



# Department of Public Safety and Correctional Services

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March 5, 2010

## ADDITIONAL QUESTION AND ANSWERS #3

Solicitation: DPSCS Q0010019 - 22

### INMATE HEALTH CARE SERVICES RFPS

#### Questions and Responses

**Question #1:** The RFP list staffing ratios for Nursing and Treatment Staff, for example 1 FTE per 25 patients. Can you provide information as to how the number of patients determined or calculated? Is it based on history, or is it based the number of SMI and/or Acute patients?

**Response:** To assist bidders in responding to the mental health RFP the state has posted the current staffing Matrix, and some volume of services data.

**Question #2:** Mental Health Staffing Matrix: On March 1, 2010, the DPSCS issued Amendment 5, which included a mental health staffing matrix. In reviewing the matrix, we note the matrix does not include approximately 10 positions, including approximately 5 nursing positions for conducting the required segregation rounds and the program management and administrative/clerical support positions. Does the DPSCS intend for the mental health vendor to continue the segregation rounds conducted by vendor nurses under the new contract going forward?

**Response:** Segregation rounds are requirement bidders must supply this service and describe how. The staffing matrix is a general guide and additionally does not include clerical, management-support staff.

**Question #3:** Capitated Rate Adjustments: The pricing sheet indicates that payment will be a fixed monthly cost, adjusted by a capitated rate when the population count varies from an established target (e.g., Year One target = 26,025) by more than 400 inmates (up or down). Over the past six months the census has declined from approximately 26,500 to 25,500 (well below the Y1 target of 26,025), meaning the new contract will start under an immediate adjustment scenario causing vendors to have to factor a payback into their price. In our experience, overall population fluctuations of 400 inmates do not typically translate into commiserate fluctuations in staffing and service needs in the mental health program. Often, when overall census decreases, the mental health caseload remains constant and service needs do not decrease. The adjustment structure in the RFP,

therefore, will likely result in compensation reductions to the vendor with mild population decreases, though the vendor will not incur any cost savings. Likewise, population similar mild population increases would cause the State to pay additional compensation to the vendor, though no increases in services or personnel are likely needed. Would the DPSCS consider re-setting the Year One target to the current census and increase the size of the adjustment corridor to a larger number, such as 1,000 inmates?

*Response: No*

**Question #4: Liquidated Damages:** The liquidated damages schedule (Attachment V-4) lists monetary penalties for various infractions or late reporting. Entry #2 lists a new requirement which differs from the requirements in the current contract and requires 96% of worked hours by position to be filled at each facility. The State will assess damages for the cost per hour to fill the position, plus an additional 10%, if hours fall below the 96% target. An unintended consequence of this new requirement is that it will increase overall costs to the State because vendors will have to factor 100% backfill costs for all positions to avoid the 10% penalty assessment. Typically in correctional mental health programs, the customary short-term vacancies or absences in mental health positions (i.e., vacations, holidays, short-term illness, normal turnover, etc.) are absorbed by the larger staffing complement with no lapses in service and are factored into a vendor's staffing projections. The exception is for certain nursing positions which require 100% staffing. Applying the 96% requirement and the 10% penalty to all positions will, in effect, result in vendors over-staffing the program to avoid the penalty, with an estimated cost impact of approximately \$500,000 per year. In addition to this overstaffing, administrative inefficiencies for both the State and Contractor naturally arise when breaking down penalties to this level of granularity. More time is spent preparing and reviewing monthly invoices, and the labor costs associated with resolving disputed amounts can often become greater than amount disputed. The current billing mechanism avoids these administrative costs, but also ensures that the DPSCS only pays for work performed. Would the DPSCS consider using the same staffing adjustment methodology that is used in the current contract going forward in the new contract as a means to avoid these additional costs?

*Response: No the state will not change the process described above. The process described above is designed to insure that hours of services are met. As an example if a facility requires a 40 hours of Psychiatric coverage per week then the state expects 160 hours of coverage per month, we will account for the end of the month total thus allowing some flexibility.*

**Question #5:** Would you be able to provide me with the average number of prescriptions the department had filled over the past year, or any recent time frame?

