

CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
NEGOTIATED ACQUISITION
FOR THE PROVISION OF CORRECTIONAL HEALTH CARE SERVICES
TO INMATES IN NEW YORK CITY JAILS
PIN: 13PR01100R0X00

1. Purpose of Procurement.

The Department of Health and Mental Hygiene (“DOHMH” or “Department”) is seeking one or more appropriately qualified vendor(s) to , implement and administer a comprehensive program that meets the medical, dental and mental health (“Health Care Services”) needs of inmates in all City jails. The Department’s goal through this procurement is to provide high quality, community-level Health Care Services to individuals in New York City Department of Correction (“DOC”) custody, and continuity of care and care coordination during their stay in a City jail; also transitional care for inmates who are sentenced to State prison, and linkages and referrals to community based health and mental health providers for released inmates. DOHMH seeks to improve health outcomes in the communities from which patients come, and to which they return, by diagnosing and treating patients in jail with communicable illness, chronic disease, mental illness and substance abuse and transitioning these individuals to Health Care Services when released to their communities.

2. Brief Overview of Correctional Health Services

A. General Overview – DOHMH currently contracts out for the full range of health and mental health services to inmates in City jails. Such services include, but are not limited to:

1. Comprehensive Health and Mental Health Care:

- a. Triage and completion of standardized intake for each newly admitted inmate within 24 hours from remand to the custody of the DOC, 24 hours a day, seven (7) days a week;
- b. Disease management and follow-up clinical care protocols to identify, track, and treat incarcerated persons with chronic conditions, including, but not limited to, asthma, hypertension, diabetes, cardiovascular disease, seizure disorder, and HIV/AIDS.
- c. Provide ready access to mental health evaluation and longitudinal care which includes:
 - i. Treatment for severely mentally ill inmates;
 - ii. Discharge service need evaluations consistent with the *Brad H.* stipulation;
 - iii. Treatment to manage patients with disruptive behaviors.
 - iv. Treatment compliance programs for those on medication regimens.
 - v. Identification and management of the developmentally disabled.
- d. Comprehensive acute and preventive dental care.
- e. Substance abuse treatment, detoxification and methadone maintenance services.
- f. Daily medical and mental health care to patients in specialized housing, twenty-three hour lock-down, and mental health segregated housing.

2. Specialty Care: Includes, but is not limited to: optometry, ophthalmology, physical therapy, cardiology, dermatology, podiatry, surgery, orthopedics, neurology, hand, and ENT services. Also includes coordinating referrals for inpatient care.



3. Radiology: Includes, but is not limited to: digital radiography, MRI scans and x-rays.
4. Pharmacy: Includes, but is not limited to: ordering, dispensing, administering and storing pharmaceuticals (including prescription and over the counter medications). Also includes monitoring of the dispensing and administering of medications to ensure patient safety and security of pharmaceuticals.
5. Emergency Care: Includes, but is not limited to: coordinating emergency medical treatment twenty-four (24) hours a day, seven (7) days per week, and triaging and stabilizing all people (including inmates, DOHMH and DOC staff) in need of emergency care prior to transfer to an emergency room.
6. Transfers and Clearances: Includes, but is not limited to: managing patient transfers to other facilities or jurisdictions and/or to specialized care facilities.
7. Discharge /Transitional Care Planning: Includes, but is not limited to: facilitating access to care in the community for patients leaving City jails.
8. Women’s Health Care: Includes, but is not limited to: All the services listed above and:
 - a. gynecological care, including breast and pelvic exams, PAP smears and colposcopy;
 - b. prenatal and high-risk pregnancy services;
 - c. emergency contraception and family planning services; and
 - d. intimate partner violence screenings, education and referrals.
9. Nursery: Includes, but is not limited to: providing health care and preventive care for newborns in the nursery up to one year of age including on-site well-baby care and promoting / educating mothers on mother-infant bonding, breast feeding and positive parenting.
10. Infirmary: Includes, but is not limited to: providing medical and nursing care 24 hours-a-day, seven days-per-week for inmates in the infirmary.
11. Quality Assurance(QA): DOHMH has a quality assurance/ program in place to track the quality of care provided to patients in the custody of the Department of Correction.
12. Quality Improvement: DOHMH uses various approaches to identify areas that may be improved and implement approaches to improve quality of Health Care Services.
13. Electronic Health Records: DOHMH has a fully functioning Electronic Health Record (EHR) in place for all aspects of medical and mental health care to patients in City jails.

