

2020 Inmate Medical Services Request for Proposals: Questions Submitted and Responses

1. Given the start date of the new contract will be January 1, 2020 will the contraction transition date begin 45-days prior to the start date, for example mid-November?
Yes, we plan on having a selection made to facilitate the full 45-day transition.
2. Please expand on the evaluation process to include when you intend to open proposals, schedule possible oral presentations, and announce the award decision.
Proposals are due no later than 3:00 pm (CST) Wednesday, October 14th, 2020 and will be opened thereafter when a paper review of the submissions will occur. Depending on the outcome of the paper review, select submissions will be invited for an interview/oral presentation with a goal of doing this the week of October 26th-30th. We are hopeful that a selection can be made by Nov 4th.
3. What was the volume of laboratory services sent to an off-site laboratory for the last contract year? *2,997*
4. Which laboratory company currently provides pick up and testing of specimens off-site?
Avera is our Laboratory company, they utilize MedSpeed as Courier.
5. What is the current year's contracted management fee?
\$24,252.08 per month
6. How much does the County expect to reimburse the current provider this contract year?
How much did the County reimburse to the provider in the last contract year?
In 2019 Minnehaha County reimbursed the current provider \$2,428,907.22

The 2020 projection is \$2,837,032.32
7. What were the total pharmaceutical costs for each of the last 3 contract years?
2017: \$186,481.19
2018: \$212,376.31
2019: \$206,786.87
8. May we submit our proposed operating budget on our company's forms?
Yes, see RFP Section II: B.
9. Does South Dakota have a state law requiring health care providers to charge Medicaid rates for persons in custody?
There is no statute requiring a healthcare provider to bill the County at Medicaid rates for care of a prisoner. See RFP Section VI: Do not estimate the cost of off-site care, or hospitalizations. Do not reach out to community providers for discount or networking purposes. The County has historically low rates in place and does not want any bidder contacting the area hospitals to negotiate.

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10. We could find no asterisks on the Medical Staffing Matrix. Can the County submit a new matrix with the noted asterisks for positions that require backfill?

See Appendix A attached to this document.

11. ADP – Could you please provide a breakdown of your 2019 Average Daily Population?

1. Minnehaha County: 355.72
2. Other County: 24.58
3. City: 0.22
4. DOC: 0.47
5. USMS: 8.39
6. ICE: 0.13
7. SD Parole: 8.35
8. Other: 1.10

Total 2019 ADP: 398.96

12. How many intakes per month for 2019?

- January: 1638
- February: 1451
- March: 1765
- April: 1781
- May: 1932
- June: 1893
- July: 1978
- August: 1914
- September: 1893
- October: 1721
- November: 1681
- December: 1647

13. For the purposes of the proposal responses, what is the total ADP requested?

As COVID restrictions ease, we are projecting that our ADP will be close to 500 at the 1st of the year.

14. 2019 Total Medical Expense: \$2,428,907.22

1. Off-Site: \$257,741.83
2. Pharmacy: \$206,786.87
3. Staff Wages: \$1,178,419.94
4. Temp Services: \$170,991.44
5. Benefits: \$119,925.87
6. Management fees: \$247,199.99

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15. Please provide an itemized list of staff, wages, benefits, PTO, Vacation, years of service.
This will be available to the vender awarded the contract. See RFP Section VI: third bullet point.
16. Current licensure of Mental Health workers?
- LCSW
- LPC
- CNP
17. On-site Specialty Care as listed on page 16 – please provide the number of on-site specialty care visits in 2019.
See Appendix B of this document.
18. Number of call back services, as described on page 20, letter P – please provide the number of call back services in 2019.
This is not a routine event and occurred < 5 times in 2019.
19. Please provide additional information regarding Environmental Inspections, and the level of involvement of medical staff.
DON does monthly environmental inspections. This includes overall cleanliness proper sharps storage and disposal, appropriate biohazard containers present, fire extinguishers, refrigerators checked for temperatures, etc. In addition to this the 2019 NCCHC audit completed an environmental inspection.
20. Current telehealth platform being used on-site? (many jails have access via telecourt platform)
Current Platform consists of a laptop and iPads for telehealth. Arista and Teams are used.
21. Please provide the 2019 cost designated for prosthetics.
There is no cost designated for prosthetics.
22. Can inmates request mental health services?
Yes
23. What Mental Health Services are currently available;
1. Crisis Intervention? **Yes**
 2. Medications and their management? **Yes**
 3. Psychiatric medications and their management? **Yes**
 4. Referral of inmates to mental health provider? **Yes**
 5. Individual counseling/therapy? **Yes**
 6. Group counseling/therapy? **No**
 7. Substance abuse treatment/services? **Yes. However, this is not done with Jail Medical/Mental Health Staff.**
 8. In-depth physical evaluation assessment? **Yes**

