

**REQUEST FOR PROPOSALS FOR MEDICAL SERVICES
DEPARTMENT OF CORRECTIONS**

You are hereby invited to submit proposals for **Medical Services**, as specified in attachments A and B of this Request for Proposal.

The information necessary to complete the proposal is listed below and in the attachment of this invitation.

Questions on the technical specifications of the Request for Proposal should be directed to Katherine Arsenault at (603) 679-9451. Questions on bidding procedures can be directed to the Commissioners Office at (603) 679-9350.

Proposal Instructions: Four (4) copies of the proposal should be submitted in a **sealed envelope** marked **MEDICAL SERVICES – DEPARTMENT OF CORRECTIONS** to:

Rockingham County Commissioners
119 North Road
Brentwood, NH 03833

Proposals must be submitted to the above address **no later than 3:00 p.m. on Tuesday, April 16, 2019** to be eligible for consideration.

If proposals are being sent via FedEx, UPS, or other mail carrier, please ensure that the mailing envelope/package is clearly marked **MEDICAL SERVICES – DEPARTMENT OF CORRECTIONS**. Envelopes/packages not marked with the name of the proposal may be misidentified and will be rejected. Other forms of submission (fax or email) will be rejected. Proposals received after the deadline will be rejected.

Proposal Openings: Proposals will be opened publicly at a regular scheduled meeting of the Board of Rockingham County Commissioners in the Commissioners Conference Room of the Rockingham County Rehabilitation and Nursing Center, 117 North Road, Brentwood, NH, on **Wednesday, April 17, 2019 at 8:30 a.m.** Proposals will be taken under advisement at that time and will be awarded as soon as a complete review and comparison of the proposals received has been made by the Board of Commissioners.

Proposal Award: The proposal(s) will be formally awarded and announced publicly at a regular scheduled meeting of the Board of Rockingham County Commissioners held in the Commissioners' Conference Room located in the Rockingham County Rehabilitation and Nursing Center, 117 North Road, Brentwood, NH. Formal notification of proposal award to all proposers will occur immediately thereafter. Information on the award will also be available on the RFP/Bidding section of the County's website at: <http://co.rockingham.nh.us>.

RFP Prices: RFP prices are to remain in effect for a period of 180 days from opening date of the proposal and are to remain firm once proposal is awarded to the successful proposer(s).

Performance Clause: In the event that the successful awarded proposer/Rockingham County should default in the observance of the stipulations set forth in this Request for Proposal and any attachments thereto and such default is not corrected within 30 days of written notice from either party, the successful awarded proposer/ Rockingham County shall have the option of canceling the proposal.

Contractual Obligations: In the event that contracts for the supply of materials, equipment, or services are required under the bid, the Board of Rockingham County Commissioners reserves the right to review said contracts and amend to comply with county legal requirements prior to signing by the appointed representative of the Board of Rockingham County Commissioners. All contracts entered into by Rockingham County are required to contain Non-Appropriation and Indemnification clauses. Sample language is provided below.

Non-Appropriation

Rockingham County is obligated to pay only such contract amounts that can lawfully be made from funds budgeted and appropriated for that purpose during Rockingham County's then current fiscal year, subject to annual approval by the Rockingham County Delegation. Should Rockingham County fail to budget, appropriate, or otherwise make available funds to make payments under this contract, such contract shall be deemed terminated at the end of the then current term. Rockingham County agrees to deliver prompt notification after any decision to non-appropriation is made, but failure to give such notice will not extend the term beyond such Original or Renewal Term.

Indemnification

To the fullest extent permitted by law, (ORGANIZATION) shall protect, indemnify, save, defend and hold harmless Rockingham County, including its officials, agents, volunteers and employees, ("Indemnified Parties"), from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs, interest and expenses, including but not limited to reasonable attorney and paralegal fees, which Indemnified Parties may become obligated or suffer by reason of any accident, bodily injury, personal injury, death of person, or loss of or damage to property, arising indirectly or directly under, out of, in connection with, or as a result of this Contract or the activities of (ORGANIZATION) or its agents, employees, contractors or subcontractors, and even if caused in whole or in part by any negligent or intentional act or omission of Indemnified Parties.

In addition, and regardless of respective fault, (ORGANIZATION) shall defend, indemnify and hold harmless the Indemnified Parties for any costs, expenses and liabilities arising out of a claim, charge or determination that (ORGANIZATION) officers, employees, contractors, subcontractors or agents are employees of the Indemnified Parties, including but not limited to claims or charges for benefits, wages, fees, penalties, withholdings, damages or taxes brought in connection with laws governing workers compensation, unemployment compensation, social security, Medicare, state or federal taxation, and/or any other similar obligation associated with an employment relationship.

