

#### Question #1 - Current Pharmacy Vendor

- What company is your current pharmacy services provider? **Clinical Solutions.**
- Is the current pharmacy vendor subcontracted by the current medical vendor or are they operating under an independent contract? **Subcontracted by current medical vendor.**
- Are Offerors permitted to subcontract with a pharmacy partner of their choice regarding medication dispensing and pharmacy program management services? **Yes.**

#### Question #2- Current Medical Vendor

- What company is your current medical services provider? **Southern Health Partners**

#### Question #3 - Current Services

- What is most important to Hill County Jail regarding pharmacy services? **Cost savings, adherence to all State and Federal laws and regulations, consistency and efficiency.**
- Are current pharmacy costs paid for by the medical vendor and then passed on to Hill County Jail for payment? Or, does the current medical vendor have full medication cost liability? **Currently prescription costs are paid by the medical vendor. Per contract we have a \$25,000.00 yearly cap, anything beyond that is billed 100% to Hill County.**

#### Question #4 - Rx/month

- What is the average number of prescriptions filled per month for the past 12 months? **The best averages that were provided was 50-116. I am aware that there is a measureable difference to say the least. I am hoping to obtain a more accurate response to this when the requested invoices are provided to me.**

#### Question #5 - Packaging

- What type of medication packaging (blister cards, vials, strips, other) do you currently use, and do you wish to keep the same packaging system? Blister cards. **Medical vendor may utilize their preferred medication packaging as long as there is not a cost increase due to said packaging.**

#### Question #6 - Quantities

- How many days' worth of medication (7, 14, 30 days) is typically dispensed for routine medication orders and do you wish to keep it the same? **14, yes.**

#### Question #7 - Utilization Data

Medication utilization data is extremely important for bidders in determining a final and accurate bid rate in their response to your solicitation, especially if the medical vendor has full medication cost liability. Not providing actual medication utilization data to all bidders will likely result in a competitive advantage to your incumbent medical vendor who already has this information.

Because public money is used to pay for pharmacy services and medications under the current contract, our understanding is that medication utilization and cost information would not be considered proprietary. Therefore, it should be available without the need for a public record or FOIA request. This information is typically readily available from recent invoices or via a report that can quickly be generated by your current medical vendor if requested by Hill County Jail.

- Can Hill County Jail please provide copies of your August 2022 and September 2022 complete pharmacy invoices (if a pass-through cost) or a two-month report in Excel for August 2022 and

September 2022 with actual pharmacy dispensing data detailed by line item reflecting the fill date, medication name and strength, quantity dispensed, and medication price (with patient names redacted) as an addendum to the RFP? **To be uploaded separately.**

#### Question #8 - Credit

- Do you currently receive credit for returned medications that directly lowers your pharmacy program costs? **Yes.**
- Is there a card value minimum or processing fee assessed on returned medications? **No.**

#### Question #9 - 340B

Who is the current 340B covered entity that Hill County works with to obtain cost savings on HIV and other costly medications? **We do not have this cost saving measure in place to date.**

#### Question #10 - eMAR

Many correctional institutions within the industry are utilizing electronic order entry and eMAR software to decrease their reliance on time consuming paper processes. Electronic med pass will decrease the time required for med pass by up to 50%, eliminate the need and overtime for end of month changeovers, eliminate transcription errors from faxed orders that are profiled for MAR purposes, and saves time that can be used by your medical staff to provide other health care services?

- What is the name of your current electronic prescription order entry and eMAR system that is provided by your medical or pharmacy vendor? **We do not currently have an electronic prescription order entry and eMAR system provided by our medical vendor.**
- Would you find value in adding a requirement to your current solicitation for bidders to provide a no cost solution for electronic prescription order entry and eMAR if a solution is not currently in place? **Yes.**

#### Question #11 - EHR/EMR

Does Hill County Jail currently use an electronic health record (EHR)/electronic medical record (EMR) system? **The EMR system that is supposed to be provided and active has never gone live to date.**

- If so, what is the name of the system? **N/A**
- If so, is the system also used for prescription order entry and eMAR purposes? **N/A**

#### Question #12 - Electronic Reconciliation

Many correctional institutions within the industry are using electronic check-in and return programs for inventory management. Manual daily order check-in and return processing time can be decreased by up to 75%, medication diversion potential is virtually eliminated, and Hill County Jail will have full accountability of all medications received by, and returned from, your facility for accounting purposes.