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9. Case management? **Yes. However, this is not done with Jail Medical/Mental Health Staff.**
 10. Release planning? **Yes. However, this is not done with Jail Medical/Mental Health Staff.**
 11. Other? Please explain.
 12. Is crisis intervention available 24/7? **Mental Health Staff is not on site 24/7, however, Corrections staff occasionally calls them after hours. Additionally, Jail staff receives CIT training.**
24. Indicate the level of screening for inmates at your jail;
1. Basic intake health screening? **Yes**
 2. Separate screening tool used specific to mental health/suicide prevention? **Yes**
 3. Is staff required to use a prescribed form when making mental health referrals? **Yes**
 4. Are arresting/transporting officers required to complete a pre-incarceration/booking form identifying medical health risk issues? **Yes**
25. Can you clarify that the current medical provider has kept NCCHC re-accreditation tracking and documentation timely since accreditation from April 2019? This could be an issue moving forward into 2021.
Yes
26. Can we have total medical expenses for 2019? If so, can we have those broken down into pharmaceuticals, off-site specialty care, laboratory costs, and radiological costs?
2019 Total Medical Expense: **\$2,428,907.22**
1. Off-Site: **\$257,741.83**
 2. Pharmacy: **\$206,786.87**
 3. Staff Wages: **\$1,178,419.94**
 4. Temp Services: **\$170,991.44**
 5. Benefits: **\$119,925.87**
 6. Management fees: **\$247,199.99**
 7. Laboratory costs: **\$30,152.90**
 8. Radiological cost: **\$22,004.96**
27. Are we to assume we should bid this project at an ADP of 579?
As COVID restrictions ease, we are projecting that our ADP will be close to 500 at the 1st of the year.
28. Will the county agree to fund any necessary changes that may be required with Cor-EMR to ensure our forms etc. are integrated into the program?
This will be determined after the contract is awarded. Cor-EMR is already interfaced with our systems. Any forms that would need to be added would be a pass-through cost to the county.

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29. Given variability with wages (depending on individual employees and their wage demands) – we are assuming that the county understands that there will be these variations displayed with ongoing pass-through invoicing?

Yes. See RFP Section VII: C.

30. Are you requiring us to change our overall corporate rules associated with our 401k plan if we currently have a modest waiting period? We cannot discriminate between existing healthcare staff and the rest of our staff regarding 401k plan rules.

This is covered in RFP Section VII: C. Deviation from this should be explained in your submission.

31. After January 1st, 2021, what recruitment costs is the county willing to reimburse as pass-through costs? We can elaborate if necessary.

This is covered in RFP Section VII: C: 2. After January 1st 2021 ongoing recruitment is expected but should be budgeted. This is a pass-through cost so if an event happens where the vendor is projecting they will go overbudget on recruitment, Jail administration should be consulted prior to the recruitment occurring.

32. In your staffing model, are we to assume that the DON directly reports to the HSA?

Yes

33. Under position specific staffing requirements (D) can you clarify how many hours per week/month is expected from the Medical Director?

There must be a Medical Director assigned who is responsible for health care and be on site at least four (16) hours **per month**.

34. Can you delineate which medical equipment will stay if we are awarded the contract, and what items will leave with the current vendor? Are we able to know your current annual equipment budget?

All equipment is the property of Minnehaha County as the current contract is also a pass through contract. There is a Supply budget of \$40,000, however any new equipment that would be needed would have to be approved by Jail Administration.

35. Do you want the name of the laboratory services vendor named within our proposal? Same question for radiology vendor?

Not necessarily, the projected costs would be more relevant.

36. Are prenatal visits expected to be completed by us? Or are you comfortable with using a community obstetrical provider for such services?

Historically, prenatal visits have been done off-site.

37. Are the following costs considered pass-through: vaccines, TB testing solution, oxygen, bio-hazard waste removal, emergency response supplies, and drug testing supplies?

Yes

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38. Please provide the last 2 years of medical statistics/Health Services Report.

See Appendix B of this document.

39. What is the average population of ICE detainees their average length of stay?

ADP for ICE detainees in 2019 was 0.13. Average length of stay is < 1 day.

40. LPNs are listed on page 13 of the RFP including their role in the facility, there are no LPNs on the staffing matrix provided. Please clarify.

Some RN positions will be supplemented with LPN positions as long as there are RN on the same shift.

41. Is there a specific curriculum or course content (area of focus) for behavioral health groups The Sheriff's Office would like the vendor to provide?

This was not something specified in the RFP. The County would be open to hearing about potential programs and your company's experience with them in your submission.

42. How frequently are groups being held?

We currently have no groups being held.

43. How many patients are currently participating in group therapy?

None

44. Please provide the current contractor's fiscal year 2020 projected expenses broken down by line item.

2020 Medical Expense through June: \$1,308,749.60

1. Off-Site: \$116,699.43
2. Pharmacy: \$110,841.6
3. Staff Wages: \$596,624.54
4. Temp Services: \$206,386.96
5. Benefits: \$54,247.05
6. Management fees: \$133,376.16
7. Laboratory costs: \$26,833.92
8. Radiological cost: \$9,999.95

45. Please confirm the current contractor's management fee is \$334,842.00 for fiscal year 2020. If not, please provide the amount for fiscal year 2020.

\$24,252.08 per month in 2020.

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46. Please provide the actual expenses for fiscal year 2019 and 2020 by line item.

2019 Total Medical Expense: **\$2,428,907.22**

1. Off-Site: **\$257,741.83**
2. Pharmacy: **\$206,786.87**
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8. Radiological cost: **\$9,999.95**

47. Please provide a list of positions that are currently vacant.

3 full time Day RN vacancies (2 of which are currently being covered by agency)
4 full time Night RN vacancies (2 of which are currently being covered by agency)
Director of Nursing (DON) currently vacant
1 CMA vacancy beginning 9/24

48. Please provide the current salary and/or hourly rates for each position.

This will be available to the vender awarded the contract. See RFP Section VI: third bullet point.

