify exactly what resources are necessary to achieve 100% compliance, utilizing innovative solutions in accordance with specifications and requirements, in all analyzed areas and a timeline required to do so. The Department has scheduled a meeting via Google Meets to discuss the compliance report and each performance measure. **The meeting will occur on January 5, 2022 at 9 am MST (Arizona time).** Offerors wishing to attend this meeting shall contact Kristine Yaw (kyaw@azadc.gov).

Amend to Delete – Reference Question 8

Solicitation Amendment No 10 – Attachment 10 Experience and References


Amend to Add – Reference Question 8

Attachment 11 – Experience and References

Questions have been submitted and the Department provides the following responses

The following questions were received on November 23, 2021.

1. Subcontractor Opportunities for RFP BPM003905-Laboratory Testing - We are not qualified to bid RFP BPM003905, but we would like to bid as a subcontractor to the bidders. We are a small, woman-owned laboratory offering blood, toxicology and infectious disease testing. We have just received our WBENC and WOSB certifications. Can we get a list of the bidders so that we may submit a bid for the laboratory services?

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Answer #1: Vendor should submit a formal public records request at <https://corrections.az.gov/public-resources/public-records>

The following questions were received on November 24, 2021.

- 2. General Question - ADCRR RFP for Inmate Correctional Healthcare (BPM003905) Timeline Question - With the Q&A Will ADCRR consider agreeing to reimburse a vendor for startup costs that cannot be recovered over the implied five-year initial term of the contract if House Bill 2006P is ratified and the state assumes responsibility for healthcare in June 2023?

Answer #2: ADCRR does not agree to this. Should the House Bill pass, the vendor may seek any remedies in accordance with the applicable requirements in the contract.

The following questions were received on December 2, 2021.

- 3. Section 1.7.2.5 Sick Call - Regarding Section 1.7.2.5 around sick call:
 - a. Please clarify, is an LPN conducting sick call?
 - b. Please clarify, is an LPN conducting triage?

Answer #3: a) Section 1.7.2.5 states that Sick call shall be performed daily by an RN.
 b) Section 1.7.2.5 states that an LPN or RN may shall triage HNRs within 24 hours of receipt [by health services].

- 4. Section 1.9.3 Intake Screening Process - RFP Section 1.9.3 requires the Contractor to complete all screening services by the end of the second full day of inmate arrival. With the current unavoidable turnaround time for diagnostics and diagnostic results, will the Department accept completion within 48-72 hours?


Answer #4: No, the Department will not extend the required time frame for completion of screening services. The collection of labs, diagnostics and other listed screening services shall be completed by the end of the second full day of the inmate’s arrival.

The following questions were received on December 3, 2021.

- 5. RFP Section 1.9.3.7 requires full mouth x-ray services for intake screening services. The current process allows panoramic x-rays and periapical radiographs once the patient arrives to their home facility. Completing full mouth x-ray services at intake may put the vendor out of compliance for intake-required timelines.

Will the ADCRR accept panoramic x-rays at intake and periapical radiographs once the patient arrives to their home facility, as in line with the current process?

Answer #5: No, ADCRR will not accept less than the RFP requirement of full-mouth xrays and necessary bitewings on periapical radiographs during Intake screening services.

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6. RFP Section 1.6.4.1 discusses secure wards and hospital transfer services.
- a. Please clarify what happens if a patient is determined stable however, the secure ward-hospital cannot provide the prescribed treatment or cannot provide the needed services
 - b. Please clarify what happens if the hospitals refuse to share the DRG payment once transferred to the secure ward

Answer #6: a) Section 1.6.4.1 states that the Contractor shall utilize secure wards *to the maximum extent possible*. If the secure ward hospital cannot provide the prescribed treatment or needed services for treatment of the patient, the expectation is that the patient would remain where the treatment/services would be provided.

b) The matter should be addressed by the Contractor in their agreements with the hospitals.

The following questions were received on December 8, 2021.

7. We've been advised that physical therapy is being provided onsite at Eyman, Lewis, Perryville, Tucson, and Yuma:
- a. Are patients requiring PT housed at other facilities being transported to one of these for services?
 - b. Will the PT unit being constructed at Eyman affect distribution of where onsite PT will be provided?

Answer #7: a) No, offsite PT services are utilized.


b) Onsite PT will continue to be provided at the listed complexes.

The following questions were received on December 9, 2021.

8. Urgent Question regarding New Reference Form (Amendment #10) - The instructions on the new reference form provided in Amendment #10 for RFP BPM003905 Inmate Correctional Services state the following: "It shall be the responsibility of the offeror to obtain the references from the contracting office for each of the references held... References submitted from other than the contracting office will not be accepted." At first, we thought the term "contracting office" meant the state or county procurement office that ran the solicitation resulting in the contract. However, after reviewing the questions on the form, we see that no procurement office would have the operational and service quality information necessary to complete the form. Therefore, please confirm that by "contracting office," the ADCRR means the office or Agency that signed the contract and receives/monitors the services provided by the Offeror.

Answer #8: Please see Amend to Delete Attachment 10 at the beginning of this amendment. Also, see Amend to Add Attachment 11 Experience and References at the beginning of this amendment.

9. BPM003905 - To clarify the ADCRR's expectations with regard to its definition of 24/7 staffing at each ASPC, please indicate whether (a) or (b) below is correct.
- a. The Contractor must provide 24/7 staffing at each individual Unit within the ASPC.

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- b. The Contractor must provide 24/7 staffing for the ASPC overall, with onsite staff stationed at one Unit in the ASPC covering multiple other Units in the same ASPC as needed, thereby ensuring the timely and appropriate delivery of health care.

Answer #9: Neither a) nor b) is correct. The Department’s expectation is that clinical staff (to include a minimum of one RN) will be available 24 hours per day, 7 days per week at each of the ASPC complexes to ensure timely and appropriate delivery of health care. For ASPC complexes with IPC housing, an RN is in addition to those staffed in the IPC.

10. With regard to the 80 Psychology Associates (§ 1.17.9.6) and the 10 LISAC clinicians (§ 1.17.9.7) added as a result of RFP Amendment #9, please clarify if (a) the 80 Psychology Associates includes the 10 LISAC clinicians; or (b) the 10 LISAC clinicians are in addition to the 80 Psychology Associates.

Answer #10: RFP Section 1.17.9 is specific to Additional Staffing recommendations. Sections 1.17.9.6 and 1.17.9.7 are separate recommended positions.


11. After examining both the Exhibit 22 Current Position Report provided in RFP Amendment No. 10 and new minimum required Exhibit 24 Staffing Plan provided in RFP Amendment No. 12, we see that the incumbent Contractor is providing more than 26 FTEs in excess of the RFP-mandated minimum staffing levels (see table below). Please provide the following information on this topic.

Job Title	“Excess” FTEs Above RFP Minimum Staffing Plan
Administrative Assistant	6.75
Clinical Coordinator	0.50
Education Coordinator	1.00
Inventory Coordinator	5.00
Lab Technician	3.50
Medical Director	0.20
Medical Records Clerk	1.00
Mental Health Midlevel (NP/PA) (Provider)	0.20
Midlevel Practitioner	4.15
Regional Clinical Pharmacy Director	1.00
Regional Lead Psychology Associate	1.00
Scheduler	2.00

- a. At which ASPCs are each of these additional FTEs located?
- b. Please confirm that these “excess” FTEs are not part of the RFP-mandated minimum staffing plan and therefore Offerors do not have to include them in our proposals/pricing.

Answer #11: a) This information is not maintained by the MSCMB.

b) The RFP minimum staffing requirement is 1052.75 FTEs. The term “excess” implies an amount over and above the required number of FTEs. Offeror proposals are required to meet the minimum staffing plan requirement as well as to employ sufficient staffing and utilize appropriate resources to achieve contractual compliance.

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12. Section 1.10.15 Offsite Transportation - Regarding RFP Section 1.10.15 Offsite Transportation. In order to quantify the cost of security and transportation for off-site medical transports, please provide the following:

The annual number of pre-scheduled offsite transports for inmates requiring hospitalization, routine or pre-scheduled care at healthcare institutions, off-site community provider facilities, inter-facility medical transports and specialty clinics.

- a. The annual number of pre-scheduled offsite transports for inmates requiring hospitalization, routine or pre-scheduled care at healthcare institutions, off-site community provider facilities, inter-facility medical transports and specialty clinics.
- b. The number of security officers that will be assigned to such off-site transports.
- c. The average hourly cost that will be charged to the medical contractor for the security officer escorts.
- d. The amount that will be charged to the medical contractor for use of State vehicles for non-emergent medical transport.

Answer #12: a) – d) are not applicable. RFP Section 1.10.15 states that the Contractor is responsible for costs of offsite medically necessary services and shall coordinate transportation teams with the Department. Interfacility transfers that require transportation above and beyond what the Department can provide (emergency, specialized transport, etc.) is at the cost of the Contractor.

13. Follow up on Amendment 16, QA #162 - We appreciate the Departments response to Amendment 16, question #162, stating that OTP services may be offered at "Each complex that allows inmates to participate in group activities." We are aware that behavioral health group treatment is being delivered at Florence, Eyman, Phoenix, Perryville, Lewis, Yuma, and Tucson.


- a. Will the ADCRR confirm that OTP services will be restricted to these sites that support behavioral health group treatment services?
- b. If the Department's intent is to align with program services groups delivered and not behavioral health group services, please provide a list of all facilities that allow for "inmates to participate in group activities" that would be approved for the implementation of OTP services.

Answer #13: a) The statement is not confirmed; OTP services may be offered at each complex that allows inmates to participate in group activities.

b) All ASPC complexes allow for inmate group activities.

14. RFP Section 1.15.4.8.1 states that hospitals will submit claims directly to AHCCCS for eligible inmates' inpatient stays. Please confirm the State will subsequently reimburse AHCCCS by deducting this claims cost from the contractor's monthly invoice.

Answer #14: The statement is not confirmed.

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15. RFP Section 1.15.4.8.1 states that hospitals will submit claims directly to AHCCCS for eligible inmates' inpatient stays and the State will subsequently reimburse AHCCCS by deducting the claims cost from the contractor's monthly invoice. This would mean the contractor is ultimately responsible for the cost of all inpatient stays, regardless Medicaid status. Please confirm this understanding.

Answer #15: The statement is not confirmed. Medicaid eligible health care services are specifically excluded from the Contract.

16. RFP Section 1.15.4.8.1: Is the Contractor responsible for cost of inpatient stays by the State deducting the claims cost from the contractor's monthly invoice? If so, please confirm bidders should include these costs in their price proposal.

Answer #16: Medicaid eligible health care services are specifically excluded from the Contract.

The following questions were received on December 10, 2021.

17. RFP BPM003905 Infirmary Expansion - In reference to the response to question #70 of Solicitation Amendment 16, we are assuming that ADCRR is seeking the following information from Offerors in their proposals:

- Additional staffing to operate additional IPC beds and sheltered housing beds.
- The equipment required (primarily DME) to operate additional IPC and sheltered housing beds.
- The cost of these items are to be included in our proposed pricing.

Answer #17: Section 1.6.13 requires the Offeror to include an Option for increasing on-site infirmary beds and other sheltered housing units. The Option should include all costs associated with an increased number of infirmary and other sheltered housing units.


18. Senate Bill 1354: Hospital Services - The RFP does not reference the recent passage of Senate Bill 1354, which was signed into law in April, 2021, or clarify the impact of this new legislation on the cost of inmate healthcare. This bill revises the Arizona statute pertaining to the rate structure for inpatient and outpatient hospital services and includes the following language:

“FOR INPATIENT AND OUTPATIENT HOSPITAL SERVICES THAT ARE PROVIDED IN A FULLY LOCKED UNIT SETTING, THE DEPARTMENT MAY ESTABLISH AN ALTERNATIVE REIMBURSEMENT RATE THAT DOES NOT EXCEED ONE HUNDRED TWENTY PERCENT OF THE CURRENT MEDICARE RATE.”

Should bidders factor the impact of this new statutory language into their pricing assumptions?

Answer #18: Bids should be submitted based on the most current information available. The revised language is specific only to utilization of fully secured, locked hospital wings or wards.

19. Arizona RFP BPM003905 Gap Analysis and Timeline Question - We would like to know if the State would consider extending the due date of this RFP. The Gap Analysis meeting has not been scheduled yet and with the impending Christmas holidays causing office closures we are concerned that there will not be a sufficient amount of time to formulate and provide the required Gap Analysis Plan in our response based on that meeting content once it is

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rescheduled. We are also concerned about having the needed time to make adjustments to our response based on answers to questions being submitted up until Dec. 15th. Please advise.

Answer #19: The solicitation due date is January 18, 2022.

20. Format of Electronic Submission - In RFP Section 2.9, Format of Proposal Submission, the RFP instructs bidders to break their responses up into subsections 2.9.1.1 – 2.9.1.10. Does the Department prefer a separate document for each of those subsections or one combined document containing ALL subsections?

Answer #20: Please refer to Solicitation Amendment No. 10, Amend to Change, Section 2.9.1 which states, "Proposals shall follow the same general format. The proposal numbering sequence must be in accordance with the solicitation document and identifiable to each section within the proposal."

21. Format of Electronic Submission - Answer #11, from Amendment 12 clarified that bidders are permitted to include proposal response appendices and attachments that are meant as supportive examples. Throughout the RFP, certain sections require large documents (e.g. sample reports, litigation history, etc.) to fulfill a response. This would potentially be interruptive of the evaluation team reading the document. With this:

- a. Are these large documents permitted to be included together in a separate area of bidder's proposals?
- b. If yes, are bidders permitted to use these documents to fulfill requirements of a particular section? For example, RFP Section 1.8.12 asks for sample reports. The actual sample reports themselves would be included in an "appendices" area of the proposal. The section response would clearly reference where the appendices were located and labeled accordingly.

Answer #21: a. Yes
b. Yes

The following questions were received on December 13, 2021.


22. Amendment 16 Clarification - Please clarify if the ADCRR intends to delete the EMR requirement in Section 1.23.2.15, as noted in the beginning of RFP Amendment #16 (Amend to Delete – Reference Q#135), or maintain this requirement as suggested in ADCRR answers A and B for question #155 in Amendment #16.

Answer #22: Section 1.23.2.15 is deleted.

23. How is the ADCRR currently having each ASPC facility connect to the internet: a) Route all site traffic to the Lumen data center in Iron Mountain and then access the internet, or b) Have each site access the internet directly without going to through datacenter first?

Answer #23: Option A is correct

24. We understand the ADCRR will supply the current PCs to the incoming vendor and would like to know the following. Will the PCs need to be reimaged first so they can connect to the incoming vendor's network? If they do need reimaged, who would the ADCRR plan have complete this task?

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Answer #24: ADCRR does not have login information for the vendor PCs. It is the incoming vendor's responsibility to reimage the PCs. RFP Section 1.22.1 states that the Contractor shall provide all computer hardware for the EMR..... necessary to conduct health services operations. It also states that the Contractor is responsible for the servicing, maintenance, and replacement of the hardware during the term of the contract.

25. RFP Page 152 & 88, Sections 1.23 & 1.10.22.1.2 –Healthcare Records. In Section 1.10.22.1.2 the RFP states that the contractor shall be responsible for all costs of implementing and maintaining the EMR, including hardware, software, peripherals and network connectivity throughout all ADCRR state operated complexes and private prison facilities. However, the response to 1.23.1 says, "Private prison facilities will be responsible their equipment". Please confirm that no computers, printers, scanners, network or any peripheral equipment will need to be provided for private prisons. Since they are currently on a paper based process their current deployment of computers would likely be insufficient for the use of an electronic health record system.

Answer #25: RFP Section 1.23.1 states that the Contractor shall maintain an EMR at all State operated complexes. The Contractor shall provide access to the EMR system to all private prison complexes. The Contracted vendor will not be responsible for provision of equipment to the private prison facilities.

26. RFP Page 158, Section 1.23.22 – Please confirm that the contractor will be obligated to pay licensing fees to use the EHR proposed for the private prisons. If the contractor is not responsible to pay for the licensing for the private prisons, please confirm if ADCRR will pay the licensing fees for full access to the EHR proposed of if the private prisons will pay.

