ADDENDUM ONE, QUESTIONS and ANSWERS

Date: January 26, 2016

To: All Bidders

From: Chris Kliment, Buyer

Department of Corrections

RE: Addendum for Request for Proposal Number 83044-O3

to be opened February 2, 2016 at 2:00 p.m. Central Time

Questions and Answers

Following are the questions submitted and answers provided for the above mentioned Request for Proposal. The questions and answers are to be considered as part of the Request for Proposal. It is the Bidder's responsibility to check the State Purchasing Bureau website for all addenda or amendments.

Questio n	RFP Section	RFP Page	Question	State Response
<u>Number</u>	Reference	<u>Number</u>		
1.			Is it preferred the Pharmacy Operations Manager be a Pharm.D.?	Suggest bidding current Non-PharmD/Operations model and separate PharmD/Operations model.
2.			When referring to returned medications on page 29, section D,	Our definition of "Owned" meds is any medication that has been in the possession of an inmate – these are always destroyed.
			are you referring to medications owned by an inmate that is being returned upon release? Medication s refused by an	Yes if never in possession of an inmate, the meds are returned to the Pharmacy for redistribution.
			inmate? Medication s an inmate brings to correctional center when admitted? Please elaborate.	Always Destroyed
3.			Regarding mandatory training. Could we see the existing training guidelines?	NDCS has a Staff Training Academy (STA). NDCS staff are required to attend 3 weeks of classroom training within first 6 months of employment on correctional environment. NDCS also assigns approximately 8 hours of annual (online) training courses. Fiscal Year 15-16 assignments included: Ethics, Reentry, Inmate Rules, Workplace Harassment Policy, Computer Usage Policy, Victims, EAP, Infectious Disease, Suicide, Sexual

				Abuse/Assault/PREA (Prison Rape Correctional Safety, Driving State of grouped into 3 sections with a writte section. Approximately 3 hours at ST Preparedness and approximately Awareness.	Vehicles that are noted that after each A for Emergency
4.			Has NDCS considered having the PIC do many of these tasks listed in porject requirements?	Yes, but current staffing levels primar on operations.	ily requires hands
5.			Do you currently have a P&T committee?	Yes	
6.	Section II, L	4-5	Please describe in detail how the Evaluation of Proposals will be scored and weighted.		
				Evaluation Criteria	Possible Points
				Part 1 — Corporate Overview	175
				Part 2 — Technical Approach	400
				Part 3 — Cost Proposal Points	230
				Total Points without Oral Interviews	805
7.	Section II,	5-6	Is Form D a required form?	No	·
8.	Section IV, D, 3	30	When you state PharmD required representation at meetings, please clarify whether this is a contractor PharmD or NDOC PharmD (PIC)?	Currently it is NDCS PharmD	
9.	Section IV, D, 3	30	Can PharmD be an Rph as both are licensed pharmacists and viewed the same by the NE Board of Pharmacy?	Yes	
10.	Section IV, D, 4	30	Are routine, daily patient DUR reviews completed by NDOC State staff pharmacists?	Pharmacists but open to Contractimprove process.	
11.	Section IV, E	30	Are the business hours of the NDOC changing to 7:30 a.m4 p.m.? Currently the "advertised" open hours of the NDOC	Advertised hours will be by mutual ag and Contractor	reement of NDCS

			Pharmacy are 7 a.m3:30 p.m.	
12.	Section IV,	30-31	Please list all required monthly statistical reports.	Monthly reports will be mutually discussed and agreed upon by NDCS and Contractor.
13.	Section IV,	31	Paragraph 3 in this section refers to nursing staff vacancies. Will contractor be required to provide nursing staff?	No
14.	Section IV,	31	Will contractual hours that are not fulfilled according to the contractual hours listed in the contract be evaluated weekly, monthly or annually?	Monthly
15.	Section IV, L	31	Do contractors who do not have inmate contact have to complete 40 hours of in-service or will the guidelines pertaining to State non-contact employees also apply to contractors?	Yes
16.	Section IV, L	31	Are contract employees eligible to take NDCS courses and inservice training?	Yes
17.	Section IV, M, 5	32	Is contractor responsible for recruiting physicians?	No
18.	Section IV, N, 1	32	Can PharmD be Rph as both are licensed pharmacists?	Yes
19.	Section IV, N, 1	32	.5 FTE current utilization—should contractor assume 1,040 annual hours of Pharmacist coverage and expect chargeback if 1,040 hours are not used during contract year? Additionally, would any hours over 1,040 be paid to contractor at	No, actual hours will be used. Yes
20.	Section IV, N, 2	32	hourly rate? RFP is asking for six (6) contracted Pharmacy Techs although only four (4) are currently listed in Attachment	The goal is to replace the four (4) temp staff.

			A Current Staff on page 42. Is it the intent to increase	No
			Pharmacy Tech Staff by 2 FTE's? If	
			so, will the State be hiring another staff Pharmacist in order	N/A
			to meet the Pharmacist/Tech	
			ratios set by the Nebraska Board of Pharmacy?	
21.	Section IV, N, 3	32	Is the Medical Receiving Support Staff intended to replace the Auxiliary Temp Staff listed in attachment A, Pg. 42?	Yes
22.	Section IV, N, 4	32	Is the Integrated Courier Service 24/7 intended to replace current after hours emergency medication courier service or will it be replacing all courier and delivery services to all facilities during business hours as well (daily deliveries of medications to all facilities)?	Non-scored, but an option considered with a goal to phase in ALL Pharmacy delivery services 24/7 with exception to not include Work Ethic Camp (McCook).
23.	Section IV, P, Monthly Inclusive Fees	32	How often is contractor PharmD (or Rph if allowed) representation required on site for meetings?	Quarterly, Monthly and as needed.
24.	Section IV, P, Monthly Inclusive Fees	32	Does Drug Utilization Reviews refer to statistical monthly reviews or daily patient profile reviews?	Daily
25.	Section V,	36	Should technical proposal and cost proposal be submitted as two (2) separate documents?	Technical and Cost Proposal are presented separately.
26.	Form D	41	24/7 PharmD Oversight: Can this service also be provided by an Rph?	Yes
27.	Form D	41	Will the software for the eMAR reside on NDCS servers?	To be determined with proposal
28.	Form D	41	Who will be	To be determined with proposal

			responsible for the cost of the interface development to the future eMAR and maintenance from CIPS, State of Nebraska or Contractor?	
29.	Form D	41	Under Automation/Technol ogy Systems, bullet point #1, does the term existing system refer to CIPS, the pharmacy information software?	No, CIPS is bullet point #2
30.	Form D	41	Under Automation/Technol ogy Systems, bullet point #1, it refers to hardware and wireless implementation costs. It is our understanding that wireless is not available at all facilities so will the state be responsible for providing wireless access and ongoing maintenance costs?	Yes
31.	Form D	41	24/7 PharmD Oversight: Please clarify the intended use: to use as coordination of back- up pharmacy needs or pharmacist takes calls and actually goes to the NDOC pharmacy to fill scripts and deliver to facilities (only feasible for Lincoln facilities). Currently only State Pharmacists have keys and access security codes to enter the building. Would it be the assumption that 24/7 PharmD oversight be provided by State employees?	Coordination of back-up needs. No

This addendum will become part of the proposal and should be acknowledged with the Request for Proposal.