49. If an inmate/patient is placed on Suicide Watch, but bonds out in the middle of the night (or any other time) when there is no Mental Health Professional on site, will the Mental Health Professional be required to come on-site to evaluate the respective inmate to determine whether the inmate is clinically appropriate for release into the community? If yes, how often does this happen?

We recognize that we do not have Mental Health Professionals on site all the time, for this reason we have a policy that allows a Jail Supervisor to determine if the person is safe for release. If there is any question on the person's safety, the Jail supervisor will seek a civil hold to ensure the person remains safe.

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50. “County financial responsibility for most medications and off-site services are limited to Minnehaha County inmates.” Question – please provide a list of all medications and off-site services that are the responsibility of the Vendor.

None. This is a pass-through contract. This section of the RFP is specific to Minnehaha County Inmates. When out of county inmates require off site care and/or medication, the county that is lodging them in our facility is billed.

51. Are Vendors only required to submit the three (3) worksheets attached to the RFP as part of the budget?

Yes. See RFP Section II: B.

52. There appears to be a requirement for Vendors to submit salaries/wages and fringe benefits for our proposed staff; however, there are no submittal directions. If details regarding pay and benefits are required, please elaborate on what needs to be submitted and the format that it needs to be submitted in, or please provide a template. “Salaries/Wages, Fringe and Benefits will be based upon the staffing matrix and your salary survey of Sioux Falls and immediate surrounding area to ensure competitive salaries based on the local market.” Question – it has been our experience that salary surveys do not accurately reflect the medical industry/market – typically, they show wages lower than incumbent staff. What should Vendors submit if we believe our salary surveys are not indicative of the market?

We believe the RFP is clear on the instructions on the worksheets and what needs to be included.

53. “Finally, estimate the cost of running the on-site specialty clinics, labs, x-ray, pharmacy and all other operating costs per the RFP.” Question – there doesn’t appear to be a template or instructions for this requirement. What would the County like for Vendors to submit?

We believe the RFP is clear on the instructions on the worksheets and what needs to be included.

54. “Finally, estimate the cost of running the on-site specialty clinics, labs, x-ray, pharmacy and all other operating costs per the RFP.” Question – Will the County please provide historical costs associated with these items?

Costs have been included in various other questions on this document.

55. “(Please note that the Vendor may utilize Telemedicine as an option to meet this and all mental health needs. If telemedicine is proposed, include any start-up costs.)” Question – how are psychiatric services currently being provided - in-house or via telemedicine?

Psychiatric services are being done on site and that is our preference. However, we do recognize that there are times when a remote option would suffice.

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56. Please provide the current contract/price and exhibits.
The current Health Services contract can be obtained by contacting the Minnehaha County Auditor's office at (605)367-4220.
57. Will the County please provide a list of community providers currently contracted to provide on-site and offsite care?
The county is not under contract with any community providers for either.
58. Will the County please provide the estimated budget for this requirement, as well as all available incumbent pricing?
This question is not clear, I can only assume it is referring to the previous question, to which we have no contracts, and therefore not budget.
59. Will the 45-day transition start mid-November for a January 1 start?
Yes, that is our goal.
60. For the purpose of creating a transition plan, can you give an approximate timeline of the potential award of the contract?
This was answered in question 2 of this document.
61. Please provide a copy of the current health services contract, including exhibits, attachments, and amendments.
The current Health Services contract can be obtained by contacting the Minnehaha County Auditor's office at (605)367-4220.
62. Is the County currently subject to any court orders or legal directives that would impact the services provided?
No.
63. How many lawsuits (frivolous or otherwise) have been filed against the County or Contractor pertaining to inmate health care in the past three years?
Four (4) have been filed against the county. We cannot speak to what has or has not been filed against the current contractor.
64. Are there any requirements for drug testing for prospective employees?
No, this would be up to the vender.
65. Who is responsible for running background checks on potential personnel – County or Contractor?
The County will run all background checks on potential employees.

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66. Please provide a current list of staffing vacancies by position.

3 full time Day RN vacancies (2 of which are currently being covered by agency)
4 full time Night RN vacancies (2 of which are currently being covered by agency)
Director of Nursing (DON) currently vacant
1 CMA vacancy beginning 9/24

67. Are any members of the current health service staff unionized? **No**

1. If yes, please provide a copy of the union contract.

68. Please provide a copy of the current contract staffing matrix/schedule.

This was included in the RFP, see RFP: Appendix B.

69. If available, please provide salaries/wages for the incumbent health service staff.

This will be available to the vender awarded the contract. See RFP Section VI: third bullet point.

70. Please confirm that overtime and temporary employee hours will count toward the hours required by the contract. **Yes**

71. What is the annual spend amounts for the past three years for the following categories:

1. Total off-site care?	2017- \$317,756.25	2018- \$173,162.93	2019- \$257,741.83
2. Total pharmacy expenditures?	2017- \$186,481.19	2018- \$212,376.31	2019- \$206,786.87
3. Laboratory services?	2017- \$31,143.07	2018- \$34170.34	2019- \$30,152.9

72. Would the County consider catastrophic limitations on certain budget lines?

You would have to explain this in your submission.

73. Please confirm that Proposer would not be responsible for elective or cosmetic surgeries and health care services.

We are responsible for providing Heal Care Services that are "medically necessary"

74. Please verify that Proposer is responsible for off-site and pharmaceutical costs for federal inmates inclusive in the count.

Off site visits require pre-approval unless they are emergent, in either case the cost is typically not the County's (or Vender's) responsibility. Some medications for federal inmates are covered by the county, and some get billed to the federal agency responsible

75. Please identify any services (PPD, education, etc.) that must be provided to correctional staff as part of the scope of work.

