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RFP Questions & Answers
Medical-Dental-Behavioral Health Professional Services
NHDOC 22-05-GFMED

Programmatic

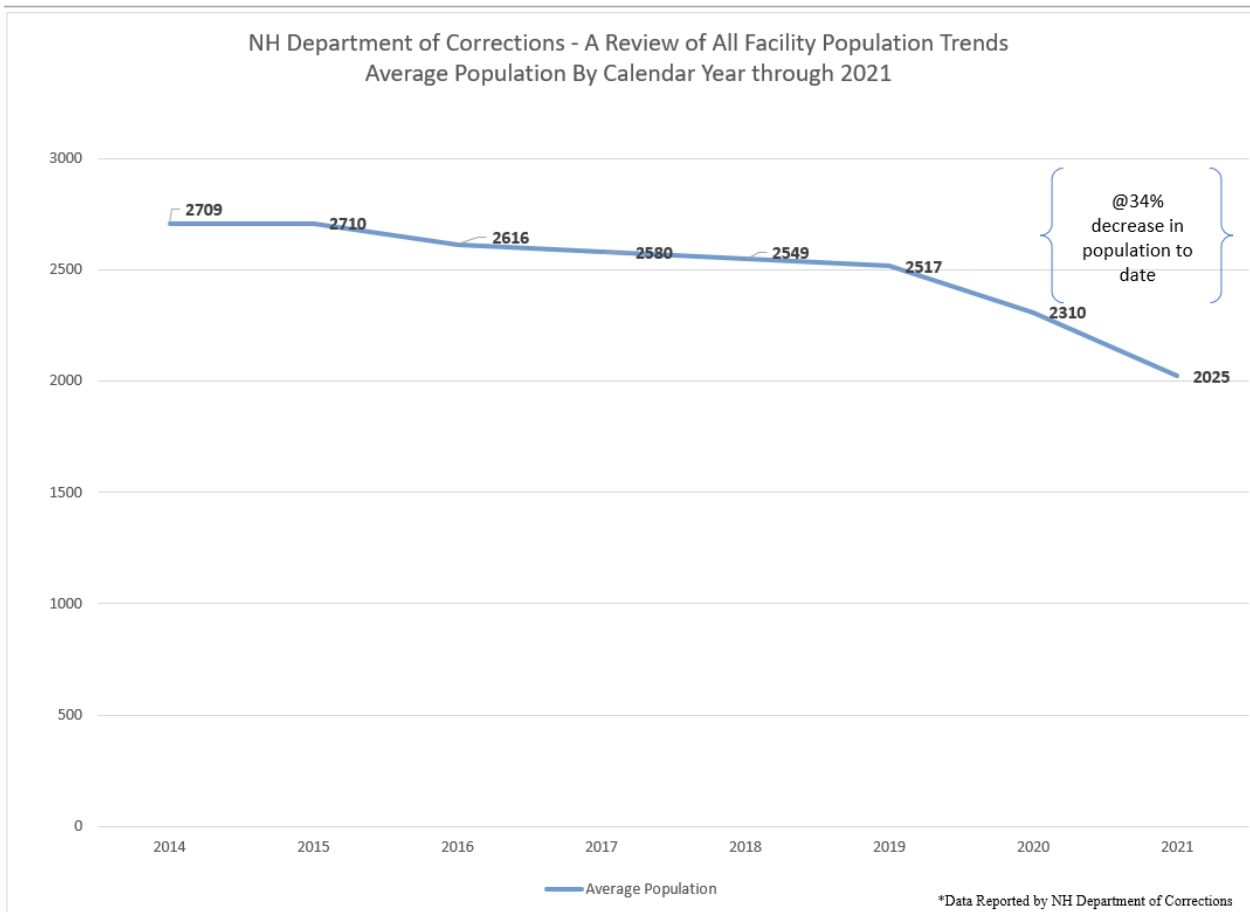
- Q1.1. What companies do you currently use?
A1.1. **Centurion™ of NH, LLC and MHM Correctional Services, Inc. (Jen, what is the name the company submitted? Please use that)**
- Q1.2. Can the NH Department of Corrections provide contracted rates from the current Contractors?
A1.2. **Centurion™ of NH, LLC: <https://sos.nh.gov/june-6-2018/>, Item #72
MHM Correctional Services, Inc.: <https://sos.nh.gov/june-7-2017/>, Item # 76**
- Q1.3. Will this be a single or multi-award? Our company is interested in submitting a proposal for the Dental needs only.
A1.3. **Any resulting Contract from this RFP will be a non-exclusive Contract, refer to Section H: Contract Terms and Award, Paragraph 1., Non-Exclusive Contract. M&F Services: Please refer to section D item name 9 page 16**
- Q1.4. How many Full-Time Equivalent (FTE)'s is anticipated for Medical-Dental-Behavioral Health Professional Services?
A1.4. **See on page 38 5.1, page 43 5.5 and page 47 6.1 page 49 7.1**
- Q1.5. What is the Annual Spend that is projected for the contract? How will it be divided per year?
A1.5A. **Refer to A1.2. as an estimated potential projection.**
A1.5B. **Per the Vendor's proposed cost proposal by State Fiscal Year.**
- Q1.6. Does the NH Department of Corrections have an Electronic Health Record (EHR) in place? If so, what is the software name and Contractor?
A1.6. **Yes, TechCare™, NaphCare, Inc.**
- Q1.7. Will all categories of staff (named in Section C.3, page 6) be expected to use the EHR in place?
A1.7. **For all staff listed, the expectation is that they will utilize the EHR for clinical documentation with the exception of the Forensic Examiner's staff who have their own software application to manages their cases.**

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- Q1.8. Does the EHR in place have offline functionality? If so, what clinical aspects of care can be completed and documented offline in the EHR?
 A1.8. **Yes, on select laptops. Most of EHR functions can be used offline.**
- Q1.9. Do users utilize remote desktop to access the EHR application?
 A1.9. **Yes, for some NH Department of Corrections users who have received permissions by NH Department of Corrections policy.**
- Q1.10. We understand that the NH Department of Corrections had the option to exercise extensions on its existing medical-dental-behavioral health contract but did not.
 a. Was this decision to not exercise the contract's option years the choice of (a) the NH Department of Corrections or (b) the incumbent vendor?
 b. Please provide the rationale for not exercising the contract's option years.
 A1.10. **This was the NH Department of Correction's decision. We have an executive council that expects the agency to use the competitive bidding process where there are several vendors that could compete.**
- Q1.11. Please provide (by year) the amounts of any staffing paybacks/credits the NH Department of Corrections has assessed against the incumbent vendor over the term of the current contract.
 A1.11. **Your question is unclear. We do not use these terms in the current contract. We only pay for the hours worked.**
- Q1.12. Please provide (by year) the amounts and reasons for any non-staffing penalties/ liquidated damages the NH Department of Corrections has assessed against the incumbent vendor over the term of the current contract.
 A.12. **There has not been penalties or liquidated damages the NH Department of Corrections has assessed.**
- Q1.13. Please provide the address of the incumbent Vendor's New Hampshire regional office.
 A1.13. **105 Pleasant Street, Concord, NH 03301**
- Q1.14. Are any of the NH Department of Corrections facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.
 A1.14. **There are NH Court orders and decrees that shape the delivery of services in NH Department of Corrections has been effected by the Laaman Consent Decree, Holliday Court Order, and two other litigation efforts referred to as Fiandaca et al and Woods et al. See attached.**
- Q1.15. With regard to lawsuits (frivolous or otherwise) pertaining to inmate health care:
 a. How many have been filed against the NH Department of Corrections and/or the incumbent health care provider in the last three years?
 b. How many have been settled in that timeframe?
 A.1.15. **a. 33
 b. 4**

- Q1.16. Thank you for the RFP-required staffing matrices on pages 38, 43, and 47 of the RFP.
- Are all of these positions currently in existence?
 - Are any of these positions currently filled by State employees? If yes, please indicate which ones.
 - Please identify any differences between the RFP-required staffing matrices and the staffing currently in place at the NH Department of Corrections facilities.
- A1.16. **a. Yes, all with the exception of medical assistants being a new request.**
b. No
c. See answer to Q1.16a
- Q1.17. For each NH Department of Corrections facility, please provide a listing of any current health service vacancies, by position.
- A1.17. **Behavioral Health:**
Senior Psychiatric social Worker 3
Part time Senior Psychiatric Social worker 1
Clinical Mental Health Counselor (CMHC) License Alcohol Drug Counselor (LADC) 4
Clinical Mental Health Counselor (CMHC) 2
Nursing: 13 vacancies (RN); 2 vacant LNAs
- Q1.18. In the staffing grids on RFP pages 38, 43, and 47, we see that several positions have multiple NH Department of Corrections facilities (or even “All Sites”) listed next to them.
- Does this mean that the FTE(s) travel and work shifts at each of the facilities listed?
 - Or does this mean that a partial FTE is assigned to each of the facilities listed (such as a 0.5 FTE part-time employee at Facility A and a different 0.5 FTE part-time employee at Facility B, etc.) and the total adds up to what is listed in the table?
 - For each position in the staffing grids that has multiple NH Department of Corrections facilities (or “All Sites”) listed next to it, please provide a breakdown of how much of the total FTE count is allocated to each of the sites listed.
- A1.18. **a. Yes**
b. See the published staffing grids in the RFP that indicate location.
c. The breakdown is dependent on the patient case load and is adjusted in collaboration with NH Department of Corrections and contracted vendor as needed.
- Q1.19. Please confirm that if the awarded Vendor retains existing health care staff who are already credentialed, those incumbent staff will not need to go through the credentialing all over again with the new vendor.
- A1.19. **See page 9 of 79 section 5.5 Licenses, Credential and Certificates.**
- Q1.20. Are any members of the current health service workforce unionized? If yes, please provide the following.
- A copy of each union contract
 - Complete contact information for a designated contact person at each union
 - The number of union grievances that resulted in arbitration cases over the last 12 months.