Answer #26: RFP Section 1.23.1 states that the Contractor shall maintain an EMR at all State operated complexes. The Contractor shall provide access to the EMR system to all private prison complexes.

27. RFP Page 47, Section 1.6.11.1 (Exhibit 4) - Please confirm if all existing capital equipment listed in Exhibit 4 will be available to the incoming vendor on day one of the contract.

If all existing capital equipment in Exhibit 4 is not available to the incoming vendor on day one, please provide a specific list of capital equipment that is available to the incoming vendor on day one.


Answer #27: The equipment listed in Exhibit 4 is Department owned and will be available for use.

28. RFP Page 48, Section 1.6.11.2 - Please provide a list of items currently under lease agreements or contracts that the contractor shall be responsible for obtaining/replacing that are being used or operated by the department.

Answer #28: This information is not maintained by the MSCMB. The Department does not use or operate medical equipment in the provision of health services.

29. RFP Page 48, Section 1.6.11.2 - Please provide costs associated with leased/contracted services or items, to include non-hard-wired call systems in IPCs. This also includes communications and information technologies for the delivery of clinical care (telemedicine), x-ray and e-health and telehealth services *(besides the list of telemedicine equipment in Exhibit 5 that is expected to be removed by the current vendor.)*

Answer #28: This information is not maintained by the MSCMB.

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30. Based on Amendment 16 question #84, it appears that Attachment 8 PIPD Fee Schedule and the Excel line PIPD template are the only required cost forms. In past proposals, other forms were required such as the Attachment 8B Contract Fee Schedule, Attachment 9 Budget Narrative, and Budget Narrative Staff (see attached examples). Please identify which forms are required to be submitted with the proposal. Is a written cost proposal acceptable as well?

Answer #30: Attachment 8B was deleted; please see Amend to Delete Attachment 8B at the beginning of Solicitation Amendment No. 9. Offerors shall complete and submit Attachment 8 PIPD Fee Schedule and Attachment 9 Budget Narrative forms with their offer.

31. RFP Page 47, Section 1.6.11.1 (Exhibit 4) - Since all equipment will be available listed in Exhibit 4, is there an Arizona specific windows domain that these will remain on or do these need to be connected to the Vendors windows domain.

Answer #31: RFP Section 1.6.11 specifically addresses Department owned capital inventory items that the Contractor is allowed to use. Capital equipment inventory will be maintained by the Department. Quarterly inventory audits will be completed collaboratively with the MSCMB and the Contracted vendor for verification of inventory.

32. RFP Page 152, Section 1.23.1 - ADCRR indicated on 1.23.1 that private facilities will be responsible for their own equipment. Will the private prisons also be responsible for their network / internet to access the cloud based EHR to be provided?

Answer #32: The Contracted vendor will not be responsible for provision of network/internet services to the private prison facilities.

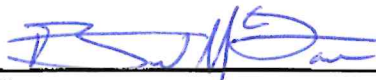
33. General - Given that the GAP Analysis Meeting has yet to be rescheduled, does the Agency plan to extend the deadline for the response submissions to allow offerors sufficient time to adequately review the information provided at the meeting, analyze any gaps, and thoughtfully design a plan to address these gaps in the proposal response

Answer #33: The solicitation due date is January 18, 2022.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

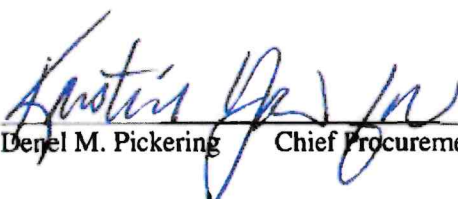
This Solicitation Amendment is hereby executed this 17th day of December, 2021.




 Signature Date
 Bradford McLane, CEO

 Typed Name and Title
 NaphCare, Inc.

 Name of Company



 Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No. 18	Date: December 28, 2021	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain January 18, 2022 at 3:00 PM Arizona Time (MST).


Solicitation BPM003905 is being replaced in its Entirety with Solicitation Amendment No. 18 as this is the consolidation of the changes from Amendment No. 1 to 17.

Solicitation Amendment No. 18 BPM003905 should be the only document used by vendors in responding to the RFP.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

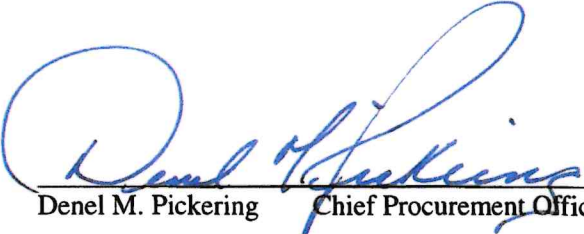
This Solicitation Amendment is hereby executed this 28th day of December, 2021.

 2/11/2022


 Signature Date
 Bradford McLane, CEO

 Typed Name and Title
 NaphCare, Inc.

 Name of Company



 Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
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	Solicitation Amendment No.: 19	Date: January 4, 2022	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:


The Solicitation Due Date is being extended to February 17, 2022 at 3:00 PM Arizona Time (MST).

The January 5, 2022 Gap Analysis meeting is hereby cancelled. The Department may reschedule at a later date.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

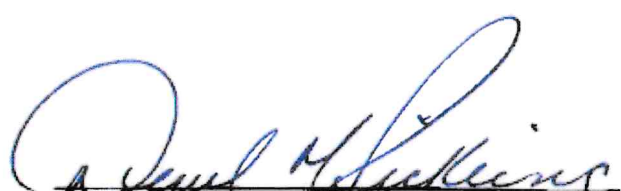
This Solicitation Amendment is hereby executed this 4th day of January, 2022.

 2/11/2022


Signature **Date**
 Bradford McLane, CEO

Typed Name and Title
 NaphCare, Inc.

Name of Company



 Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
	Solicitation Title: Inmate Correctional Healthcare		
	Solicitation Amendment No.: 20	Date: February 1, 2022	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The solicitation is hereby amended as follows:

The Solicitation Due Date shall remain February 17, 2022 at 3:00 PM Arizona Time (MST).

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Amend to Delete

Solicitation Amendment No. 18 – Exhibit 11 Monetary Sanctions

Amend to Add

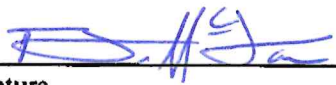
Exhibit 20 – Monetary Sanctions

In accordance with section 1.1.7 and solicitation amendment no. 19, the Gap Analysis will not be done prior to the closing of this RFP. The Gap Analysis will be handled by the awarded contractor.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

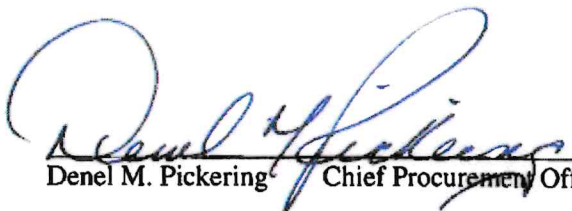
This Solicitation Amendment is hereby executed this 1st day of February, 2022.


2/11/2022


Signature **Date**
 Bradford McLane, CEO

Typed Name and Title
 NaphCare, Inc.

Name of Company



 Denel M. Pickering Chief Procurement Officer

	Solicitation Amendment		State of Arizona Department of Corrections, Rehabilitation, and Reentry 1645 West Jefferson Street Phoenix, AZ 85007
	Solicitation No.: BPM003905	ADCRR Tracking No.: 22-036-32	
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	Solicitation Amendment No.: 21	Date: February 7, 2022	

A SIGNED COPY OF THIS AMENDMENT MUST BE RETURNED WITH YOUR OFFER

The Solicitation Due Date shall remain February 17, 2022 at 3:00 PM Arizona Time (MST).

The solicitation is hereby amended as follows:

CHANGES, ADDITIONS, OR DELETIONS IN REQUIREMENTS THAT WILL FORMALLY CHANGE THE SOLICITATION REQUIREMENTS WILL BE SHOWN AT THE BEGINNING OF THIS AMENDMENT.

Amend to Correct Solicitation Amendment No. 20

Exhibit 20 – Monetary Sanctions was inadvertently issued with an incorrect Exhibit number in Amendment No. 20. The correct Exhibit No. 30 is being attached to this Amendment No. 21 and becomes an integral part of the solicitation.

Amend To Change


Solicitation Amendment No. 18, Special Terms and Conditions, Section 2.18 **EVALUATION CRITERIA**, Paragraph 2.18.1

From:

- 2.18.1 In accordance with the Arizona Procurement Code A.R.S. § 41-2534, awards shall be made to the responsible Offeror whose proposal is determined in writing to be the most advantageous to the State based upon the evaluation criteria listed below. The evaluation factors are listed in their relative order of importance.
 - 2.18.1.1 Method of Approach / Offeror’s Ability to Meet the Requirements of the Contract
 - 2.18.1.2 Fee Schedule
 - 2.18.1.3 Qualifications and Experience of Offeror’s Personnel and Organization
 - 2.18.1.4 Capacity of Offeror

To:

- 2.18.2 In accordance with the Arizona Procurement Code A.R.S. § 41-2534, awards shall be made to the responsible Offeror whose proposal is determined in writing to be the most advantageous to the State based upon the evaluation criteria listed below. The evaluation factors are listed in their relative order of importance.
 - 2.18.2.1 **Scope of Work, inclusive of Fee Schedule**
 - 2.18.2.2 **Special Terms and Conditions**
 - 2.18.2.3 **Uniform Terms and Conditions**

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Amend To Change

Solicitation Amendment No. 18, Scope of Work, Section 1.13 **MENTAL HEALTH SERVICES**, Subsection 1.13.4, Paragraph 1.13.4.1

From:

1.13.4.1 Psychology Associate level clinicians shall have an active LAC, LPC, LMFT, LCSW, LMSW license. Any master’s level or doctoral level clinician without a current license must work under the supervision of a licensed clinician and obtain an appropriate license within eighteen (18) months. Clinicians holding a LISAC license shall provide services only to individuals with co-occurring mental illness and substance abuse diagnoses.

To:

1.13.4.1 Psychology Associate level clinicians shall have an active LAC, LPC, LMFT, LCSW, LMSW license. Any master’s level or doctoral level clinician without a current license must work under the supervision of a licensed clinician and obtain an appropriate license within eighteen (18) months.

Amend To Delete

Solicitation Amendment No. 18, Scope of Work, Section 1.17.9 Additional Staffing Recommendations, Subsection 1.17.9.7 “A minimum of 10 LISAC clinicians one at each prison complex”

Amend To Delete

Solicitation Amendment No. 18, Scope of Work, Section 1.13 MENTAL HEALTH SERVICES, Subsection 1.13.6. Addiction Treatment Service, Paragraph 1.13.6.3 Opioid Treatment Program

Remove 1.13.6.3 in its entirety, inclusive of any reference made to the Opioid Treatment Program developing and implementation throughout the document.

ALL OTHER PROVISIONS OF THE SOLICITATION SHALL REMAIN IN THEIR ENTIRETY

Offeror hereby acknowledges receipt and understanding of this Amendment.

This Solicitation Amendment is hereby executed this 7th day of February, 2022.

 2/11/2022

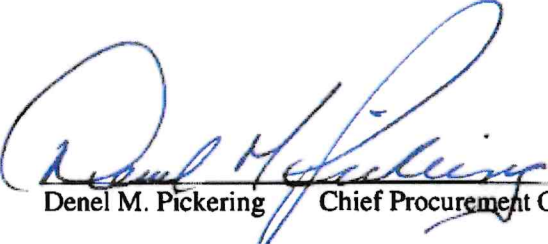
Signature _____ Date _____

Bradford McLane, CEO

Typed Name and Title _____

NaphCare, Inc.

Name of Company _____


Denel M. Pickering Chief Procurement Officer

2.9.1.2 Boycott of Israel Disclosure


**Arizona Department of Corrections,
Rehabilitation and Reentry**

**INMATE CORRECTIONAL HEALTHCARE
Solicitation No. BPM003905**

2.9.1.2 Boycott of Israel Disclosure

Provide a signed copy of the Boycott of Israel Disclosure. See Attachment 2, Boycott of Israel Disclosure

NaphCare has provide the required signed copy of the Boycott of Israel Disclosure following this page.

	Solicitation Amendment No. 18 Attachment 2: Boycott of Israel Disclosure Solicitation No. BPM003905 Inmate Correctional Healthcare	State of Arizona Department of Corrections, Rehabilitation & Reentry Procurement Services 1645 W Jefferson Street Phoenix, AZ 85007
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Please note that if any of the following apply to this Solicitation, Contract, or Contractor, then the Offeror shall select the "Exempt Solicitation, Contract, or Contractor" option below:

- The Solicitation or Contract has an estimated value of less than \$100,000;
- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; OR
- Contractor is a non-profit organization.

Pursuant to A.R.S. §35-393.01, public entities are prohibited from entering into contracts "unless the contract includes a written certification that the company is not currently engaged in, and agrees for the duration of the contract to not engage in, a boycott of goods or services from Israel."

Under A.R.S. § 35-393:

1. "Boycott" means engaging in a refusal to deal, terminating business activities or performing other actions that are intended to limit commercial relations with entities doing business in Israel or in territories controlled by Israel, if those actions are taken either:
 - (a) Based in part on the fact that the entity does business in Israel or in territories controlled by Israel.
 - (b) In a manner that discriminates on the basis of nationality, national origin or religion and that is not based on a valid business reason.
2. "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.
- ...
5. "Public entity" means this State, a political subdivision of this State or an agency, board, commission or department of this State or a political subdivision of this State.

The certification below does not include boycotts prohibited by 50 United States Code Section 4842 or a regulation issued pursuant to that section. See A.R.S. § 35-393.03.

In compliance with A.R.S. § 35-393 et seq., all offerors must select one of the following:

- The Company submitting this Offer does not participate in, and agrees not to participate in during the term of the contract, a boycott of Israel in accordance with A.R.S. § 35-393 et seq. I understand that my entire response will become a public record in accordance with A.A.C. R2-7-C317.
- The Company submitting this Offer does participate in a boycott of Israel as described in A.R.S. § 35-393 et seq.
- Exempt Solicitation, Contract, or Contractor.**

Indicate which of the following statements applies to this Contract:

- Solicitation or Contract has an estimated value of less than \$100,000;
- Contractor is a sole proprietorship;
- Contractor has fewer than ten (10) employees; and/or
- Contractor is a non-profit organization.

NaphCare, Inc.


Company Name

2090 Columbian Road, Suite 4000

Address

Birmingham AL 35216

City State Zip



Signature of Person Authorized to Sign

Bradford McLane

Printed Name

Chief Executive Officer (CEO)

Title



2.9.1.3 Rules for Non-Employees of ADC in Arizona State Prisons Form


**Arizona Department of Corrections,
Rehabilitation and Reentry**

**INMATE CORRECTIONAL HEALTHCARE
Solicitation No. BPM003905**

2.9.1.3 Rules for Non-Employees of ADC in Arizona State Prisons Form

Provide a signed copy of Rules for Non-Employees of ADC in Arizona State Prisons Form. See Attachment 3, Rules for Non-Employees of ADC in Arizona State Prisons.

NaphCare has provided the required signed copy of Rules for Non-Employees of ADC in Arizona State Prisons Form following this page.


	<p>Solicitation Amendment No. 18</p> <p>Attachment 3:</p> <p>Rules for Non-Employees of ADC in Arizona</p> <p>State Prisons Form</p> <p>Solicitation No. BPM003905</p> <p>Inmate Correctional Healthcare</p>	<p>State of Arizona Department of Corrections, Rehabilitation & Reentry Procurement Services 1645 W Jefferson Street Phoenix, AZ 85007</p>
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POLICY STATEMENT:

While the institution recognizes the need of non-staff personnel to have in their possession certain personal items, limits are necessary for the security and safe operation of the institution.