None are required.

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76. Does the facility hold any national or state accreditations? **NCCHC**
1. Will continued accreditation be a part of the scope of work? **Yes**
 2. If not, will obtaining accreditation be a required part of the scope of work?
77. Can you please elaborate on what “demonstrate” includes with regards to the RFP statement: “The Vendor must demonstrate an ability for contract start-up within 45 days of contract award.”
i.e. have you previously completed a contract start up within 45 days, if so, provide a reference.
78. What software is utilized for the facility’s jail management system (JMS)?
Zuercher/Central Square
79. Can you briefly describe the IT infrastructure within the facility?
We have Wi-Fi throughout the facility.
1. Will Proposer’s hardware be placed on the County network?
 2. Will the County host software to be used in the scope of work?
These things can be determined after a vender is awarded. We currently have a pass-through contract; most hardware is already in place and belongs to the County.
80. How do personnel currently access the Internet while in the health care unit?
We have Wi-Fi throughout the facility.
81. Does the facility have Wi-Fi connectivity throughout?
Yes
82. Does the County currently deploy any telemedicine services? If so, what specialties?
We have the capability, but prefer on site services.
83. The county indicates it prefers Electronic Records for offsite care and UR, is there a current system in place that is assumable or that the County is familiar with?
We currently use and own COR-EMR
84. Please furnish a list of equipment (including dental, x-ray, dialysis, computer hardware) available for use in the facility at the start of the contract.
This should have been noted on the mandatory site visit.
85. Please confirm that all equipment is in correct working order and certified in good condition.
Yes, we just moved into a new medical wing and some things were purchased. Other equipment that was kept for continued use is in good condition.
86. Will any of the current equipment in the facility require replacement during the scope of the contract?
This is possible. Again, this is a pass-through contract...

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87. Approximately how long is a typical facility med pass?
1.5-2 hours to complete, however this varies as to which med pass. Morning and supper tend to take the longest.
88. Can you confirm the total number of med carts in the facility?
2 carts are used for med pass and we have two others with back up supplies.
89. How often are medications distributed each day?
4 times a day
90. How long does it take to perform medication distribution?
1.5-2 hours to complete, however, this varies as to which med pass. Morning and supper tend to take the longest.
91. Please provide the following historical data regarding the size of the inmate population:
1. Average daily population over the past two years.
ADP 2018 – 430.05 ADP 2019 – 398.96
 2. Two years of projected populations.
2021- projected ADP- 500 2022- Projected ADP - 515
 3. Number of intakes over the previous three years.
2017- 21,943 2018- 20,730 2019- 21,294
92. How are the following services rendered under the current scope of work (on-site/off-site)?
(Please identify vendor, if applicable)
1. Vision. **On-site Currently on site 1 time/month**
 2. Dialysis. **Off-site**
 3. OB/GYN. **Off-site**
93. Are there currently any backlogs in services/clinics – chronic care, sick call, dental, etc.?
We currently are backlogged for Dental and Optomotry.
94. Please provide the previous three years of statistical data for each of the following: **See Appendix B of this document for this data.**
1. Number of off-site inpatient hospital days. **See Appendix B**
 2. Number of outpatient surgeries. **Unable to extract this specific data**
 3. Number of outpatient referrals. **See Appendix B**
 4. Number of trips to the emergency department (ED). **See Appendix B**
 5. Number of ED referrals resulting in hospitalization. **See Appendix B**
 6. Number of ambulance transports. **2018- 27; 2019 – 33; 2020 – 32 to date.**
 7. Number of air ambulance transports. **No occurrences**
 8. Number of dialysis treatments. **2018- 0 ; 2019- 0 ; 2020 – 0 to date. (all outpatient)**
 9. Number of inmates on suicide watch. **2018 – 1000; 2019 – 1322; 2020 – 1161 to date**
 10. Number of completed suicides. **See Appendix B**
 11. Number of deaths. **See Appendix B**

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95. How are detainees screened for suicide risks and mental health concerns at intake?
A suicide screening tool is used.
96. How are mental health patients identified/referred for services?
They are referred by screening, self-referral, or staff referral.
97. How many patients required some form of detox and/or medical intervention due to opiate misuse in the past year?
Unable to extract this data
98. Are patients deemed too acute to house in the jail sent to a public mental health facility?
This depends on a number of factors.
99. Does the facility provide and/or encourage group therapy?
Jail Medical/MH does not do group therapy.
100. Where are inmates housed that are going through withdrawal?
Single occupancy cell with a camera if medical determines that is appropriate.
101. Please provide any facility statistical reports related to the medical operation for the past 12 months. See Appendix B of this document
102. Does the facility currently house any pregnant inmates? Yes
103. How does the facility provide OB/GYN care to pregnant inmates? They go off-site
104. Who is the current pharmacy contractor? We currently use Diamond
105. Would the facility be willing to change pharmacy subcontractors with the new medical vendor?
Yes
106. Will the County consider a proposal with an aggregate cap on pharmaceutical expenses?
This would have to be explained in your submission.
107. Where does medication distribution take place, i.e., med carts on the housing unit or inmates coming to medical?
Med carts are brought to the housing unit.
108. On average, what percentage of inmates are prescribed psychotropic drugs each month?
Unable to extract this data

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109. What is the average monthly number of inmates receiving pharmaceutical treatment for the following conditions?