*Response: See attached report -*



Number of  
Prescriptions Ordered

**Question #6:** From the utilization data provided, does the unit cost for inpatient days, emergency department, and other outpatient visits include the professional physician costs associated with that day or visit?

*Response:* Yes.

**Question #7:** Can you provide the mandated hospital rates and historical annual escalators for these rates?

*Response:* The Maryland Health Services Cost Review Commission sets all hospital rated and escalators.

**Question #8:** Section 3.2.3.3 Introduction & Attachment F Proposal Price Form.

The 2009 average daily population for the MD DPSCS system was just over 26,100 inmates. This included 2660 inmates housed at MDC/WDC in Baltimore and 920 assigned to BCBIC. Bidders are asked to quote their fee based upon a per inmate per month amount utilizing 26025 inmates as the assumed population. Section 3.2.3.3 specifically excludes the inmates housed at BCBIC from the payment population. Please confirm that the entire BCBIC population (estimated at 900) will not be included within the count utilized to pay vendors for services, thereby leaving a shortfall between the current ADP (excluding BCBIC) and the bid ADP.

*Response:* is very important that potential bidders read and understand the RFP section 3.4.1 the medical services requested under this RFP are to be delivered for all persons incarcerated or otherwise held in any institution of the DPSCS. As set forth more fully below, DPSCS operates the institutions comprising the Maryland Division of Corrections, the Patuxent institution and the Maryland Division of Pre-trial and Detention services. Section 3.2.3.3 does to exclude the population at BCBIC, since this population is in a constant state of turn over a count will not be taken relevant to this RFP based on the fact that as a detention center detainees potentially can be released within hours and thus the "count" changes rapidly. At the bidders conference all present were advised that potential bidders need to staff this area BCBIC and meet all the provisions found in the scope of work.

**Question #9:** If this statement is false, please identify what subset of ADP will be excluded from the BCBIC inmate count.

*Response:* This RFP covers all populations of the DPSCS see 3.4,1

**Question #10:** What is the MDPSCS's targeted award date for the contract?

*Response:* The original target award date was July 1; however the RFP has been extended.

**Question #11:** Please provide a copy of the current mental health services contract for the MDPSCS facilities, including any exhibits, attachments, and amendments.

*Response:* ITCD Webmaster was requested to re-post the previous OIHS RFPs here: [www.dpscs.state.md.us/publicservs/procurement/ihs/](http://www.dpscs.state.md.us/publicservs/procurement/ihs/)

**Question #12:** Please provide (by year) the amounts and reasons for any paybacks, credits, and/or liquidated damages the MDPPSCS has assessed against the incumbent vendor over the term of the current contract.

*Response:* “We will not be releasing this information”.

**Question #13:** How many lawsuits pertaining to inmate mental health care at any of the facilities — frivolous or otherwise — have been filed against the MDPPSCS and/or the incumbent mental health provider in the last three years?

*Response:* We will not be releasing this information.

**Question #14:** Please provide current mental health service staffing schedules by facility, shift, and day of the week for each of the MDPPSCS facilities.

*Response:* See posted Addendum Attachment R-3 Mental Health Staffing Matrix

**Question #15:** Please provide a listing of the current mental health service vacancies by position for each of the facilities.

*Response:* please review the RFP the state expects vacancies to be filled current vacancies will not be provided and fluctuate.

**Question #16:** Please provide current wage/pay/reimbursement/seniority rates for incumbent mental health service staff at each of the facilities.

*Response:* Under this RFP and subsequent contracts Medical, UM and Mental Health staff are the staff of the successful provider not the state accordingly wage/pay/reimbursement/ seniority is governed by the policies and rates as established by between the successful bidder and the employee of successful bidder.

**Question #17:** Please confirm that the time mental health services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract.

*Response:* No, when employees are in training coverage for Medical, Mental Health Services and Dental Services must be provided for.

**Question #18:** How does the mental health unit staff at each of the MDPPSCS facilities currently access the Internet: through a facility network or through connectivity provided by the incumbent Contractor? Who is financially responsible for such Internet access?

*Response:* Every user from any DPSCS PC or WYSE terminal can access the internet at no charge.

