Letter of Clarification #1
Psychiatric Assessment and Medication Management via Telemedicine RFP

To: All Contractors/Vendors/Providers

From: James Blunt, Buyer II
CC: Sharon Brauner, Buyer III
CC: Nina Cook, Purchasing Manager

Date: February 13, 2018

RE: Psychiatric Assessment and Medication Management via Telemedicine RFP

For the benefit of all Contractors/Vendors/Providers submitting proposals and to avoid possible confusion in response to the proposal documents are clarified as follows. Please note this Letter of Clarification is hereby incorporated into the proposal document and shall supersede any previous specification or provision.

1. Questions #1. What is the number of patients per day that would need to be evaluated in (1) an outpatient location and (2) the NPC, if a provider were unexpectedly absent?

   Answer #1: The outpatient location setting will be two intakes with 11 to 15 medication follow-ups. The ICC would be 12 assessments in an eight hour period.

2. Question #2. What is the volume of patients that are rescheduled or managed without an MD on a given day by outpatient location or overall within the outpatient clinic system, as well as the daily NPC volume handled by an NPC provider?

   Answer #2: The goal is to not reschedule patients in the outpatient setting. NPC is a crisis service and no scheduled appointments average about 16 patients per day (this clinic operates 9 AM-9 PM Monday through Friday).

3. Question #3. How many distinct locations might experience physician shortage (unexpected) in a given day that could not be covered by other Harris Center physicians?

   Answer #3: It may be from one to four physicians at a time.

4. Questions #4. In a routine month, how many days are there “prescheduled” known shortages (scheduled time off or absence of providers)?

   Answer #4: Scheduled paid-time-off is not considered a shortage unless the scheduled paid-time-off requested is over a week. Usually this is when we would request coverage and this occurs 3 to 4 times a year.
5. **Questions #5.** Is this likely to be an exclusive or non-exclusive arrangement between Harris Center and the awarded Contractor. (Is it possible that more than one proposer would be awarded a contract to provide these services?)

   **Answer #5:** We are requesting multiple vendors.

6. **Question #6.** What is the anticipated date for the initiation for services –September 1, based on the fiscal contract year?

   **Answer #6:** As stated in the RFP, page 16, Section VIII, under Contract Period, the services will start with an initial period.

7. **Question #7.** Can a successful proposer maintain their own EMR, and include faxed psychiatric assessments or medication management notes to be added as images to the EHR used at The Harris Center?

   **Answer #7:** The request is the use The Harris Center EMR and our current EHR does not support scanned images.

8. **Question #8.** Will The Harris Center medical staff provide all in person evaluations?

   **Answer #8:** Yes, there will be an in-person evaluation at least once a year.

9. **Question #9.** Can we respond only to presenting locums psychiatrists and psychiatric nurse practitioners for the Outpatient clinic only and not provide services for the 24/7 coverage with the 60 minute or better response time? Can we still respond to the RFP?

   **Answer #9:** Yes, note any deviations on the Deviation form in the RFP.

10. **Question #10.** As far as the outpatient clinical setting for the outpatient evaluations on-demand or scheduled is concerned – does that mean the coverage requested for a locums would be onsite at one of the outpatient clinics providing onsite evaluations and/or medication follow up for scheduled appointments as well as provide telepsychiatry coverage at the clinic they are working at? For example – an assignment request would be for 3 months working at the Outpatient Clinics working M-F 8am to 5pm?

    **Answer #10:** At this time the request is to fill when a staff MD is not in the clinic for scheduled or unscheduled paid-time-off. We are not looking to fill a long term position that would carry a caseload.

11. **Question #11.** What is the annual budget for this contract?

    **Answer #11:** The annual budget for this contract cannot be given out at this time.

12. **Questions #12.** Do the rates we present need to be inclusive of travel, mileage, etc?

    **Answer #12:** No, travel will not be involved for Telemedicine vendor.

13. **Questions #13.** How many vendors will be awarded?