1. Hepatitis C. - 0
2. HIV/AIDS. - 4
3. Hemophilia and other bleeding disorders. - 0

110. How are medications made available to inmates on release from the correctional facility?

Upon release, inmates prescribed medication for chronic care receive a 3-day supply. Those inmates who are prescribed a medication for Mental Health receive a 7-day supply.

111. Does the facility currently utilize a Medication Assisted Treatment (MAT) program?

Not at this time.

1. Will the County anticipate implementing such a program in the future?
Yes, we are in the process of establishing a MAT program in the Jail.

112. Can you please clarify the tools utilized by current nursing staff to triage and manage nursing sick call?

Inmates submit sick call requests electronically through the Jail Kiosk system. Sick Call requests are sent directly to nursing staff to triage and subsequently generate a list of inmates who need to be seen.

113. Does the County want an infirmary?

It was not built in to our new expansion and we have not been able to designate a space for one.

114. Please clarify these two requirements:

Page 4. II B, Proposed Operating Budget

Page 8. VII Contract Period and Pricing

II, B requests bidders submit an operating budget. VII states detail budgeting is not required unless an alternative proposal is submitted. This section also references budgeting to be provided to include the management fee, start-up costs and benefits. Benefit costs are required elsewhere as is the information to be provided on the worksheets. As a brief discussion, the largest cost driver is labor. Per the RFP employee pay rates will be disclosed after the award. This would require a bidder to estimate labor which could be over or under actual wages paid to staff. Further, the population will increase 30% to 570 inmates over the next 12-months. No monthly or quarterly increments for ADP increase are provided so it would be difficult to determine when staffing increases would occur as well as the corresponding medication, supplies and other variable cost increases. In light of this, the focus appears to be benefit costs, start-up costs, travel

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costs and the management fee. The question then is: Is a detailed operating budget required or do we adhere to VII wording?

We believe the RFP is clear in this regard. We also believe that other responses to submitted questions you provide the ADP information.

115. Page 13. Please clarify the wording to D. 3. Was the intent “4-hours per week, 16-hour per month? 16-hours per month is required, how that is broken up can be determined with the vender who is awarded the contract.

116. Page 14. Backfill b. Please clarify: The County will not pay double. Brief discussion: as employees accrue leave it is possible an employee would qualify for a federally supported program such as FMLA and have several weeks of earned leave available to use. Is it possible to modify this requirement to ‘after the employee has exhausted all payable leave’? The intent is for the county to not incur double the cost for one of these three positions for a long-term vacancy. Corporate support would be paid hourly wage at the backfilled position’s rate OR the travel costs would be paid, but not both.

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Appendix A

Medical Staffing Matrix		
Jail Healthcare Services		
Day Shift		
Position	Hrs/Wk	FTE
RN - Health Services Administrator	40	1.00
**Medical Director	0	0.20
Director of Nursing	40	1.00
*CRNP/PAC	40	1.00
*RN Charge	84	2.10
*RN	168	4.20
Administrative Assistant	40	1.00
*Certified Medication Aide	56	1.40
*Dentist	10	0.25
*Dental Assistant	10	0.25
Total Hours / FTE - Day	488	12.4
Night Shift		
Position	Hrs/Wk	FTE
*RN Charge	84	2.10
*RN	168	4.20
*Certified Medication Aide	56	1.40
Total Hours / FTE - Night	308	7.7
Jail Mental Health Services		
Day Shift		
Position	Hrs/Wk	FTE
*Psychiatrist	9	0.23
*MS Clinician/LSW	120	3.00
Total Hours / FTE- MH	129	3.23
Total Hours / FTE	796	23.33