(ORGANIZATION'S) obligations to defend, indemnify and hold harmless the Indemnified Parties hereunder shall survive the term of this Contract.

Rockingham County shall not be required to defend or indemnify (ORGANIZATION) or its agents, employees, contractors or subcontractors or any professional service provider.

Insurance Requirements

The provider shall maintain at all times during the life of this contract the following insurance coverage. The provider must also require its subcontractors to maintain such coverage. Any request for modification of the coverage requirements must be submitted in writing with the proposal, and will be evaluated accordingly.

Workers Compensation Insurance: The provider shall carry workers compensation insurance as required by the State of New Hampshire.

Comprehensive General Liability Insurance: The provider shall maintain comprehensive general liability insurance policy, which includes coverage for contractual liability, in an amount of no less than \$1,000,000 per occurrence.

Motor Vehicle Insurance: The provider shall carry motor vehicle insurance to include bodily injury, property damage, and uninsured motorist, coverage in an amount of no less than \$1,000,000 combined single limit per accident.

Provider shall provide an insurance certificate confirming the above insurance coverage. The insurance certificate and the underlying insurance coverage shall be issued by a carrier authorized to do business in the State of New Hampshire and having A.M. Best Company rating of "A" or better.

The provider shall have professional insurance/errors and omissions insurance with limits of not less than \$1,000,000 each occurrence.

The provider shall file certificates with Rockingham County showing that the above insurance has been purchased.

A 30-day notice is required for cancellation and /or material change of coverage, sent directly to the Rockingham County Commissioners Office at 119 North Road, Brentwood, N.H. 03833.

NOTE:

The Board of Rockingham County Commissioners reserves the right to accept or reject any and all proposals or parts thereof, to accept the proposal which they deem to be in the best interest of Rockingham County and to waive any bid formality.

Sincerely,

Stephen Church, Superintendent

Enclosed: Attachment

Attachment A

Request for Proposal Rockingham County DOC Medical Care Facility Background

The Rockingham County Department of Corrections is in Brentwood, NH. Located in the south eastern part of the State of New Hampshire. The facility holds Pre-Trial, Sentenced, Federal and Immigration inmates. Currently, the facility holds primarily male inmates, with females periodically held overnight for eventual transfer to another facility.

The County requires its Medical Department to operate 7 days per week 24 hours per day and for it to be accredited by the National Commission on Correctional Health care. The average daily population during the 3 year term of the prior contract was 196. There are 196 cells with 387 beds on six cell blocks - each staffed by Certified Correctional Officers.

The current contract with Prime Care Medical, Inc. is based on a standard monthly payment along with an \$85,000 aggregate for "Catastrophic" (defined below) inmate medical bills and a \$15,000 "Infectious Disease" (defined below) aggregate.

"Catastrophic" includes any medical services provided at any hospital, satellite facility or freestanding facility or clinic to include, but not limited to, diagnostic tests such as MRI, CAT Scan, Stress Tests etc; ALB/BLS and Life Flight, Ambulance Services, Oral Surgery, Dialysis and Hospice Care Services; All Off-Site Mental Health Services, Hospitalizations, etc; and Specialty Consults.

"Infectious Disease" includes all expenses related to the prevention, detection, treatment and monitoring of HIV, and Acquired Immuno-Deficiency Syndrome (AIDS); Hepatitis A, B or C; MRSA; and Tuberculosis.

We are seeking a 3 year contract. In response to this Request for Proposal, we would like to see responses in the following format:

- Monthly contract amount along with an \$85,000 Catastrophic and a \$15,000 Infectious Disease aggregate
- Monthly contract amount along with a \$150,000 Catastrophic and a \$30,000 Infectious Disease aggregate

- Monthly contract amount along with a **total** aggregate ("Catastrophic medical" and Infectious Disease") of \$200,000 and a 50/50 cost sharing incentive if any yearly aggregate falls under the cap. The total yearly aggregate of \$200,000 would increase by a percentage comesurate with the yearly contract percentage increase (if any).

Certification:

The vendor selected must comply with and facilitate NCCHC certification.