3. Who May Participate?

DOHMH welcomes responses from entities, such as professional services corporations, that are or will be authorized by June 30, 2012 to deliver Health Care Services in New York State, by the New York State Education Department (“NYSED”) pursuant to state law, or are otherwise approved by NYSED (“Authorization” or “Authorized”). Please visit NYSED’s Office of the Professions’ Web

site for information about the types of entities that may provide health care services in New York and the procedure for obtaining Authorization at <http://www.op.nysed.gov/corp>. All subcontractors that are identified by the submitting entity as Health Care Services providers must also be Authorized if they provide professional services that require a license in New York. All employees providing professional services that require a license in New York must be licensed to practice in their particular field of Health Care Services.

4. Procurement Process.

This procurement will be conducted in two phases. For the first phase (“Phase I”), the Department will evaluate only respondents’ capacity, experience and their demonstration that they are, or will be, Authorized by June 30, 2012 (see Attachment A for required responses). Respondents that the Department determines, based upon their Phase I submissions, to have the requisite capacity, experience and Authorization will be invited to participate in the second phase of the procurement, which will include a written submission and contract negotiations (“Phase II”). See below for more details about the processes for Phases I and II of this Procurement.

Respondents still under consideration to participate in Phase II must obtain acceptable Authorization by June 30, 2012 (“Cut-Off Date”). The Department will end negotiations with an entity that has failed to obtain such Authorization by the Cut-Off Date.

I. Phase I Process

A. Evaluation Criteria for Phase I.

For Phase I, respondents will only be evaluated based on their responses in the annexed Attachment A: Application to Provide Correctional Health Care Services. The evaluation criteria that the Department will use for Phase I, in order of importance, are the respondent’s capacity and their experience.

- *Capacity*
 - How large a client population does the respondent serve? Also, what is the demographics of your client population?
 - What is the total number of clinical employees (professional and staff) that the respondent currently employs.
 - Has the respondent administered Health Care Services on a 24/7 basis at a medical facility (fully staffed – not just on-call)? If so, what were the staffing levels at that facility (or facilities if more than one) and how large was the client population (at each facility if more than one)?
- *Experience*
 - How many years of experience does the respondent have in providing Health Care Services?

- If respondent has provided Health Care Services or Health Care Services administration in correctional facilities, how large were the facilities and in what jurisdictions did the respondent provide such Health Care Services.
 - How many years of experience do each of the principals of the respondent have in their respective field of Health Care Services. Also, how many years do the officers have in managing a Health Care Services entity.
- *Authorization*

All respondents to this solicitation who intend to provide medical services if awarded the contract must provide one of the following as proof of Authorization:

- If the respondent is a professional service corporation, provide a copy of its certificate of incorporation from the New York State Department of State and a copy of the certificate of authority from NYSED .
- If the respondent is another type of entity authorized by NYSED, prove a copy of the certificate of authority from NYSED and a copy of the certificate of registration from the New York State Department of State or other similar document.
- If the respondent is a hospital, provide a copy of its operating certificate from the New York State Department of Health.
- All respondents are required to provide licenses for each member or member who will provide professional services if awarded a contract and must provide the Department with copies of licenses for any new member or employee prior to allowing him or her to provide professional services under the contract.