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Appendix B

Monthly Health Services Report													
Minnehaha													
2017													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Population Stats													
Average Daily Population	463.9	458.7	465.9	496.3	495.2	461.3	470.7	469.9	483.3	474.7	433.1	426.9	466.658
Intake Screenings	1398	1407	1644	1672	1788	1784	1771	1824	1871	1672	1666	1528	20025
Number Pregnant (Last Day)	3	6	6	8	3	4	9	5	3	4	3	1	55
Births	0	0	0	0	0	0	0	0	0	0	0	0	0
Miscarriages/Fetal Demise	0	0	0	0	0	0	0	0	0	0	0	0	0
Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0
Physicals													
10 Day Health Assessments	216	195	216	264	226	198	212	215	218	201	188	225	2574
Annual Health Assessments	1	2	3	1	5	2	0	0	1	3	2	4	13
On-Site Care													
Sick Call Visits	433	367	431	296	336	327	346	325	349	358	331	281	4180
HCP Encounters	201	169	227	218	252	209	233	267	206	161	202	254	2599
Telemedicine/Telepsych Encounters	0	0	0	0	0	0	0	0	0	0	0	0	0
In-house X-Rays	11	5	22	8	8	11	12	12	12	11	9	20	141
Infirmory/Medical Housing Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Care													
Exams	51	43	84	64	64	33	40	60	55	52	86	41	673
Fillings	9	7	6	25	26	14	5	20	14	22	27	9	184
Extractions	14	19	29	17	21	9	13	17	15	11	23	13	201
Dental Clinic Visits	51	43	84	64	64	33	40	60	55	52	86	41	673
Chronic Care Visits													
Asthma/COPD/Pulmonary	18	12	13	24	18	20	11	14	17	10	16	16	189
Diabetes/Endocrine	8	9	15	14	8	12	8	16	13	11	15	18	147
HIV/AIDs/Hep. C	4	8	14	12	17	10	6	4	5	7	10	7	104
Hypertension/Cardio	27	18	26	19	28	21	28	22	16	13	25	37	280
OB/GYN/Pregnant	0	0	4	4	2	0	8	12	6	6	6	6	54
Seizure/Neurology	1	3	6	5	6	4	2	3	2	2	2	5	41
Infectious Diseases													
MRSA Suspect Cases	2	1	0	1	3	2	6	2	2	5	7	2	33
Confirmed MRSA Cases	2	0	0	0	0	1	4	1	0	3	2	1	14
PPDs Given to Inmates	159	140	174	194	154	129	160	169	161	140	143	177	1900
PPDs Given Other	1	3	0	1	0	1	0	3	1	5	0	2	17
Suspect Active TB	0	0	0	0	0	0	0	0	0	0	0	0	0
Confirmed Active TB	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified Chicken Pox Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified Gonorrhea Cases	4	5	2	1	1	3	1	7	6	2	5	3	40
Identified Chlamydia Cases	5	3	4	8	1	1	6	4	6	5	4	7	54
Identified Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	1	1
Vaccines Administered													
Influenza to Inmates	0	0	0	0	0	0	0	0	0	2	3	9	14
Influenza Other	0	0	0	0	0	0	0	0	0	4	1	1	6
Hepatitis B to Inmates	0	0	0	0	0	0	0	0	0	1	1	0	2
Hepatitis B Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	3	2	0	3	2	2	2	2	3	2	1	2	24
Pneumovax	0	0	0	0	0	0	0	0	0	0	0	1	1
Mental Health													
Psych HCP Encounters	36	38	38	27	35	52	25	28	19	33	31	21	383
Psych MHP Encounters	355	301	378	362	456	403	486	531	480	504	437	407	5100
Attempted Suicides	0	1	0	1	0	0	2	2	2	0	1	1	10
Completed Suicides	0	0	0	0	0	0	0	0	0	0	0	0	0
State hospital commitments awaiting admission	12	13	14	9	8	11	16	20	21	13	12	9	158
Pharmacy													
Patients receiving meds from med carts or pill windows (Last Day)	215	206	215	245	222	225	226	219	214	200	167	199	2553
Hospitalizations													
ER Visits	10	9	9	9	14	7	13	21	10	17	13	6	138
Hospital Admissions	4	1	4	7	5	3	2	8	4	5	2	1	46
Total Hospital Days	6	1	5	18	10	4	2	11	5	33	2	8	105
Other Off-Site Referrals	13	6	23	21	18	14	21	29	32	25	18	20	240
Grievances													
Total Grievances	13	14	15	22	21	18	17	21	11	17	18	6	193
Unfounded Grievances	13	13	15	22	21	18	17	20	11	17	18	6	191

2020 Inmate Medical Services Request for Proposals: Questions Submitted and Responses

Monthly Health Services Report													
Minnehaha													
2018													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Population Stats													
Average Daily Population	441.8	462.3	440.1	441.8	452.7	450.5	458.8	456.9	438.4	390.4	396.6	386.5	434.727
Intake Screenings	1640	1422	1655	1596	1744	1652	1721	1660	1460	1437	1308	1372	18667
Number Pregnant (Last Day)	7	7	2	4	4	6	5	6	6	7	3	3	60
Births	0	0	0	0	0	0	0	0	0	0	0	0	0
Miscarriages/Fetal Demise	0	0	1	0	0	0	0	0	0	0	0	0	1
Deaths	0	0	0	0	0	0	0	0	0	0	0	0	0
Physicals													
10 Day Health Assessments	167	163	182	156	187	174	184	197	172	167	138	166	2053
Annual Health Assessments	3	5	2	1	0	2	3	1	1	1	2	5	26
On-Site Care													
Sick Call Visits	307	259	280	302	361	424	448	386	417	403	356	359	4302
HCP Encounters	194	151	219	277	472	204	254	252	135	224	175	205	2762
Telemedicine/Telepsych Encounters	0	0	0	0	0	0	0	0	0	0	0	0	0
In-house X-Rays	12	10	10	27	22	25	11	14	6	11	12	9	169
Infirmary/Medical Housing Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Care													
Exams	59	37	32	56	62	27	0	0	30	65	58	57	483
Fillings	12	18	3	14	12	5	0	0	6	19	23	16	128
Extractions	26	8	21	22	20	10	0	0	16	27	18	28	196
Dental Clinic Visits	59	37	32	56	62	27	0	0	30	65	58	57	483
Chronic Care Visits													
Asthma/COPD/Pulmonary	6	18	14	14	20	14	17	22	19	31	7	25	207
Diabetes/Endocrine	12	12	16	19	14	5	15	6	9	6	6	16	136
HIV/AIDs/Hep. C	6	5	5	14	8	3	10	12	7	14	12	10	106
Hypertension/Cardio	16	22	27	28	32	22	31	34	19	27	21	31	310
OB/GYN/Pregnant	5	1	1	1	8	3	4	9	6	5	3	7	53
Seizure/Neurology	5	5	13	7	8	9	14	7	4	12	6	8	98
Infectious Diseases													
MRSA Suspect Cases	0	1	0	0	0	0	0	0	0	0	0	0	1
Confirmed MRSA Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
PPDs Given to Inmates	166	157	184	142	183	160	168	183	153	159	138	162	1955
PPDs Given Other	0	0	2	4	5	3	1	0	3	1	1	0	20
Suspect Active TB	0	0	0	0	0	0	0	0	0	0	0	0	0
Confirmed Active TB	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified Chicken Pox Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified Gonorrhea Cases	11	6	5	5	7	4	0	6	3	8	7	7	69
Identified Chlamydia Cases	16	11	8	10	7	7	5	6	7	5	4	6	92
Identified Syphilis Cases	0	0	1	0	0	0	0	0	0	0	0	2	3
Vaccines Administered													
Influenza to Inmates	4	1	5	3	0	0	0	0	0	7	24	1	45
Influenza Other	0	0	0	0	0	0	0	0	0	5	0	0	5
Hepatitis B to Inmates	0	0	0	0	0	0	0	1	0	0	0	0	1
Hepatitis B Other	0	0	0	0	0	0	0	1	1	1	0	0	3
Tetanus	0	0	0	3	0	0	0	1	3	0	1	1	9
Pneumovax	1	0	0	0	0	0	0	0	0	0	0	0	1
Mental Health													
Psych HCP Encounters	37	33	39	30	48	43	34	35	37	23	41	31	431
Psych MHP Encounters	326	285	296	400	490	428	519	571	406	439	351	294	4805
Attempted Suicides	0	0	0	1	0	0	0	0	1	0	0	0	2
Completed Suicides	0	0	0	0	0	0	0	0	0	0	0	0	0
State hospital commitments awaiting admission	12	10	11	10	7	19	17	7	4	11	7	9	124
Pharmacy													
Patients receiving meds from med carts or pill windows (Last Day)	177	189	199	223	208	237	246	234	187	189	168	167	2424
Hospitalizations													
ER Visits	5	7	10	1	7	4	8	6	5	1	3	3	60
Hospital Admissions	3	3	3	3	6	4	4	2	4	1	5	4	42
Total Hospital Days	3	7	4	5	12	4	7	4	6	1	10	4	67
Other Off-Site Referrals	15	10	15	17	29	28	31	25	18	6	15	9	218
Grievances													
Total Grievances	10	15	11	8	4	17	9	12	9	7	13	10	125
Unfounded Grievances	10	15	11	8	4	17	9	12	9	7	13	9	124