- A1.20. a. Please find the NH Bargaining Agreements at this hyperlink - [Employee Relations | Human Resources | NH Dept. of Administrative Services](#)
The Department of Corrections has 6 bargaining agreements for state employees.
b. The staff requested in this RFP are not part of a State of NH employee union.
c. Question is unclear. The department has 6 unions. If your questions is specifically about healthcare staff the answer is zero have resulted in arbitration cases over the last twelve (12) months.
- Q1.21. Please provide the salaries/wages your incumbent health service Vendor is paying to its staff at the NH Department of Corrections facilities.
a. How recent is this data?
b. What is the source of this data (e.g., State/County records, data from the incumbent Vendor, etc.)?
- A1.21. **Please see answer question Q 1.2 and the contract that outlines these costs.**
- Q1.22. Please confirm that labor hours in the following categories will count toward any “hours provided” requirements of the contract.
a. Time spent by health care staff in orientation, in-service training, and continuing education classes
b. Overtime hours
c. Agency hours
d. Approved paid-time-off
- A1.22. **Please see page 66 of 79 Exhibit C**
- Q1.23. Given that Section 5.6.8 on RFP Page 10 states, “the Vendor shall provide whatever additional number and types of personnel as are necessary to provide services without additional reimbursement,” please discuss how the contract will operationally and financially provide for any increases/decreases in the vendor’s FTE levels necessitated by increases/decreases in the NH Department of Correction’s inmate population or construction of new facilities.
- A1.23. **See Section C – 5.6.8 and See P-37 item # 5
Agency population trending chart:**



- Q1.24. With regard to the RFP-required background checks and fingerprinting discusses in Section 5.4 on Page 7, please provide the following information:
- Can the vendor use any company it wishes to accomplish these services?
 - Who is financially responsible for these activities: (a) the NH Department of Corrections or (b) the vendor?

A1.24. **Answer is in 5.4 page 7 of 79**

- Q1.25. On Page 10 of the RFP, you state that preference is given to those proposals that address scheduling of staff in a flexible pattern. What is the current staffing schedule(s) used at the NH Department of Corrections?

A1.25. **At this time, most contracted staff are scheduled during traditional first shift schedules – eight (8) hours shifts, Monday through Friday.**

- Q1.26. Please clarify who is responsible for creating the Monthly Facility Services Schedule (MFSS) discussed in Section 5.6.2 on RFP Page 9: (a) the NH Department of Corrections or (b) the Vendor?

A1.26. It is proposed by the vendor and approved by the Director of Medical and Forensic Services.

- Q1.27. What length shifts do incumbent vendor's staff currently work, e.g., 8-hour, 10-hour, 12-hour, etc.?
- A1.27. **See answer to Q.25**
- Q1.28. With regard to the RFP-required staffing matrices on pages 38, 43, and 47 of the RFP, please provide this staffing broken down by shift and by day of the week.
- A1.28. **See answer to Q.25**
- Q1.29. On RFP page 59, Section 10.10.1 reads, "Compliance with monthly MFSS reporting to include at minimum ninety (90%) staff position retention for the life of the Contract and any renewals thereof."
- a. Please clarify the intent of this requirement, i.e., is the metric referring to (a) maintaining an average minimum staffing fill rate of 90% throughout the term of the contract or (b) retaining 90% of incumbent staff over the life of the contract.
 - b. What is the current vendor's current staff position retention rate?
 - c. Please provide a recent monthly MFSS retention report.
- A1.29. **a. The intent is to have a contracted partner whose fill rate for positions is 90% Through the term of the contract while retaining effective professionals through the contract.**
b. We do not have this information at this time.
c. We do not use a MFSS retention report. We have an MFSS schedule of staff.
- Q1.30. RFP Page 72, Section 2.1 mentions "Contracted vacant FTEs shall not be invoiced."
- a. Does overtime, agency, and per diem coverage of vacant FTE result in those hours provided counting as Filled?
- A1.30. **The Department will compensate the vendor for any hours worked within the contracted number of FTE positions at the contracted rate. If overtime, agency or per diem hours are required to achieve the contracted number of FTE positions, those hours will be compensated at the contracted rate only. Any hours worked exceeding the number of contracted FTE positions will not be compensated.**
- Q1.31. Per Section 5.7.6 on Page 11, the Vendor's staff will also "administratively report to the NH Department of Corrections' Director of Medical & Forensic Services." Given that Vendor staff will report to more than one supervisor, please discuss how employee discipline, terminations, and annual reviews will be handled.
- A1.31. **They administratively report to DOC to ensure compliance to policy procedure and State and Federal Law but for personnel action the vendor is the responsible party. The NH Department of Corrections has provided feedback during the annual review process.**
- Q1.32. RFP §10.9.2 states, "For details, please refer to UM guidelines." Please provide a copy of the UM guidelines for review.
- A1.32. **Attached as requested.**
- Q1.33. Regarding the Medical Case Manager references in RFP Section C: 2.1:
- a. What minimum licensure, education, or experience are necessary for the medical case manager position?
 - b. Would the NH Department of Corrections consider allowing the Medical Case Manager to be located at the Vendor's corporate office?

- A1.33. a. **NHDOC has recruited two types of candidates for this position both a licensed nurse or a person whose degree has been in a field relevant to healthcare (ie. Health care administration, long-term care management, social work). The candidate has a demonstrated ability to learn or has base knowledge of the Centers for Medicaid and Medicare systems and eligibility. This position has also traditionally helped cull medical parole candidates for review by the Department aligned to NH Statute.**
 b. No
- Q1.34. Section 5.2 on RFP page 7 implies that the NH DOC will provide all medical equipment (e.g., blood pressure cuffs, scales, x-ray machines, etc.) necessary to perform the services required by the contract. Please confirm that this is the case.
- A1.34. **Yes, we confirm section 5.2 as written on page 7 of 79**
- Q1.35. Please list all office equipment (e.g., PCs, printers, fax machines, copiers, etc.) currently in use at the health care units and identify which items on the list will remain in place for the new vendor to use.
- A1.35. **All equipment listed in this question with the exception of laptops and specialized software (not the EHR).**
- Q1.36. Who is financially responsible for medical supplies (e.g., bandages, swabs, etc.) for contract, (a) the NH Department of Corrections or (b) the Vendor?
- A1.36. **Please see section 5.2 page 7 of 79**
- Q1.37. With regards to Vendor personnel in the health care unit having Internet access:
 a. Do vendor staff access the Internet through (i) a NH Department of Corrections network or (ii) the vendor's network?
 b. Please describe how this currently happens, i.e., what type of hardware, wiring, and connectivity is in place.
 c. Who (NH Department of Corrections or vendor) is financially responsible for this hardware, wiring, and connectivity?
 d. Who (NH Department of Corrections or vendor) will be financially responsible for any necessary upgrades or expansions for this hardware, wiring, and connectivity?
- A1.37. **a. Through our NH Department of Corrections network
 b. Through the established NH Department of Corrections IT infrastructure.
 c. and d. NH DOC manages the network and is financially responsible for it.**
- Q1.38. With regard to health care staff accessing the NH Department of Corrections network, please provide the following information.
 a. Currently, are the computers used by health care staff on (a) the NH Department of
 b. Corrections network or (b) a private network supplied by the health care Vendor?
 c. Will this scenario continue under the new contract?
 d. Will the NH Department of Corrections permit the incoming health care vendor to utilize existing network infrastructure at the facilities, e.g., wiring, switches, etc.?

- e. Who is financially responsible for network upgrades, additions, or expansions necessary to support the NH Department of Corrections inmate health care program?

A1.38. **See answer to question A1.37.**

Q1.39. With regard to the RFP-required “time and attendance system” (Section 5.6.11 on RFP page 10), please provide the following information.

- a. The number of timeclocks in place at each NH Department of Corrections facility
- b. Where in the buildings they are located (for example, in the lobbies, at the security sally ports, in the medical units, etc.)
- c. Will the NH Department of Corrections allow the incoming Vendor to connect its timeclocks to the NH Department of Corrections network?

A1.39. a.-c. The current system uses a telephone call in and call out. The Department will work with any vendor to assist in providing access to their time and attendance system.

Q1.40. With regards to the EHR that is in place at the NH Department of Corrections facilities, please provide the following information:

- a. What is the name and version of the EHR that is in place?
- b. Will the NH Department of Corrections allow authorized providers and other staff not located onsite at the NH Department of Corrections facilities to have remote access to the EHR?
- c. Please confirm that the incoming health care vendor will have no financial responsibility for EHR licenses, maintenance, or upgrades.

A1.40. a. **See answer to question A.6**

b. **We have an approval process in place that would require vetting for any request made by the vendor. This is to ensure capital CJIS and HIPPA.**

c. **The EHR contract is a NH Department of Corrections contract.**

Q1.41 and A1.41 - Not Used

Q1.42. We see in RFP §5.6.5 that the NH Department of Corrections currently utilizes telehealth. Please describe the scope of the current NH Department of Corrections telehealth program, i.e.:

- a. Facilities where telehealth is conducted
- b. Description of any equipment that will remain in place for the new vendor to use
- c. The type of telehealth clinic (e.g., telepsychiatry, telecardiology, etc.)
- d. How often each telehealth clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.)
- e. The length of each telehealth clinic currently conducted (e.g., day, half-day, etc.)
- f. The average number of patients in each telehealth clinic
- g. The name and contact information for the tele-provider who conducts each telehealth clinic.

A1.42. **We are not functioning on a formal telehealth platform at this time. We have worked collaboratively with community-based providers to utilize their systems to conduct appropriate telehealth while we continuing to budget, plan and expand our telehealth services.**

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- Q1.43. We understand that the incoming vendor is not responsible for providing medications for the NH Department of Corrections patients, although our prescribers will have to order them. From what pharmacy vendor does the NH Department of Corrections source inmate medications?
- A1.43. **The Department operates a State licensed pharmacy with state employees.**
- Q1.44. We understand that the incoming vendor is not responsible for providing laboratory services for NH Department of Corrections patients, although our providers will have to order them. From what source(s) does the NH Department of Corrections obtain laboratory services?
- A1.44. **See link to current lab services contract [093-gc-agenda-062420.pdf \(nh.gov\)](#)**
- Q1.45. We understand that the incoming vendor is not responsible for providing radiology Services for NH Department of Corrections patients, although our providers will have to order them. From what source(s) does the NH Department of Corrections obtain radiology services?
- A1.45. **See link to current contract [114-gc-agenda-063021.pdf \(nh.gov\)](#)**
- Q1.46. For each NH Department of Corrections facility, which hospital(s) is used most frequently?
- A1.46. **We have two primary contracts with: Catholic Medical Center and Androscoggin Valley Hospital. We also utilize Concord Hospital for emergent services.**
- Q1.47. Knowing that the State of New Hampshire participates in Medicaid expansion, please describe the vendor's role, if any, in enrolling NH Department of Corrections patients in Medicaid.
- A1.47. **The RFP request a medical case manager to assist in reviewing opportunities to defer appropriate eligible inpatient Medicaid claims. The department has state employee case managers who assist residents in enrolling in Medicaid prior to release.**
- Q1.48. RFP Section §5.3.10 on page 39 indicates that a variety of specialty care clinics currently exist at the NH Department of Corrections facilities. Please provide the following Information on this topic.
- a. The type of specialty clinic (e.g., orthopedics, neurology, etc.)
 - b. How often each specialty clinic is currently conducted (e.g., weekly, monthly, as- needed, etc.)
 - c. The length of each specialty clinic currently conducted (e.g., day, half-day, etc.)
 - d. The average number of patients in each specialty clinic
 - e. The name and contact information for the provider who operates each specialty clinic.
- A1.48. **a. Those listed in 5.3.10 are the specialty clinics we have at this time.**
b. It depends on the clinic some have a monthly schedule, others are schedule bi-weekly. Examples: Orthopedic: monthly at Concord Campus, Podiatry: twice monthly at Concord Campus, every other month at NCF, Optometry: twice monthly at Concord Campus, monthly at NCF.
c. It depends on the clinic and number of patients seen.
d. It depends on the facility, e.g optometry at Concord campus, the optometrist sees approximately 55 patients and takes up to 8 hours. At NCF the optometrist sees about 25 patients and takes up to 4 hours.

e. **We are not requesting the Vendor to engage in contracting with specialty clinics on behalf of the State.**

Q1.49. Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, has dental encounters, etc.) that currently exist at the NH Department of Corrections facilities.