PROCEDURES:

1. All persons entering the institution are subject to search prior to entry and while on the grounds of the institution. All non-staff personnel will, at all times, remain in their authorized area under the direction of the project coordinator.
2. Persons are allowed the materials necessary for the performance of their duties.
3. All non-staff personnel may have in their possession the following:
 - A. A wallet with normal contents, e.g.,
 - 1) photos and personal papers.
 - 2) currency not to exceed \$40.00 (Forty Dollars). Excess will be reported to the shift commander prior to entry.
 - 3) no credit cards or checkbooks are allowed.
 - B. Handkerchief and comb.
 - C. Tobacco products and smoking apparatus for normal daily use.
 - D. Keys as necessary (auto and home).
 - E. Fingernail clipper.
 - F. Confectionary items (gum, candy, etc.)
 - G. Watch and rings.
4. All persons are prohibited from introducing medication drugs into the institution grounds unless such a medication has been properly prescribed by a licensed physician and is in the original prescription container.
 - A. Medications of a stimulate nature, i.e., Dexedrine, Preludins, Tenuate or any other appetite suppressant or any hypnotic-type drug, are specifically prohibited on institution property. Persons who are taking this type of medication prior to coming to the institution will report this fact to the Shift Commander, prior to reporting to their authorized area.
 - B. Persons taking medications of the tranquilizer class, i.e., Valium, Librium, Miltown or any of the anti-depressant class, i.e., Sinequan, Triavil, Elavil or any mood modifying drug of any type; Pain medications i.e., Percodan, Percocet, hydrocodone (Vicodin), Tylenol with codeine, propoxphene, etc., will report this fact to the Shift Commander prior to going to their authorized area. Possession of these types of drugs on prison grounds will be limited to that amount necessary during one eight hour shift.

	<p align="center"> Solicitation Amendment No. 18 Attachment 3: Rules for Non-Employees of ADC in Arizona State Prisons Form Solicitation No. BPM003905 Inmate Correctional Healthcare </p>	<p align="center"> State of Arizona Department of Corrections, Rehabilitation & Reentry Procurement Services 1645 W Jefferson Street Phoenix, AZ 85007 </p>
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C. Personnel taking any other class of medication i.e., antihistamines, antihypertensives, anticholinergics, etc., are limited in the introduction of only such amount of medication as will be required during the period of one eight hour shift, and this fact will be reported to the Shift Commander.

- 1) Any deviation from this policy must be cleared with the Warden of the unit. Persons violating this policy may subject themselves to eviction from institution property and/or prosecution.

NOTE: If anyone loses or has stolen any personal items in his possession, the institution will attempt to retrieve the items, but cannot guarantee the return thereof nor provide reimbursement.

The following Arizona Revised Statutes dealing with inmate and non-staff member relationships require your strict adherence at all times during your stay at the Arizona State Department of Corrections.

Interest of employee and non-employee in contracts, gifts to or for inmates: penalty

- 1) No non-staff member shall be interested in any contract or purchase made by anyone for or on behalf of the prison, or receive, directly or indirectly, compensation for his services other than prescribed by the administrator of the institution, nor shall he receive any compensation whatever for any act or services he performs for or on behalf of a contractor, or any agent or employee of a contractor.
- 2) No non-staff personnel, without permission of the administrator shall make a gift or present to or receive a gift from an inmate, or barter or deal with an inmate.
- 3) Any person violating this section shall be discharged from office or service, and every contractor, or employee or agent of a contractor, shall not be permitted to act or serve again as such contractor, agent or employee.

Unauthorized communication with inmates: penalty

A person not authorized by law who, without the permission of the officer in charge of the state prison, communicates with a person imprisoned or detained therein, or who takes any letter, writing, literature or reading matter to or from a person imprisoned or detained therein, is guilty of a misdemeanor.



Signature Bradford McLane, CEO

2/11/2022

Date

2.9.1.4 Designation of Confidential, Trade Secret & Proprietary Information Form

**Arizona Department of Corrections,
Rehabilitation and Reentry**

**INMATE CORRECTIONAL HEALTHCARE
Solicitation No. BPM003905**

2.9.1.4 Designation of Confidential, Trade Secret & Proprietary Information Form

Offerors shall include the Designation of Confidential, Trade Secret & Proprietary Information form and any confidential documents (Attachment 4).

NaphCare has included the required Designation of Confidential, Trade Secret & Proprietary Information form along with all documentation we are considering Confidential following this page.

Confidentiality Statement


Attached hereto, along with Attachment 4, is material marked “CONFIDENTIAL” which NaphCare, Inc. asserts is a trade secret as defined by A.A.C. R2-7-101(50) which states as follows:

“Trade secret” means information, including a formula, pattern, device, compilation, program, method, technique, or process, that is the subject of reasonable efforts to maintain its secrecy and that derives independent economic value, actual or potential, as a result of not being generally known to and not being readily ascertainable by legal means.

NaphCare, Inc. is a private corporation. The attached is financial, operations, contract and litigation information that NaphCare takes steps to keep secret and which derives independent economic value. The information contained herein is not generally known by others outside of NaphCare, Inc. and not readily ascertainable by others outside of the corporation, and is therefore deemed confidential and a trade secret.

Confidential Documents Contained in this Section:

- ✓ NaphCare’s Audited Financial Statements
- ✓ NaphCare’s 5 Year Proforma Statement
- ✓ NaphCare’s 2021 Formulary
- ✓ NaphCare’s Contract History
- ✓ NaphCare’s Litigation History

	Solicitation Amendment No. 18 Attachment 4: Confidential Information Solicitation No. BPM003905 Inmate Correctional Healthcare	State of Arizona Department of Corrections, Rehabilitation & Reentry Procurement Services 1645 W Jefferson Street Phoenix, AZ 85007
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All materials submitted as part of a response to a solicitation are subject to Arizona public records law and will be disclosed if there is an appropriate public records request at the time of or after the award of the contract. Recognizing there may be materials included in a solicitation response that are proprietary or a trade secret, a process is set out in A.A.C. R2-7-103 (copy attached) that will allow qualifying materials to be designated as confidential and excluded from disclosure. For purposes of this process the definition of "trade secret" will be the same as that set out in A.A.C. R2-7-101(52).

Complete this form and return it with your Offer **along with the appropriate supporting information** to assist the State in making its determination as to whether any of the materials submitted as part of your Offer should be designated confidential because the material is proprietary or a trade secret and therefore not subject to disclosure.

STATE WILL NOT CONSIDER ANY MATERIAL IN YOUR OFFER "CONFIDENTIAL" UNLESS DESIGNATED ON THIS FORM.


Check one of the following – if neither is checked, State will assume that as equivalent to "DOES NOT":

<input type="checkbox"/>	This response DOES NOT contain proprietary or trade secret information. I understand that my entire response will become public record in accordance with A.A.C. R2-7-C317.
<input checked="" type="checkbox"/>	This response DOES contain trade secret information because it contains information that: <ol style="list-style-type: none"> 1. Is a formula, pattern, compilation, program, device, method, technique or process, AND 2. Derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; AND 3. Is the subject of efforts by myself or my organization that are reasonable under the circumstances to maintain its secrecy.

NOTE: Failure to attach an explanation may result in a determination that the information does not meet the statutory trade secret definition. All information that does not meet the definition of trade secret as defined by A.A.C. R2-7-101(52) will become public in accordance with A.A.C. R2-7-C317. State may make its own determination on materials in accordance with A.A.C. R2-7-103.

If State agrees with Offeror's designation of trade secret or confidentiality and the determination is challenged, the undersigned hereby agrees to cooperate and support the defense of the determination with all interested parties, including legal counsel or other necessary assistance.

By submitting this response, Offeror agrees that the entire Offer, including confidential, trade secret and proprietary information may be shared with an evaluation committee and technical advisors during the evaluation process. Offeror agrees to indemnify and hold State, its agents and employees, harmless from any claims or causes of action relating to State's withholding of information based upon reliance on the above representations, including the payment of all costs and attorney fees incurred by State in defending such an action.

NaphCare, Inc.			
Offeror Company Name			Signature of Authorized Person
2090 Columbiana Road, Suite 4000			Bradford McLane
Address			Printed Name
Birmingham	AL	35216	Chief Executive Officer (CEO)
City	State	Zip	Title



Solicitation Amendment No. 18
Attachment 4 Supplement:
Confidential Information Designation
Solicitation No. BPM003905
Inmate Correctional Healthcare

State of Arizona
Department of Corrections,
Rehabilitation & Reentry
Procurement Services
1645 W Jefferson Street
Phoenix, AZ 85007

A.A.C. R2-7-103 [Confidential Information]
as was current at time of Solicitation issuance

- A. *If a person wants to assert that a person's offer, specification, or protest contains a trade secret or other proprietary information, a person shall include with the submission a statement supporting this assertion. A person shall clearly designate any trade secret and other proprietary information, using the term "confidential". Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information under this Section.*
- B. *Until a final determination is made under subsection (C), an agency chief procurement officer shall not disclose information designated as confidential under subsection (A) except to those individuals deemed by an agency chief procurement officer to have a legitimate state interest.*
- C. *Upon receipt of a submission, an agency chief procurement officer shall make one of the following written determinations:*
1. *The designated information is confidential and the agency chief procurement officer shall not disclose the information except to those individuals deemed by the agency chief procurement officer to have a legitimate state interest;*
 2. *The designated information is not confidential; or*
 3. *Additional information is required before a final confidentiality determination can be made.*
- D. *If an agency chief procurement officer determines that information submitted is not confidential, a person who made the submission shall be notified in writing. The notice shall include a time period for requesting a review of the determination by the state procurement administrator.*
- E. *An agency chief procurement officer may release information designated as confidential under subsection (A) if:*
1. *A request for review is not received by the state procurement administrator within the time period specified in the notice; or*
 2. *The state procurement administrator, after review, makes a written determination that the designated information is not confidential.*

REDACTED:
Attachment 4, Confidential Information
Pages 150 - 237



2.9.1.5 Deviations and Exceptions Form

**Arizona Department of Corrections,
Rehabilitation and Reentry**

**INMATE CORRECTIONAL HEALTHCARE
Solicitation No. BPM003905**

2.9.1.5 Deviations and Exceptions Form

Offerors shall include the Deviations and Exceptions Form (Attachment 5). Deviations and exceptions may cause your offer to be non-responsive. Deviations and exceptions noted elsewhere in the offer and not specified on this form shall be considered void and not part of your offer including any exception to the scope of work language.

NaphCare has included the required Deviations and Exceptions Form following this page.



March 16, 2022

Denel M. Pickering
Chief Procurement Officer

Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR)
1645 W. Jefferson
Phoenix, Arizona 85007
Submitted via email

Re: RFP No. BPM003905 Inmate Correctional Healthcare
Section 5 (2.9.1.5) Attachment 5 – Conformance Statements, Deviations and Exceptions

Ms. Pickering –

NaphCare has received and reviewed the ADCRR's Determinations related to exceptions taken to the requirements of RFP No. BPM003905 Inmate Correctional Healthcare. We acknowledge and agree to the Determinations as stated in the ADCRR's letter. We respectfully withdraw and rescind the exceptions as stated in Section 5 (2.9.1.5) Attachment 5 – Conformance Statements, Deviations and Exceptions of NaphCare's proposal. Further, we understand and will comply with all requirements set forth in the RFP, specifically:

- Special Terms and Conditions, Section 2.41 Insurance Requirements Subsection 2.41.11.16 and 2.41.11.17
 - NaphCare has read, understands, and shall comply with Sections and Subsections identified herein.
- Scope of Work, Section 1.12.2 Pharmacy Services
 - NaphCare has read, understands, and shall comply with Sections and Subsections identified herein.

Please note that this does not change any other section of NaphCare's proposal for services, including staffing and cost.

We greatly appreciate your consideration of our proposal and the opportunity to potentially partner with ADCRR. Please let me know if you need any additional information to support the evaluation process.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Brad McLane', is written over a light blue horizontal line.

Brad McLane
CEO
NaphCare, Inc.



Arizona Department of Corrections Rehabilitation & Reentry

1601 WEST JEFFERSON
PHOENIX, ARIZONA 85007
(602) 542-5497
www.azcorrections.gov



DOUGLAS A. DUCEY
GOVERNOR

DAVID SHINN
DIRECTOR

March 14, 2022

NaphCare, Inc.
2090 Columbiana Road, Suite 4000
Birmingham, AL 35216

Attention: Bradford McLane, CEO

Re: Request for Proposal (RFP) No. BPM003905 Inmate Correctional Healthcare
Section 5. (2.9.1.5) Attachment 5 - Conformance Statements, Deviations and Exceptions

Mr. McLane:

The Arizona Department of Corrections, Rehabilitation, and Reentry (Department) is in the process of evaluating your proposal submitted in response to the above referenced RFP.

You submitted Attachment 5, Conformance Statements as part of your proposal response, noted that exceptions are taken and included a list of Deviations and Exceptions taken by NaphCare, Inc. (NaphCare).

The Department listed the service requirements in the RFP as it is deemed necessary and applicable in a future contract to ensure appropriate and satisfactory service delivery to the inmate population. Your suggested proposal language takes exceptions and requests changes to certain sections of the RFP requirements listed in the solicitation, specifically in the area of the Scope of Work and the Special Terms and Conditions.

Attachment 5 Conformance Statements, Deviations and Exceptions of your proposal is attached to this letter for reference and our response will address each of your exceptions in the order shown in the attachment. The Department, as identified below, is making determinations to each of your exceptions taken on Attachment 5 - Conformance Statements.

It should also be noted that in addition, and in accordance with Special Terms and Conditions, Section 2.9.1.5, any other deviations and exceptions noted elsewhere in the offer and not specified on the Form (Attachment 5) shall be considered void and not part of your offer including any exceptions to the scope of work language. Please confirm and acknowledge your understanding of this and that you will comply with all requirements set forth in the RFP.

Listed below are your exceptions and the determinations made by the Department.

Exception No 1 Special Terms and Conditions, Section 2.41 Insurance Requirements
Subsection 2.41.11.16 and 2.41.11.17

You stated in your proposal response as quoted:

“...these coverages are outside of correctional healthcare industry standards as well as the scope of work being asked for in this RFP, and procurement of such insurance coverage would be both unnecessary and extremely costly.”

This exception cannot be accepted as this would change the requirement of the RFP and the requirement shall remain as written by ADCRR. Therefore, in order for the Department to move forward with your proposal evaluation, the exception must be rescinded and the RFP requirement acknowledged and agreed to.

Exception No 2 Scope of Work, Section 1.12.2 Pharmacy Services

In your proposal response you described your current practice and stated as quoted:

“... NaphCare will continue to follow the current practice of prioritization and budget treatment dollars at the current yearly level of treatment. Should any legal requirement governing the treatment of Hepatitis C come into effect as a result of a statutory or regulatory changes, court decision, court order, or otherwise, which should cause or contribute to an increase in costs in excess of NaphCare’s budget for Hepatitis C treatment, NaphCare will either bill the additional actual medication costs over budget to the Arizona Department of Corrections or the parties will negotiate in good faith to revise compensation terms and treatment protocols accordingly.”

This exception cannot be accepted as this would change the requirement of the RFP and the requirement shall remain as written by ADCRR. Therefore, in order for the Department to move forward with your proposal evaluation, the exception must be rescinded and the RFP requirement acknowledged and agreed to.

The Department is requesting that NaphCare respond with their written acknowledgement and agreement to all original RFP requirements no later than 3:00 pm MST on March 21, 2022.

If you have any questions, please contact Elizabeth Csaki, Sr. Procurement Specialist at (602) 364-3793 or at ecsaki@azadc.gov or me at (602)542-1172.

Sincerely,



Denel M. Pickering
Chief Procurement Officer
Arizona Department of Corrections, Rehabilitation & Reentry

Attachment: RFP Attachment 5: Conformance Statements

DP /ec

cc: ADCRR Tracking No. 22-036-32



Solicitation Amendment No. 18
Attachment 5:
Conformance Statements
Solicitation No. BPM003905
Inmate Correctional Healthcare

State of Arizona
Department of Corrections,
Rehabilitation & Reentry
 Procurement Services
 1645 W Jefferson Street
 Phoenix, AZ 85007

DEVIATIONS AND EXCEPTIONS

Offerors shall indicate any and all exceptions taken to the provisions or specification in this solicitation document. Unallowable or questionable deviations and exceptions may cause your offer to be non-responsive. Deviations and exceptions noted elsewhere in your offer, and not specified on this form, will be considered void and not part of your offer.