Respondents must also demonstrate that they have, or will have by the Cut-Off Date, the requisite Authorization. **FAILURE OF A RESPONDENT TO OBTAIN AUTHORIZATION BY THE CUT OFF DATE WILL RESULT IN THE DEPARTMENT ENDING NEGOTIATIONS WITH THAT RESPONDENT.**

B. Pre-Phase I Submission Conference Call.

The Department will host a conference call in order to provide an overview of the Department's goals for this procurement, and to field any questions potential respondents may have. Potential respondents are encouraged to participate in the conference call. Potential respondents are also encouraged to submit questions in advance of the conference call to CHS@health.nyc.gov. The following is information pertaining to the conference call:

Date: February 2, 2012
Time: 2:00 pm
Dial in Number: 1-866-213-1863
Meeting Code: 1005092

Furthermore, potential respondents may also submit questions pertaining to this procurement to the following e-mail address by **February 9, 2012**: CHS@health.nyc.gov.

Answers to all questions posed will be distributed in the following manner on **February 16, 2012**: posted on the Department's website at <http://www.nyc.gov/html/doh/html/acco/acco1.shtml>; sent to all recipients of this letter and all those who express any interest in this solicitation; and sent to all attendees of the conference call.

Those wishing to participate in this procurement, must respond to this solicitation by completing and submitting three copies of Attachment A (and any supporting documentation as is required therein) no later than 5:00 pm on **February 23, 2012** to the following address:

Office of the Agency Chief Contracting Officer
NYC Department of Health and Mental Hygiene
2 Gotham Center
42-09 28th Street, 12th Floor, CN-30
Queens, NY 11101
Attn:

C. Evaluation of Phase I Responses.

The Department will evaluate all responses based on the evaluation criteria stated in Section (4)(I)(a) above. Those respondents who met or exceeded the evaluation criteria stated in Section (4)(I)(a) above will be invited participate in Phase II.

II. Phase II Process.

A. Overview.

For Phase II, the Department intends to enter into discussions only with Phase I respondents still under consideration. During negotiations in Phase II, respondents must abide by the following rules:

1. A duly authorized individual who can make decisions and bind the respondent (and its constituent parts, if applicable) must attend all negotiation meetings and conference calls;
2. Provide timely responses to Department inquiries, questions and requests for clarification;
3. Conduct the negotiations in a professional and respectful manner;
4. With the exception of scheduled negotiation meetings or conference calls, to only communicate with the designated Department contact and only to their email address. That individual will be identified only to those respondents selected to continue to Phase II.

The Department and the City shall not be liable for any cost incurred by respondents in the preparation of their responses or for any costs incurred by respondents in replying to this solicitation and participating in this procurement. Respondents may withdraw from negotiations any time prior to completion of negotiations. In order to do so, the respondent must submit its withdrawal in writing to the designated Department contract. The Department, at its sole discretion, also reserves the right to continue or terminate negotiations with any or all respondents at any time during negotiations.

B. Phase II Evaluation Criteria.

The Department will evaluate negotiations in Phase II based on the following criteria, which is listed in order of importance:

- Proposed Approach
- Pricing
- Experience and Capability to Provide the Services

Although respondents will be evaluated for experience and capability in Phase I, negotiations during Phase II may reveal that a respondent lacks the requisite experience and capability necessary to adequately provide the services. The Department reserves the right to end negotiations with such respondents.

C. Phase II Questions.

Selected respondents must provide written answers to a list of questions. The general topics of the questions that the Department will ask include, but are not limited to:

- i. Quality of Health Care Services
- ii. Quality Improvement
- iii. Quality Assurance
- iv. Centralized Jail-Based Functions
- v. Organizational Structure and Overall Management
- vi. Personnel
- vii. Indirect Costs
- viii. Innovations
- ix. Organizational Capacity to Implement Proposed Approach
- x. Experience to Implement Proposed Approach

Respondents will also have the opportunity to choose the facilities where they are proposing to provide services. The following are the permissible facility groupings:

- i. All City Controlled Correctional Facilities (see Section 5(B) for the entire portfolio).
- ii. All Facilities on Riker's Island Only.
- iii. The Rose M. Singer Detention Complex.
- iv. All the Borough Detention Complexes.
- v. Any single Borough Detention Complex.
- vi. Any combination of iii and iv or iii and v

The Department reserves the right to award additional or fewer facilities than respondents initially requested. The number of facilities that a respondent initially requests is subject to change during negotiations.

