



Georgetown County, South Carolina

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ADDENDUM #1 TO BID #16-062

BID NUMBER: 16-062

ISSUE DATE: Wednesday, August 3, 2016

OPENING DATE: Wednesday, August 10, 2016 **OPENING TIME: 3:30 PM (NIST Eastern)**
Bid Opening Location: Georgetown County Historic Courthouse, Suite #239 (Purchasing)

Pre-Bid Conference/Site Inspection: Voluntary-By Prior Appointment only.

PROCUREMENT FOR: Health/Medical Care Services for the Georgetown County Detention Center
Commodity Code(s): 94855, 98037

This addendum will amend **BID #16-062, Health/Medical Care Services for the Georgetown County Detention Center** originally issued on Friday, July 15, 2016. This clarification is being provided to all known and registered correspondents in response to questions received. All addenda and original bid documents are also available online at: <http://www.georgetowncountysc.org>, select Quick Links, “Bid Opportunities” and “Current Bids.”

Question 1: What is the tenure for the current inmate healthcare personnel and medical contractors? Please provide any vacancies the current provider has. Please cite the annual turnover rate with the medical/healthcare personnel.

Answer: This would be a question for the Contractor and does not relate to this bid.

Question 2: Please clarify your current nurse administrator LPN hours per week.

Answer: Please refer to Section VII, “Scope of Work” Item 1, Points 1.5.2, 1.5.3 and 1.5.4. as reads below:

1.5.2 Supervision on-site by an offeror’s LPN on a daily basis;

1.5.3 An offeror’s nurse on duty at the site 16 hours per weekday and 12 hours per weekend days;

1.5.4 An offeror’s medical clerk on site 20 hours per week;

Question 3: Section 1.6 of the Scope of Work on p. 10 of the RFP states: Costs associated with the treatment and care of HIV infected inmates must be the responsibility of the contractor, and may be provided as an alternate. Section 1.7 of the Scope of Work states: The Contractor's maximum liability for costs associated with all prescription pharmaceuticals and on-site x-ray procedures for pre-indicted inmates, all off-site x-ray procedures all medical, dental and mental health services for inmates rendered outside of the Jail will be limited by a pool established in the amount of \$35,000 in the aggregate for all inmates in each year. Costs of medications related to treatment of HIV/AIDS, hepatitis, must also be limited by the annual cost pool. Section 1.10 states: Offerors must be responsible for the provision of all laboratory, x-ray and other ancillary services as required and indicated.

Can we get clarification as to whether the costs of treating HIV patients (both medications and offsite costs) and the costs of ancillary services are to be included in the \$35,000 annual aggregate cap?

Answer: Yes, HIV/AIDS medications and offsite costs are included in the \$35,000 annual aggregate cap as stated in section 1.7 Limitations on Costs-Cost Pool where it reads "all off-site x-ray procedures all medical, dental and mental health services for inmates rendered outside of the Jail will be limited by a pool established in the amount of \$35,000.00 in the aggregate for all inmates in each year (defined as a twelve-month contract period) of the agreement. Costs of medications related to treatment of HIV/AIDS, hepatitis, cancer, renal failure, muscular dystrophy, multiple sclerosis, and tissue/organ rejection must also be limited by the annual cost pool." As for ancillary services, this may be broad, therefore, please also see attached Exhibit A from our current contract with vendor, Southern Health Partners, for what items are currently being covered by whom.

Question 4: Who will be responsible for CorEMR annual license fees, and internet access fees within the facility?

Answer: The Contractor will be responsible for CorEMR annual license fees. The Owner will be responsible for internet access fees within the facility.

Question 5: What are the current wage rates for the existing staff?

Answer: This would be a question for the Contractor and does not relate to this bid.

EXHIBIT A

VII. PRICE PROPOSAL

The base price of our proposal (next page) would be for covering a specific population limit of up to 245 inmates, as a monthly average, and the staffing plan in the previous section would be adequate for this population level. The way we set up responsibility for payment of the various expenses of the program is outlined below:

Cost Responsibility

Category of cost/expense	Party Responsible
Nurse wages and benefits	SHP
Physician medical director on-site	SHP
Policies and Procedures development	SHP
Medical supplies	SHP
Minor equipment (over \$500 per single item or unit)	If SHP requests the equipment, SHP will pay. Otherwise, County pays.
Repairs on existing equipment	Repairs to SHP equipment, SHP pays. Otherwise, County pays
Over-the-counter medications	SHP
Clinical lab procedures	SHP
Office supplies	SHP
Folders and forms	SHP
Travel expenses	SHP
Long-distance phone calls	SHP
Publications and subscriptions	SHP
Any necessary pharmacy licenses/permits	SHP
Medical hazardous waste disposal	SHP
All required insurance as offered	SHP
Administrative services (cell phone, fax machine, etc.)	SHP
Training for officers in the jail on various topics	SHP
All other specific on-site services	SHP (Renal Dialysis and other major chronic care would be covered by the Cost Pool)
Off-site medical services	SHP to limits of Cost Pool
On-site mental health services	SHP
Off-site mental health services	SHP to limits of Cost Pool
X-ray services on-site	SHP
X-ray services off-site	SHP to limits of Cost Pool
Prescription medications excluding specific chronic care medications (see below)	SHP
Prescription medications for HIV+/AIDS, hepatitis, cancer, renal failure, MD,MS, hemophilia, Crohn's disease, and tissue/organ rejection	SHP to limits of Cost Pool
Dental services	SHP to limits of Cost Pool



ADDENDUM ACKNOWLEDGEMENT

Bid #16-062

Health/Medical Care Services for the Georgetown County Detention Center
Mandatory Submittal Form

To be returned with the final proposal submission to Georgetown County.

COMPANY NAME: _____

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|-------------------------------------|----------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Addendum #1 Received Date: _____ | Initialed By: _____ |
| <input type="checkbox"/> | Addendum #2 Received Date: _____ | Initialed By: _____ |
| <input type="checkbox"/> | Addendum #3 Received Date: _____ | Initialed By: _____ |
| <input type="checkbox"/> | Addendum #4 Received Date: _____ | Initialed By: _____ |
| <input type="checkbox"/> | Addendum #5 Received Date: _____ | Initialed By: _____ |
| <input type="checkbox"/> | Addendum #6 Received Date: _____ | Initialed By: _____ |

If your Bid submission has already been mailed, acknowledgment may be provided by faxing this form to (843)545-3500, or attaching a digital scan and sending by e-mail. .

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