- What is the name of your current barcode electronic order reconciliation (check-in) and medication return management system that is provided by your current medical or pharmacy vendor? **None.**
- Would you find value in adding this requirement to your current solicitation for bidders to provide a free solution for electronic inventory management if a solution is not currently in place? **Yes.**

Question #13 - Online Reporting Access

Many correctional institutions within the industry have fingertip access to electronic reporting. Analyzing prescriber ordering trends and costs to better manage facility operations is critical and dependent upon reliable and accurate reporting.

- What is the name of the current online reporting dashboard used by facility and county staff to access meaningful and accurate reporting? **None.**
- Would you find value in adding this requirement to your current solicitation for bidders to provide a no cost solution for online reporting so your facility-level staff and administrators can access online reports 24/7/365 if a solution is not currently in place? **Yes.**

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1. Do you wish to retain any of the current medical staff? **Yes, if possible.**
2. Can you provide current staff's salary range and seniority with the current vendor? **No.**
3. How many officers currently work at the Hill County Jail? **Staffed with approximately 30 jailers.**
4. Is the health services provider responsible for the cost of all drug screenings for employees at the facility? **No.**
5. Can we please get a copy of the current staffing matrix with the hours each licensure covers at the facility per day for 2 weeks? **Yes, a copy of their schedule will be uploaded.**
6. Who is/are your current physician(s)? **James Pettit.**
7. Would you like the vendor to continue work with this physician if possible? **This will be left to the discretion of the Medical Services Provider.**
8. How many days is the current physician in the facility? **0, Nurse Practitioner on site weekly between 1 and 4 hours.**
9. How long does the physician stay? **N/A**
10. Is an Advanced Practice Provider (NP/PA) acceptable with oversight by a licensed physician? **Yes.**
11. Please provide your current nursing schedule noting RN or LPN.  
**Medical Team Administrator (LPN): Monday through Friday 2p.m. - 10p.m.**  
**LPN: 7 days per week 6a.m. - 6p.m.**

12. What are the current salaries for the nurses? **Unknown**
  - a. Is there a shift differential? **N/A**
13. Is there a supervising nurse? **Yes.**
  - a. If so, is he or she an RN or LPN? **LPN.**
  - b. Is he or she administrative only? **Yes.**
14. Will the County or the Medical Service Provider be responsible for paying the bills of the current pharmacy company (Contract Pharmacy Services) under the new contract? **Medical Services Provider.**
15. Please provide the following information about medication administration.
  - a. Who administers medications, e.g., RNs, LPNs, medical assistants? **LPNs.**
  - b. How many medication passes per day do you currently have and at what times? **2 passes, 6a.m. and 5p.m.**
  - c. Are medications passed out in the housing unit and by whom? **Yes, LPNs.**
  - d. Are any medications sent with inmates/detainees upon discharge? **No.**
  - e. Are the medication carts owned by the County? **Yes.**
16. Are any medications allowed to be brought in from home? **Yes.**
17. Are any medications allowed to be “kept on person” within the jail? **Yes.**
  - a. If so, which are allowed? **Ibuprofen, Tylenol, Roloids, OTC Rescue Inhaler & Nitro.**
18. Are there over-the-counter medications on commissary? **Yes.**
  - a. If so, are the inmates/detainees allowed to keep commissary medications on person? **OTC Rescue Inhaler, Ibuprofen, Tylenol and Roloids only.**
19. Please provide a listing of current medical commissary items. **Tylenol, Ibuprofen, Roloids And OTC Rescue Inhalers.**
20. Under the current contract, who is financially responsible for the cost of HIV medications And other AIDS-related drugs? Will this remain the same under the new contract? **This is currently billed to Medical Services Provider. Yes, this will remain the same.**
21. What time(s) and location(s) are sick call currently conducted? **Primarily provided in the morning hours and conducted in the medical unit.**
22. Are there specific times that jail security does not want inmate/detainee movement for sick call?
  - a. If so, when? **It is preferred to not move inmates/detainees during meal times or recreation hours.**
23. Is a security officer currently present for every sick call? **Yes.**
24. What on-site specialty clinics are conducted? **Fast Psych.**