A1.49. **Please see attached policies on consults, chronic care and dental as examples of policy prevision of care. The NH Department of Corrections works with the contractor if any service interruptions are identified to resolve them in a timely manner.**

Q1.50. The RFP mentions a variety of different medical and behavioral health special needs units in place at the NH Department of Corrections facilities. Please provide more information on this topic.

- a. Type of each unit
- b. Location of each unit
- c. Capacity of each unit
- d. Average occupancy of each unit
- e. Staffing for each unit
- f. Type of services/Acuity able to be handled in each unit

A1.50. **a. 1. Focus Unit, Substance Use treatment program. 2.Intensive Sex Offender Treatment Unit 3.Wellnes,Mental Health Units 4. Residential Treatment Unit (RTU), Mental Health unit, 5. In-patient Secure Psychiatric Unit (SPU)**
b. 1.Women unit in general population, Men’s NCF in a general population unit. 2. Men’s Concord in a general population 3. At all three prison locations in general population 4. Concord men’s location in a housing unit that houses this unit and the SPU 5. Concord men’s location in a housing unit that houses this unit and RTU
c. 1.Women prison 56, 2. NCF Men, 72 bed availability 3. Concord Men 80 bed availability. 4. 40 bed availability, 5. 66 bed availability
d. 1. Full, 2. Full 3. Women between 35% to 50%, Men, NCF full, Men Concord 25% to 30%, currently in beginning process of the program, 4. 25% to 30 % 5. 55% to 60 %
e. All area’s are staffed with Sr Psychiatric Social Workers, Psychiatric Social Workers, Clinical Mental Health Counselors, Administrators of each specialty, and Psychiatric Providers.
f. Residents receive individual and group treatment that specializes in the program they are housed in. Most of this information is also referenced in A1. 93.

Q1.51. Please confirm that NH Department of Corrections staff perform medication administration (pill pass), and that the vendor will hold no responsibility for this function.

A1.51. **NH Department of Corrections staff administers the medication, the contractor staff are responsible for providing timely and accurate prescriptions.**

Q1.52. Our review of the RFP indicates that this is primarily a staffing contract. First, please confirm that our assumption is correct, and that the vendor has no financial responsibility for the following cost centers. Then, for any cost center that will be the vendor’s financial responsibility, please provide three years of cost data on the expenses incurred in that category.

- a. Creation and management of a community-based provider network and

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- associated discounts
 - b. Processing and payment of community-based provider and hospital claims
 - c. Telehealth equipment and connectivity
 - d. Sourcing and delivery pharmaceuticals
 - e. Sourcing and provision of ancillary services, including laboratory, radiology, orthotics, prosthetics, EKG, dialysis, and other health-related support services.
- A1.52. a. **This is a staffing contract, but the vendor is expected to follow performance measures. For cost centers please see the following hyperlink to the department of corrections budget where you can see historically and current budget amounts. [Budget Office | NH Dept. of Administrative Services](#)**
- b. **This is not part of the RFP request of the Vendor.**
- c. **See answer to question A.42**
- d. [Purchase and Property | Procurement and Support Services | NH Dept. of Administrative Services](#) - **We are not requesting a pharmacy vendor.**
- e. **See answer to questions A.44 and A.45**
- Q1.53. The “Pharmacy Cost” performance measure on RFP page 53 states, “NH Department of Corrections will generate pharmaceutical cost reports. Based on those reports, any increase of ten percent (10%) over the same quarter in the previous year will incur a penalty of seventy-five (75%) of those cost by the contractor.” Please answer the following questions on this topic.
- a. Based on recent history, inflationary increases in pharmaceutical costs could account for most, if not all, of the referenced 10% increase – even with a zero increase in utilization. Will the NH Department of Corrections adjust its performance metrics to account for this and “strip out” increases in drug acquisition costs?
 - b. Changes in the formulary, such as the addition of new medications, also impact pharmacy costs. Will the NH Department of Corrections also adjust its performance metrics for the impact of such changes?
- A1.53. **See amendment to the RFP; Yes, it is mutually agreed to.**
- Q1.54. Service Locations: Are there any planned changes to the number of facilities, as well as bed capacities, over the course of the contract term? If yes, will you please provide a description of the change(s) and anticipated date(s) for each change?
- A1.54. **Not at this time and no forecasted need.**
- Q1.55. Is the NH Department of Corrections currently, or anticipated to be, under investigation, audit, or review by any federal, State or local governmental authority or regulatory agency for health care services provided?
- A1.55. **No**
- Q1.56. Are any visits/audits/inspections by federal, State or local governmental authority or regulatory agencies for health care services currently scheduled or pending?
- A1.56. **NCCHC pre-audit of the Secure Psychiatric Unit pending.**
- Q1.57. Is the State waiting for the results of any report from or any prior NH Department of Corrections inspection/audit review?
- A1.57. **No**
- Q1.58. Have any reports of NH Department of Corrections audits or visits by federal, State or

local governmental authority or regulatory agencies for health care services been issued or received in the last 24 to 36 months? If so, will the State share such reports of audits or visits?

A1.58. **No**

Q1.59. What level of Behavioral Health programming is provided in the four transitional units?

A1.59. **See PPD 541.00 Behavioral Health Services and PPD 679.00 Transitional Housing Units Healthcare Services**

Q1.60. What percentage of patients in the transitional units are receiving Behavioral Health services?

A1.60. **Average around 25% as most residents are working with providers in the community when they are in the transitional housing units.**

Q1.61. What are the qualifications (education, licensure, & expertise) desired for medical case Manager position?

A1.61. **See the answer to Q. 1.33**

Q1.62. What MAT services and substance use counseling services/programming are/is currently provided? Are patients/residents being treated for substance-related issues cohorted?

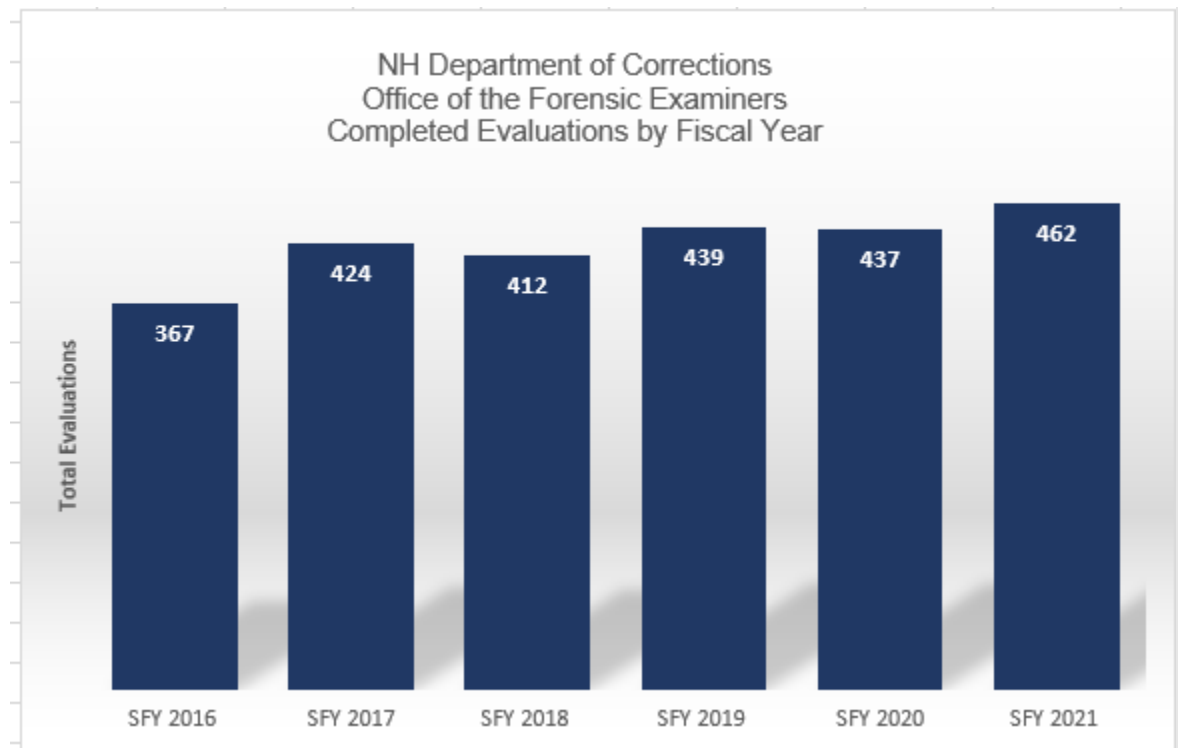
A1.62. **See PPD 551.00 Medication Assisted Treatment (MAT)**

Q1.63. Is the Contractor responsible for the procurement and cost associated medications for medication assisted treatment (MAT) and medication for substance use disorders?

A1.63. **No**

Q1.64. How many competency evaluations have been requested to be performed over the past three calendar years?

A1.64.



Q1.65. What are the desired qualifications (education, licensure & experience) of the “specialist” who manages the NGRI population?

A1.65. **Minimum qualification; Master level clinician of counseling, psychology, or social work.**

Q1.66. How many patients/residents classified as NGRI are currently housed in each of the three prisons?

A1.66. **NH NGRI patients are civilly committed not incarcerated.**

Q1.67. How many patients/residents classified as NGRI are housed in each of the four transitional units?