**Question #19:** On average, how many inmates are housed in each of the mental health units on a daily basis?

*Response:* See table below for current IMHU population counts.

Patuxent	CMCH- J	133
L1		12
L2		
	Section L	14
	Section M	16
	Section N	17
L3		
	Section M	10
	Section N	19
L4		
	Section L	17
	Section M	12
	Section N	16
MCI-W		3
BCDC - M	IMHU	15
BCDC - W	IMHU	4

**Question #20:** Please identify the relative weight the MDPSCS will assign to each scoring component listed in the RFP.

*Response:* The RFP is evaluated on the vendor's proposal strengths and weaknesses.

**Question #21:** We are looking for the formula (or other methodology) that the MDPSCS will use to evaluate, rank, and assign scoring points to bidders' prices. For example, a formula commonly used in other correctional health care bid evaluations is as follows.

$$\frac{\text{Lowest price of all proposals}}{\text{Price of proposal being evaluated}} \times \text{\# points possible for Price component} = \text{Price Score}$$

How will the MDPSCS assign scores and/or relative ranking to bidders' submitted prices?

*Response:* See response to question #20 above.

**Question #22:** Please indicate the order of precedence among the solicitation documents (e.g., the RFP, initial responses to questions, subsequent responses to questions, exhibits and attachments, etc.) so that in case of contradictory information among these materials, bidders know which of the conflicting data sets to use to create their narratives and calculate their prices.

*Response:* The state cannot respond to this request. Each set of information stand on it's own, ie Ambulance utilization, UM information, staffing information etc.

**Question # 23:** What is the MDPSCS's targeted award date for the contract?

*Response:* Please see response to question #10 above.

**Question #24:** Section 1.18 of the RFP states that "Multiple or Alternate proposals will not be accepted." Section 3.6.1.1 states that "If a staffing plan is submitted that varies from the Agency recommendation, the Contractor should explain the rationale for the variation and how the variation will affect the delivery of services." As these two sections of the RFP contradict each other, please confirm which Section of the RFP is correct.

*Response:* The vendors response to a base line staffing matrix, since the matrix is to be used as a guide or and as baseline information. The bidder's response and the bidders described staffing is not considered an alternative proposal.

**Question #25:** As stated in RFP Section 3.22.2.3, we understand that the DPDS is under a Memorandum of Agreement (MOA) between the Agency and the Department of Justice and the medical provider must remain in compliance with all provisions of this MOA. Has the Department of Justice closed this MOA? If not, when is the projected closure date of this MOA?

*Response:* See attachment H Duval vs O'Malley when the medical and mental health providers achieve full compliance the state can make application to have this consent decree dismissed.

**Question #26:** Please clarify if the MDPSCS or the Contractor is financially responsible for all offsite and dialysis care for federal inmates and inmates from outside the jurisdiction.

*Response:* Federal inmates receive dialysis on site and thus this service will be provided by the vendor at the vendor's expense. An opportunity to transfer back to a Federal Institution should be researched by the successful vendor on a case by case basis.

**Question #27:** Are any of the MDPSCS facilities currently accredited by the American Correctional Association (ACA)? If "yes," please provide the most recent accreditation date for each facility.

*Response:* Already posted

**Question #28:** Please clarify the role of the ombudsman in the current staffing schedule for the regional office provided in Attachment R.

*Response:* A medical Ombudsman monitors and insures that all inmate complaints and grievances are process, tracked and responded to on time and accurately.

**Question #29:** Section 3.20 of the RFP discusses Infirmery Beds for Somatic Health. Please confirm if NPs or PAs can provide weekend provider rounds in the infirmery and isolation cells.

*Response:* Yes both NP and PA's

**Question #30:** Does the MDPSCS require new background checks on current medical health care employees? If "yes", are there any costs associated with these checks?

*Response:* When existing staff with ID's and background check's already complete do not have to repeat the process if we change vendors.

**Question #31:** Please confirm that the time health services staff members spend in orientation and continuing education classes will count toward the hours required by the contract.

*Response:* No, when employees are in training coverage for Medical, Mental Health Services and Dental Services must be covered.