Exceptions (Check One):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | No exceptions. The Undersigned hereby acknowledges that there are no deviations/exceptions to this solicitation. |
| <input checked="" type="checkbox"/> | Exceptions are taken. |

Describe exceptions taken by sections (attach additional pages if needed):

- NaphCare would like to take exception to the following insurance requirements because these coverages are outside of correctional healthcare industry standards as well as the scope of work being asked for in this RFP, and procurement of such insurance coverage would be both unnecessary and extremely costly.
 - 2.41.11.16 Treatment, Storage or Disposal of Hazardous Wastes: Contractor shall furnish an insurance certificate from the designated disposal facility establishing that the facility operator maintains current Pollution Legal Liability Insurance in the amount of not less than \$10,000,000 per occurrence / annual aggregate, and will cover sudden and gradual pollution losses arising from the facility, associated with work performed under this agreement.
 - 2.41.11.17 For pollution losses arising from the insured facility, coverage shall apply to sudden and gradual pollution conditions including the discharge, dispersal, release or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, waste materials or other irritants, contaminants or pollutants into or upon land, the atmosphere or any watercourse or body of water, which results in Bodily Injury or Property Damage.
- The State of AZ prison system has approximately 8,000 individuals with Hepatitis C. The large majority of patients are early in their infection with little to no physical manifestations of the disease. A yearly FibroSure blood test determines a fibrosis score for each patient. Those at stages F3-F4 are prioritized for treatment currently. NaphCare will continue to follow the current practice of prioritization and budget treatment dollars at the current yearly level of treatment. Should any legal requirement governing the treatment of Hepatitis C come into effect as a result of a statutory or regulatory change, court decision, court order, or otherwise, which should cause or contribute to an increase in costs in excess of NaphCare's budget for Hepatitis C treatment, NaphCare will either bill the additional actual medication costs over budget to the Arizona Department of Corrections or the parties will negotiate in good faith to revise compensation terms and treatment protocols accordingly.

NaphCare, Inc.

Company Name

Signature of Person Authorized to Sign

Bradford McLane, CEO

2.9.1.6 Identification of Subcontractors

**Arizona Department of Corrections,
Rehabilitation and Reentry**

**INMATE CORRECTIONAL HEALTHCARE
Solicitation No. BPM003905**

2.9.1.6 Identification of Subcontractors

Offer shall complete Identification of Subcontractors (Attachment 6) and submit with their offer in APP.

NaphCare has included the required Identification of Subcontractors (Attachment 6) following this page along with the required Letters of Intent and Certificates of Insurance for each subcontractor as required by the RFP.

We have included Letters of Intent and Certificates of Insurance for the following subcontractors:

- ✓ **Your Hearing Network:** Audiology
- ✓ **Dental Health Management Solutions:** Offsite Dental
- ✓ **Diamond Pharmacy:** Non-340B Pharmaceutical Distribution
- ✓ **CompuMed:** EKG services
- ✓ **BioReference Laboratories:** Lab services
- ✓ **Trident USA:** Radiology services
- ✓ **Syed K. Masood, MD:** Nephrologist
- ✓ **Institutional Eye Care:** Vision services not provided by NaphCare Staff Optometrist
- ✓ **Mobile On-site Mammography:** Mammograms
- ✓ **MedPro:** Hazardous Waste disposal



Solicitation Amendment No. 18
Attachment 6:
Proposed Subcontractors
Solicitation No. BPM003905
Inmate Correctional Healthcare

State of Arizona
Department of Corrections,
Rehabilitation & Reentry
 Procurement Services
 1645 W Jefferson Street
 Phoenix, AZ 85007

Check "NO" if you WILL NOT subcontract any portion of the Work and will therefore be carrying out all of the Work with your own personnel.

NO, the Offeror will not subcontract any portion of the Work.

If you WILL subcontract any portion of the Work, check "YES" below and list name(s) of persons or companies you propose to use as subcontractors.

1. Fill in the information for every significant subcontractor – indicate the type of work the subcontractor will perform under the Contract, and their approximate percentage of the total Contract work.
2. Provide copies of relevant certifications each one possesses in the Attachment Supplements section.
3. Provide description of quality assurance methods and quality control measures that you will use to ensure that Subcontractor work meets the Contract requirements.
4. State may demand additional information about proposed subcontractors as a precondition of award.

YES, the Offeror will use the Subcontractors listed below:

	Name and contact information	Small Business	Work to be performed	%
1.	Name BioReference Laboratories	select	Laboratory Services	90
1.	Name Trident USA	select	Radiology Services	100
2.	Name CompuMed	select	EKG/ECG Services	100
3.	Name Institutional Eye Care	select	Vision Services not performed by NaphCare Staff Optometrist	100
4.	Name Your Hearing Network	select	Audiology Services	100
5.	Name Mobile On-site Mammography	select	Mammogram Services	100
6.	Name Dental Health Management Solutions	select	Offsite Dental Services	100
7.	Name Dr. Syed K. Masood	select	Nephrologist	100
8.	Name Diamond Pharmacy	select	Non-340B Pharmaceutical Distribution	100
9.	Name	select		

** % given is percentage of subcontractor's service type that will be performed by the subcontractor

Bradford McLane, CEO

2/11/2022

Date



LETTER OF INTENT / NaphCare & Arizona DOC RFP MEDICAL SERVICES

Legal Name: Your Hearing Network
580 Howard Ave. Somerset, NJ 08873

Your Hearing Network has been providing on site audiology testing and hearing aid services at the Federal, State and Local level for 7 years.

We have provided these services for the past 3 years at the following locations for the Arizona DOC: Douglas, Eyman, Florence, Lewis, Perryville, Phoenix, Safford, Tucson, Winslow, Yuma. We are capable of providing services at any facility within the state upon request.

My department is solely dedicated to providing audiology and hearing aid services within correctional facilities across the nation. Our parent company is Demant Group Services who own multiple audiology, medical, equipment and technology companies worldwide.

Our services include on site audiology screening and testing and dispensing hearing aids, providing complete maintenance, upkeep and repairs on a continuous basis.

We have not previously worked with NaphCare in the past but have numerous contracts with third party providers and also state direct agreements.

A sample of our insurance certificates is attached, and a direct name specific COI will be issued on request after contract award.

We agree to abide by all applicable requirements and provisions that are included within a contract that we become party to.

Mark Nystrom
Mark Nystrom / Director-Institutional Contracts

10 - 27 - 21
DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
05/26/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Aon Risk Services Northeast, Inc. Morristown NJ Office 44 Whippany Road, Suite 220 Morristown NJ 07960 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Your Hearing Network 580 Howard Ave, 5th floor Somerset NJ 08873 USA	INSURER A: Pacific Indemnity Co 20346	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :


COVERAGES **CERTIFICATE NUMBER: 570081873146** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			99486110	05/31/2020	05/31/2021	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$3,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$3,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y / <input type="checkbox"/> N	N/A			PER STATUTE	OTHER
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	
A	E&O-PL-Primary			99486110 Healthcare Prof. Liab.	05/31/2020	05/31/2021	Aggregate	\$3,000,000
							Deductible	\$10,000
							Each Occurrence	\$3,000,000

Certificate No : 570081873146

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Proof of Insurance.

CERTIFICATE HOLDER Your Hearing Network 580 Howard Ave., 5th Floor Somerset NJ 08873 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---



November 12, 2021

Ms. Deidre Williams, MBA
Director, UM Administration & Network Development
NaphCare, Inc.
2090 Columbiana Road, Suite 4000
Birmingham, Alabama 35216

Re: Letter of Intent/Arizona Department of Corrections Rehabilitation & Reentry

Dear Ms. Williams:

Thank you for consideration of the opportunity to potentially partner with NaphCare, Inc. in providing dental care solutions to the inmates incarcerated throughout the Arizona Department of Corrections Rehabilitation and Reentry. Dental Health Management Solutions, Inc. ("DHMS") has been providing dental services since 2003 including, but not limited to, servicing prison systems since 2010. Additionally, our sister companies, AnyPlace MD and AnyPlace Audiology have been providing medical and hearing services since 2007 and 2017, respectively.

In response to your email dated November 10, 2021 wherein you requested some additional, specific information regarding DHMS, please consider the following information and responses as the DHMS Letter of Intent to partner with NaphCare, Inc. in the event Naphcare, Inc. is awarded the comprehensive medical services contract for the Arizona Department of Corrections.

LETTER OF INTENT

I. Entity Information

Dental Health Management Solutions, Inc.
2001 Windy Terrace, Suite F
Cedar Park, Texas 78613
(512) 989-6990

DHMS has been in continuous operation since 2003 and has specifically serviced prison systems since 2010. DHMS has provided more than 1,000,000 servicemen and women with dental services since 2004 at over 150 different locations serving in the United States Army Reserve, Texas Army

National Guard, United States Marine Corps Forces Reserve, United States Air National Guard, United States Coast Guard and the United States Navy Reserve.

Currently, DHMS provides dental services at four (4) prison facilities in Hawaii and one (1) facility in Brunswick County, North Carolina with additional opportunities pending. DHMS does not currently provide any services to any of the ASPC locations identified below; however, DHMS is capable of servicing all of the following locations, as identified in your email:

- | | |
|------------------------------------|---|
| 1. ASPC – Douglas | 9. ASPC – Safford |
| 2. ASPC – Douglas/Papago Unit | 10. ASPC – Safford/Fort Grant Satellite |
| 3. ASPC – Eyman | 11. ASPC – Tucson |
| 4. ASPC – Florence | 12. ASPC – Winslow |
| 5. ASPC – Florence/Globe Satellite | 13. ASPC – Winslow/Apache Satellite |
| 6. ASPC – Lewis | 14. ASPC – Yuma |
| 7. ASPC – Perryville | 15. Maricopa Reentry Center (MRC) |
| 8. ASPC – Phoenix | 16. Pime Reentry Center (PRC) |

II. Description of Organization

A. **Dignity** – DHMS has been performing dental services for almost two decades, and we pride ourselves in the professionalism and experience of our dental teams providing dignified, safe dental examinations and treatment for both adult and juvenile populations.

B. **Risk Minimization** – The DHMS portable dental care model allows us to service correctional facilities of all sizes and minimize the potential risks inherent in correctional dentistry services. Bringing dental services inside the facilities allows DHMS to provide comprehensive and secure exams and treatment to the interned populations.

C. **Quality** – DHMS’ experience and practice ensures our dentistry services always meet or exceed the standards established by the National Commission on Correctional Health Care. As further evidence of the quality of care provided by DHMS, not a single claim has been filed against it since inception.

III. Services Provided

The DHMS portable dental care model provides services within the facilities allowing the institutions to reallocate time, energy and resources. Additionally, the in-facility services allows institutions to avoid the risk and expense of transporting inmates outside the facility to obtain the required services. DHMS provides all equipment, experienced staff and required documentation. Our service capabilities include the following:

- Diagnostics
- Preventive Care
- Case Management
- Clinical Hygiene
- Nonsurgical Periodontal Therapy

- Restorative
- Endodontic
- Removable Prosthodontics
- Extractions

Cases involving complicated oral surgery and complex endodontic cases are referred to network dentists in the surrounding area.

IV. Experience with NaphCare, Inc.

DHMS does not have any previous working experience with NaphCare, Inc.

V. Insurance

DHMS has a Commercial General Liability insurance policy with limits of \$1,000,000.00 per occurrence and a \$3,000,000.00 aggregate. A copy of the Certificate of Liability Insurance is attached.

VI. Compliance

DHMS agrees to abide by all applicable requirements and provisions that may relate or become part of any contract arising from the Arizona Department of Corrections Request for Proposal, as well as any regulations that may be promulgated by the Arizona State Board of Dental Examiners or codified in the Dental Practice Act, Arizona Revised Statutes §§32-1201.01, *et seq.*

Additional information regarding Dental Health Management Solutions, Inc. may be found on our website <https://www.usdentalsolutions.com>. Should you need any information not contained herein or have questions regarding same, please do not hesitate to contact us. We look forward partnering with NaphCare, Inc.

Sincerely,



D. Shane Stevens
Chief Executive Officer
Dental Health Management Solutions, Inc.

cc: Mr. Walter Brunson
Via Email militarymanager@usdentalsolutions.com

Ms. Amber Jimerson
Via Email staffingcoordinator2@usdentalsolutions.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/25/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Watkins Insurance Group - Austin 3834 Spicewood Springs Rd, Ste 100 Austin TX 78759		CONTACT NAME: Erin Emmitt PHONE (A/C, No, Ext): 512-276-5093 FAX (A/C, No): 512-452-0999 E-MAIL ADDRESS: eemmitt@watkinsinsurancegroup.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Columbia Casualty Company	31127
INSURED Dental Health Management Solutions, Inc. AnyPlace MD, Inc. & AnyPlace Audiology and Hearing Aids, LLC 2001 Windy Terrace, Suite F Cedar Park TX 78613		DENTHEA-01 INSURER B : American Casualty Company of Reading, 20427 INSURER C : Continental Casualty Company 20443 INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 1791810803

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

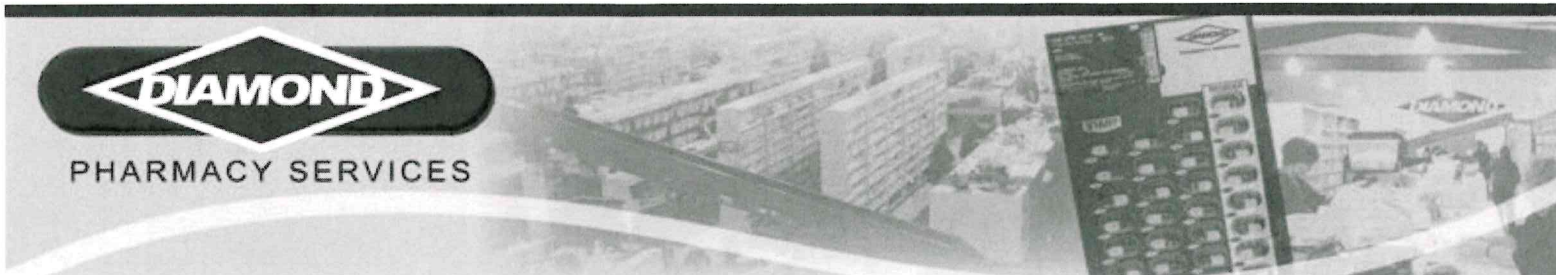
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HMA4032015916	12/1/2020	12/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/OP AGG \$	\$ 1,000,000 \$ 100,000 \$ 5,000 \$ 1,000,000 \$ 3,000,000 \$ Excluded
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6079567461	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$	\$ 1,000,000 \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE \$ \$ \$	
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			6079567587	12/1/2020	12/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Products Liability			ADT6016170592	12/1/2020	12/1/2021	Each Claim/Ded Policy Agg/Ded	1,000,000/10,000 3,000,000/50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate subject to policy terms and conditions.

CERTIFICATE HOLDER**CANCELLATION**

For Reference Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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November 17, 2021

NaphCare
Ms. Darrelle Knight
2090 Columbiana Road, Suite 4000
Birmingham, AL 35216

Dear Ms. Knight:

Diamond Pharmacy Services understands that NaphCare is submitting a response for Inmate Correctional Healthcare for the Arizona Department of Corrections. This Letter of Intent serves as a confirmation of our mutual intent regarding the provision of medical and pharmacy services to the Arizona DOC.

Diamond is a second-generation family owned business and the nation's largest correctional pharmacy provider. We are currently serving the medication dispensing and pharmacy program management needs of nearly 700,000 inmate lives in over 1,700 correctional facilities in 48 states. We currently provide medication dispensing and pharmacy program management services to the Arizona DOC; and, we have been the 15-year pharmacy provider to the largest county jail system in the state – Maricopa County CHS.

Diamond's 51 years of experience providing institutional care, and 38 years of correctional experience makes us highly qualified to meet the needs of our clientele. We currently service over 250,000 inmate lives in 16 statewide departments of corrections nationwide with requirements very similar to that of the Arizona DOC.

Diamond has worked with NaphCare over the years and across a variety of correctional facilities. Diamond commits to adhere to our established system of accounting and financial controls adequate to permit the effective administration of the contract. Diamond would be honored to work with NaphCare and continue to service the Arizona DOC should they be awarded this contract.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark J. Zilner".