A1.67. **NGRI are transitioned to the NH Mental Health system based on their level of care needs and corresponding court order.**

Q1.68. How many patients/residents classified as NGRI are living in the community (outside of the seven NHDOC facilities) but still under the care of the contracted vendor?

A1.68. **Your question is improperly phrased based on our NH law. See NH Statute 651:11-a**

Q1.69. Where are services provided for patients/ residents classified as NGRI and living in the community?

A1.69. **Their services are provided through NH mental health service delivery system.**

Q1.70. What is the role of the contracted vendor in providing care for NGRI patients/residents living independently in the community?

- A1.70. **NGRI clinical coordinator monitors the NGRI civilly committed patients in all their statuses across the NH mental health system to ensure compliance with their treatment plan and monitors their risk pursuant to NH RSA 651:10 committal orders.**
- Q1.71. What percentage of the population is currently diagnosed with a substance use disorder?
What percentage of those are currently receiving SUD counseling services?
- A1.71. **70% of those incarcerated report substance use disorder related symptoms as part of the intake process. Of those, @ 30% are currently being triaged for MAT services.**
- Q1.72. What is the average number of patients in segregation per month for the last 12 months?
- A1.72. **The NH Department of Corrections does not utilize the term segregation. We do have individuals in maximum custody status. The 12-month average of patients in a maximum security setting broken out by gender (women – 1 person on average for 12 months, men – 45 to 50 men on average for 12 months with a maximum bed census of 130).**
- Q1.73. What is the average number of patients on suicide watch per day for the last 12 months?
- A1.73. **The average number of suicide admissions in the last 12-months (not a distinct patient count) is 609. Our Electronic Health Record Vendor is updating our dashboard to create this statistic. As of today, we have 5 on an observation level associated with suicidality.**
- Q1.74. What is the number (and overall percentage) of patients with a designated serious mental illness (SMI)?
- A1.74. **3.4% (N=64) of the total population has a SMI designation including those civilly committed in the Secure Psychiatric Unit.**
- Q1.75. What is the average number of patients receiving psychiatric services per month for the last 12 months?
- A1.75. **In a 12 month, period the average number of men receiving psychiatric services is 38% and women is approximately 78%.**
- Q1.76. What is the number of patients on mental health case load per month for the last 12 months?
- A1.76. **For men under departmental custody, over a 12-month period - @35 to 40% are part of the behavioral health caseload.
For women under departmental custody, over a 12-month period - @90% are part of the behavioral health caseload.**
- Q1.77. Are there currently any contracts with outside agencies to provide behavioral health services in house, to include re-entry? If so, with the State please describe?
- A1.77. **See the answer to Q.1.2., we contract with MHM Correctional Services for the provision psychiatric and other forensic services.**
- Q1.78. Where are patients on suicide watch housed? Are they celled alone?
- A1.78. **See PPD 542.00 SUICIDE PREVENTION AND INTERVENTION**
- Q1.79. Who is responsible for monitoring patients/residents on suicide watch?
- A1.79. **See PPD 542.00 SUICIDE PREVENTION AND INTERVENTION**

- Q1.80. Will the State please describe its current reentry programming?
A1.80. **See PPD 682.00 Case Management Support of Release Planning**
- Q1.81. Is the Contractor responsible for the cost of background checks? If so, what is the standard cost for the background check and fingerprinting service?
A1.81. **See section 5.4 page 7 of 79. The NHDOC does not have per background estimate cost as it is embedded in our overall operational budget.**
- Q1.82. Will the NHDOC allow the Contractor to engage and pay certain positions as an independent contractor, rather than employee?
A1.82. **See section D (9) Page 16 of 79**
- Q1.83. Will the State provide a list of all licenses or permits required by the State in order to provide healthcare services to New Hampshire? If known, what fees are associated with each such licenses?
A1.83. **Please contact the NH Office of Public Licensure and Certification.**
- Q1.84. What telehealth platform is currently in use?
A1.84. **We are not functioning on a formal telehealth platform at this time. We have worked collaboratively with community-based providers to utilize their systems to conduct appropriate telehealth while we continuing to budget, plan and expand our telehealth services.**
- Q1.85. Will there be options for telehealth expansion?
A1.85. **Yes, limited at this time. We have continued work to apply for grants to adopt an official telehealth platform with appropriate tools, equipment and software.**
- Q1.86. Will the State provide the number of inmate healthcare lawsuits currently pending in which the State, its employees or agents are a named party?
A1.86. **See answer to Q1. 87 below.**
- Q1.87. In the last three years, how many claims related to inmate health care have been tendered to the current vendor for indemnity and defense?
A1.87. **Since 3/1/2019, 200 lawsuits were filed against the NH Department of Corrections. Of that figure, 33 included claims against medical personnel. There has been a total of 4 settlements, one was related to medical treatment.**
- Q1.88. Will the State provide a list of the inmate healthcare cases closed over the last two (2) years and the outcome of the cases including the amount of any payments (judgments or settlements) paid by the State over the course of the last two (2) years?
A1.88. **In the last two years (since 3/25/20), there have been 5 inmate health care matters closed. None have included the payment any settlement or judgement.**
- Q1.89. What is the forecasted population for each year over the new contract term, including the renewal periods?
A1.89. **See A1.23 answer.**

- Q1.90. What is the forecasted population for each year over the new contract term, including the renewal periods?
- A1.90. **See answer to Q1.89.**
- Q1.91. Understanding the Contractor will refer residents/patients for specialty, subspecialty and hospital services, would the State please confirm that the costs associated with these services are the financial responsibility of the NH Department of Corrections, including direct payment to the hospitals and specialty providers?
- A1.91. **NH Department of Corrections processes the healthcare payments for resident care through its state budget. The Vendor will be an active partner in reviewing the use of community-based healthcare for appropriate opportunities for cost saving while ensuring appropriate healthcare.**
- Q1.92. Will the State please confirm that the costs associated with on-site specialty clinics (excluding podiatry and oral surgery as listed on the staffing plan) are the financial responsibility of the NHDOC, including direct payment to the specialty providers?
- A1.92. **See response to Q.1.91.**
- Q1.93. What is the average daily census of the Wellness Units (mental health)? How many Wellness Units (mental health) are there? Where are they located? What is the capacity of each Wellness Unit (mental health)?
- A1.93. **The department operates three wellness units. One at each prison facility. These are units where residents living in prison facilities can voluntarily be referred for housing to live in a modified therapeutic community within a prison facility. NHCFW operates a 56-bed unit. NHSP-Men operates 60-bed unit. NNHCF operates a 72-bed unit. These units are in Addition to the other behavioral health services offered to residents living in other classification statuses.**
- Q1.94. What is the average daily census of the ISOT? What is the capacity of the ISOT? What programming is currently offered on the ISOT? Where is the ISOT program located? What assessment instruments are currently utilized on the ISOT?
- A1.94. **The average daily census of the ISOT is 80 participants which is the capacity. The primary curricula focus on cognitive behavioral therapy and relapse prevention. We use NAVCON Manuals and other supplemental evidence-based treatment resources. The assessments we use include but are not limited to the Able, STATIC-99R, VASOR and SOTIPS. We utilize Eye Detect and the Polygraph.**
- Q1.95. Do the 26 Behavioral Health FTEs represent new positions to the NH Department of Correction's Healthcare Program?
- A1.95. **The positions outlined in section 6.1 page 47 of 79 are the same FTE contracted requirements with one discipline differentiation, requesting a Staff Psychologist over a Behavioralist.**
- Q1.96. With the addition of the Behavioral Health Program to the contract, will the Contractor have any obligation to hire existing NH Department of Corrections employees?
- A1.96. **The positions outlined in section 6.1 represent current contracted behavioral positions that will continue to collaborate and work along with existing NHDOC state behavioral health employees.**

- Q1.97. Can staffing deviate from the required staffing grids provided (i.e., can proposals enhance staffing if the prospective vendor believes it is clinically indicated)?
A1.97. **No**
- Q1.98. Please explain the role differentiation between NH Department of Corrections Behavioral Health staff and Vendor Behavioral Health staff
A1.98. **See page 47 of 79, the contracted prescribing staff with other ancillary clinical staff as well as the full complement of clinical staff to run the State's Forensic Evaluators Office.**
- Q1.99. Should bidders assume they will need to provide suitable office space within 20 miles of the Concord, NH area for the 8.0 Behavioral Health and 3.0 Administrative FTEs, or will the NHDOC provide administrative office space for these positions?
A1.99. **See Page 7 of 79 Section 5.1.**
- Q1.100. What is the average daily census of the inpatient psychiatric unit? What is the 30-day (or other specific time period) readmission rate?
A1.100. **The average daily census of inpatient in the SPU is about 40. Readmission is case specific and not predictable due to the diversity of the patients' commitment statuses.**
- Q1.101. Is the capacity of the inpatient psychiatric unit 66 or 106?
A1.101. **66 beds are dedicated to the Secure Psychiatric Unit and 40 beds are managed separate and distinctly for the Residential Treatment Unit.**
- Q1.102. What is the 30-day (or other specific time period) readmission rate for the inpatient psychiatric unit?
A1.102. **See answer to question A.100**
- Q1.103. Does restoration of competency programming fall under the purview of the Contractor?
A1.103. **Only at the Secure Psychiatric Unit when civilly committed pursuant to the Judiciary order.**
- Q1.104. Knowing pharmaceutical cost containment is influenced by many factors (i.e., inflation, resident population changes, new approved medications and treatment protocols, additional high acuity patients requiring expensive/limited medications) will the NH Department of Corrections be willing to negotiate and modify this requirement to normalize items outside the influence of the contracted prescribers?
A1.104. **Yes**
- Q1.105. Specifically, what is considered usual and customary equipment with respect to technology (computers, printers, scanners, etc.)? Does this statement apply to clinical positions, administrative positions, or both?
A1.105. **See 5.2 on page 7 of 79**
- Q1.106. How many hours of training/orientation are required for each new hire of the Contractor's staff?