**Question #32:** Section 3.8.3 states that the "Agency reserves the right to negate a hire if the candidate is felt to have less than the necessary credentials and/or experience or professionalism to perform the functions of these top-level positions". What is the timeline for review and approval of these top-level positions?

*Response:* Once a candidate is picked by the provider and all credential are forwarded to the OIHS we will review and approve with 3 working days.

**Question #33:** Please provide the capacity and average daily population of each facility's segregation units.

*Response:* We are providing capacity figures only ADP fluxuates and will not be provided. MRDCC 44, MTC 55, JCI 97, MCIJ 64, MCTC 95, MCI-H 68, RCI 72, ECI 174, WCI 96, NBCI 1A 126 1B 122, MDCC 14, Patuxent 24

**Question #34:** What are the designated emergency or "911" hospitals for each of the MDPSCS facilities? Please list the designated "911" hospital for each facility.

*Response:* Unavailable 911 responders have a priority based on available ER "beds" and the level of care needed. The identified Hospital will vary from case to case and from day to day.

**Question #35:** At which MDPSCS facilities is the Troponin enzyme test, as stated in RFP Section 3.42.1, currently in place?

*Response:* NBCI

**Question #36:** At which MDPSCS facilities is a Methadone program, as stated in RFP Section 3.62.1, currently in place?

*Response:* One location DPDS .

**Question #37:** Section 3.64.3.4 of the RFP states that the “Agency may upgrade or change the EMR product during this contract”. Please confirm if the additional training hours for staff for a new EMR system will be counted as hours worked by the state.

*Response:* If the EMR is updated or changed training hours would be the responsible of the vendor, reimbursement for training hours will not be covered by or reimbursed by the state. The state will allow these additional training hours to be counted towards meeting the requirements of 3.9.3.3 annual competency training.

**Question #38:** Section 3.7.1 of the RFP states that “the Agency as the right to approve or withhold approval of policies and procedures of the Contractor prior to implementation”. Please confirm when the Contractor needs to submit its policies and procedures for review and approval from the MDPSCS?

*Response:* At the start of the contract and post annual changes.

**Question #39:** Does each MDPSCS facility have special medical housing and/or observation beds? If “yes,” please provide the number of such beds at each facility.

*Response:* Attached list dispensaries and infirmaries this is all the information available at this time.

**Question # 40:** Do the Medical Units in each of the facilities qualify as an Infirmary as per NCCHC definitions, i.e., do the staffing levels, monitoring methodology, rounding frequency, etc., comply with NCCHC infirmary standards for Jails?

*Response:* Yes

**Question #41:** How many medical paroles have been requested, and how many of these requests have been granted in the past three years?

*Response:* 54 requested; 12 were granted in the past 12 months.

**Question #42:** Who currently administers medications, e.g., RNs, LPNs, at each facility?

*Response:* Medication Technititions, LN's and RN's

**Question #43:** How are medications currently distributed, i.e., pill line or med pass at each facility.

*Response: See attachment N.*

**Question #44:** Where does medication distribution take place, i.e., do medication carts go to the housing units or do inmates come to the medical units?

*Response: See attachment N medication carts are use full at both cell to cell distribution as well as medication lines.*

**Question #45:** How often is medication distributed each day at each facility?

*Response: Most facilities require medication pass three times a day.*

**Question #46:** How long does it take to perform the average medication distribution process at each facility?

*Response: The time it takes to complete a medication distribution varies from facility to facility. Exact times by location are not available.*

**Question #47:** Please confirm that under the new contract, the Contractor will not be financially responsible for any of the following services.

a. Neonatal or newborn care after actual delivery

*Response: once the birthing process is complete no.*

b. Cosmetic surgery, including breast reduction

*Response: some cases based on loss of function or major disfigurement should be processed through the UM*

c. Sex change surgery (including treatment or related cosmetic procedures)

*Response: No*

d. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such)

*Response: No*

e. Extraordinary and/or experimental care

*Response: No. However some cancer and other rare diseases can be treated as required by specialists at such locations as Johns Hopkins and the UMMS, which may be classified as clinical trials or off label use of a medication or treatment.*

f. Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate's health to deteriorate or cause definite and/or irreparable harm to the inmate's physical status)

*Response: These cases are process through the UM component of the medical contract.*

g. Autopsies.