2020 Inmate Medical Services Request for Proposals: Questions Submitted and Responses

Monthly Health Services Report													
Minnehaha													
2019													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Population Stats													
Average Daily Population	386.9	376.2	393.1	411.4	409.2	386.1	379.4	385.2	409	429	433.8	455.9	404.593
Intake Screenings	1489	1265	1483	1547	1643	1640	1700	1657	1557	1474	1409	1424	18288
Number Pregnant (Last Day)	9	7	8	4	5	4	2	4	5	0	6	4	58
Births	0	0	0	0	0	0	0	0	0	0	0	0	0
Miscarriages/Fetal Demise	0	0	0	0	0	0	0	0	0	0	1	0	1
Deaths	1	0	0	0	0	0	0	0	0	0	0	0	1
Physicals													
10 Day Health Assessments	153	134	184	159	173	181	166	222	239	224	193	196	2224
Annual Health Assessments	4	3	2	2	1	1	2	0	0	2	2	3	22
On-Site Care													
Sick Call Visits	322	394	448	486	448	435	445	399	438	424	441	538	5218
HCP Encounters	219	219	300	300	272	298	248	244	237	248	217	284	3086
Telemedicine/Telepsych Encounters	0	0	0	0	0	0	0	0	0	0	0	0	0
In-house X-Rays	12	9	18	13	14	10	18	21	13	15	13	21	177
Infirmary/Medical Housing Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Care													
Exams	41	57	38	61	51	51	42	44	52	71	45	28	581
Fillings	14	12	5	19	10	13	16	17	20	16	8	8	158
Extractions	23	26	30	30	28	19	16	24	27	42	32	18	315
Dental Clinic Visits	41	57	38	61	51	51	42	44	54	71	45	28	583
Chronic Care Visits													
Asthma/COPD/Pulmonary	23	12	20	18	15	13	21	22	20	18	17	16	215
Diabetes/Endocrine	14	32	7	14	15	12	11	10	16	12	13	13	169
HIV/AIDs/Hep. C	8	9	7	3	8	7	6	4	12	13	11	9	97
Hypertension/Cardio	19	22	29	34	31	27	24	25	23	28	25	25	312
OB/GYN/Pregnant	8	2	4	1	7	7	2	4	5	4	5	8	57
Seizure/Neurology	2	10	4	8	8	4	8	7	8	6	11	4	80
Infectious Diseases													
MRSA Suspect Cases	1	0	1	0	0	0	0	0	0	0	1	0	3
Confirmed MRSA Cases	1	0	0	0	0	0	0	0	0	0	0	0	1
PPDs Given to Inmates	146	125	170	144	151	168	245	170	207	156	134	188	2004
PPDs Given Other	1	4	1	0	6	2	17	2	0	8	2	1	44
Suspect Active TB	0	0	0	0	0	0	1	0	0	0	1	1	3
Confirmed Active TB	0	0	0	0	0	0	1	0	0	0	0	0	1
Identified Chicken Pox Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Identified Gonorrhea Cases	6	6	8	3	10	7	6	4	4	5	11	11	81
Identified Chlamydia Cases	4	4	3	4	9	5	8	2	4	6	5	6	60
Identified Syphilis Cases	0	0	0	0	0	0	0	0	0	0	0	0	0
Vaccines Administered													
Influenza to Inmates	2	1	0	0	0	0	0	0	0	0	23	16	42
Influenza Other	0	0	0	0	0	0	0	0	0	0	3	1	4
Hepatitis B to Inmates	0	0	0	0	0	0	0	0	0	0	1	0	1
Hepatitis B Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	1	0	2	1	0	0	3	1	0	2	0	0	10
Pneumovax	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health													
Psych HCP Encounters	36	32	34	32	32	26	34	26	29	65	40	29	415
Psych MHP Encounters	350	360	407	286	396	322	409	334	338	463	366	413	4444
Attempted Suicides	0	1	0	0	0	1	2	2	0	1	0	0	7
Completed Suicides	0	0	0	0	0	0	0	0	0	0	0	0	0
State hospital commitments awaiting admission	3	0	10	4	12	1	9	18	9	9	7	7	89
Pharmacy													
Patients receiving meds from med carts or pill windows (Last Day)	178	203	213	195	200	257	189	195	200	179	235	257	2501
Hospitalizations													
ER Visits	12	5	6	6	6	12	9	10	11	9	9	6	101
Hospital Admissions	1	2	4	3	4	3	4	4	2	4	3	2	36
Total Hospital Days	1	2	6	6	6	18	14	9	2	14	10	3	91
Other Off-Site Referrals	16	8	12	11	12	17	17	18	7	11	9	14	152
Grievances													
Total Grievances	7	9	6	11	10	11	30	26	30	76	43	13	272
Unfounded Grievances	7	9	6	11	10	10	30	26	30	76	43	13	271