- A1.106. **24 hours**
- Q1.107. If annual NHDOC training is required for each person hired by the Contractor, what are the number of hours required for each person on an annual basis?
- A1.107. **15 hours**
- Q1.108. Will the incoming Contractor for this RFP need to be trained by the current EHR Vendor then push that knowledge to the staff, or will the current EHR vendor provide the training?
- A1.108. **EHR training will be provided by the DOC in the initial phase of the contract. After that, the contractor will carry on training of new staff through a train the trainer model.**
- Q1.109. Is the State currently bound by any consent decrees or court orders at any of the facilities that would affect the provision of health care services? If so, will the State please provide a copy of the decree(s) or order(s)?
- A1.109. **See answer to Q1.14**
- Q1.110. Would the NH Department of Corrections please expand and clarify its definition of supplies?
- A1.110. **See 5.2 on page 7 of 79**
- Q1.111. Is the Contractor responsible for the cost of medical, dental and behavioral health supplies for the residents?
- A1.111. **No**
- Q1.112. To avoid additional indirect costs, would the NH Department of Corrections consider invoicing one-twelfth of the annual contract value in the month of service, with reductions/credits against the one-twelfth value in the following month based upon the actual hours provided?
- A1.112. No, we will not. We have already operated under this invoicing methodology in the past.
- Q1.113. To avoid additional indirect costs, would the NH Department of Corrections consider invoicing actual hours/FTEs paid, rather than the hours/FTEs worked for the time period?
- A1.113. **No.**
- Q1.114. Will the NHDOC accept authorized timeclock data in lieu of time sheets for Contractor staff?
- A1.114. **Yes, if the timeclock data provides staff name other identifying variables to confirm the invoicing as outlined on Page 72 of 79.**
- Q1.115. Will the NHDOC accept authorized timeclock data in lieu of time sheets for Contractor staff?
- A1.115. **See response to Q1.114**
- Q1.116. Please provide a copy of your NHDOC policies and procedures.
- A1.116. **See attached policies and link to State Administrative Rules for Corrections - [TABLE OF CONTENTS \(state.nh.us\)](#)**
- Q1.117. Please provide the NHDOC drug formulary and lab formulary.

- A1.117. **The Department uses the NH Medicaid Preferred Drug List.**
[New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List \(PDL\) \(nh.gov\)](#)
See link to current clinical labs contract [093-gc-agenda-062420.pdf \(nh.gov\)](#)
- Q1.118. Does the NHDOC have a policy that enables involuntary administration of psychotropic medications?
A1.118. **See PPD 502.02 Emergency response to a psychiatric emergency and PPD 502.04 Emergency medication and other emergency medical treatment**
- Q1.119. What is the vacancy rate for nurses?
A1.119. **21.8% Total Authorized of 55 with 12 vacancies.**
- Q1.120. Per SB701, does the New Hampshire Department of Health and Human Services (DHS) provide oversight or have any role with the Secure Psychiatric Unit (SPU)?
A1.120. [The General Court of New Hampshire \(state.nh.us\)](#) – **We were unable to find SB701 as referenced above.**
- Q1.121. Are there plans to seek NCCHC or ACA accreditation?
A1.121. **The NHDOC is in the process of getting NCCHC accreditation. We have a pre-audit contract with NCCHC to start at the Secure Psychiatric Unit. Currently, the NHDOC does not hold ACA accreditation at this time.**
- Q1.122. The RFP states that “Supplies” shall be included in the Administrative Direct Costs of the Loaded Yearly Compensation Rate (LYCR). Is this intended to be just office supplies, or does it include medical supplies needed for the NH Department of Corrections sites?
A1.122. **Please answer to question Q1.34 and section 5.5.2 page 7 of 79**
- Q1.123. In the RFP mention is made of staffing required at the “Concord Campus.” Please describe which site or unit is defined as the “Concord Campus.”
A1.123. **NHSP/M, SPU, NHCFW, TWC and NEH.**
- Q1.124. Please provide the current MFSS or staffing matrix to show how current FTEs provided under this RFP are distributed among the various facilities.
A1.124. **Please see attachment**
- Q1.125. Please provide current vacancies for positions required under this RFP (Medical, dental, behavioral health).
A1.125. **Dental: 1.4 Dentist, 0.8 Dental Assistant
Mental Health: 1.0 FTE MH Clinician, 1.08 FTE MLADC
Psychiatry: 2.0 FTE Psychiatry
Medical: 0.8 FTE Staff Physician, 1.0 FTE APRN**

- Q1.126. Please provide the number and type of non-formulary medication and laboratory requests that were made and those that were approved for the last full fiscal or calendar year.
- A1.126. **There were 9,983 singular orders for non-formulary medications. There 2,740 individual completed non-formulary lab orders.**
- Q1.127. The RFP states that care rendered includes “assessment at the time of reception into our facilities.” Please clarify: does this mean the providers (physicians, ARNPs) must assess the incoming residents on the date/time of reception into the facility, or do the nursing staff perform initial assessments of the residents followed by a scheduled appointment with the providers for a thorough history and physical within the seven-day window?
- A1.127. **Nursing performs the initial intake processing and then refers to providers for scheduled appointments.**
- Q1.128. Please advise how the NH Department of Corrections processes and reprints claims submitted by outside community hospitals and providers for services rendered for the residents.
- A1.128. **This is not part of the RFP request of the Vendor. See NH RSA [Section 623-C:2 Medical Services for State Prisoners](#).**
- Q1.129. Please provide a list of medical and dental equipment available for the incoming Vendor to utilize.
- A1.129. **We have fully functioning dental suites and have all the equipment necessary to provide the services requested within the RFP. When the service exceeds the resources of the Department, we utilize the appropriate community-based setting. See page 44 of 79.**
- Q1.130. Please confirm the contractor will not be financially responsible for the following:
- TB/PPD test provided at intake. (*p. 39 of 79, Section 5.2, Medical Services Program*)
 - Direct patient care medical supplies (i.e. syringes, bandages, IV supplies, gloves, splinting/casting material, etc.).
 - Direct patient care medical equipment (i.e. EKG, medication carts, DME, etc.).
- A1.130. **The NHDOC provides the financial coverage for the areas referenced in the three bullets in Q1.130.**
- Q1.131. Section 1.3.2.13 Licenses/Certifications; Page 19.
It appears this section is asking for copies of current employee certifications and licenses. Please confirm if this is correct.
- A1.131. **Yes, and cites to redact personal information.**
- Q1.132. Section E: Content and Requirements for a Proposal 1. Proposal Organization 1.1 Overview 1.1.3; Page 17, indicates that, “*the NH Department of Corrections shall accept proposals that do not include Podiatrists and/or Oral Surgeons. All Proposals shall be submitted for the full scope of service being requested within the RFP.*”
Please clarify that the podiatrist and/or oral surgeon positions are required to be included in proposals?
- A1.132. See page 25 of 79 Section 4.
- Q1.133. 5.1. Required Contracted Medical Staff by Position, Site and Full-Time Equivalent; Page 38. The RFP requires the vendor to provide a podiatrist and an oral surgeon. The Department currently provides these professionals. Please verify the podiatry and oral

surgery hours will replace those being provided by the Department instead of supplementing the staff provided by the Department.

- A1.133. **It is the intent to use the contracted services and not supplement with staff provided by the NH Department of Corrections.**
- Q1.134. Section 5.2, Current State Medical Staff by Position, Site, and FTE; Page 38; Section 5.6, Current Dental Staff by Position, Site, and FTE; Page 43; Section 6.2, Current Behavioral Health Staff by Position, Site, and FTE; Page 47.
The RFP provides Current NHDOC staff positions by position, site, and FTEs. Would the Department provide their vacancy rates by program and currently vacant positions against those current staffing plans?
- A1.134. **See answer to Q.125**
- Q1.135. Section C: General Service Provisions 5. General Service Provisions 5.6 Staffing Plans for Medical-Dental-Behavioral Health Professional Services: 5.6.12; Page 10.
We appreciate that the Department will give preferences to “proposals that address scheduling of staff in a flexible pattern” outside of the Monday - Friday 8:00 a.m. to 16:30 p.m. timeframe. Can the Department clarify which healthcare services at which sites are preferred for this flexible healthcare staff scheduling and the frequency at which this is desired?
- A1.135. **The department is looking for flexibility to provide some on-site weekend coverage primary at NHSP-Men monthly both with psychiatric and medical coverage.**
- Q1.136. What are the Department’s plans to expand the use of telehealth services, if any?
- Specifically, what types of care does the Department wish to enhance with telehealth (or which services will the Department allow to enhance with telehealth)?
 - At what locations is this enhancement desired?
 - Will the Vendor be expected to supply needed hardware and networks to address the Department’s expansion plans?
- A1.136. **The department has had active planning and some direct grant opportunities to implement a broad and diverse telehealth program. We are upgrading our IT infrastructure to increase our bandwidth to support a future implementation of telehealth equipment and programming.**
- Q1.137. Section C: General Service Provisions 3. Requested Contracted Services; Page 5-6.
Both 2.1 Medical Staff and 2.2 Behavioral Health Staff under this section requires “including providing medication assisted treatment and/or medication for substance use disorders”. Can the Department clarify if all medical and psychiatric providers are required to have specific waivers to prescribe MAT as well as what MAT medications are currently prescribed or expected to be prescribed?
- A1.137. **The Vendor is required to have enough waived prescribing staff to meet the prescription needs of the patients balanced with the department offers non-waivered MAT pharmaceuticals on formulary as well.**
- Q1.138. Section C: General Service Provisions 3. Requested Contracted Services Page 6 under 2.1 Medical Staff and 2.2 Behavioral Health Staff.

We understand from the RFP that medical and psychiatric providers are expected to provide medication assisted treatment and/or medication for substance use disorders. During the vendor conference, we learned about the Department's plans to expand MOUD treatment, which Centurion strongly supports. Because this expansion may result in increased chronic care caseloads for providers, does the Department anticipate adding any positions depending on this expansion?

A1.138. **No, in review of our waived prescribing staff and the current prescriptions, there is Case load capacity especially considering the department's declining resident population.**

Q1.139. Section C: General Service Provisions 3. Requested Contracted Services; Page 6. This section states, "all healthcare staff will be expected to engage in initial resident assessment activities as appropriate to their role." Subsection 2.1 Medical Staff under this same section states, "This includes assessment at the time of reception into our facilities. Those in this group must be able to perform the majority of their tasks independently....." Can the Department clarify if initial assessment activities, such as intake screenings, are performed initially by state nursing staff prior to referral to a provider?

A1.139. **See response to Q1.127.**

Q1.140. Scope of Services Exhibit B 8. Key Medical, Dental, and Behavioral Health Performance Indicators; page 51-52. In the table under Documentation and Peer Reviews on the top of page 52, the RFP indicates performance measure of "specific contract targets for patients in restrictive housing units that are on the behavioral health caseload." Can the Department clarify what these targets are or have been historically?