*Response: Performed by the State or County Medical Examiner.*

h. Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant, etc.

*Response: Yes this services can be considered medically necessary and covered by the medical contractor.*

- i. **Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX**

*Response: Yes, this may be classified as medically necessary.*

- j. **Abortions.**

*Response: Yes.*

- k. **Transportation costs associated with wheelchair vans, ambulance, or court mandates**

*Response: Yes the medical contractor will arrange and pay for ambulance costs.*

**Question #48: Please indicate the order of precedence among the solicitation documents (e.g., the RFP, initial responses to questions, subsequent responses to questions, exhibits and attachments, etc.) so that in case of contradictory information among these materials, bidders know which of the conflicting data sets to use to create their narratives and calculate their prices.**

*Response: The state cannot respond to this request. Each set of information stand on it's own, ie Ambulance utilization, UM information, staffing information etc.*

**Question #49: We believe that due to economies of scale, a single comprehensive contract encompassing all four of the issued RFPs will afford the State the best value. According to the terms of the current solicitation, this model is allowed: "Offeror may submit a proposal for any or all of the RFPs issued." (Reference RFP Section 4.4, Tab C)**

*Response: YES*

**Question #50: Additionally, we understand that in order to submit a bid for a contract covering more than one of the programs (i.e., any combination of medical, mental health, dental, and/or pharmacy), "The Offeror shall submit a separate Proposal for each RFP for which they are responding." (Reference RFP Section 4.4, Tab C)**

*Response: YES*

**Question #51: Please provide formatting and submission instructions for cost proposals that encompass more than one of the RFPs issued (as allowed by RFP Section 4.4, Tab C).**

*Response: Each contract requires a completed cost sheet do not separate you must respond to each contract as a separate contract-response*

**Question #52: Please confirm that once an Offeror has fulfilled the RFP requirements by submitting an original separate proposal for each RFP, the Offeror does NOT have to re-submit multiple identical technical narratives for each combination proposal.**

*Response: Must respond to each RFP.*

**Question #53:** As an example, please confirm that the following scenario is acceptable. As allowed by RFP Section 4.4, Tab C, an Offeror wants to bid on stand-alone mental health; mental health and pharmacy combined; and a comprehensive contract including all four programs. The Offeror would submit the following items.

- Four (4) separate technical proposals, one in response to each of the four RFPs/programs (medical/UM, mental health, dental, and pharmacy)  
Response: YES
- Four (4) separate cost proposals, one in response to each of the four RFPs/programs (medical/UM, mental health, dental, and pharmacy)  
Response: YES

**Question #54:** There would be no need for the Offeror to re-submit combined duplicate copies of the technical narratives it already submitted in the original separate proposals.

Response: Each RFP should be treated as a single solicitation.

**Question #55:** How many lawsuits pertaining to pharmacy services at each of the MDPSCS facilities — frivolous or otherwise — have been filed against the MDPSCS and/or the incumbent pharmacy provider in the last three years?

Response: We will not be releasing this information.

**Question #56:** Are any of the MDPSCS facilities currently accredited by the National Correctional Commission of Correctional Health Care (NCCHC)? If “yes,” please provide the most recent accreditation date for each facility.

Response: Already posted

**Question #57:** Please provide current pharmacy staffing schedules by facility, shift, and day of the week for the each MDPSCS facility.

Response: See Attachment R-4 Pharmacy Staffing Matrix

**Question #58:** Please provide a listing of the current pharmacy service vacancies by position for each of the MDPSCS facilities.

Response: Please review the RFP the state expects vacancies to be filled current vacancies will not be provided and fluxuate.

**Question #59:** Please provide current wage/pay/reimbursement/seniority rates for incumbent pharmacy staff at each of the MDPSCS facilities.

Response: Under this RFP and subsequent contracts Medical, UM, Dental, Mental Health staff are the staff of the successful provider not the state accordingly wage/pat/reimbursement/ seniority is governed by the policies and rates as established by between the successful bidder and the employee of successful bidder.