2020 Inmate Medical Services Request for Proposals: Questions Submitted and Responses

Monthly Health Services Report													
Minnehaha													
2020													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Population Stats													
Average Daily Population	486.6	496.2	446.8	330	337.4	370.3	390.8	435.1					
Intake Screenings	1346	1407	1304	829	941	1083	1070	1216					
Number Pregnant (Last Day)	4	1	1	2	2	4	3	4					
Births	0	0	0	0	0	0	1	0					
Miscarriages/Fetal Demise	0	0	0	0	0	0	0	0					
Deaths	1	0	0	0	1	0	1	0					
Physicals													
10 Day Health Assessments	185	210	188	93	154	155	160	201					
Annual Health Assessments	0	3	0	2	0	1	2	0					
On-Site Care													
Sick Call Visits	526	535	483	254	219	325	304	417					
HCP Encounters	193	147	176	129	93	146	134	153					
Telemedicine/Telepsych Encounters	0	0	0	2	2	0	2	1					
In-house X-Rays	14	14	18	12	12	16	15	23					
Infirmary/Medical Housing Admissions	0	0	0	0	0	0	0	0					
Dental Care													
Exams	48	14	16	0	29	13	5	18					
Fillings	14	3	2	0	9	4	0	11					
Extractions	19	2	10	0	15	2	3	10					
Dental Clinic Visits	48	14	16	0	29	13	5	18					
Chronic Care Visits													
Asthma/COPD/Pulmonary	19	19	13	7	12	9	15	22					
Diabetes/Endocrine	11	10	6	7	7	9	7	10					
HIV/AIDs/Hep. C	18	2	3	3	5	8	14	7					
Hypertension/Cardio	25	25	24	5	15	13	10	22					
OB/GYN/Pregnant	5	2	6	2	3	5	5	4					
Seizure/Neurology	13	2	3	3	2	5	3	4					
Infectious Diseases													
MRSA Suspect Cases	0	0	0	0	1	0	0	0					
Confirmed MRSA Cases	0	0	0	0	1	0	0	0					
PPDs Given to Inmates	184	193	183	145	147	158	176	186					
PPDs Given Other	0	0	0	3	0	10	0	0					
Suspect Active TB	0	0	0	1	0	0	0	0					
Confirmed Active TB	0	0	0	0	0	0	0	0					
Identified Chicken Pox Cases	0	0	0	0	0	0	0	0					
Identified Gonorrhea Cases	11	7	9	8	2	13	9	14					
Identified Chlamydia Cases	9	6	9	6	5	13	7	14					
Identified Syphilis Cases	0	0	0	0	0	0	0	0					
Vaccines Administered													
Influenza to Inmates	13	5	1	0	0	0	0	0					
Influenza Other	1	0	0	0	0	0	0	0					
Hepatitis B to Inmates	2	0	0	0	0	0	0	0					
Hepatitis B Other	0	0	0	0	0	0	0	0					
Tetanus	0	2	0	2	0	0	3	1					
Pneumovax	0	0	0	0	0	0	0	0					
Mental Health													
Psych HCP Encounters	39	29	40	38	37	28	38	36					
Psych MHP Encounters	446	407	442	121	99	185	125	297					
Attempted Suicides	1	1	1	1	1	1	2	0					
Completed Suicides	1	0	0	0	0	0	1	0					
State hospital commitments awaiting admission	14	4	12	2	0	0	1	1					
Pharmacy													
Patients receiving meds from med carts or pill windows (Last Day)	261	252	202	164	188	179	212	225					
Hospitalizations													
ER Visits	10	12	9	7	7	12	13	15					
Hospital Admissions	6	2	2	3	3	3	4	4					
Total Hospital Days	12	6	4	18	4	6	5	5					
Other Off-Site Referrals	12	11	13	7	8	10	18	16					
Grievances													
Total Grievances	17	18	21	26	13	13	9	12					
Unfounded Grievances	17	17	21	26	13	13	9	12					