D. Pricing Evaluation and Best and Final Offer.

The Department will begin pricing discussions after it has completed discussion of the contract scope. Please note that initial pricing may require further negotiations to the scope. Once the Department has determined that pricing negotiations are complete, the Department will request best and final offers from remaining respondents. The Department intends to award a contract, or contracts, that provide(s) the City the best combination of price, quality, and approach based on the evaluation criteria set forth above.

5. Miscellaneous Information

A. **Complaints.** The New York City Comptroller is charged with the audit of contracts in New York City. Any respondent who believes that there has been unfairness, favoritism or impropriety in this procurement should inform the Comptroller, Office of Contract Administration, 1 Centre Street, Room 835, New York, NY 10007; the telephone number is (212) 669-3000. In addition, the New York City Department of Investigation should be informed of such complaints at its Investigations Division, 80 Maiden Lane, New York, NY 10038; the telephone number is (212) 825-5959.

B. **Applicable Laws.** This procurement and the resulting contract award(s), if any, unless otherwise stated, are subject to all applicable provisions of New York State Law, the New York City Administrative Code, New York City Charter and New York City Procurement Policy Board (PPB) Rules. A copy of the PPB Rules may be obtained on the City's website at www.nyc.gov/ppb.

C. **General Contract Provisions.** Contracts shall be subject to New York City's general contract provisions, in substantially the form that they appear in "Appendix A—General Provisions Governing Contracts for Consultants, Professional and Technical Services" or, if the Department utilizes other than the formal Appendix A, in substantially the form that they appear in the Department's general contract provisions. A copy of the applicable document is available through the Authorized Agency Contact Person.

D. **Contract Award.** Contract award is subject to each of the following applicable conditions and any others that may apply: New York City Fair Share Criteria; New York City MacBride Principles Law; submission by the proposer of the requisite New York City Department of Business Services/Division of Labor Services Employment Report and certification by that office; submission by the proposer of the requisite VENDEX Questionnaires/Affidavits of No Change and review of the information contained therein by the New York City Department of Investigation; all other required oversight approvals; applicable provisions of federal, state and local laws and executive orders requiring affirmative action and equal employment opportunity; and Section 6-108.1 of the New York City Administrative Code relating to the Local Based Enterprises program and its implementation rules.

E. **Respondent Appeal Rights.** Pursuant to New York City's Procurement Policy Board Rules, respondents have the right to appeal Department non-responsiveness determinations and Department

non-responsibility determinations and to protest an Department's determination regarding the solicitation or award of a contract.

F. Multi-Year Contracts. Multi-year contracts are subject to modification or cancellation if adequate funds are not appropriated to the Department to support continuation of performance in any City fiscal year succeeding the first fiscal year and/or if the contractor's performance is not satisfactory. The Department will notify the contractor as soon as is practicable that the funds are, or are not, available for the continuation of the multi-year contract for each succeeding City fiscal year. In the event of cancellation, the contractor will be reimbursed for those costs, if any, which are so provided for in the contract.

G. Prompt Payment Policy. Pursuant to the New York City's Procurement Policy Board Rules, it is the policy of the City to process contract payments efficiently and expeditiously.

H. Confidential, Proprietary Information or Trade Secrets. Respondents selected to proceed to Phase II negotiations should give specific attention to the identification of information that they give to the Department that they deem to be confidential, proprietary information or trade secrets and provide any justification of why such materials, upon request, should not be disclosed by the City. All information not so identified may be disclosed by the City.

I. Vendex Fees. Pursuant to PPB Rule 2-08(f)(2), the contractor will be charged a fee for the administration of the VENDEX system, including the Vendor Name Check process, if a Vendor Name Check review is required to be conducted by the Department of Investigation. The contractor shall also be required to pay the applicable required fees for any of its subcontractors for which Vendor Name Check reviews are required. The fee(s) will be deducted from payments made to the contractor under the contract. For contracts with an estimated value of less than or equal to \$1,000,000, the fee will be \$175. For contracts with an estimated value of greater than \$1,000,000, the fee will be \$350. The estimated value for each contract resulting from this RFP is estimated to be (less than or equal to \$1 million) (above \$1 million).