A1.140. The department is seeking a partner who recognizes the effects of restrictive housing on behavioral health clients. It is seeking a partner who will collaborate on review of residents as guided in [U.S. Department of Justice, Report and Recommendations Concerning the Use of Restrictive Housing](#) and recognizes the importance of these types of reviews. Our agency has tracked behavioral health caseloads in restrictive housing since @ 2009 and 2010 outlined in the Holliday Court Order.

Q1.141. Scope of Services Exhibit B 6. Required Behavioral Health Services; Page 46. We appreciate the Department specifying where residential treatment is currently offered in this section. Can the Department clarify which staff positions at which sites will be expected to provide services on Wellness Units, Focus unit, and ISOT unit?

A1.141. **The contracted staffing matrixes specify the locations of services and contracted staff outlined for these locations will be expected to provide services as appropriate to the resident's needs regardless of their residential treatment status and as outlined in their treatment plans.**

Q1.142. Scope of Services Exhibit B 5.3 Medical Service Program 5.3.13; Page 40. 5.3.13 Subsection appears to cover the Department's Division of Medical & Forensic

Services Infection Control (IC) Program and list vendor responsibilities for “on-site clinical management of infectious disease residents/patients with HIV/AIDS, hepatitis virus, SARS- CoV-2, tuberculosis, medicated assisted treatment for substance abuse use disorder, endocrinology specifically associated with transgender and any other infectious diseased resident/patient in need of medical management.” Please clarify the reason for including “medicated assisted treatment for substance abuse use disorder” and “endocrinology specifically associated with transgender” under infectious disease? Please provide any relevant guidelines or protocols developed relevant to these two treatment populations.

- A1.142. a. The treatment areas of “medicated assisted treatment for substance abuse use disorder” and “endocrinology specifically associated with transgender” are inaccurately referenced as Infection Control programs but are expected to receive on-site clinical management in the area of medication assisted treatment for substance use disorder and endocrinology specifically associated with transgender from contracted staff in the RFP.
- b. Please see PPD 551 Medication Assisted Treatment (MAT)
- Q1.143. Section C: General Service Provisions 5. General Service Provisions 5.7 Utilization Management 5.7.2; Page 11. Subsection 5.7.2 states, “*For details, please refer to UM guidelines.*” Can the Department please provide the UM guidelines being referenced here or direct where to locate them?
- A1.143. See answer to Q1.32.
- Q1.144. Section C: General Service Provisions 5. General Service Provisions 5.6 Staffing Plans for Medical-Dental-Behavioral Health Professional Services: 5.6.5; Page 10. In this section, examples of the NH Department of Correction’s workflow processes which Vendor employees are required to follow include “use of teleconferencing/telehealth equipment”. Can the NH Department of Corrections clarify which healthcare services in which facilities will include workflow processes that use telehealth equipment to deliver portions of healthcare services?
- A1.144. We have current procedures for Ortho – see attached. We work with community-based providers on their abilities and guidance on acceptable use between our patients and their treatment plan involvement while we work to advance this area.
- Q1.145. Section C: General Service Provisions 5. General Service Provisions 5.4.4; page 8 We appreciate that the NH Department Corrections is requiring the vendor to ensure all proposed Vendor staff “have a healthcare exam consistent with one which is required by State of NH employees.” We also appreciate the Department listing that this “shall include, but is not limited to...” Can the Department clarify if all proposed Vendor staff will include current staff and please specify all of the requirements of the healthcare exam required for State of NH employees?
- A1.145. See attachment sample “Instructions for completion and distribution of medical Evaluation paperwork”
- Q1.146. Scope of Services Exhibit B 8. Key Medical, Dental, and Behavioral Health Performance Indicators. We appreciate the Department providing performance measures and operational actions for key performance indicators in the table in this section. On page 51 in the table, under Polypharmacy, the operational action indicates, “all patients receiving four or more medications shall be reviewed and reported on by the Contractor quarterly” with report generated by the NHDOC pharmacy. Can the Department please clarify if the definition of

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polypharmacy being four or more medications is applied across all healthcare prescriptions or within a singular service area (i.e., medical, dental, or mental health)?

A1.146. Yes, it applied across all healthcare prescriptions.

Q1.147. Section C: General Service Provisions 3. Requested Contracted Services page 6 and Scope of Services Exhibit B 6. Required Behavioral Health Services; pages 46-47.

In subsection 2.2 Behavioral Health Staff of this section, the Department indicates “specialty services in the form of forensic psychologists who can respond to orders from the New Hampshire court system to complete court ordered competency evaluations is also being requested.” We understand that under the Scope of Services Exhibit B, the Office of Forensic Examiners (OFE) is under section 6. Required Behavioral Health Services with staffing specified on page 47.

Please clarify the total number of forensic evaluators required.

Please confirm if the total number of forensic evaluators would meet the current requirements for meeting New Hampshire statutory guidelines for forensic evaluations.

A1.147. See 6.1 on page 47 of 79 section location specifies Central Office, only exception is the NGRI Clinical Coordinator is not assigned specifically to the Office of Forensic Examiners.

Q1.148. General – Required Contracted Staff by Position, Site, and FTE

The RFP refers to the “Concord Campus”. Please list the facilities that make up the Concord Campus.

A1.148. See answer to Q1.123

Q1.149. Scope of Services, Exhibit B, Service Locations; Page 37.

The RFP refers to “Community Corrections”. Please list the facilities that make up Community Corrections.

A1.149.

NH Department of Corrections Transitional Housing Units			
X	North End Transitional Housing Unit (NEH/THU)	1 Perimeter Road	Concord, NH 03301
X	Concord Transitional Work Center (TWC)	275 North State Street	Concord, NH 03301
X	Shea Farm, Transitional Housing Unit (THU)	60 Iron Works Road	Concord, NH 03301
X	Calumet House, Transitional Housing Unit (THU)	126 Lowell Street	Manchester, NH 03104

Q1.150. Section C, General Services Provisions; 5. General Service Provisions, 5.1, Office Space, Equipment and Utilities; Page 7.

The RFP directs bidders to identify local office space. Today, vendor Regional Office staff and the Forensic Evaluators maintain offices within NH Department of Corrections office space. We understand the Department wishes vendor regional office staff to relocate.

Does the Department desire the Forensic Evaluators to also relocate their offices?

If yes, which entity (the Department or the vendor) will be responsible for the cost of Security staff at the new office space, retrofitting the new office space with panic buttons, relocation of paper files to the new office space?

A1.150. **The Vendor will need to find a location suitable for the function of the office and payment for the office suite. The current space does not include panic buttons, nor on-site security staff. The Department will continue to provide client evaluation**

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space and record storage space at its Headquarters location, 105 Pleasant Street, Concord, NH 03301.

- Q1.151. Section 10.2; Page 54. Please provide a list of Department specifications for computer equipment, which may be above the usual and customary.
- A1.151. **Please refer to DOiT published state standards. See link below**
<https://nhstaff.nh.gov/doit/intranet/toolbox/procurement/standardproducts.php>
- Q1.152. General – Information Technology (IT) please provide a list of NH Department of Corrections applications, file services, or other resources are accessed by contractor staff.
- A1.152. **We will orient any Vendor to IT resources available as part of training upon award of contract through this RFP.**
- Q1.153. Section C: General Service Provisions 3. Requested Contracted Services Page 6 under 2.2 Behavioral Health Staff. Under 2.2 Behavioral Health Staff, the RFP states “*Psychiatric providers are expected to provide sick call services and on call services to ensure continuity of care 24 hours a day.*” Can the Department clarify what sick call services are expected to be provided 24 hours a day outside of designated, scheduled sick call times?
- A1.153. **Please see amendment to RFP**
- Q1.154. Under 2.2 Behavioral Health Staff, the RFP states “Psychiatric providers are expected to provide sick call services and on call services to ensure continuity of care 24 hours a day.” Can the Department clarify what sick call services are expected to be provided 24 hours a day outside of designated, scheduled sick call times?
Under 2.2 Behavioral Health Staff, the RFP states “A psychologist position is being sought to provide assessment, evaluations, testing, management of special populations, and crisis intervention.” Can the Department please clarify the expected job responsibilities for this statewide psychologist position?
Will the psychologist position be responsible for any risk assessments associated with the NGRI population or any sex offender specific evaluations?
What specific types of assessment, evaluation, or testing will the psychologist be expected to conduct?
What kinds of “management of special populations” is anticipated? What crisis responses, interventions are anticipated?
- A1.154.
- a. To provide services based on referral for clinical need and treatment recommendations of the resident.
 - b. Not for NGRI clients but the psychologist may be asked to assess incarcerated clients whose sentence and/or diagnosis is related to a sexual offense or diagnosis/es outlined in the current Diagnostic and Statistical Manual of Mental Disorders.
 - c. MASI, MAPI, Weschler’s, Neuropsychological testing, MMPI-2-RF, RAADS/R, as examples.
 - d. Some examples include residents with intellectual or cognitive deficits, acutely suicidal, residents who are managing long term or life sentences, SPMI or SMI, Mood Disorders.
- Q1.155. Scope of Services, Exhibit B 9. Critical Medical, Dental, and Behavioral Health Performance Indicators, Page 53. Under Adherence to NHDOC Formulary:
Will the Department provide a copy of the current formulary for clarification of off-formulary medications currently that may be subject to the 100% costs to be paid by Contractor, and details about the process the Department expects the Contractor to use to

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demonstrate that all other options have been tried without the desired outcome in the medical record with approval by NHDOC?

Will there be any exceptions, such as for specific medications such as long-acting injectables required by New Hampshire Hospital prior to patient transfer, or other medically necessary or emerging therapies treatment?

A1.155.

- a. The RFP does not request a vendor to pay 100% of costs as described in Q1.155. This reference is associated with canteen over the counter medications.
- b. See RFP Amendment published regarding page 53 of 79.

Q1.156. Scope of Services, Exhibit B 9. Critical Medical, Dental, and Behavioral Health Performance Indicators, Page 53. Under Pharmacy Cost, is there any exception to the 100% charge to the Contractor for medications prescribed that are available to residents via canteen if those medications are medically necessary?

A1.156. **No, the Vendor will not be charged if it is documented and determined to be medically necessary.**

Q1.157. Scope of Services, Exhibit B 9. Critical Medical, Dental, and Behavioral Health Performance Indicators, Page 53. Under Pharmacy Cost, are there any exceptions to the application of the 75% of costs penalty for increase of 10% over the same quarter of previous year for pharmaceuticals if the price of individual medications increase rather than a change in prescribing practices or if number of patients increase?

A1.157. See RFP Amendment language published.

