



## Georgetown County, South Carolina

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# ADDENDUM #2 TO BID #16-062

BID NUMBER: 16-062

ISSUE DATE: Thursday, August 4, 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

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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."

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**Question 1:** (Page 9, Section 1.4.9) Is the County currently interested in obtaining accreditation from the ACA and/or the NCCHC?

**Answer:** **No, the County is not currently interested in obtaining this accreditation at this time.**

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**Question 2:** (Page 10, Section 1.1) The RFP states that all inmates must receive a receiving screening upon arrival by qualified health care personnel. However, currently inmates are screened by trained correctional officers. Would the County like to consider more medical staffing hours to fulfill this request?

**Answer:** **The current procedure that is in place where inmates are screened by trained correctional officers and findings are recorded on a form approved by the responsible physician or medical authority is preferred by the department. Therefore, page 10, Section 1.1 shall be revised to read as follows:**

### **"1.1 Receiving Screening**

**A receiving screening exam must be performed on all inmates upon their arrival at the Detention Center. The exam must be follow SCMS 2050 Medical Services, 2053 Screening**

regulations which are as follows:

2053

**SCREENING.** Each facility must perform screening of all inmates immediately upon admission to the facility, with the findings recorded on a form approved by the responsible physician or medical authority. In every case, such screening must occur before the inmate is placed in the general population or housing area and must include inquiry into:

- (a) Current illnesses/pre-existing conditions and health problems
- (b) Medications taken and special health requirements
- (c) Screening of other health problems designated by the responsible physician
- (d) Behavioral observation, including state of consciousness and mental status
- (e) Notation of body deformities, trauma markings, bruises, lesions, ease of movement, jaundice, and other physical characteristics of medical interest
- (f) Overall condition of skin and body, including rashes and infestations
- (g) Disposition/referral of inmates to qualified medical personnel on an emergency basis
- (h) Likelihood of suicide attempt by inmate”

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**Question 3:** (Page 11, Section 1.7) The RFP states that costs associated with all prescription pharmaceuticals should be limited by the annual cost pool. Currently, routine prescription medications are paid in full with no limit by the contractor. Only medications related to the treatment of HIV/AIDS, hepatitis, cancer, renal failure, muscular dystrophy, multiple sclerosis, and tissue/organ rejection are included in the annual cost pool. Can the County confirm that all prescription medication, even routine medications, should be limited by the annual cost pool?

**Answer:** Page 11, Section 1.7 shall be revised to read as follows to match the current procedures in place. Please see Exhibit A of Addendum #1 for further clarification regarding current cost responsibilities that are in place.

**“Limitations on Costs – Cost Pool**

The Contractor must at its own cost provide any on-site medical, dental and mental health services for any inmate who, in the opinion of the Medical Director (the licensed Contractor physician) requires such care. On-site x-ray procedures will also be at the cost of the Contractor alone and shall not be included as part of the annual cost pool. The Contractor at its own cost shall include all pharmaceuticals with the exceptions of the following: medications related to treatment of HIV/AIDS, hepatitis, cancer, renal failure, muscular dystrophy, multiple sclerosis, and tissue/organ rejection.

**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. If the costs of all care exceed the amount of \$35,000.00 in any year, then the Contractor will either pay for the additional services and submit invoices supporting the payments to the County with an invoice for one hundred percent (100%) of the costs in excess of \$35,000.00 or will refer all additional qualifying invoices to the County for payment directly to the provider of care. Invoices will be paid according to terms agreed as per signed agreement.**

**The Contractor's medical/health services shall be provided on-site whenever possible. However, great care shall be taken by the Contractor's professional staff to recognize when these services need to be escalated to an off-site facility for the safety of the inmate(s). A proper balance shall be maintained to avoid unnecessary off-site services and to keep these costs as low as possible.**

**Offeror must bid according to RFP specifications as listed. However, if offeror proposes better cap limitations than above stated, offeror shall list this on the exceptions page."**

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## 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 checked="" 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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