Mark J. Zilner, R.Ph.
President and Chief Executive Officer
Diamond Drugs Inc., dba Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701
mzilner@diamondpharmacy.com
Office: 800.882.6337 ext. 1003
Fax: 877.234.7050



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
11/18/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Aon Risk Services Central, Inc. Pittsburgh PA Office EQT Plaza ~ Suite 2700 625 Liberty Avenue Pittsburgh PA 15222-3110 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Diamond Drugs, Inc 645 Kolter Drive Indiana PA 15701 USA	INSURER A: The Phoenix Insurance Company 25623	
	INSURER B: Farmington Casualty Company 41483	
	INSURER C: Columbia Casualty Company 31127	
	INSURER D: Continental Casualty Company 20443	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570089284695** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HMA2087520412	09/19/2021	09/19/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			810-05606143-21-14-G	09/19/2021	09/19/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			HMC2087520426	09/19/2021	09/19/2022	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB056866972114G SIR applies per policy terms & conditions	09/19/2021	09/19/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
C	E&O-PL-Primary			HMA2087520412	09/19/2021	09/19/2022	Each Claim \$1,000,000 Aggregate \$3,000,000

Certificate No : 570089284695

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named insured amended to include d/b/a Diamond Pharmacy Services with the exception of the Auto Policy. Certificate holder as well as State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees as additional insured by written agreement on all applicable policies, waiver of subrogation also applies where applicable. Coverage is written on a primary and non-contributory basis. This certificate is in reference to Agreement 20-042-25 Contract # CTR051044.

CERTIFICATE HOLDER**CANCELLATION**

Arizona Department of Corrections, Rehabilitation and Reentry 1645 W. Jefferson St Phoenix AZ 85007 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Central, Inc.</i>



November 1, 2021

Mr. Richard Apollo
Vice President of Ancillary Services
NaphCare Inc.

Re: Letter of Intent for Correctional ECG Services and Equipment - Arizona Department of Corrections Rehabilitation & Reentry

Dear Mr. Apollo,

This Letter of Intent (“LOI”) shall set forth certain understandings between CompuMed, Inc. (“CompuMed”) and Naphcare Inc. (NaphCare) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with the Request for Proposal for Correctional Healthcare Services for the *Arizona Department of Corrections Rehabilitation & Reentry*.

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this LOI or as a result of any failure by the parties to agree on or enter into the Provider Agreement.
2. This letter shall be construed and interpreted in accordance with the laws of the State of Arizona.
3. CompuMed is the current provider of the Correctional ECG services for the *Arizona Department of Corrections Rehabilitation & Reentry* and has been performing these services for about 20 years.
4. Please let us know what corporate information you need from CompuMed to complete the Provider Agreement.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This LOI will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

Sincerely,

Laura Carroll
CFO
CompuMed, Inc.

By NaphCare:

By: Printed Name: RICHARD APOLLO

Title: VP of Ancillary Services Date: 11-1-2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

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PRODUCER: Hub International Northwest LLC, Spokane, WA 99220. CONTACT NAME: Kris Diehl, PHONE: (509) 319-2908, FAX: (A/C, No, Ext): (509) 319-2908, E-MAIL ADDRESS: Kris.Diehl@hubinternational.com. INSURER(S) AFFORDING COVERAGE: Travelers Property Casualty Company of America (25674), The Travelers Indemnity Company of Connecticut (25682), Aspen Specialty Insurance (10717).

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with 8 columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, General Liability, and Medical Professional.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS CERTIFICATE MAY NOT BE ALTERED OR CHANGED IN ANY WAY

Medical Professional Liability - \$1,000,000 Per Claim / \$3,000,000 Policy Aggregate Limit subject to \$100,000 Deductible

CERTIFICATE HOLDER

CANCELLATION

Certificate Holder: Evidence of Insurance. Cancellation: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: Thomas J. Blue.

AZ DOC LOI REQUIREMENTS

- **Your Legal name:** *BioReference Laboratories Inc.,*
- Your full address: *481 Edward H. Ross Drive, Elmwood Park, NJ 07407*
- **Include the years of experience:** *40 years of laboratory experience*
- **Indicate if you are currently providing services at any of the facilities**
No
- Are you able to service all facilities? Yes/No
Yes, BioReference can provide laboratory service to all the Arizona DOC facilities
- Description of your organization
BioReference is the largest full-service specialty laboratory in the United States that gives healthcare providers the information to make confident healthcare decisions. With a focus on correctional health, genetics, oncology, urology, and women's health, we offer comprehensive test solutions and unparalleled expertise based on a 40-year legacy of proven science
Current laboratory service for MD, FL, AL, MO, KS, WY, ID, MN DOC facilities, and over 200 jail facilities across the United States including PIMA County Jail in Tucson, AZ
- A description of the activities that will be performed or provided
**Provide all necessary supplies to collect, prepare and pack specimens, except multiuse items*
**Our logistics team will pick up specimens from each facility and transport them to the laboratory.*
**Routine samples results will be available within 24hrs of specimen arriving at our testing laboratory.*
**Authorized personal will have unique credentials to access our secure web portal. Key features of the web portal include generating requisitions, view/print results, custom chronic care, and utilization reports*
**Critical Lab results are notified via phone and fax to the ordering facility*
**Ability to interface with TechCare or any EMR/EHR*
- Whether you have a previous working experience with NaphCare
BioReference is the laboratory of choice with Naphcare for over 10 years at more than 50 facilities.

- Confirmation that they have read, understand and agree to abide by all applicable requirements and provisions that shall be a part of this contact
BioReference has read, understood, and agree to abide by all applicable requirements and provisions that shall be part of this contract
- A written commitment to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract
BioReference will adhere to an established system of accounting, and financial controls adequate to permit the effective administration of the contract
- You must also submit proof of insurance to NaphCare. This document will be submitted with your LOI and “such Insurance shall include the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employee as additional insureds and waiver of subrogation with respect to all applicable policies.”
Copy Attached

If you have any additional questions, please feel free to contact me directly

Sujaya Swaroop
Sr. Director, Corrections Division
Cell: 201-218-6530



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CBIZ Insurance Services, Inc. 3945 W. Atlantic Ave Delray Beach, FL 33445 561 278-0448	CONTACT NAME: Jo Cordone PHONE (A/C, No, Ext): 561-900-9119 FAX (A/C, No): E-MAIL ADDRESS: jcordone@cbiz.com														
INSURER(S) AFFORDING COVERAGE															
INSURED Bio-Reference Laboratories, Inc. OPKO Health, Inc. 4400 Biscayne Blvd, 10th FL Miami, FL 33137	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER A :</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>Columbia Casualty</td> <td>31127</td> </tr> <tr> <td>INSURER B :</td> <td>22667</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A :	NAIC #	Columbia Casualty	31127	INSURER B :	22667	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A :	NAIC #														
Columbia Casualty	31127														
INSURER B :	22667														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DED \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HMA2097417495	03/27/2021	03/27/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISAH25553238	07/27/2021	07/27/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HMC2097421336	03/27/2021	03/27/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WLRC67813157	07/27/2021	07/27/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab (Claims Made)			HMA2097417495	03/27/2021	03/27/2022	\$1,000,000 Each Claim \$3,000,000 Aggregate \$250,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Bio-Reference Laboratories, Inc. 481 Edward H. Ross Drive, Elmwood Park, NJ 07407

CERTIFICATE HOLDER NaphCare, Inc. 2090 Columbiana Road, Suite 4000 Birmingham, AL 35216	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE CBIZ Insurance Services, Inc.
---	---

TridentCareSM

10/22/2021

Richard Apollo
Vice President of Ancillary Services
NaphCare, Inc.
2090 Columbiana Road
Vestavia, AL 35216

Dear Richard:

It is our understanding NaphCare is submitting a bid to provide comprehensive healthcare services, as the medical services provider, to the inmates residing within the Arizona Department of Corrections Rehabilitation & Reentry.

TridentCare is excited to once again partner with NaphCare for the provision of onsite imaging services including x-ray and ultrasound should you be awarded this contract. TridentCare is currently providing onsite x-ray and ultrasound services to all locations included in this RFP.

TridentCare is the leading national provider of mobile diagnostic services to correctional facilities and systems of all sizes, creating customized schedules and work plans to meet the individual needs of each site. TridentCare has more that 30 years of experience providing onsite diagnostic testing in the correctional setting.

We look forward to the opportunity to grow our partnership with NaphCare. We agree to abide by all applicable requirements and provisions that become part of any contract arising from this RFP.

Sincerely,



Greg Ward RT(R)(ARRT)
Vice President, Correctional Markets
greg.ward@tridentcare.com
615-714-4561



CERTIFICATE OF LIABILITY INSURANCE

7/31/2022

DATE (MM/DD/YYYY)

7/23/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Lloyd's	
INSURED 1475385 Trident Topco, LLC 930 Ridgebrook Road Sparks Glencoe MD 21152	INSURER B: Zurich American Insurance Company	
	INSURER C: Coverys Specialty Insurance Company	
	INSURER D: American Zurich Insurance Company	
	INSURER E:	
	INSURER F:	

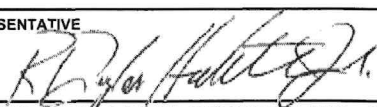
COVERAGES **CERTIFICATE NUMBER:** 16790590 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Deductible: \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	W2FA31210101	7/31/2021	7/31/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	N	N	BAP 1861365-04	7/31/2021	7/31/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	005MD000027078	7/31/2021	7/31/2022	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$ XXXXXXXX
D B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC 1861364 04 WC 0614814 04	7/31/2021 7/31/2021	7/31/2022 7/31/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability	N	N	W2FA31210101	7/31/2021	7/31/2022	Per Claim \$1,000,000 Per Aggregate \$3,000,000 Deductible \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
For Providers in PA that participates in MCare, primary limits of \$500K/\$1.5M. MCare limits of \$500K/\$1.5K apply excess of primary limits. All VA providers subject to \$2,500,000/\$7,500,000 limits effective 7/1/21.

CERTIFICATE HOLDER **CANCELLATION** See Attachments

16790590 Evidence of Coverage	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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Company Named Insured Listing

On Organizational Chart:

Trident Topco LLC – added by RH
Trident Intermediate Holdco LLC
Trident Holdco LLC
MX Holdings, LLC
MX USA, LLC
New Schryver LLC
Main Street Clinical Laboratory, LLC
MetroStat Clinical Laboratory-Austin, LLC
Trident Clinical Services Holdings, LLC
TridentUSA Mobile Clinical Services, LLC
TridentUSA Foot Care Services LLC
Diagnostic Labs Holdings, LLC
Kan-Di-Ki, LLC
MDX-MDL Holdings, LLC
Community Mobile Diagnostics, LLC
Community Mobile Ultrasound, LLC
TridentUSA Mobile Infusion Services, LLC
Symphony Diagnostic Services No. 1, LLC
American Diagnostics Services, LLC
U.S. Lab & Radiology, LLC
Rely Radiology Holdings, LLC
JLMD Manager, LLC

Alternate Names:

Trident USA Foot Care Services LLC
Symphony Diagnostic Services No 1 LLC dba MobilexUSA
JLMD Manager, LLC dba Rely Radiology
TridentUSA Mobile Clinical Services LLC
Trident Mobile Clinical Services, LLC
Kan-Di-Ki, LLC dba Diagnostic Laboratories
Diagnostic Laboratories & Radiology
MX Holdings, Inc.
MX USA, Inc.

Rely:

Reono Bertagnolli, MD, a Medical Group
Reono Bertagnolli, a Medical Group DBA Rely Radiology
Reono Bertagnolli, a Medical Group

Legacy and/or Outdated Companies:

Schryver Medical Sales and Marketing, LLC
Trident Clinical Services Holding, Inc.
Trident Mobile Hearing Services, LLC
Quality Mobile X-Ray Services, Inc.
Main Street Clinical Laboratory, Inc.
On-Site Imaging Solutions, Inc.
MetroStat Clinical Laboratory - Austin, Inc.
Community Portable X-Ray, LLC
Mobile Medical Optometry MA PC
Mobile Medical Dental MA PC
Mobile Medical Audiology MA LLC
Mobile Medical Group MA PC
American Diagnostics Services, Inc.
U.S. Lab & Radiology, Inc.

FCPAC Holdings, LLC
FC Pioneer Holding Company, LLC
FC PAC Holdings, LLC
Formax Health Holdings, LLC
Compassus Management Holdings
New Trident Holdcorp, Inc.
Trident USA Health Services, LLC and its subsidiaries
Advanced Radiology Services, Inc.
Cogent Diagnostic Laboratories, Inc.
FCT Health Holdings, LLC
Mobile Medical Group then 2nd NI shows Trident Mobile
Clinical
The Bucci Group, Ltd.
Mobile Medical Radiography & EKG, Inc.
Trident Holding Company, LLC

Coverage is included for the referenced provider only for acts while working within their course and scope of duties for the Insured.



Evidence of Coverage

,

To whom it may concern:

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via the method listed below, referencing Certificate ID **16790590**.

Email: SE-EDelivery@lockton.com

- - Please include the above Certificate ID number and "Email Address for E-Deliver" in the subject line.

In the event your mailing address has changed, will change in the future, or you no longer require this certificate, please let us know using the method above.

The above inbox is for automating electronic deliver of certificates only. Please do NOT send future certificate requests to this inbox.

Thank you for your cooperation and willingness in reducing our environmental footprint.

Lockton Companies

Lockton Companies
3280 Peachtree Road NE, Ste. 250
Atlanta, GA 30305

THE SPECIALISTS CLINIC
Nephrology and Hypertension

S. K. Masood, MD, MRCP, FACP

Board Certified Nephrology
Board Certified Internal Medicine

Nov 18, 2021

Ms Amber Leckenby,
Executive Vice President / Chief Operations Officer - Dialysis,
Naphcare Inc,
2090 Columbiana Rd, Ste 4000,
Birmingham, AL 35216

Dear Ms Leckenby,

Re: Letter of Interest for Nephrology Provider @ AZ DOC

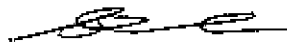
Per our discussion 3 days or so ago, I am writing this letter as my Intent/Interest to continue my association as Nephrology Provider with AZ Dept of Corrections. I have been in this position for over a dozen years with various Health Care Companies who have served AZDOC over the years. I have provided cost effective and excellent services to AZDOC over the years, which is evidence in my retention for so long. As you may know, otherwise there is a huge turn over of Providers at AZDOC for variety of reasons.

Per your instructions, I am mentioning certain specifics as below:

- 1) Legal Name: SK Masood MD PA
- 2) Address: 215 S. Power Road, Ste 104, Mesa, AZ 85206
- 3) Email: SK MasoodMD@hotmail.com
- 4) Cell: 480-748-7005
- 5) I am an Adult Board Certified Nephrologist in Clinical Practice since 1998.
- 6) I provide Nephrology services to ALL AZ State Prisons
- 7) I have not worked for Naphcare Inc before
- 8) ALL usual rules and regulations will be followed as is being done currently for years.
- 9) ALL contractual agreements will be followed and complied with Federal and State Laws.
- 10) Medical Liability Insurance Certificate will be attached with this LOI.

I look forward to continuing my association with AZDOC via Naphcare Inc and assure of continuing excellent cost effective services.

Respectfully Submitted,



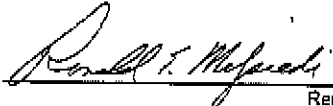
SK Masood, MD



2602 E Thomas Rd Phoenix AZ 85016-8202
602.956.5276 FAX 602.468.1710
Toll Free 1.800.352.0402

Certificate of Insurance

Insurance Company: Mutual Insurance Company of Arizona 2602 East Thomas Road Phoenix, AZ 85016	Date: 10/19/2021 Producer: MICA Direct 2602 E Thomas Rd Phoenix, AZ 85016
Insured: Syed K Masood MD 215 S Power Rd Ste 104 Mesa, AZ 85205	
Policy Number:	MICA014829
Effective Date:	12/01/2021 12:01 a.m. Standard Time
Expiration Date:	12/01/2022 12:01 a.m. Standard Time unless premium is not paid or Policy is cancelled.
Policy Form:	Medical Professional Liability Reporting Policy Reporting Form of Claims-Made
Limits of Medical Professional Liability Coverage:	
Each Occurrence:	\$1,000,000
Annual Aggregate:	\$3,000,000
Retroactive Date:	12/01/2005
Notice: THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE RECIPIENT OF THIS CERTIFICATE. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY LISTED. This is to certify the Mutual Insurance Company of Arizona ("MICA") has issued the policy of insurance listed above to the insured named for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policy described herein is subject to all terms, exclusions, and conditions of the policy. Aggregate limits shown may have been reduced by paid claims. MICA will not provide any notice to the recipient of this certificate in the event the policy described herein is modified or terminated prior to the expiration date.	