Q1.158. Scope of Services, Exhibit B 8. Key Medical, Dental, and Behavioral Health Performance Indicators, Page 51. Under Documentation and Peer Reviews in the table, the RFP requires that the results of peer reviews be reported quarterly. Is this referring to annual peer reviews completed on a rotating basis throughout the year, or is the Department requiring providers to have quarterly peer reviews?

A1.158. The Department is requiring providers to have quarterly peer or supervisory reviews to be conducted quarterly.

Q1.159. Scope of Services, Exhibit B 8. Key Medical, Dental, and Behavioral Health Performance Indicators, Page 50. The table under Pharmacy Waste requires all prescribing providers to adhere to NH Department of Corrections workflow regarding ordering medications by Adhering to NH Department of Corrections pharmacy parameters. Please provide details about hat this workflow is and a copy of the current formulary

A1.159. See link for formulary: [New Hampshire Department of Health and Human Services Fee-for-Service Medicaid Preferred Drug List \(PDL\) \(nh.gov\)](#)

Q1.160. Section C: General Service Provisions 6. Administrative Rules, Policies, Regulations and Policy and Procedure Directives, Page 11. A link is provided to one PPD 3.71, can the Department provide a link to additional PPDs relevant to this RFP? Including all medical policies referenced in Cor 502.01 (N)?

A1.160. See attached documents and the hyperlink to the State Administrative Rules.

Q1.161. Section 9. Critical Medical, Dental, and Behavioral Health Performance Indicators.

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In order for the Contractor to assess the potential Operation Actions related to Pharmacy, please provide the following information:
 Pharmaceutical cost and utilization reports for the previous 8 quarters (2 years) to establish the baseline for containment of pharmaceutical costs. Off-formulary costs and utilization reports for the previous 8 quarters (2 years).
 What types of over-the-counter medications that are available in the canteen.

A1.161.

a. Total Pharmaceutical Costs

FY2020 – Prescription Drug Costs \$4,677,066

FY2021 – Prescription Drug Costs \$4,031,117

b. See published RFP amendment language to this section.

- c. Ibuprofen 200mg tablets QTY 30 Acidophilus Probiotic
- | | |
|-------------------------------------|---------------------------------------|
| Good sense Tussin Syrup | Good sense hemorrhoid Oint |
| Good sense Antacid Max (Mylanta) | People Choice Vitamin C 500mg |
| People’s Choice Calcium + D 600/400 | People’s Choice Fish Oil 1000mg |
| People’s Choice Multivitamin | People’s Choice Vitamin E 400 softgel |
| People’s Choice Vit B Complex | A2Z Allergy - Loratadine 10mg |
| Sore Throat Lozenges | A.E.R. Pads (Tucks) |
| Acetaminophen (50ct) | Stool Softener |
| Hydrocortisone 1% | Saline nasal spray |
| Some union Supply Products: | |
| Omeprazole 20 mg | Fiber caplets |
| Acetaminophen extra strength | Nasacort nasal spray |
| Clotrimazole 1% cream | A2Z allergy relief |

Q1.162. Scope of Services, Exhibit B 6. Required Behavioral Health Services, Page 48 6.3.2 Outpatient Behavioral Health Services. This section of the RFP indicates that “outpatient behavioral health services may include mental health services, substance use disorder treatment services, and sexual offender treatment.” Can the Department provide details about the sexual offender treatment that will be required to be provided by Contractor staff including any curriculums and/or assessments used by the Department?

A1.162. See Question 94. The State expects the contractor to provide appropriate services to all clients based on their diagnostic needs.

Q1.163. What is the average number of prescriptions filled per month for the past 12 months for each of the facilities listed in the RFP?

- A1.163. NCF – 5,100
 NHSP-M/TWC – 10,250
 SPU/RTU – 1,150
 NHCF-W – 2,100

THUs - 800

Q1.164. What is the average number of prescriptions filled per month for the past 12 months for each of the facilities listed in the RFP?

A1.164. NCF – 5,100
NHSP-M/TWC – 10,250
SPU/RTU – 1,150
NHCF-W – 2,100
THUs – 800

Q1.165. How many days' worth of medication (7, 14, 30 days) is typically dispensed for routine medication orders? Do you wish to keep it the same?

A1.165. Duration of supply is dependent on location and distribution process. For most medications a supply of 7 or 30 days is dispensed.

Currently there is no desire to change the current days' worth of medication.

Q1.166. Most correctional institutions have emergency, interim, or first-dose starter stock.

- a. How many medications or what percentage of medications are dispensed as stock?
- b. Do you receive stock in 30-count blister cards?
- c. Or, is all stock received in manufacturers' bulk bottles?

A1.166. a. The quantity of available medication is different at each facility and is dependent on use. Products are added and removed as needed by the Chief Pharmacist and/or Pharmacy and Therapeutics Committee.
b. Stock is typically in blister cards depending on the product. Quantity of those cards is dependent on use.
c. Bulk product can be supplied if required by manufacturer, product, or dosing Regimen.

Q1.167. Who is your current subcontracted pharmacy provider?

A1.167. Pharmacy services are provided by the Departments in house NH Licensed Pharmacy.

Q1.168. If legend stock medications are distributed to NH Department of Corrections institutions, who is the current wholesale distributor providing these services?

A1.168. Wholesale distributor services are currently provided by Cardinal Health.

Q1.169. Medication utilization data is extremely important for bidders in determining a final and accurate bid rate in their response to your solicitation, especially because the medical vendor has full medication cost liability as required by the RFP. 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 records or FOIA request. This information is typically readily available via a report that can quickly be generated by your current medical vendor if requested by NH Department of Corrections.

To help ensure a transparent and competitive procurement process, can NH Department of

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Corrections please provide a two-month report for January 2022 and February 2022 with Actual pharmacy line item utilization data (and patient names redacted) as an addendum to the RFP?

A1.169. See Attached

Q1.170. Do you currently receive inspections of the medication areas at your facilities? If so, how frequently?

A1.170. a. Medication areas are inspected by the Chief Pharmacist and by the New Hampshire Board of Pharmacy.

b. Medication areas are inspected regularly. At a minimum, a once monthly review is done of each location.

Q1.171. 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? Does NH Department of Corrections currently use an electronic prescription order entry and eMAR system that is provided by your medical or Pharmacy Vendor at no additional cost? If so, what is the name of the system?

A1.171. a. The NH Department of Corrections does provide a medical eMAR at no additional cost.

b. The medical supplied software is TechCare. The pharmacy supplied software is CIPS.

Q1.172. 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 NH Department of Corrections will have full accountability of all medications received by, and returned from, your facility for accounting purposes.

Does NH Department of Corrections currently use a barcode electronic order reconciliation and medication return management system that is provided by your medical or pharmacy vendor at no additional cost, or is a manual, time consuming paper process still being used?

If not, would you find value in adding this requirement to your current solicitation for bidders to provide a free solution for electronic inventory management?

A1.172. a. The NH Department of Corrections does not currently use a barcode electronic order reconciliation and medication return management system.

b. Any increases in efficiency would be valuable.

Q1.173. Many correctional institutions within the industry have fingertip access to electronic reporting. Analyzing prescriber ordering trends and costs to better manage NH Department of Corrections facilities' operations is critical and dependent upon reliable and accurate reporting.

a. Does NH Department of Corrections facility and administrative personnel currently have access to an online reporting dashboard to access meaningful and accurate reporting 24/7/365 that is provided by your medical or pharmacy vendor at no

additional cost?

- b. If not, would you find value in adding this requirement to your current solicitation so your facility-level staff and administrators can access online reports?

A1.173.

- a. The Department is working on and has a dashboard available through it's EHR for reporting.
- b. No.

Q1.174. The RFP mentions several times that NH Department of Corrections currently uses an electronic health record (EHR)/system at its facilities.

- a. What is the name of the system?
- b. Is the system also used for prescription order entry and eMAR purposes?

A1.174. See answer to Q1.6.

Q1.174. a. RFP Page 14 Section 2.2.2 indicates that a proposal may be awarded in full or in part. RFP Page 25, Section H.1 indicates that the state reserves the right to retain other contractors to provide any of the services or deliverables identified in the RFP. The solicitation also indicates that NH Department of Corrections is looking for a solution that is most advantageous and in the best interest of NH Department of Corrections.

Independently contracting your pharmacy services has many potential benefits over incorporating pharmacy into a comprehensive health services model. As an individual discipline, a pharmacy will provide a checks and balance system that will independently monitor for and directly report to NH Department of Corrections, any irregular prescriber ordering habits, excessive medication utilization, cost effectiveness of medication selection, and compliance with local, state, and federal laws, rules and regulations.

A pharmacy acting as an individual discipline will independently provide clinical services, formulary management, technology innovations, meaningful reporting, and cost avoidance strategies directly to NH Department of Corrections typically resulting in a lower cost to the Department. All-inclusive contracts require bidders to add significant margins and markups for medication risk in order to cover projected unknown pharmacy costs; thus likely increasing NH Department of Correction's overall healthcare spend. Perhaps most importantly, if there were ever a need to change your medical services provider for whatever reason, there would be less disruption to the overall system with an independent pharmacy contract.

- a. Would NH Department of Corrections permit an informational response to your RFP along with a cost plus dispensing fee-pricing model from industry-leading vendors that specialize in correctional-based medication dispensing and pharmacy program management?
- b. If so, would you consider adding RFP language for medical bidders to provide a comprehensive pricing model that includes pharmaceuticals and a pricing option excluding pharmaceuticals so that their proposed pharmacy costs are clearly benchmarked and documented?

A1.174.a

- a. No, we have our own Licensed pharmacy and state pharmacy staff.
- b. No.

Q1.175.

Cooperative procurement contracts create value for state level departments of corrections by providing access to an already competitively solicited agreement that is accessible to NHDOC if you are already a member facility to a respective cooperative purchasing organization. If not, membership is free and signing up can be done within minutes online.

- a. Is NHDOC a MMCAP Member Facility or a 791 COOP Member facility with access to either of these correctional specific dispensing contracts?
- b. If so, would NHDOC consider accessing either contract (which has already been competitively solicited) and accessible to NHDOC or another Cooperative Procurement contract to meet your current medication dispensing and pharmacy program management needs?
- c. If not, would NHDOC be interested in learning more regarding the value and benefit of accessing these contracts?

A1.75

- a. **NHDOC is an MMCAP Member Facility.**
- b. **No.**

RFP/Contract Terms/Bid Submission

Q2.1.

The RFP we received is password protected and as such we are unable to extract, edit, or copy the required templates to develop our proposal. Could you send us an unprotected RFP or the password?

A2.1.