    **Answer #13:** More than one vendor may be awarded the contract.

14. **Question #14.** Regarding pricing, will yearly rate increases be allowed?
Answer #14: Section I, Overview, states that the Agency has fixed pricing budgets and our goal is to employ best practices and cost effectiveness. Section III, General Instruction, K, Price Adjustments states that we require vendor to honor their proposal prices for term of the contract period.

15. Questions #15. If we are awarded, but can’t agree to terms, can we withdraw our proposal without penalty?

Answer #15: A submitted proposal cannot be withdrawn once it has been reviewed, processed and determined. However, should you later determine that you cannot agree on a term then you can decline to contract with the Agency.

16. Questions #16. Regarding oral presentations, how often does this occur? Do you know the date of these presentations?

Answer #16: It may be required if you are requested for an interview, demonstration or clarification of your services. The tentative dates will be selected during the week of March 5, 2018.

17. Question #17. Will there be support staff on the patient side during the telemedicine session?

Answer #17: Yes, support staff will be provided by facility during the telemedicine session.

18. Questions #18. Are the patients be at their homes or a facility when communicating with the physician?

Answer #18: Patients will be at the Clinics when communicating with a physician.

19. Questions #19. Are contract negotiations done before or after award?

Answer #19: Contract negotiations will be conducted after the award.

20. Question #20. Who is the current vendor for these services?

Answer #20: The Agency is currently using JSA Health for these services.

21. Questions #21. Does the provider need to be local or within a certain driving distance?

Answer #21: The provider can be located anywhere in the United States. The provider will need a Texas license to practice in the State of Texas.

22. Questions #22. How many prescribers will be expected for the Outpatient only services via telehealth?

Answer #22: The agency expects to have at least one prescriber for the Outpatient services.

23. Questions #23. How much time will be given to the agency/contractor to find a provider for the outpatient services for On-Demand and/or scheduled?

Answer #23: The contractor will be given one hour for on-demand and one hour for scheduled.

24. Questions #24. Can a locum’s agency submit a proposal?

Answer #24: Yes, a locum’s agency may submit a proposal.
25. **Question #25.** Will awardees be allowed an opportunity to negotiate the terms of the contract prior to signing?

   **Answer #25:** Yes, as to any term that is negotiable. All terms are not negotiable (i.e. Indemnification, venue, jurisdiction, subrogation and additional insured).

26. **Questions #26.** If there are contract terms & conditions we wish to negotiate, change or ask questions about should we address them in our proposal?

   **Answer #26:** You may document any changes to the contract in the Deviation form. Complete and sign Attachment C, Deviation Form, on page 38 of the Telemedicine RFP and submit with your proposal.

27. **Questions #27.** Are there penalties incurred if unable to fill any of the openings?

   **Answer #27:** No.

28. **Question #28.** Can we add rates for child/adolescent on the price sheets?

   **Answer #28:** No, do not add rates for child/adolescent. Provide rates for what is only requested on the price sheets on pages 17 to 21 on the Telemedicine RFP.

29. **Questions #29.** Does the provider have to be BC in Psychiatry with child/adolescent experience or does the provider have to be BC in child/adolescent?

   **Answer #29:** Board eligible is fine.

30. **Questions #30.** What is the estimated time frame of notice before a need becomes available?

   **Answer #30:** The goal is to give the provider a two week notice but there may be times when you may be notified the same day.

31. **Questions #31.** Please provide a forecast for the number of hours of locum tenens services for the term of the contract.

   **Answer #31:** There is no information available.

32. **Questions #32.** Can you please provide the current incumbent hourly bill rates for all positions being requested in the bid?

   **Answer #32:** The current incumbent hourly bill rate cannot be given out at this time.

   Text of the Texas Public Information Act
   2014 Public Information Handbook
   Office of the Attorney General
   § 552.104. Exception: Information Related to Competition or Bidding, (a) Information is excepted from the requirements of Section 552.021 if it is information that, if released, would give advantage to a competitor or bidder.