J. Procurement Postponement/Cancellation. The Department reserves the right to postpone or cancel this procurement, in whole or in part, and to reject all respondents.

K. Respondent Costs. Respondents will not be reimbursed for any costs incurred to prepare responses to this solicitation.

Attachment A

Application to Provide Correctional Health Care Services for Patients in New York City Jails
PIN: 13PR01100R0X00

Section I. Expression of Interest and Certification

I, _____, of _____
(print name of authorized representative) (name of applicant organization)
represent that (check one, as applicable):

This organization is interested in providing health service for patients in City jails and constitutes an entity that is or will be authorized to deliver all Health Care Services at the time of contract award.

OR

This is a submission involving more than one entity that is interested in providing health service for patients in City jails who are or will be authorized to deliver all Health Care Services or at the time of contract award.

Organization /Entity: _____

Other Entities: _____

Section II. Applicant Background

Provide a brief summary of the entity (or entities) and the key individuals in order to address the following:

1. Experience providing similar services to similar populations.
2. Organizational Capacity to provide the solicited services.
3. Documentation of authorization to provide Health Care Services in New York State:
 - a. Certificate of Incorporation, license or other document authorizing entity to provide professional health care services or staffing in New York State or
 - b. Provide copies of the certificate of incorporation for the Professional Corporation (if applicable).
 - c. Provide a statement that only health care practitioners who are duly licensed to practice their particular health care service in the State of New York will provide the Health Care Services (if applicable).
 - d. Any other documentation that demonstrates that the company is, or will be by June 30, 2012, Authorized. Acceptable documents include, but are not limited to:
 - i. If the respondent is a not-for-profit corporation, a Certificate of Incorporation as a not-for-profit corporation from the New York State Department of State;
 - ii. If the respondent is a hospital, a valid Operating Certificate issued by the New York State Department of Health;

Signature of Authorized Representative

_____/_____/_____
Date

Contact Information:

Attachment B **FACILITIES**

Anna M. Kross Center (AMKC)

Capacity: 2,388

FY' 11 Average Population: 2,595

Completed in 1978, AMKC houses male detainees in 40 housing areas spread over 40 acres and serves as an intake processing facility. It includes a methadone maintenance program, detoxification units, and the Mental Health Center.

Eric M. Taylor Center (EMTC)

Capacity: 2,351

FY' 11 Average Population: 1,533

Built in 1964 and expanded in 1973, EMTC houses adolescent and adult male inmates sentenced to terms of one year or less. Most of its housing is dormitory style. Able-bodied sentenced inmates are required to work and provide Rikers Island with its grounds crews, facility maintenance and industrial labor force.

George Motchan Detention Center (GMDC)

Capacity: 2,978

FY' 11 Average Population: 1,752

Originally opened in 1971, the jail became a male detention center in 1988. It includes Mental Health housing for up to 100 patients.

George R. Vierno Center (GRVC)

Capacity: 1,330

FY' 11 Average Population: 1,138

GRVC was opened in 1991 as an 850-bed facility for detainees and a 500-bed addition opened in 1993. GRVC includes a Mental Health Assessment Unit for Infracted Inmates (MHAUII) and Intensive Treatment Unit.

James A. Thomas Center (JATC)

This facility is currently closed with no plans to be reopened at this time.

Capacity: 1,194

FY' 11 Average Population: 0

North Infirmery Command (NIC)

Capacity: 475

FY' 11 Average Population: 235

NIC consists of two buildings; NIC Main, the original Rikers Island Hospital built in 1932, has 263 beds for inmates who require extreme protective custody because of their notoriety or the nature of their cases; NIC Annex houses the infirmery with 183 beds for patients with special needs, including ADA access and voluntary housing for patients with HIV/AIDS.

Otis Bantum Correctional Center (OBCC)

Capacity: 1,647

FY' 11 Average Population: 1,595

Opened in June 1985, it serves as the detention facility for intake processing, primarily for Brooklyn. It has dormitory and cell housing and includes the Department's 400-bed Central Punitive Segregation Unit.