Registrar

10/19/2021 1:40:29 PM - Arizona Time



INSTITUTIONAL EYE CARE_{LLC}

Sharing your Vision for Excellence in On Site Health Care since 1983

October 22, 2021

NaphCare, Inc.
2090 Columbiana Rd. Suite 4000
Birmingham, AL 35216

RE: Letter of Intent – Arizona DOC

Dear NaphCare,

This correspondence is a Letter of Intent committing Institutional Eye Care, LLC (IEC) to provide NaphCare on-site optometry and on-site ocular health management services to the Arizona Department of Corrections (AZ DOC) facilities in Arizona, should they be awarded the contract.

IEC is the largest on-site vision services provider to correctional facilities in the country, currently working on-site in 28 States and providing prescription eyewear available to all 50 States. IEC has over 35 years of experience providing vision services to correctional institutions at the Federal, State and local levels, including number statewide DOC contracts. IEC has partnered with, and currently partners with, NaphCare to provide on-site vision services and prescription eyewear at multiple correctional facilities throughout the country.

In Arizona, IEC previously provided on-site ocular health management services to the Arizona DOC, piloting the on-site program to deliver these services across the DOC in 2018.

While not currently providing services to the AZ DOC, IEC is capable and available to provide on-site optometry, on-site ocular health management services and prescription eyeglasses to meet all specifications set forth in the Request for Proposal. IEC agrees to abide by all applicable requirements and provisions that become part of any contract arising from the RFP.

All eyeglasses will meet or exceed FDA and ANSI Dress Safety standards. Our optical lab currently turns standard eyeglass orders around in around three business days of order receipt. We guarantee standard prescription eyeglass shipment within ten days. All eyeglasses carry a one-year warranty against manufacturing defect.

In state licensed and credentialed optometrists will be utilized. Routine optometric care will meet all current standards of community care. All services will be provided within the state's scope of optometric care and on-site equipment parameters. Services will be provided at a mutually agreed upon schedule with the facility(s) to meet the requirements as specified in the Request for Proposal.

IEC trained technicians will provide the on-site ocular health management clinics, and we provide all of the necessary equipment to hold these clinics at any AZ DOC facility required.

We look forward to providing on-site optometry, on-site ocular health management services and prescription eyewear for NaphCare at the Arizona Department of Corrections.

Sincerely yours,

Zachary Lose
Managing Member

27499 Riverview Center Blvd Ste 429
Bonita Springs, FL 34134

www.InstitutionalEyeCare.com

Phone 866 604-2931
Fax 570 524-2817



SimonMed[®]
Imaging
See Tomorrow Today[®]

We come to you.

November 5, 2021

Mr. Robert Bradford
Senior Vice President
Prison Operations
NaphCare, Inc.
2090 Columbiana Rd, #4000
Birmingham, AL 35216

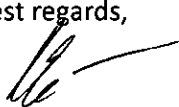
RE: Letter of Intent/ *Mobile On-site Mammography by SimonMed*

Dear Bob:

This Letter of Intent shall serve to communicate the willingness of Mobile On-site Mammography by SimonMed to partner with NaphCare and make Onsite Mobile Screening Mammography services available to NaphCare for the Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) should NaphCare be awarded the contract to administer and manage the healthcare needs for residents in their care and custody going forward.

Mobile On-site Mammography by SimonMed is committed to improving the health of our patients through collaborative and innovative clinical approaches focused on quality, cost-effective care. We welcome the opportunity to work with NaphCare to offer services for the residents in the custody of the early detection Mobile On-site Mammography, Breast Cancer Screenings.

Best regards,



Catherine E. Midgette
Executive Vice President
Mobile On-site Mammography by SimonMed
480.967.3767
Catherine.Midgette@simonmed.com

Companies Legal Name: *Medpro Waste Disposal LLC*

Company Full Address: *1751 W Diehl Rd #400, Naperville, IL 60563*

Years of Experience: *12+ years in medical waste removal business*

Are you able to service all facilities: *Yes.*

Description of Your Organization:

MedPro Disposal was founded in 2009 in direct response to a common complaint by healthcare providers. Practices were stuck with the same provider that subjected their businesses to high prices that were frequently increasing. Today, we provide regulated pickup, transportation, and treatment and disposal services for regulated medical waste, biohazard waste, sharps, and pharmaceuticals for over 40,000 customers across a variety of industries.

Describe the activities that will be performed or provided: *Provision of biohazard bins and bags along with proper destruction per DOT and OSHA Guidelines.*

Do you have previous working experience with NaphCare- *Yes, we currently service over 40 of their locations.*

Confirmation that you have read, understand, and agree to abide by all applicable requirements and provisions that shall be a part of this contract: *Confirmed*

A written commitment to adhere to an established system of accounting and financial controls adequate to permit the effective administration of the contract: *We are committed to adhere to the established accounting system.*

Proof of insurance: *Enclosed*





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER The Plexus Groupe LLC 21805 W. Field Pkwy, Suite 300 Deer Park IL 60010	CONTACT NAME: Certificates PHONE (A/C. No. Ext): 8473076100 FAX (A/C. No): E-MAIL ADDRESS: certificates@plexusgroupe.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED MedPro Waste Disposal, LLC 1751 W. Diehl Rd Ste 400 Naperville IL 60563	MEDPWAS-01	INSURER A: Clear Spring Property and Casualty Company A-Excellent VIII INSURER B: Ironshore Specialty Insurance Company A Excellent XV INSURER C: The First Liberty Insurance Corp A Excellent XV INSURER D: INSURER E: INSURER F:
		NAIC #
		15563
		25445
		33588

COVERAGES

CERTIFICATE NUMBER: 1349897144

REVISION NUMBER: 1


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	IEPICB96T9001	6/1/2021	6/1/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 25,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	ASZ-291-471806-011	6/1/2021	6/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Comp/Coll Deductible	\$ 1,000/\$1,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	IEELCASB96TX001	6/1/2021	6/1/2022	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	CS-WK-000010686-0	6/1/2021	6/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Professional Including Pollution	Y	Y	IEPICB96T9001	6/1/2021	6/1/2022	Each Accident/Aggregate Contractors Pollution Deductible	\$5MM/\$5MM \$5MM/\$5MM \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Request for Proposal Solicitation No. BPM003905
 NaphCare, Inc., the State of Arizona, and its departments, agencies, boards, commissions, universities, officers, officials, agents, and employees are named as additional insureds under the General Liability, Automobile Liability, Excess liability and Professional including Pollution Liability as required by written contract upon successful award of contract. Waiver of subrogation is granted in favor of the additional insureds as required by written contract. The Excess Liability is excess of General Liability, Automobile Liability, Workers' Compensation, and Pollution Liability.

CERTIFICATE HOLDER**CANCELLATION**

NaphCare, Inc.	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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- d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your **executive officers** and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
 - e. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.
2. Any subsidiary, associated, affiliated, allied or limited liability company or corporation, including subsidiaries thereof, of which you have more than 50% ownership interest at the effective date of the **policy period** qualify as a Named Insured.
 3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:
 - a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the **policy period**, whichever is earlier;
 - b. Coverage under this policy does not apply to **bodily injury, property damage or environmental damage** that occurred before you acquired or formed the organization;
 - c. Coverage under this policy does not apply to **personal and advertising injury** arising out of an offense committed before you acquired or formed the organization; and
 - d. Coverage under this policy does not apply to damages arising out of any act, error or omission or **professional incident** that took place before you acquired or formed the organization.
 4. Each of the following is also an insured:
 - a. Your **volunteer workers** only while performing duties related to the conduct of your business, or your **employees**, other than either your **executive officers** (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these **employees** or **volunteer workers** are insureds for:
 - (1) **Bodily injury or personal and advertising injury:**
 - (a) To you, to your partners or members (if you are a partnership or joint venture) or to your members (if you are a limited liability company);
 - (b) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs (1)(a) above; or
 - (c) Arising out of the providing or failure to provide professional health care services except incidental health care services provided by any physician, dentist, nurse, emergency medical technician or paramedic who is employed by you to provide such services and provided you are not engaged in the business of providing such services.
 - (2) **Property damage or environmental damage** to property owned, occupied or used by, rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your **employees, volunteer workers**, any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).
 - b. Any person (other than your **employee**), or any organization while acting as your real estate manager.
 - c. Any person or organization having proper temporary custody of your property if you die, but only with respect to liability arising out of the maintenance or use of that property and until your legal representative has been appointed.
 - d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this policy.
 - e. Any person or organization you agree to include as an insured in a written contract, written agreement or permit, but only with respect to **bodily injury, property damage, environmental damage or personal and advertising injury** arising out of your operations, **your work**, equipment or premises leased or rented by you, or **your products** which are distributed or sold in the regular course of a vendor's business, however:

- a. We have the right to:
 - (1) Make inspections and surveys at any time;
 - (2) Give you reports on the conditions we find; and
 - (3) Recommend changes.
- b. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
 - (1) Are safe or healthful; or
 - (2) Comply with laws, regulations, codes or standards.

This applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

15. Legal Action Against Us

No person or organization has a right under this policy:

- a. To join us as a party or otherwise bring us into a **suit** asking for damages from an insured; or
- b. To sue us on this policy unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this policy or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

16. Multiple Coverage Sections

No **claim** or **suit**, or part thereof, for which we have accepted coverage or coverage has been held to apply under one or more Coverages in this policy shall be covered under any other Coverages in this policy.

17. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under this policy, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when Paragraph **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph **c.** below. However, regardless of whether **b.** below applies, **in the event that a written contract or agreement or permit requires this insurance to be primary for any person or organization you agreed to insure and such person or organization is an insured under this policy, we will not seek contributions from any such other insurance issued to such person or organization**

b. Excess Insurance

- (1) This insurance is excess over:
 - (a) Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (i) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for **your work**;
 - (ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (iii) That is insurance purchased by you to cover your liability as a tenant for **property damage** to premises rented to you or temporarily occupied by you with permission of the owner; or

21. Service of Suit

Subject to **SECTION IV – CONDITIONS**, Condition **5. Choice of Forum**, it is agreed that in the event of failure of us to pay any amount claimed to be due hereunder, we, at the request of the insured, will submit to the jurisdiction of a court of competent jurisdiction within the United States. Nothing in this condition constitutes or should be understood to constitute a waiver of our rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. It is further agreed that service of process in such suit may be made upon us and that in any suit instituted against us upon this contract, we will abide by the final decision of such court or of any appellate court in the event of any appeal.

Further, pursuant to any statute of any state, territory, or district of the United States which makes provision therefore, we hereby designate the Superintendent, Commissioner, Director of Insurance, or other officer specified for that purpose in the statute, or his or her successor or successors in office as its true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the insured or any beneficiary hereunder arising out of this contract of insurance, and hereby designates the above named counsel as the person to whom the said officer is authorized to mail such process or a true copy thereof.

22. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this policy, those rights are transferred to us. At our request, the insured will bring **suit** or transfer those rights to us and help us enforce them. However, if the insured has waived rights of recovery against any person or organization prior to a loss, we waive any right of recovery we may have under this policy against such person or organization.

23. Transfer of Your Rights and Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.

24. When We Do Not Renew

If we decide not to renew, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than ninety (90) days before the expiration date. If notice is mailed, proof of mailing will be sufficient proof of notice.

SECTION V – DEFINITIONS

1. Administration means:

- a. Providing information to **employees**, including their dependents and beneficiaries, with respect to eligibility for or the scope of **employee benefit programs**;
- b. Handling records in connection with the **employee benefit program**; or
- c. Effecting, continuing or terminating any **employee's** participation in any benefit included in the **employee benefit program**.

However, **administration** does not include handling payroll deductions.

2. Advertisement means a notice that is broadcast or published to the general public or specific market segments about your goods, products or services for the purpose of attracting customers or supporters. For the purposes of this definition:

- a. Notices that are published include material placed on the Internet or on similar electronic means of communication; and
- b. Regarding websites, only that part of a website that is about your goods, products or services for the purposes of attracting customers or supporters is considered an advertisement.

3. Auto means:



IRONSHORE SPECIALTY INSURANCE COMPANY

175 Berkeley Street
Boston, MA 02116
Toll Free: (877) IRON411

Endorsement # 7

Policy Number: IEELCASB96TX001
Insured Name: MedPro Waste Disposal, LLC

Effective Date of Endorsement: June 01, 2021

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENVIRONMENTAL EXCESS LIABILITY SCHEDULE OF UNDERLYING INSURANCE

CONTROLLING UNDERLYING INSURANCE

Coverage: GENERAL LIABILITY AND POLLUTION LIABILITY; ENVIRONMENTAL PROTECTION INSURANCE COVERAGE PACKAGE (EPIC Pac)

Policy Number: IEPICB96T9001

Insurer: Ironshore Specialty Insurance Company (ISIC)

Policy Period: From: 06/01/2021 To: 06/01/2022

Limits of Insurance:

- \$1,000,000 Each Occurrence Limit-COVERAGE PART I: Coverage A,B,C
- \$1,000,000 Each Occurrence Limit-COVERAGE PART I: Coverage D,E,F
- \$1,000,000 Contractors Pollution Liability Each Occurrence Limit
- \$1,000,000 Personal and Advertising Injury Limit: Any one Person or Organization
- \$1,000,000 Employee Benefits Administration Liability Limit: Each Employee
- \$1,000,000 Site Pollution Liability Limit
- \$1,000,000 Professional Liability
- \$2,000,000 Products Complete
- \$2,000,000 General Aggregate

Coverage: EMPLOYERS LIABILITY

Policy Number: CS-WK-000010686-0

Insurer: Clear Spring Property & Casualty

Policy Period: From: 06/01/2021 To: 06/01/2022

Limits of Insurance:

- \$1,000,000 Bodily Injury By Accident (Each Accident)
- \$1,000,000 Bodily Injury by Disease (Policy Limit)
- \$1,000,000 Bodily Injury by Disease (Each Employee)



2.9.1.7 Minimum of Three (3) Years of Experience

**Arizona Department of Corrections,
Rehabilitation and Reentry**

**INMATE CORRECTIONAL HEALTHCARE
Solicitation No. BPM003905**

2.9.1.7 Minimum of Three (3) Years of Experience

Offerors shall have at least a minimum of three (3) years of experience providing the following services: (Attachment 11).

NaphCare has provided the required Attachment 11 Experience and References Forms for the following client sites following this page:

Comprehensive Healthcare Services

- ✓ Hillsborough County Sheriff's Office, Florida
- ✓ Washoe County Sheriff's Office, Nevada
- ✓ Fulton County, Georgia
- ✓ Federal Bureau of Prisons

TechCare

- ✓ Montana Department of Corrections
- ✓ New Hampshire Department of Corrections
- ✓ Maricopa County Correctional Health Services, Arizona
 - The Maricopa County reference policy is to only provide relevant contract information of a general nature without commenting specifically on the performance of the vendor.

2.9.1.7.1 Medical services and mental health services as defined in this Request for Proposal to a total daily population of at least 25,000 correctional health care patients nationally.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein. NaphCare provides proactive healthcare services, including medical and mental health care to 28,121 patients in comprehensive healthcare client sites daily nationwide.

2.9.1.7.2 Management and delivery of offsite network health services to a total daily population of at least 25,000 correctional health care patients nationally.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein. NaphCare provides Management and delivery of offsite network health services to a total daily population of 95,121 patient nationwide.



Solicitation Amendment No. 18
Attachment 11:
Experience and References
Solicitation No. BPM003905
Inmate Correctional Healthcare

State of Arizona
Department of Corrections,
Rehabilitation & Reentry
 Procurement Services
 1645 W Jefferson Street
 Phoenix, AZ 85007

Offerors shall provide at least three (3) client references within the last five (5) years for contracts they held that replicate or mirror the requirements of this RFP. It shall be the responsibility of the offeror to obtain the references from each entity. References should be submitted with the Offerors proposal response.