   A formal written Open Record Request may be requested after Contract is awarded for this RFP.
33. Question #33. In the Q/A session on January 30, it was mentioned that "certified" HIPPA compliant work flow, data transmission, and storage is required (page 10, B-11 of RFP). Please provide clarification on what is defined as "certified" HIPPA compliance?

Answer #33 HIPAA – The technology owned and used by the provider must comply with HIPAA standards and the contract agency must certify that the work flow, data transmissions, and any storage of client information complies with these standards. This would include, but is not limited to 1) no saving of files to local media, 2) all data transmissions must be encrypted, 3) etc. just as if the client were in the provider’s office. If the physician is using the Harris Center’s clinical documentation system through Citrix, this is already certified through our agency. We are not asking for a third-party certification.

34. Question #34. Page 4, G. Should references and past performance documentation be the same? What are you looking for in terms of past performance?

Answer #34: Please look in the RFP, page 11, Item G as to what we required of your references.

35. Questions #35. Page 5, Section L and M, Are there any small business requirements for this solicitation?

Answer #35: As mentioned in Sections L and M on page 5 of the RFP, the Agency shall make a good faith effort to utilize HUB, Minority/Woman or Disadvantage businesses.

36. Questions #36. What specific locations will be utilized for this project?

Answer #36: This project will include all clinics and Psychiatric Emergency Services.

37. Question #37. Can you provide implementation timeline based on June Board approval?

Answer #37: Implementation timeline will be scheduled as soon as contract is fully executed.

38. Questions #38. How many facilities will require telemedicine to include: carts, laptops, or special cameras or will there be dedicated telemedicine locations?

Answer #38: There will be dedicated locations.

39. Questions #39. What is the expected timeframe from the June Board approval to the actual time to go live?

Answer #39: We do not have a specific time to go live, but would like to see the service available as soon as possible.

40. Question #40. Page 13, Section C, will there be providers onsite that complete the annual in-person evaluation?

Answer #40: Yes, there will be providers on site to complete the annual in-person evaluation.

41. Questions #41. Will there be dedicated employees on site to help triage the patients?

Answer #41: Yes there will be dedicated employees on site to help triage the patients.
42. **Questions #42.** Will all patient interactions be in one of the designated locations or is direct to patient and option?

**Answer #42:** All patient interactions will be done at the clinics.

43. **Question #43.** Will the designated rooms within each facility conducting Telemedicine encounters remain the same or will the rooms change?

**Answer #43:** The rooms for conducting Telemedicine encounters will not change.

44. **Questions #44.** Please provide 3 years of historical data on the volume of consultations managed by the Harris Center.

**Answer #44:** There is no information available.

45. **Questions #45.** Please provide data for each of the 25 facilities (or for each of the facilities expected to receive TM services)

**Answer #45:** There is no information available.

46. **Questions #46.** Will all type of appointments be candidates for telemedicine or only:
   (1) walk-ins?
   (2) those that would otherwise be rescheduled?
   (3) those that would be otherwise canceled due to physician absence?

**Answer #46:** Yes, all types of appointments will be candidates for telemedicine including walk-ins, rescheduled and cancellations due to physician absence.

47. **Questions #47.** Referrals to Telemedicine consultation:
   (1) What portion of walk-in consultations is expected to be referred to telemedicine?
   (2) Will all appointments that are currently canceled be referred to telemedicine? If not all, what portion?
   (3) Will all appointments that are currently rescheduled be referred to telemedicine? If not all, what portion?