25. How many health assessments are performed each week? **20-25 Intake Screenings, 60-65 Sick Calls and approximately 60 H&Ps per week.**
26. Do you currently have a dental room and equipment? **No.**
27. Do you currently have a dentist who comes on-site? **No.**
- If so, how long is the dentist onsite? **N/A**
  - How many days per week is the dentist on-site? **N/A**
  - Does the dentist have an assistant? **N/A**
28. If you do not have a dentist on-site, how many inmates/detainees do you take off-site to see the dentist in a month? **Approximately 3 inmates/detainees are taken off-site for dental services.**
29. Please provide a list of medical equipment that is currently on-site for use by the vendor. **Exam Bed, Medication Cart.**
30. Do you utilize a mobile x-ray service? **Yes.**
- If so, who? **Tri-Dent.**
31. Do you currently do TB screening by asking questions and/or TB skin test? If you do TB screening, when do you complete the screening or skin tests? How many TB tests did you perform in 2020? How many done so far in 2021? **Both methods are utilized for screening. Screening is completed within 5 days of intake. An average of 40 screenings per month are conducted. So far January through October of 2022 there have been 450 TB tests administered.**
32. Are there any special business license fees or taxes that are to be paid to the city or County? **No.**
33. Do you currently have a financial limit (POOL) with the current contract? **Yes.**
- If so, what does it cover and how much is it? **The cost pool currently covers all services rendered and restock costs with the exception of pharmaceuticals and biological products which has a cost limitation of \$25,000.00 per 12 month contracted period.**
34. Have you gone over the financial limit (POOL)? **Yes.**
- If so, how many months into the contract was it before you went over the limit? **Approximately 5 months.**
  - If so, how much over the financial limit (POOL) did you go over every year? **Approximately \$85,000.00 for FY 2022.**
35. How much is the current co-pay? **The only "co-pay" for the inmates/detainees currently is for Sick Calls, to which a \$10.00 "co-pay" is requested if money is available in their commissary account.**
36. Who is your current medical services contractor? **Southern Health Partners.**

37. Can you please provide a copy of the current medical services contract? **Yes, a copy will be uploaded.**
38. Would you like the new contractor to re-price all medical claims? **Yes.**
39. What is your current process for re-pricing medical claims? **The current Medical Services Provider re-prices the claims.**
40. Do you have a state statute that you reprice to? **Medicaid Rates.**
41. What is the 3-year average spending on the following: ambulance, in/outpatient, pharmacy, medical supplies, durable medical supplies, mobile x-ray and laboratory? **Unknown.**
42. May we provide an alternate proposal? **Yes.**
43. Would the county prefer the vendor to review/verify the inmate/detainee medical bills, apply any discounts and pay the invoice for the county (act as a third-party administrator)? **Yes.**
44. Is there a dedicated fax line to medical? **Yes.**  
a. If not, is a fax line available?
45. Do you have an existing EMR system? If yes, who is the current provider? **No.**
46. Is there internet connection already in the medical unit? **Yes. No wireless connection.**  
a. Is this provided by the county or the current contractor? **County.**  
b. If the current contractor is providing, do you know the cost? **N/A**  
c. What kind of network gear is needed or currently in place for internet at your facility if contractor must supply? **N/A**
47. How many simultaneous med passes occur? **None.**
48. Who is your JMS provider? **None.**
49. How many desktop computers do the medical staff currently use? **One.**  
a. How many are county owned vs. contractor owned? **Contractor owned.**
50. How many laptops do the medical staff currently use? **One.**  
a. How many are county owned vs. contractor owned? **Contractor owned.**
51. Are there internet capabilities where the medical staff will be seeing patients? **Yes.**  
Exam rooms? **Yes.** Booking areas? **Yes.** Hardwire? **Yes.** Wireless? **No.**