Company Name	Entity Contact Name	Contract Start Date	Contract Term
Hillsborough County Sheriff's Office	Sheriff Chad Chronister	10/1/2014	2014-Present
Phone Number	Email Address	Number of Inmate's served	
813-247-8009	Cchronister@teamhcsco.com	3,100	
Address	City/State	Zip	
1201 Orient Rd	Tampa, Florida	33619	

Answers should be specific to the vendor's performance and ability to comply with the contract requirements.

1. Did the Contractor fulfill the total contract term? If no, please identify why.

Yes; the original contract term was fulfilled in its entirety, and a renewal contract was signed on May 30, 2019, for a new seven (7) year term. The current contract term ends 09/30/2026.

2. Please provide a brief description of the scope of services for the above referenced Contract(s) including the type, size and security level of the populations served.

NaphCare provides medical services to inmates incarcerated at both of our detention facilities. In addition, NaphCare provides special medical services including: radiology, laboratory, optometry, dental, mental health, and off-site medical billing/management. We operate two detention facilities, with maximum, minimum, and confinement housing. The total average daily population (ADP) for both detention facilities is 3,100.

3. Did the Contractor provide a milestone chart? Did the Contractor meet the time frames in the milestone chart? If no please provide information on what areas did not meet.

Yes, an implementation chart was provided, and all timeframes were met.

4. Was the Contractor able to provide sufficient staffing? If no please explain



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Yes, NaphCare has provided sufficient staffing throughout the contract period. There has been a slight shortage of medical staff due to the COVID pandemic; however, there have been no adverse impacts on medical services provided by NaphCare. Workforce shortages have been experienced nationwide in the medical field and NaphCare has managed these staffing issues well throughout the pandemic.

5. Using a scale from 1 to 5, with 5 signifying the highest score, please rate the following questions:

- | | | | | | |
|--|-------|---|---|---|---|
| 5.1. Rate ability to meet contracted task | 1 | 2 | 3 | 4 | 5 |
| 5.2. Quality of service. | 1 | 2 | 3 | 4 | 5 |
| 5.3. Experience, qualifications of staff. | 1 | 2 | 3 | 4 | 5 |
| 5.4. Ability to meet stated time frames. | 1 | 2 | 3 | 4 | 5 |
| 5.5. Adhere to time frame for startup. | 1 | 2 | 3 | 4 | 5 |
| 5.6. Fully staffed at startup. | 1 | 2 | 3 | 4 | 5 |
| 5.7. Rate cooperation level when implementing changes. | 1 | 2 | 3 | 4 | 5 |
| 5.8. Did the Contractor's ability to resolve any and all deficiencies during the term of this contract meet your company's satisfaction? | 1 | 2 | 3 | 4 | 5 |
| 5.9. Have you had a Corrective Action? | Y / N | | | | |
| How satisfied were you with the response and implementation? | 1 | 2 | 3 | 4 | 5 |
| 5.10. Overall satisfaction on performance. | 1 | 2 | 3 | 4 | 5 |

NaphCare has always provided reliable and comprehensive medical care to our inmate population. They are responsive to our diverse needs and adapt very well to changes. During our partnership with NaphCare, we were certified by the NCHC for Mental Health Treatment, Opioid Treatment Program, and Medical Care.



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Offerors shall provide at least three (3) client references within the last five (5) years for contracts they held that replicate or mirror the requirements of this RFP. It shall be the responsibility of the offeror to obtain the references from each entity. References should be submitted with the Offerors proposal response.

Company Name	Entity Contact Name	Contract Start Date	Contract Term
Washoe County Sheriff's Office	Sheriff Darin Balaam	6/1/2015	2015-Present
Phone Number	Email Address	Number of Inmate's served	
775-328-3010	Dbalaam@washoecounty.us	1,200	
Address	City/State	Zip	
911 Parr Blvd.	Reno, Nevada	89512	

Answers should be specific to the vendor's performance and ability to comply with the contract requirements.

1. Did the Contractor fulfill the total contract term? If no, please identify why.

Yes, NaphCare has continued to be a comprehensive, trustworthy and innovative partner. Upon receiving the initial contract, NaphCare was able to complete the transition from an outgoing contractor who's services were terminated by Washoe County. The transition was completed in 30 days.

2. Please provide a brief description of the scope of services for the above referenced Contract(s) including the type, size and security level of the populations served.

The Washoe County Detention Facility was opened in 1988 as one of the first direct supervision facilities. The current facility includes 17 housing units which holds a maximum of 1326 inmates. As the only regional detention center, the facility houses minimum to maximum security inmates and includes two mental health units, a medical unit and a secondary medical unit in area control 4.

3. Did the Contractor provide a milestone chart? Did the Contractor meet the time frames in the milestone chart? If no please provide information on what areas did not meet.

Yes, NaphCare has completed all audits with minimal area's of improvement, has been accredited through NCCHC and assisted Washoe County in also becoming a certified and accredited Opioids Treatment Program through NCCHC. In the upcoming contract, we will be working towards the NCCHC Mental Health accreditation.

4. Was the Contractor able to provide sufficient staffing? If no please explain



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Yes, NaphCare understand the importance of staffing and adhering to the contracted 50 FTE staffing requirements. As with many other communities, Northern Nevada has experience a shortage of LCSW and nursing staff. Through many challenging times, NaphCare has ensured a robust per diem staff to ensure all shifts are staffed while working diligently to fill all FTE positions. NaphCare has provided service above and beyond what is expected through a contracted vendor and works hard to foster a professional, collaborative relationship.

5. Using a scale from 1 to 5, with 5 signifying the highest score, please rate the following questions:

- | | | | | | |
|--|-------|---|---|---|---|
| 5.1. Rate ability to meet contracted task | 1 | 2 | 3 | 4 | 5 |
| 5.2. Quality of service. | 1 | 2 | 3 | 4 | 5 |
| 5.3. Experience, qualifications of staff. | 1 | 2 | 3 | 4 | 5 |
| 5.4. Ability to meet stated time frames. | 1 | 2 | 3 | 4 | 5 |
| 5.5. Adhere to time frame for startup. | 1 | 2 | 3 | 4 | 5 |
| 5.6. Fully staffed at startup. | 1 | 2 | 3 | 4 | 5 |
| 5.7. Rate cooperation level when implementing changes. | 1 | 2 | 3 | 4 | 5 |
| 5.8. Did the Contractor's ability to resolve any and all deficiencies during the term of this contract meet your company's satisfaction? | 1 | 2 | 3 | 4 | 5 |
| 5.9. Have you had a Corrective Action? | Y / N | | | | |
| How satisfied were you with the response and implementation? | 1 | 2 | 3 | 4 | 5 |
| 5.10. Overall satisfaction on performance. | 1 | 2 | 3 | 4 | 5 |



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Offerors shall provide at least three (3) client references within the last five (5) years for contracts they held that replicate or mirror the requirements of this RFP. It shall be the responsibility of the offeror to obtain the references from each entity. References should be submitted with the Offerors proposal response.

Company Name	Entity Contact Name	Contract Start Date	Contract Term
Fulton County	Alton L. Adams, COO	1/1/2018	1/1/2018-Present
Phone Number	Email Address	Number of Inmate's served	
(404) 612-7393	Alton.Adams@fultoncountyga.gov	3,000	
Address	City/State	Zip	
901 Rice Street	Atlanta, GA	30318	

Answers should be specific to the vendor's performance and ability to comply with the contract requirements.

- 1. Did the Contractor fulfill the total contract term? If no, please identify why.**
 NaphCare fulfilled the original contract term of one year starting 1/1/2018 and has been approved for three one-year extensions since that time. NaphCare helped us to secure NCCHC accreditation for the first time and worked with us on expansion of our mental health and medical programs to meet the changing needs of our population, showing flexibility and commitment to patient care. NaphCare was/is key to they effort to manage COVID'S impact on the jail population.
- 2. Please provide a brief description of the scope of services for the above referenced Contract(s) including the type, size and security level of the populations served.**
 NaphCare provides comprehensive correctional healthcare and mental health services for our two correctional facilities. NaphCare has proven to be a very good partner, working with us to develop a Women's Mental Health Stabilization Unit for female inmates experiencing mental health crises. This work was instrumental in assisting Fulton County to resolve litigation brought by the Georgia Advocacy Organization.
- 3. Did the Contractor provide a milestone chart? Did the Contractor meet the time frames in the milestone chart? If no please provide information on what areas did not meet.**
 Upon award, NaphCare worked with us to design an implementation schedule that accounted for all aspects of the transition of healthcare services while also meeting our needed timeline to start services. NaphCare fully transitioned our correctional healthcare services within a 30-day transition timeline, meeting every scheduled implementation milestone and keeping in constant communication with us to ensure our satisfaction with the services being implemented.
- 4. Was the Contractor able to provide sufficient staffing? If no please explain**



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While staffing has been extremely challenging during the current labor shortage, NaphCare has a strong recruit for employee recruitment and retention and has been extremely effective in meeting our staffing needs.

5. Using a scale from 1 to 5, with 5 signifying the highest score, please rate the following questions:

- | | | | | | |
|--|-----|---|---|---|---|
| 5.1. Rate ability to meet contracted task | 1 | 2 | 3 | 4 | 5 |
| 5.2. Quality of service. | 1 | 2 | 3 | 4 | 5 |
| 5.3. Experience, qualifications of staff. | 1 | 2 | 3 | 4 | 5 |
| 5.4. Ability to meet stated time frames. | 1 | 2 | 3 | 4 | 5 |
| 5.5. Adhere to time frame for startup. | 1 | 2 | 3 | 4 | 5 |
| 5.6. Fully staffed at startup. | 1 | 2 | 3 | 4 | 5 |
| 5.7. Rate cooperation level when implementing changes. | 1 | 2 | 3 | 4 | 5 |
| 5.8. Did the Contractor's ability to resolve any and all deficiencies during the term of this contract meet your company's satisfaction? | 1 | 2 | 3 | 4 | 5 |
| 5.9. Have you had a Corrective Action? | Y/N | | | | |
| How satisfied were you with the response and implementation? | 1 | 2 | 3 | 4 | 5 |
| 5.10. Overall satisfaction on performance. | 1 | 2 | 3 | 4 | 5 |

NaphCare has been a dedicated partner to Fulton County from day one, providing exceptional healthcare services and working with us to grow our programs to meet the needs of our inmate population. We have been very satisfied with their services.



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Offerors shall provide at least three (3) client references within the last five (5) years for contracts they held that replicate or mirror the requirements of this RFP. It shall be the responsibility of the offeror to obtain the references from each entity. References should be submitted with the Offerors proposal response.

Company Name	Entity Contact Name	Contract Start Date	Contract Term
Federal Bureau of Prisons	Teresa Kennon, Section Chief	12/2003	5+5
Phone Number	Email Address	Number of Inmate's served	
602-506-1070	cody.johnson@maricopa.gov	5,000+	
Address	City/State	Zip	
234 N. Central Ave, Suite 5000	Phoenix, AZ	85004	

Answers should be specific to the vendor's performance and ability to comply with the contract requirements.

1. Did the Contractor fulfill the total contract term? If no, please identify why.

The Maricopa County reference policy is to only provide relevant contract information of a general nature without commenting specifically on the performance of the vendor.

2. Please provide a brief description of the scope of services for the above referenced Contract(s) including the type, size and security level of the populations served.

Provides Maricopa County Correctional Health Services (CHS) with an integrated Electronic Health Record Management System: EMR.

3. Did the Contractor provide a milestone chart? Did the Contractor meet the time frames in the milestone chart? If no please provide information on what areas did not meet.

Yes, milestones were provided. The Maricopa County reference policy is to only provide relevant contract information of a general nature without commenting specifically on the performance of the vendor.

4. Was the Contractor able to provide sufficient staffing? If no please explain



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Rehabilitation & Reentry
 Procurement Services
 1645 W Jefferson Street
 Phoenix, AZ 85007

N/A - TechCare EHR Software Contract Only

5. Using a scale from 1 to 5, with 5 signifying the highest score, please rate the following questions:

- | | | | | | |
|--|-------|---|---|---|---|
| 5.1. Rate ability to meet contracted task | 1 | 2 | 3 | 4 | 5 |
| 5.2. Quality of service. | 1 | 2 | 3 | 4 | 5 |
| 5.3. Experience, qualifications of staff. | 1 | 2 | 3 | 4 | 5 |
| 5.4. Ability to meet stated time frames. | 1 | 2 | 3 | 4 | 5 |
| 5.5. Adhere to time frame for startup. | 1 | 2 | 3 | 4 | 5 |
| 5.6. Fully staffed at startup. | 1 | 2 | 3 | 4 | 5 |
| 5.7. Rate cooperation level when implementing changes. | 1 | 2 | 3 | 4 | 5 |
| 5.8. Did the Contractor's ability to resolve any and all deficiencies during the term of this contract meet your company's satisfaction? | 1 | 2 | 3 | 4 | 5 |
| 5.9. Have you had a Corrective Action? | Y / N | | | | |
| How satisfied were you with the response and implementation? | 1 | 2 | 3 | 4 | 5 |
| 5.10. Overall satisfaction on performance. | 1 | 2 | 3 | 4 | 5 |



Solicitation Amendment No. 18
Attachment 11:
Experience and References
Solicitation No. BPM003905
Inmate Correctional Healthcare

State of Arizona
Department of Corrections,
Rehabilitation & Reentry
 Procurement Services
 1645 W Jefferson Street
 Phoenix, AZ 85007

Offerors shall provide at least three (3) client references within the last five (5) years for contracts they held that replicate or mirror the requirements of this RFP. It shall be the responsibility of the offeror to obtain the references from each entity. References should be submitted with the Offerors proposal response.

Company Name	Entity Contact Name	Contract Start Date	Contract Term
Montana Department of Corrections	Connie Winner, Administrator	March 30, 2021	5+1,1,1,1,1
Phone Number	Email Address	Number of Inmate's served	
406-444-6580	cwinner@mt.gov	4,500+	
Address	City/State	Zip	
5 S. Last Chance Gulch	Helena, MT	59620	

Answers should be specific to the vendor's performance and ability to comply with the contract requirements.

1. Did the Contractor fulfill the total contract term? If no, please identify why.

No. The MT Dept. of Corrections is still in the start-up phase of our EHR.

2. Please provide a brief description of the scope of services for the above referenced Contract(s) including the type, size and security level of the populations served.

Contract is to provide an integrated state-wide electronic health record for 4 main facilities which house all security levels consisting of 4500+ offenders.

3. Did the Contractor provide a milestone chart? Did the Contractor meet the time frames in the milestone chart? If no please provide information on what areas did not meet.

Yes. At this time, testing, subject matter training, on-site end user training, Go Live and on-site support has occurred in a timely manner.

4. Was the Contractor able to provide sufficient staffing? If no please explain



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Yes. Contractor always had sufficient staff to answer questions, come on-site for training, and brought in a team for Go Live week.

5. Using a scale from 1 to 5, with 5 signifying the highest score, please rate the following questions:

- | | | | | | |
|--|-------|---|---|---|---|
| 5.1. Rate ability to meet contracted task | 1 | 2 | 3 | 4 | 5 |
| 5.2. Quality of service. | 1 | 2 | 3 | 4 | 5 |
| 5.3. Experience, qualifications of staff. | 1 | 2 | 3 | 4 | 5 |
| 5.4. Ability to meet stated time frames. | 1 | 2 | 3 | 4 | 5 |
| 5.5. Adhere to time frame for startup. | 1 | 2 | 3 | 4 | 5 |
| 5.6. Fully staffed at startup. | 1 | 2 | 3 | 4 | 5 |
| 5.7. Rate cooperation level when implementing changes. | 1 | 2 | 3 | 4 | 5 |
| 5.8. Did the Contractor's ability to resolve any and all deficiencies during the term of this contract meet your company's satisfaction? | 1 | 2 | 3 | 4 | 5 |
| 5.9. Have you had a Corrective Action? | Y / N | | | | |
| How satisfied were you with the response and implementation? | 1 | 2 | 3 | 4 | 5 |
| 5.10. Overall satisfaction on performance. | 1 | 2 | 3 | 4 | 5 |

Great company to work with and staff have found EHR easy to learn. Company is very responsive and their staff is always very professional and knowledgeable.