**Answer #47:** There is no information available.

48. **Questions #48.** Scheduling of Telemedicine consultations:
   (1) What is the anticipated path of the patient to the telemedicine referral - for each type of patient population (Mental health outpatient, IDD, Forensic, Crisis)?
   (2) Are the crisis and forensics sessions being done in a clinic setting or in an ER setting or another setting not described?
   (3) If a referred patient is determined not to be an appropriate candidate for telehealth, what is the anticipated path to redirect that patient back to in-person care?
   (4) Are there scheduling hubs facilities among the 25 facilities? If so, which facilities are scheduled by which hubs

**Answer #48:**
   (1) Provide options in your RFP response.
   (2) Clinical setting for majority of patients, including forensic. Some crisis services programs will be in hospital or residential settings.
   (3) We will have our own staff contact the Practice Manager to arrange a clinic MD to see the patient.
   (4) Each clinic has their own scheduling hub.
49. **Questions #49.** Exclusions from Telemedicine consultation, what is the expected exclusion criteria for telemedicine consultation? Will there be any scenarios where appointments referred for telemedicine are recalled for an in-person visit?

**Answer #49:** An expected exclusion would be an individual who is clinically unstable, an agitated psychotic who will need to be routed to a physician face to face. Telemedicine appointments will be recalled if the client is clinically unstable.

50. **Questions #50.** Expected duration of a consultation

   (1) What is the time allocated for an initial evaluation?
   (2) What is the time allocated for a follow up visit?

**Answer #50:** The time allocated for initial evaluation is one hour and fifteen minutes for a follow up visit.

51. **Questions #51.** Location of patients to receive Telemedicine consultations:

   (1) What are the 5 facilities that generate 80% of the appointments for Harris Center?
   (2) Will consultations for the CPEP and Forensic divisions be done in a clinic setting? in an ER setting? or another setting not described?

**Answer #51:** All facilities generate 80 percent of the appointments. Consultation for the CPEP and Forensic divisions will be done in either a clinic or ER setting.

52. **Questions #52.** Historically, what is the average number of On-Demand Evaluations annually?

**Answer #52:** Not available.

53. **Questions #53.** Are contractors responsible for providing background checks?

**Answer #53:** Yes, contractors are responsible for providing background checks.

54. **Questions #54.** Historically, what is the average number of Outpatient Evaluations?

**Answer #54:** The average number of outpatient evaluations is two 1 hour psychiatric assessments and eleven to fifteen medication follow-up in a day.

55. **Questions #55.** Please advise as to the type of audio/visual equipment you have.

**Answer #55:** The Harris Center currently uses for its audio/visual equipment the LifeSize ICON 600 with LifeSize Cloud.

56. **Questions #56.** Questions regarding lifesize equipment:

   (1) Do all 25 sites leverage the same A/V equipment and is there a dedicated technical resource at each equipped site to support A/V equipment? Not all sites have A/V.
   (2) Will the equipment in the facilities used for telemedicine visits be used for any other purpose than this program?
   (3) If you maintain LifeSize and current A/V equipment, what are the expectations of the selected vendor for technical support of this equipment and software?
   (4) Please provide configuration documents of the LifeSize devices currently deployed or planned for deployment.
   (5) What is the current maintenance process for the equipment?
56. **Questions #56.** How many facilities will require telemedicine to include: Carts, laptops, or special cameras? Or will there be dedicated telemedicine locations?

**Answer #56:**
1. The sites needing telemedicine (6 at this time) have or will have LifeSize.
2. No, equipment will be dedicated to telemedicine only, but this will also include internal telemedicine.
3. It is expected the vendor will provide technical support only on the vendor end and to work with the Agency on connectivity.
4. They are simply HP PCs (small form-factor), 40-50 inch TVs and a LifeSize ICON Camera. Specification sheets are too lengthy for this Letter of Clarification. Specification sheets will be provided upon request.
5. Same as PCs, they are under a three year warranty. Replaced when they fail after three years from internal stock.

57. **Questions #57.** How many facilities will require telemedicine to include: Carts, laptops, or special cameras? Or will there be dedicated telemedicine locations?

**Answer #57:** There will be dedicated rooms in six Agency locations.

58. **Questions #58.** Any other expectations for an equipment standpoint other than providing/service/tech help?