Staffing:

A staffing matrix is included in this proposal (AttachmentB). We will entertain changes/improvements to the current matrix as supported. Respondents to this RFP are to include resumes supporting all key personnel associated with providing the services as listed. The background on these individuals should emphasize their experience relative to proposal requirements (ie. Prior Correctional Facility experience)

Each staff member of the health care staff must be properly licensed, pass a criminal record check (procedure provided by RCDOC, \$25 fee per person required by the State of NH paid for by medical employee or vendor) and must receive appropriate orientation and training before assuming responsibilities within the Rockingham County Department of Corrections.

The staff will follow the security procedures / dress code established by the Superintendent.

The Superintendent reserves the right to have any contractor-employee removed/terminated from working at the facility.

Management Reports:

The contractor shall collaborate with the Superintendent or his designee(s) to develop individualized monthly, quarterly and annual management reports. Quarterly reports are expected to be presented at the Rockingham County Department of Corrections on previously established dates.

The reports should provide information for the monitoring and evaluation of health services including trend indentification and cost containment opportunities. Respondents to include a sample of proposed monthly, quarterly and annual reports.

Evaluation Criteria:

It is the intent of Rockingham County to conduct a comprehensive, fair and impartial evaluation of all proposals received. Evaluation criteria are as follows:

- Demonstrated understanding of the services to provide and the ability to meet the requirements of this RFP
- Directly related experience of the firm and proposed staff
- Cost consideration
- References and client list

Scope of Services:

This section describes the services that will be required by Rockingham County Department of Corrections for Inmate Medical Services. Respondents are to provide a detailed narrative as to the services that will be provided by category below:

- Intake-Screening
- Sick Call: On block and in the office
- Emergency Services
- Detoxification
- Staff certified in IV administration/treatment to provide 24 hour coverage as needed
- Pharmacy Services
- Laboratory Services
- Dental Services
- Professional and Support Staff
- Continuing Staff Education for Medical and Jail Staff
- Health Appraisals
- Specialty Appraisals
- Infirmary Care and Hospitalization
- Mental Health Services
- Radiology (Mobile X-Ray)
- Electronic Medical Health Records Management (**utilizing CORE EMR**)
- Medical billing to include Medicare / Medicaid application upon intake, and or billing coverage if applicable
- Materials, Supplies, and Equipment
- Inmate Health Education
- Selected Health Services to Staff
- Vendors shall be required to collaborate with Facility personnel in the development and continued maintenance of a medication assisted treatment program to treat individuals suffering from a substance use disorder. Such program shall be consistent with National Commission on Correctional Health Care (NCCCHC) standards. Vendor's responsibilities

shall include the appropriate identification of inmates who may be eligible for such a program and/or currently enrolled in a MAT program in the community, prescribing clinically appropriate medications for those individuals accepted into the Facility program, and the administration of such medications. Necessary eligibility screenings and continued counseling required for such individuals shall be the responsibility of the Facility. Vendors shall propose in their responses how the costs associated with this program will be covered.

Attachment B

Staffing Matrix
Rockingham County Department of Corrections

The Following staffing plan for an estimated daily inmate population of 200+

Personnel Category	Full Time Equivalent	Hours
Health Services Administrator (RN)	1.00	40
Medical Director/Physician/PA	0.40	16
Registered Nurse- Nights/Weekends	1.00	40
Licensed Practical Nurse- Days/Nights/Weekends	7.75	310
Medical Assistant	1.00	40
Psychiatrist	0.10	4
Mental Health Professional	0.75	30
Dentist	0.20	8
Total All Staff	12.20	488

Proposal List

Corizon
Johathan Walker
walker@corizonhealth.com

CCS (Correct Care Solutions)
3343 Perimeter Hill Drive
Suite 300
Nashville, TN 37211
800.592.2974
F 615.324.5731
Kim Christie
kchristie@correctcaresolutions.com
ldoll@correctcaresolutions.com

Correctional Medical Care, Inc
920 Harvest Drive #120
Blue Bell, PA 19422
215-542-5800
Cmc_bus01@corimedcare.com

American Institutional Medical Group, LLC
497 Hooksett Road Suite 151
Manchester, NH 03104
Smo123@tds.net
cbraga@yahoo.com
340-0697

Primecare Medical
3940 Locust Lane
Harrisburg, PA 17109
800-245-7277
dhughes@primecaremedical.com

MHM Services Inc.
1593 Spring Hill Road
Suite 600
Vienna, VA 22182
404-583-0197
bmay@mhm-services.com

Centurion
571-232-4327
Mike Brewer
mbrewer@centurionmanagedcare.com

Naphcare
1-800-834-2420
Kemberly English
kenglish@naphcare.com
bhaywood@naphcare.com