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Offerors shall provide at least three (3) client references within the last five (5) years for contracts they held that replicate or mirror the requirements of this RFP. It shall be the responsibility of the offeror to obtain the references from each entity. References should be submitted with the Offerors proposal response.

Company Name	Entity Contact Name	Contract Start Date	Contract Term
New Hampshire Department of Corrections	Helen Hanks	1/14/2016	2016-Present
Phone Number	Email Address	Number of Inmate's served	
603-271-5603	helen.hanks@doc.nh.gov	3,200	
Address	City/State	Zip	
105 Pleasant Street, PO Box 1806	Concord, New Hampshire	03302	

Answers should be specific to the vendor's performance and ability to comply with the contract requirements.

1. Did the Contractor fulfill the total contract term? If no, please identify why.

Yes and we continue with great support and resource at this time.

2. Please provide a brief description of the scope of services for the above referenced Contract(s) including the type, size and security level of the populations served.

Electronic Health Record used across 3 prisons, 1 Transitional Work Center, 1 psychiatric facility, and 3 THU. All custody levels and disciplines including dental.

3. Did the Contractor provide a milestone chart? Did the Contractor meet the time frames in the milestone chart? If no please provide information on what areas did not meet.

Yes and Yes. The direct training resources were critical to a successful roll out.

4. Was the Contractor able to provide sufficient staffing? If no please explain



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Yes. 100%

5. Using a scale from 1 to 5, with 5 signifying the highest score, please rate the following questions:

- | | | | | | |
|--|-------|---|---|---|---|
| 5.1. Rate ability to meet contracted task | 1 | 2 | 3 | 4 | 5 |
| 5.2. Quality of service. | 1 | 2 | 3 | 4 | 5 |
| 5.3. Experience, qualifications of staff. | 1 | 2 | 3 | 4 | 5 |
| 5.4. Ability to meet stated time frames. | 1 | 2 | 3 | 4 | 5 |
| 5.5. Adhere to time frame for startup. | 1 | 2 | 3 | 4 | 5 |
| 5.6. Fully staffed at startup. | 1 | 2 | 3 | 4 | 5 |
| 5.7. Rate cooperation level when implementing changes. | 1 | 2 | 3 | 4 | 5 |
| 5.8. Did the Contractor's ability to resolve any and all deficiencies during the term of this contract meet your company's satisfaction? | 1 | 2 | 3 | 4 | 5 |
| 5.9. Have you had a Corrective Action? | Y / N | | | | |
| How satisfied were you with the response and implementation? | 1 | 2 | 3 | 4 | 5 |
| 5.10. Overall satisfaction on performance. | 1 | 2 | 3 | 4 | 5 |



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Offerors shall provide at least three (3) client references within the last five (5) years for contracts they held that replicate or mirror the requirements of this RFP. It shall be the responsibility of the offeror to obtain the references from each entity. References should be submitted with the Offerors proposal response.

Company Name	Entity Contact Name	Contract Start Date	Contract Term
Maricopa County Correctional Health Services	Cody Johnson	May 1, 2012	5+5
Phone Number	Email Address	Number of Inmate's served	
602-506-1070	cody.johnson@maricopa.gov	5,000+	
Address	City/State	Zip	
234 N. Central Ave, Suite 5000	Phoenix, AZ	85004	

Answers should be specific to the vendor's performance and ability to comply with the contract requirements.

1. Did the Contractor fulfill the total contract term? If no, please identify why.

The Maricopa County reference policy is to only provide relevant contract information of a general nature without commenting specifically on the performance of the vendor.

2. Please provide a brief description of the scope of services for the above referenced Contract(s) including the type, size and security level of the populations served.

Provides Maricopa County Correctional Health Services (CHS) with an integrated Electronic Health Record Management System: EMR.

3. Did the Contractor provide a milestone chart? Did the Contractor meet the time frames in the milestone chart? If no please provide information on what areas did not meet.

Yes, milestones were provided. The Maricopa County reference policy is to only provide relevant contract information of a general nature without commenting specifically on the performance of the vendor.

4. Was the Contractor able to provide sufficient staffing? If no please explain



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N/A - TechCare EHR Software Contract Only

5. Using a scale from 1 to 5, with 5 signifying the highest score, please rate the following questions:

- | | | | | | |
|--|-------|---|---|---|---|
| 5.1. Rate ability to meet contracted task | 1 | 2 | 3 | 4 | 5 |
| 5.2. Quality of service. | 1 | 2 | 3 | 4 | 5 |
| 5.3. Experience, qualifications of staff. | 1 | 2 | 3 | 4 | 5 |
| 5.4. Ability to meet stated time frames. | 1 | 2 | 3 | 4 | 5 |
| 5.5. Adhere to time frame for startup. | 1 | 2 | 3 | 4 | 5 |
| 5.6. Fully staffed at startup. | 1 | 2 | 3 | 4 | 5 |
| 5.7. Rate cooperation level when implementing changes. | 1 | 2 | 3 | 4 | 5 |
| 5.8. Did the Contractor's ability to resolve any and all deficiencies during the term of this contract meet your company's satisfaction? | 1 | 2 | 3 | 4 | 5 |
| 5.9. Have you had a Corrective Action? | Y / N | | | | |
| How satisfied were you with the response and implementation? | 1 | 2 | 3 | 4 | 5 |
| 5.10. Overall satisfaction on performance. | 1 | 2 | 3 | 4 | 5 |



2.9.1.8 Fee Schedule

**Arizona Department of Corrections,
Rehabilitation and Reentry**

**INMATE CORRECTIONAL HEALTHCARE
Solicitation No. BPM003905**

2.9.1.8 Fee Schedule

Offeror shall complete the Fee Schedule (Attachment 8 PIPD Fee Schedule) and submit with their offer in APP.

NaphCare has included the Fee Schedule (Attachment 8 PIPD Fee Schedule) following this section per RFP requirements.

1.24 FEE SCHEDULE

1.24.1 Offeror shall complete Attachment 8, Fee Schedule; and include it in the Offer.

1.24.1.1 In the APP system, please fill in the Per Inmate per Day Cost under the Items tab. The detailed pricing shall be listed in Attachment 8, Fee Schedule.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein.

1.24.2 The Department shall not compensate the Contractor for mileage or for per diem rates and lodging expenses associated with any travel.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein.

1.24.3 If proposing to increase on-site infirmary beds, clearly identify the amount required to fund capital construction on line 7.5 on Attachment 8, Fee Schedule and note any reduction due to savings for having additional on-site facility capacity on line 3.1.1 on Attachment 8, Fee Schedule.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein.

1.24.4 Offerors are required to provide a fixed per inmate per day rate that shall cover provision of ALL required services as pertains to the entire inmate population. The identified rate must include amortized costs as identified and requested herein.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein.

Attachment 8, Fee Schedule, and Attachment 9, Budget Narrative shall be included in the offer.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein. Attachment 8 Fee Schedule follows this section per RFP requirements. Attachment 9 Budget Narrative is located under Tab 2.9.1.9 per RFP requirements.

1.24.5 Each expense item's daily cost, per inmate, per day, must be within the per inmate per day rate. If an expense item on the Fee Schedule is not applicable, put N/A in the space provided under "Daily Cost". All expenses must be identified within the structure of this Fee Schedule. Complete the Budget

Narrative for each expense item to provide supporting detail. The Budget Narrative shall mirror the Fee Schedule.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein.

1.24.6 Budget Narrative Instructions. Offerors are to provide written narratives for each cost item on the Fee Schedule. Offerors may computerize the Budget Narrative forms; however, format and content must remain unchanged. Be descriptive and provide the Department with enough detail to explain how the cost of the expense category was calculated.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein.

1.24.7 Contract Payment Terms. Offerors shall indicate the prompt payment terms that they will offer to the State (for example: 2/10 Net 30; 2/15 Net 30, etc.) At a minimum, Offeror's payment terms shall comply with the requirements of A.R.S. Titles 35 and 41, Net 30 days.

NaphCare has read, understands, and shall comply with Sections and Subsections identified herein.

PIPD Fee Schedule

Breakdown of relative daily costs included in the rate:		Per Inmate per Day (PIPD) Cost					
No.	Title	Medical	Dental	Pharmacy	Mental Health	Administration	Total
1	Employee Personal Services - Direct Care						
	1.1 Base Wages	\$8.530	\$0.946	\$0.239	\$2.936	\$0.562	\$13.213
	1.2 Overtime	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
2	Employer Related Expenditures for Employees - Direct Care (employer paid)						
	2.1 Employee medical plan	\$0.939	\$0.087	\$0.052	\$0.263	\$0.108	\$1.448
	2.2 Employee dental and vision plan	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
	2.3 Employee life insurance and disability	\$0.037	\$0.003	\$0.002	\$0.011	\$0.004	\$0.056
	2.4 Employee retirement (example: 401K)	\$0.122	\$0.014	\$0.003	\$0.042	\$0.008	\$0.189
	2.5 Payroll taxes	\$0.691	\$0.064	\$0.021	\$0.230	\$0.048	\$1.054
	2.6 Other	\$0.698	\$0.079	\$0.020	\$0.245	\$0.047	\$1.090
3	Professional and Outside Services - Direct Care						
	3.1 Professional and Outside Services - Non Staffing	\$3.608	\$0.000	\$0.000	\$0.000	\$0.000	\$3.608
	3.2 Professional and Outside Services - Staffing	\$0.000	\$0.000	\$0.000	\$0.000	\$0.024	\$0.024
4	Travel - In State						
	4.1 Travel - In State	\$0.000	\$0.000	\$0.000	\$0.000	\$0.060	\$0.060
5	Travel - Out of State						
	5.1 Out of State	\$0.000	\$0.000	\$0.000	\$0.000	\$0.048	\$0.048
6	Other Operating Expenses						
	6.1 Other Operating Expenses excluding Pharmaceuticals	\$0.264	\$0.025	\$0.000	\$0.000	\$0.000	\$0.289
	6.2 Pharmaceuticals, excluding Hepatitis C	\$1.649	\$0.000	\$0.000	\$0.658	\$0.285	\$2.592
	6.3 Hepatitis C pharmaceuticals	\$0.509	\$0.000	\$0.000	\$0.000	\$0.000	\$0.509
7	Capital Equipment						
	7.1 Capital Equipment	\$0.000	\$0.000	\$0.000	\$0.000	\$0.048	\$0.048
	7.2 Building Improvement/Construction	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
8	Non-Capital Equipment						
	8.1 Non-Capital Equipment	\$0.000	\$0.000	\$0.000	\$0.000	\$0.028	\$0.028
9	Insurance						
	9.1 Commercial General Liability	\$0.000	\$0.000	\$0.000	\$0.000	\$1.192	\$1.192
	9.2 Business Automobile Liability	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
	9.3 Umbrella Liability	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
	9.4 Professional Liability	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
10	Electronic Health Records						
	10.1 Staffing	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
	10.2 Training	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
	10.3 Hardware, software and peripherals	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
	10.4 Telecommunication and storage	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
	10.5 Licensing, user agreements and other associated fees	\$0.000	\$0.000	\$0.000	\$0.000	\$0.340	\$0.340
	10.6 Maintenance and support	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
	10.7 EHR transition and Contract termination	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
11	Other						
	11.1 Claims	\$0.000	\$0.000	\$0.000	\$0.000	\$0.087	\$0.087
	11.2 In-State Administration	\$0.000	\$0.000	\$0.000	\$0.000	\$0.198	\$0.198
	11.3 Out-of-State Administration	\$0.000	\$0.000	\$0.000	\$0.000	\$0.588	\$0.588
	11.4 Corporate Overhead and Administration	\$0.000	\$0.000	\$0.000	\$0.000	\$1.296	\$1.296
	11.5 Profit	\$0.000	\$0.000	\$0.000	\$0.000	\$0.998	\$0.998
		\$0.000	\$0.000	\$0.000	\$0.000	\$0.000	\$0.000
	Total fixed per inmate per day rate	\$17.047	\$1.219	\$0.337	\$4.384	\$5.967	\$28.953
	Estimated Inmate Average Daily Population (ADP): FY 2021 = 27,437						



2.9.1.9 Budget Narrative

**Arizona Department of Corrections,
Rehabilitation and Reentry**

**INMATE CORRECTIONAL HEALTHCARE
Solicitation No. BPM003905**

2.9.1.9 Budget Narrative

Offeror shall complete the Budget Narrative (Attachment 9) and submit with their offer in APP.

NaphCare has included the required Budget Narrative (Attachment 9) following this page per RFP requirements.

SOLICITATION NO. BPM003905 ATTACHMENT 9

Please refer to Section 1.23 for instructions.

Budget Narrative

No.	Title	Detailed Narrative Explanation
1	Employee Personal Services - Direct Care	
	1.1 Base Wages	Cost of salaries for direct labor personnel based on Solicitation Amendment No. 12, Exhibit 24, Minimum Required Staffing Plan.
	1.2 Overtime	No overtime budgeted.
2	Employer Related Expenditures for Employees - Direct Care (employer paid)	
	2.1 Employee medical plan	Cost of employer provided health care plan.
	2.2 Employee dental and vision plan	Included in Section 2.1.
	2.3 Employee life insurance and disability	Cost of employer provided life insurance and accidental death and dismemberment plans.
	2.4 Employee retirement (example: 401K)	Cost of company match for employee 401K contributions.
	2.5 Payroll taxes	Employer match of Social Security and Medicare, Federal and State Unemployment, Worker's Compensation
	2.6 Other	Cost of paid time off.
3	Professional and Outside Services - Direct Care	
	3.1 Professional and Outside Services - Non Staffing	Cost of off-site inpatient stays, outpatients visits, emergency room visits, laboratory services, EKG, mammography, optometry, ambulance, dialysis radiology services. Utilized stats provided in previous solicitation and historical experience.
	3.2 Professional and Outside Services - Staffing	Cost of officer time to transport patients not treated in secure unit based on Solicitation Section 1.6.4.1.
4	Travel - In State	
	4.1 Travel - In State	Cost of travel in the state by Arizona office personnel.
5	Travel - Out of State	
	5.1 Out of State	Cost of travel by those based outside of Arizona.
6	Other Operating Expenses	
	6.1 Other Operating Expenses excluding Pharmaceuticals	Cost of medical supplies, dental supplies and waste disposal. Increased cost due to pandemic.
	6.2 Pharmaceuticals, excluding Hepatitis C	Cost of pharmaceuticals including HIV (based on data provided in Solicitation Amendment No 10, Answer No 36).
	6.3 Hepatitis C pharmaceuticals	\$5.1 million cap.
7	Capital Equipment	
	7.1 Capital Equipment	Cost of computers, office furniture, telemedicine equipment, and medical equipment where cost is in excess of \$500.
	7.2 Building Improvement/Construction	No capital improvements budgeted.
8	Non-Capital Equipment	
	8.1 Non-Capital Equipment	Cost of computers, office furniture, telemedicine equipment, and medical equipment where cost is in excess of \$500. Leased equipment (copiers).
9	Insurance	
	9.1 Commercial General Liability	Cost of insurance provided.
	9.2 Business Automobile Liability	Cost included in 9.1 above.
	9.3 Umbrella Liability	Cost included in 9.1 above.
	9.4 Professional Liability	Cost included in 9.1 above.
10	Electronic Health Records	
	10.1 Staffing	Included in Licensing fee, Section 10.5.
	10.2 Training	Included in Licensing fee, Section 10.5.
	10.3 Hardware, software and peripherals	Included in Licensing fee, Section 10.5.
	10.4 Telecommunication and storage	Included in Licensing fee, Section 10.5.
	10.5 Licensing, user agreements and other associated fees	License fee of EHR.
	10.6 Maintenance and support	Included in Licensing fee, Section 10.5.

	10.7	EHR transition and Contract termination	Cost included in sections above.
11	Other		
	11.1	Claims	Cost of claims adjudication and processing personnel.
	11.2	In-State Administration	Cost of Arizona state office including rent and utilities.
	11.3	Out-of-State Administration	Cost of contract start up, payroll processing, performance bond, legal/professional fees.
	11.4	Corporate Overhead and Administration	Cost of corporate staff support including human resources, recruiting, accounting, operations.
	11.5	Profit	Margin before taxes.