**Answer #58:** We will have other expectations only if you require a specific system or you provide the system.

59. **Questions #59.** If using existing equipment, is system a non-proprietary PC or Mac-based computer and open to run Chrome/Firefox browser with access to a camera, speaker, and microphone? Example is a proprietary Lifesize room system.

**Answer #59:** Only the Icon Camera is “proprietary”. The other components are “commodity” items.

60. **Questions #60.** Will each telemedicine station for each facility and provider be conducted by wired or wireless Ethernet?

**Answer #60:** All of the dedicated systems will be wired, however the Agency has the capability to use laptops if the situation requires it. Laptops can be wired or wireless.

61. **Questions #61.** What is the available Internet bandwidth at each location performing Telemedicine encounters?

**Answer #61:** It is preferred that the vendor communicate what is needed for reliable performance and we are prepared to upgrade. Currently all audio/visual shares a 1 GB internal VLAN with a 50MB internet connection. We are considering placing telemedicine on its own VLAN and separate internet connection.

62. **Questions #62.** Please specify the timing of the data (daily, weekly, monthly) - Please include:

1. Total number of walk-in initial evaluation consultations for each facility
2. Total number of completed scheduled visits for each facility
3. Total number of completed on-demand visit for each facility
4. Total number of follow up visits provided by each facility
5. Total number of rescheduled initial evaluation visits at each facility
6. Total number of rescheduled follow-up visits at each facility
7. Total number of cancelled initial evaluation visits at each facility
8. Total number of cancelled follow up visits at each facility
9. Total number of outpatient, IDD, forensic, and crisis calls for each facility

**Answer #62:** This information is not available.
63. Questions #63. What are the hours/schedule for the outpatient clinic? What are the hours for the crisis center? Would after hours coverage be considered 24/7 on-call coverage?

Answer #63: The hour for the outpatient clinic and crisis center are from 8:00 am to 5:00 pm. Yes, after hours would be considered 24/7 on-call coverage.

64. Questions #64. What is the anticipated or historical patient volume for 24/7 coverage?

Answer #64: The patient volume for 24/7 coverage varies for ICC from 10 to 12 patients a day.

65. Questions #65. What are the possible patient encounter locations for 24/7 coverage (home, Harris Center facility, etc)? Is the initial provider/patient encounter required to be in person?

Answer #65: The patient will be in a Harris Center facility. No, it is our understanding that the initial provider/patient encounter does not require to be in person.

66. Questions #66. “Page 5, typically it is company policy not to submit audited financial statements electronically. Would a Dunn & Bradstreet report suffice for this requirement?”

Answer #66: If an electronic audited financial statement is not available you may provide a hard copy or as indicated in the RFP, Section 3, I., you can include a letter from you CPA that the company is financially solvent to meet expenditures for at least one year. A Dunn & Bradstreet report does not meet this requirement because it is unaudited.

67. Questions #67. Regarding the Pricing pages, our rates are different for a Psychiatrist and Advanced Nurse Practitioner. Do we have to use the provided pricing sheets or can we create our own or at least a second chart, so they show Psychiatry in one and Advanced Nurse Practitioner separately?

Answer #67: See Addendum #1, for revised Proposal Reply Page.

68. Questions #68. If we do have locums psychiatrists and psychiatric nurse practitioners that would be open to doing telepsychiatry for the On Demand piece we do not provide the equipment or the technical support. We make sure the provider that is interested has a computer with an internet connection and a webcam. Is that sufficient?

Answer #68: Yes, but also needs high-speed internet and we will have them install a Citrix receiver software for accessing our clinical documentation system (there is no cost for this software).

69. Questions #69. Will Harris Center take responsibility for ensuring that the distant site qualifications are met and the appropriate doctor-patient relationship is established for telemedicine purposes?

Answer #69: Yes.