The State will not provide a copy of the RFP that can be copied and/or converted to Word nor remove the protection status of the solicitation nor provide the protective password. The intent of publishing a solicitation that restricts editing is to protect the integrity of the RFP/Contract Process and the ability of alterations/changes to be made to the RFP and associated documents.

When preparing a bid response, respondents should adhere to Section E: Content and Requirements for a Proposal, sub-paragraph 1.2. Proposal Format, page 17 of 79, as follows:

Font Style	12 Point, Times New Roman
Line Spacing	One and a half
Text Justification	Flush left
Margins	One inch all around
Tabs	Do not include section tabs
Binding	Do not bind, staple or 3-hole punch
Separation of Sections	Use binder clips
Header/Footer	Do not alter current headers & footers; do not add Company information to headers & footers.
Signatures/Initials	ORIGINAL (handwritten) and in BLUE ink; No computer-generated initials
Executed forms by Vendor	ORIGINAL Forms (no photocopies) executed in BLUE ink

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Single Sided	Do not double side pages
Vendor Text	Do not alter the format of the RFP, Form Number P-37, and Appendixes to add Vendor specific information Number P-37 and Appendixes to add Vendor specific information
Black Ink/Graphics	Responses shall use BLACK ink <u>ONLY</u> ; NO COLOR graphics
Sealed Bids	Bids shall be sealed

Potential Vendors considering submitting a bid are expected to download and print the document to obtain the above objectives when preparing a proposal and handwrite the requirements of the forms embedded in the RFP as part of their response. Do not alter the any Header and Footer of this document to include Company name, logos, pictures, tag lines, bid response page numbers. Do not embed in picture format pages from the RFP document within a Company generated header and Company generated footer.

- Q2.2. RFP §25.1 states that the NH Department of Corrections reserves the right to terminate without penalty or recourse by giving the Contractor a written notice at least sixty (60) days prior. This language conflicts with the termination language in Form Number P-37 (page 34 in this RFP), which states a thirty (30) day written notice to the Contractor. Please clarify which timeframe for written notice is correct.
- A2.2. **The State has not had to engage in a termination notice for this type of service but based on the nature of the RFP, we would use the 60 day notice provision.**
- Q2.3. Conflicting language, data, and specs are often found among the various documents that make up a solicitation. For this RFP, please confirm the latest dated document always holds precedence, so bidders know which information to use in case we identify contradictory or inconsistent data among the original RFP files, addenda, and/or responses to questions.
- A2.3. **Question is too vague with no specifics pointing to the certain “conflicting language, data and specs...”.**
- Q2.4. Section 1.3.2.5 on RFP page 18: Is there (a) a form to list proprietary information or (b) should Vendors draft a freeform letter to fulfill this RFP specification?
- A2.4. **Yes, on the Organization’s Letterhead.**
- Q2.5. With regards to Section 1.3.2.10 on page 18, please indicate whether or not Vendors have to check one of the three provides boxes and return RFP page 18 with their proposals.
- A2.5. Yes, check one of the three options and forward the corresponding organizational documentation within the proposal. Contract Signatory shall initial and date (wet signatory initials & date) and return page 18 as part of the Vendors proposal. No computer-generated initials and date.
- Q2.6. With regards to Section 1.3.3.4 on RFP page 19, since our discussion of how we will provide these services in the “Organizational Approach” section of the Technical Proposal,

we believe that Vendors simply need to initial the bottom of each page in “Exhibit B Scope of Services” in the space provides and return these initialed pages with our proposals. Is this correct?

- A2.6. Yes, but in addition to, the Vendor shall provide a written narrative of how the Organization can provide the requested services through their “Organizational Approach” description.
- Q2.7. With regards to the pricing forms, the list of documents in Section 1.3.3.5 on page 19 (broken down by function) does not match the list of documents in the Proposal Check Sheet (broken down by contract year). Please clarify.
- A2.7. **FY 2023, 2024 & 2025 (Original Contract Period)
FY 2026-2027 (Optional Renewal Contract Period)**
- Q2.8. Do Vendors need to do anything with the “Method of Payment” page other than simply initialing it at the bottom and returning it with their proposals?
- A2.8. **Yes, Contract Signatory shall initial and date (wet signatory initials & date) and return as part of the Vendors proposal. No computer-generated initials and date.**
- Q2.9. Do Vendors need to do anything with the “Contractors’ Invoice Template” page other than simply initialing it at the bottom and returning it in their proposals?
- A2.9. **Yes, Contract Signatory shall initial and date (wet signatory initials & date) and return as part of the Vendors proposal. No computer-generated initials and date.**
- Q2.10. Do Vendors need to do anything with the “Proposal Check Sheet” pages other than simply initialing it at the bottom and returning it in their proposals?
- A2.10. **The Proposal Check Sheet pages are a courtesy to the Vendor to help facilitate the organizational preparation of the proposal response to include the required documents for a proposal. Yes, Contract Signatory shall initial and date (wet signatory initials & date) and return as part of the Vendors proposal. No computer-generated initials and date.**
- Q2.11. Do Vendors need to do anything with the “Glossary of Terms” pages other than simply initialing it at the bottom and returning it in their proposals?
- A2.11. **Yes, Contract Signatory shall initial and date (wet signatory initials & date) and return as part of the Vendors proposal. No computer-generated initials and date.**
- Q2.12. If a Vendor does not currently do business in the State of New Hampshire, will the Department of Corrections waive the requirements for a Certificate of Authority and Certificate of Good Standing until after contract award, when the Vendor is reasonable assured of the need to obtain such documents?
- A2.12. **No**
- Q2.13. Since non-incumbent bidders will not yet have any staff in New Hampshire, please clarify which individuals must at this time complete and sign the CJIS Security Addendum Form references in both Section 1.3.3.12 on page 19 and the Proposal Check Sheet.

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A2.13. **Contract signatory shall sign the document attesting that the Company will be bond to such provisions of the CJIS Security Addendum and regulatory requirements.**

Those Vendor employees employed by the Vendor to fulfill the requirements of the requested provisions and services under an awarded Contract shall be bond to such terms by Vendor internal controls. Such as, the Vendor having the employees sign the CJIS Security Addendum Form and housing the form and any other NH Department of Corrections ancillary contractual documents in their personnel file for compliance of the Contract and auditing purposes.

Q2.14. We have reviewed the proposal format specifications on RFP page 17. To ensure that we are interpreting these correctly, please provide the following information.

- a. We understand that the body of the text in Vendors' proposals must be 12-point Times New Roman. However, in order to break up dense narratives and to make it easier for the Evaluation Committee to review our proposals, please confirm that Vendors are permitted to use Section Headings and Captions in different fonts and point sizes.
- b. We understand that we may not alter or add company information to the current headers and footers in the documents provided by the NH Department of Corrections. Please confirm that in documents created by the Vendor (i.e., non-NH Department of Corrections documents), we can include any text we wish in the headers and footers, e.g., page numbers, section titles, company name, etc.
- c. Please confirm that Vendors may use black and white graphics in their documents.

A2.14.

- a. **Yes**
- b. **Yes, to non-NH Department of Corrections documents.**
- c. **Yes**

Q2.15. Will the State extend the thirty (30) day transition period to a sixty (60) day transition period?

A2.15. **No**

Q2.16. In the event the NH Department of Corrections determines to retain other Contractor(s) to provide services identified in this procurement, what will be the mechanism to modify the contract executed from this procurement?

A2.16. Please see page 25 – Non-Exclusive Contract, and page 64 Cancellation of Contract. Our Department takes its constitutional obligation to provide adequate healthcare and would expect any vendor responding to this RFP to have the same equal commitment thus our goal is to contract for a comprehensive set of services with a collaborative and fu

Q2.17. Aside from the initial contract execution, will a separate document executed by the parties be required to exercise the additional two-year contract term?

A2.17. **Yes**

- Q2.18. In the event the State declines to change the RFP or negotiate the term, will any bidder who submits an exception to the specific term discussed automatically be disqualified from the bidding process?
- A2.18. Any bidder who can't enter into a contract based on the terms shouldn't bid.
- Q2.19. Will that same bidder be given the opportunity to cure the exception prior to final scoring and award?
- A2.19. We don't understand this question fully. Is this not addressed on page 21/79 4.1
- Q2.20. Will the State confirm that the available two-year extension will only be exercised by mutual agreement of the parties?
- A2.20. **Yes**
- Q2.21. In the event the State reduces or eliminates appropriated funds for this contract, will the State grant the Contractor the right to terminate the contract with no more than 180 days written notice?
- A2.21. **Proposals must be valid for one hundred and eighty (180) days following the deadline for submission of Proposals in the Schedule of Events or until the Effective Date of any resulting Contract, whichever is later.**
- Q2.22. Because Section 9 of the standard contract form only allows the State to terminate without cause with 60 days notice, will the State consider providing the Contractor a similar right to terminate without cause with a negotiated notice period such as 90 or 180 days?
- A2.22. No, these are critical services.
- Q2.23. With the Contractor required to indemnify the State for any claims arising from the acts or omission of the Contractor, will the State consider additional language to this section that requires the State to provide the Contractor with timely notice of claims received by the State and the right to adequately control the defense of such claims such as: "The State agrees to notify the Contractor's Legal Department in writing within 30 days after the State has received written notice of the claim; Contractor's indemnification and defense obligations hereunder will not apply for expenses incurred or settlements offered prior to notice to Contractor; Contractor shall have the right to control the defense and/or settlement of the claim."?
- A2.23. The State has always given timely notice of claims to our contracted partner and will work with the successful winner of this bid to establish a mutually agreed upon reporting process. The State will not incur the cost of claims or settlements not negotiated by our Attorney General representatives.
- Q2.24. Is it permissible to include the sealed technical proposal and the sealed terms and conditions proposal inside the same larger box, as long as separately sealed within?

- A.2.24. **Yes**
- Q2.25. Section 3., Page 6., Are subsections 2.1 – 2.7 meant to be labeled as 3.1 – 3.7?
- A2.25. **Yes**
- Q2.26. Addendum: The Department requires Vendors to include initialed addendum acknowledgement pages with their proposal response. Where should Vendors include these pages - within the technical proposal or standard terms and conditions proposal?
- A2.26. **Standard Terms and Conditions Proposal**
- Q2.27. Scope of Services, Exhibit B 6. Required Behavioral Health Services, Page 49 6.3.6 Behavioral Health On-Call Services.
An embedded link is provided to COR 304:02, but this link goes to a page with an error. Please provide the correct link or website address for this resource.
- A2.27. [Cor 100-313 \(state.nh.us\)](https://www.state.nh.us/cor/100-313)