52. How many scanners do the medical staff currently use? **One.**  
a. How many are county owned vs. contractor owned? **Contractor owned.**
53. How many printers do the medical staff currently use? **One.**  
a. Are they county owned or contractor owned? **Contractor owned.**
54. Can we please have a copy of all questions/answers received by other vendors? **All questions received will be posted on the website with the corresponding answers.**
55. When is the desired start date? **January 2023.**
56. Are any members of the jail's current health service workforce unionized? If yes, please provide the following: **No unionization in the current health service workforce.**  
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.
57. May we obtain the most recent accreditation reports for ACA and NCCHC if applicable?  
**N/A**
58. Is the jail currently subject to any court orders or legal directives? If yes, please provide copies of the order/directive. **No.**
59. Does your jail provide mental health services to inmates/detainees? If no, please proceed to question 62. If yes, please answer questions 56-61.  
 Yes  No
60. Can inmates/detainees request mental health services?  
 Yes  No  
a. If yes, are inmates/detainees charged a fee for mental health services?  
 Yes  No
61. Indicate who provides mental health services. (Check all that apply)  
 County agency (Human or Social Services, etc.)  
 Contracted provider  
 Jail/sheriff's department hired staff.  
 Other (please explain) **Heart of Texas Behavioral Health (MHMR formerly)**
62. Is your mental health program accredited by any professional organization? (NCCHC, ACA)  
 Yes  No **Unknown**

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

- Crisis intervention
- Medications and their management
- Psychiatric medications and their management
- Referral of inmates/detainees to mental health provider
- Individual counseling/therapy
- Group counseling/therapy
- Substance abuse treatment/services
- In-depth physical evaluation assessment (typically occurs after 14 days in custody includes mental health issues)
- Case management
- Release planning
- Other (please explain)

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

Yes  No

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

<input type="checkbox"/> hours/week	<input type="checkbox"/> Psychologist –
<input type="checkbox"/> hours/week	<input type="checkbox"/> Masters Level Social Worker –
<input type="checkbox"/> hours/week	<input type="checkbox"/> Registered Nurse (RN) –
<input checked="" type="checkbox"/> 8 hours/week	<input checked="" type="checkbox"/> 1 Nurse Practitioner –
<input checked="" type="checkbox"/> 124 hours/week	<input checked="" type="checkbox"/> 4 Licensed Practical Nurse (LPN)
<input type="checkbox"/> hours/week	<input type="checkbox"/> Jail Chaplain –
<input type="checkbox"/> hours/week	<input type="checkbox"/> Other (please explain) –
<input type="checkbox"/> Psychiatrist –	

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

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

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

Yes, by whom? Devery Wright  
 No

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

Yes  No



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

70. Does your jail staff receive ongoing training on **mental health issues**?  
 Yes, How often? (please explain) Jail administrator will have this information available.

How is training delivered? (please explain) Jail administrator will have this information available.

71. Does your jail staff receive ongoing training on **suicide prevention issues**?  
Yes  How often? (please explain) Jail administrator will have this information available.

How is training delivered? (please explain) Jail administrator will have this information available.

No \_\_\_\_\_

72. **No question submitted.**

73. Will the county want the vendor to do CPR and AED training with their staff at the Corrections Center/Detention Center? **Yes.**

74. Will the County allow for the top 2 or 3 vendors to make oral presentations after the panel scores the responses? **Yes.**

75. Will the County agree to waive the requirement that the Offeror have active contract relationships with at least three (3) detention facilities and five (5) continuous years in the State of Carolina? **Yes.**

76. Please list the programs offered to inmates/detainees in your jail, such as education, religious, recreation, life skills, substance abuse, etc.  
Recreation room available for aerobic exercise primarily.

Church groups come on weekends to conduct religious services.

Tablets are provided that have access to educational training for G.E.D. testing upon release.