70. Questions #70. Can a partial bid be sent in for just the outpatient services?

Answer #70: Yes, but document any deviations on the Deviation Form provide in this RFP.

71. Questions #71. Patient profile for 24 hour care: please explain the assignment of patients for the CPEP 24 hour crisis line versus 24 hour care via telemedicine.

Answer #71: The patients for the 24/7 will be in crisis and need an assessment by the telemedicine physiatrists. The crisis line may need it if a physician is not available and may assign it to telemedicine.
72. **Questions #72.** Are the crisis and forensics sessions being done in a clinic setting or in an ER setting or another setting not described?

   **Answer #72:** In a clinic or ER setting.

73. **Questions #73.** Page 10, B. 1. Will providers need to be onsite to provide services? Or will they be able to provide services from another location?

   **Answer #73:** Providers do not need to be on site. They will be able to provide services from their locations.

74. **Questions #74.** If equipment is needed, would the Harris Center rather purchase or lease equipment?

   **Answer #74:** We do not expect to provide hardware for the provider end, only The Harris Center. If this is proprietary hardware required by the contract agency, then document any deviations on the Deviation Form provide in this RFP.

75. **Questions #75.** What are the estimated number of encounters (outpatient)?

   **Answer #75:** It is estimated from 11 to 15 a day.

76. **Questions #76.** What are the estimated number of encounters (24-7/365/on-demand)?

   **Answer #76:** Information is not available.

77. **Questions #77.** Who will be responsible for equipment used for the telehealth services at the clinic location?

   **Answer #77:** The Harris Center Information Technology Department.

78. **Questions #78.** Who will be responsible for equipment used for the telehealth services for the medical provider?

   **Answer #78:** The individual provider of the contract agency.

79. **Questions #79.** Can you revise the sample contract to include the staffing services to be provided by agencies like ours that are not providing the telehealth services but, instead, are providing individuals who will provide the telehealth services? (For example, from the very beginning, the contract is written as if the “Contractor”, which is us, will be delivering services for scheduled hours, as confirmed by the service description on Exhibit A.)

   **Answer #79:** Yes, the contract can be drafted to outline the distinction between the Provider and the Contractor.

80. **Questions #80.** Can we remove the reference to “Contractor’s personnel” in the indemnification provision?

   **Answer #80:** Yes, with the insertion of other clarifying information. Ie. Contractor will be responsible for making sure that any sub-agreement as between Contractor and personnel include the same Indemnification language as between personnel and the Agency. Proof will be required upon request.
81. **Questions #81.** Can changes be made to the contract to make certain the agency is not expected to provide medical services, it is the Medical Prescriber that is providing the service?

  **Answer #81:** Yes.

82. **Questions #82.** Can the indemnification clause be removed altogether?

  **Answer #82:** No.

83. **Question #83.** Regarding the insurance, we don’t provide Umbrella Coverage (Section VI.(a)(6)), can this be removed?

  **Answer #83:** No. It can be discussed. Document any deviations on the Deviation Form provide in this RFP.

84. **Question #84.** Can we delete the Waiver of Subrogation obligation (Section VI.(c))?

  **Answer #84:** No.

85. **Questions #85.** The Agreement doesn’t include any locum-specific language; may we propose an addendum to the agreement where we could incorporate some locum-specific terms?

  **Answer #85:** Yes.

86. **Questions #86.** Since the duties of the Contractor and the Provider are separate and distinct, especially as Contractor does not itself provide medical services, it is important that Providers not be incorporated into the definition of Contractor—can this be reworded?

  **Questions #86:** Yes.

87. **Questions #87.** Can language changes be made (indemnification, insurance, venue, etc.)?

  **Questions #87:** No.

This Letter of Clarification #1 is hereby incorporated in the RFQ document and shall supersede any previous specification or provision in conflict with the Letter of Clarification #1. All responding Contractors are directed to respond accordingly. Contractors are required to add this Letter of Clarification #1 to the original RFQ document.