Queens Detention Center (ODC)

This facility is currently closed with no plans to be reopened at this time.

Capacity: 502

FY'11 Average Population: 0

Robert N. Davoren Center (RNDC)

Capacity: 2,238

FY' 11 Average Population: 1,368

Opened in 1972, this facility houses -- in separate quarters -- adolescent male detainees (ages 16-18) and adult male detainees in modular dormitories, and serves as the detention facility for adolescent male intake processing

West Facility / Communicable Disease Unit (West/CDU)

CDU Capacity: 140

CDU FY' 11 Average Population: 31

West Capacity: 800

West FY' 11 Average Population: 0

This facility is currently closed with no plans to be reopened at this time.

Rose M. Singer Center (RMSC)

Capacity: 1,139

FY' 11 Average Population: 889

RMSC opened in June 1988 as an 800-bed facility for female detainees and sentenced inmates. Subsequent to the opening, modular housing was added that increased the capacity of RMSC to its present level. This jail serves as the detention facility for intake processing of all women and includes detoxification, methadone maintenance, mental observation, Central Punitive Segregation (50 units), infirmary (24 units), radiology services, and features a 15-bed well-baby nursery.

Brooklyn Detention Complex (BDC)

Capacity: 759

FY' 11 Average Population: 0 (currently closed; (expected to reopen in 2012)

Built in 1957, the single-cell jail can house 815 adult males, most undergoing the intake process or awaiting trial in Kings County (Brooklyn) and Richmond County (Staten Island) courts. It is anticipated that, when open, this facility would have radiology services on-site.

Vernon C. Bain Center (VCBC)

Capacity: 870

FY' 11 Average Population: 867

VCBC is a five-story jail barge. This facility houses medium to maximum security inmates in 16 dormitories and 100 cells. Opened in the fall of 1992, it serves as the detention facility for intake processing primarily for the Bronx and Queens.

Manhattan Detention Complex (MDC)

Capacity: 898

FY' 11 Average Population: 796

MDC consists of two buildings (North and South Towers) connected by a bridge. The North Tower was opened in 1990. The South Tower was opened in 1983, after a complete remodeling. The complex houses male detainees, most of them undergoing the intake process

AVERAGE MONTHLY FACILITY INTAKE BY TOUR

MONTHLY CY11 AVERAGE FACILITY INTAKE				
Facility	Tour			Total
	8:00am to 4:00pm	4:00pm to 12:00am	12:00am to 8:00am	
AMKC	5797	3029	3226	12052
EMTC	4418	1758	3342	9518
GMDC	18	12	18	48
GRVC	5	0	0	5
NIC	20	3	14	37
OBCC	3860	1947	2313	8120
RNDC	2563	1095	1260	4918
West / CDU	3	3	3	9
RMSC	3685	1852	2774	8311
Brooklyn	Currently closed			
VCBC	6229	3188	4497	13914
MDC	6188	3050	3462	12700

AVERAGE MONTHLY SERVICE LEVELS BY FACILITY

Facility	Total All Visits (Medical and Mental Health)	A. Total Medical Visits:	1.Intake	2.Medical Sick Call	3.Medical Follow-up	B. Total Mental Health Visits
AMKC	15,132	10,421	1,020	3,296	6,105	4,711
EMTC	5,908	4,329	865	946	2,518	1,579
GMDC	5,012	3,256	0	1,288	1,968	1,756
GRVC	6,088	3,019	0	1,335	1,684	3,069
NIC	2,533	1,966	0	380	1,586	567
OBCC	6,328	4564	984	1600	1980	1,764
RNDC	4,996	3106	449	919	1738	1,890
West / CDU	3,380	3294	0	319	2975	86
RMSC	7,986	4860	696	1575	2589	3,126
Brooklyn	<i>Currently closed</i>					
MDC	3,970	3269	1109	872	1288	701
TOTAL	61,333	42,084	5,123	12,530	24,431	19,249

Source: Correctional Health Services, Utilization Management Reports (January to December 2010)