**Question #60:** How does the pharmacy staff at each of the MDPSCS facilities currently access the internet: through a facility network or through connectivity provided by the incumbent Contractor? Who is financially responsible for such Internet access?

*Response:* Every user from any DPSCS PC or WYSE terminal can access the internet at no charge.

**Question #61:** Please provide a three year total cost history of MDPSCS pharmaceutical expenditures.

*Response:* These figures were provided to other bidders with same question: FY08 - 24,786,970 FY09 - 25,598,456

**Question #62:** On average, what percentage of MDPSCS inmates are prescribed psychotropic drugs each month?

*Response:* Approximately 20%

**Question #63:** Please clarify if the MDPSCS or the Contractor is financially responsible for all pharmaceuticals for federal inmates and inmates from outside the jurisdiction.

*Response:* As stated at the bidder's conference, with high-cost pharmaceuticals, if it's an inmate that we're housing for the feds or other state, bring it to us, the Health Services Unit, and we'll see how that works out. Usually, we have at least a way to return the inmate to the Feds and other states.

**Question #64:** What is the average number of inmates receiving pharmaceutical treatment each month for the following conditions?

- l. Hemophilia: *Response:* Current #4
- m. Hepatitis C: *Response:* Current #101
- n. HIV/AIDS: *Response:* Current #467

**Question #65:** Please provide copies of the following documents.

- a. The formulary currently in use at each of the facilities



MDDPSCSFormulary2  
008-2009AttachforRe

*Response:* See attached MD DPSCS Formulary report.

- b. A current formulary management report

*Response:* There is no report available.

**Question #66:** Please provide a copy of the current dental services contract for the MDPSCS, including any exhibits, attachments, and amendments.

*Response:* ITCD Webmaster was requested to re-post the previous OIHS RFPs here: [www.dpscs.state.md.us/publicservs/procurement/ih/](http://www.dpscs.state.md.us/publicservs/procurement/ih/)

**Question #67:** How many lawsuits pertaining to inmate dental care at the each of the MDPSCS facilities — frivolous or otherwise — have been filed against the MDPSCS and/or the incumbent dental provider in the last three years?

*Response:* We will not be releasing this information.

**Question #68:** Please provide a listing of the current dental service vacancies by position for the MDPSCS facilities.

*Response:* Please review the RFP the state expects vacancies to be filled current vacancies will not be provided and fluxuate.

**Question #69:** Please provide current wage/pay/reimbursement/seniority rates for incumbent dental services staff at the each of the MDPSCS facilities.

*Response:* Under this RFP and subsequent contracts Medical, UM and Mental Health staff are the staff of the successful provider not the state accordingly wage/pay/reimbursement/ seniority is governed by the policies and rates as established by between the successful bidder and the employee of successful bidder.

**Question #70:** Please confirm that the time dental services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract.

*Response:* No, when employees are in training coverage for Medical, Mental Health Services and Dental Services must be covered.

**Question #71:** How does the dental services staff at each of the MDPSCS facilities currently access the Internet: through a facility network or through connectivity provided by the incumbent Contractor? Who is financially responsible for such Internet access?

*Response:* Every user from any DPSCS PC or WYSE terminal can access the internet at no charge.

**Question # 72:** Alternatives as were discussed in the Pre-Proposal Conference (please see quotation from the Conference transcript copied and pasted below).

**VENDOR:** "...is the Department also open to or interested in looking at alternatives which might provide another cost effective way of providing these services and this care?"

**MR. SULLIVAN:** "That's a question that we certainly anticipated and as a matter of fact (the) that written responses sitting on my desk (are) being typed by a secretary. So we will post that one."

*Response:* Alternative proposals allowed see posting

**Question #73:** Please provide a staffing matrix for the current Utilization Management services contract.

*Response:* Staffing matrix for utilization Management is not relevant, utilization management is a program-service. Review section 3.65.2 "The Medical provider shall implement a system of Utilization Management ". 3.65.2 ' The provider, with the approval of the Agency, shall designate an individual with overall administrative

