

STATE OF CALIFORNIA
PRISON HEALTH CARE SERVICES
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P.O. Box 4038, Suite 3701, 95812-4038

J. Clark Kelso, Receiver



January 11, 2010

TO: PROSPECTIVE BIDDER

RE: REQUEST FOR PROPOSAL (RFP) 09341, ADDENDUM NUMBER 7

CPHCS has attached responses to questions from the December 8, 2009 bidder's conference. Please note, the Proposal due date has been revised to January 25, 2010, at 2:00 p.m.

This RFP has been amended and the changes are included in the attached addendum #7.

If you have any questions or need assistance from this office, please do not hesitate to contact Debra Jones at debra.jones@cdcr.ca.gov.



**RESPONSES TO QUESTIONS ASKED AT THE DECEMBER 8, 2009 BIDDER'S CONFERENCE
NURSING RFP, 09341
Addendum #7**

Independent Contractor/Subcontractor

- **Who is held legally responsible if a registry staff member injures a patient-inmate or if the registry staff gets hurt at the correctional facility?**
 - *The registry contractor is responsible if a registry staff member injures a patient-inmate or if the registry staff gets hurt at the correctional facility, see Exhibit D, Provisions 18, 39, and 47.*
- **Who is responsible for the registry staff members' workers compensation, W-2s, 1099's, taxes, etc.**
 - *The registry contractor is responsible for the registry staff members' workers compensation, W-2s, 1099's taxes, etc, see Exhibit D, Provisions 4, 28, and 47.*
- **A suggestion was made for CPHCS to request insurance documents from subcontractors.**
 - *CPHCS' contract is with the registry – not the personnel that the registry secures for performance of the services under the contract – and as a consequence the contractor is required to ensure that its personnel carry and maintain the appropriate insurance coverage.*
- **How many RN's/LVN's/CNA's do you want submitted on the subcontractor/consultant list? Is one sheet, with 5 names, per each specialty, enough?**
 - *All personnel must be identified on the Subcontractor/Consultant List. If the registry intends to utilize more than five (5) personnel in the performance of the duties and obligations of the agreement, then it will be necessary for the registry to submit more than one (1) Subcontractor/Consultant List.*
- **What is the State's stance on liability for 1099 independent contractors? Questioner states that the state is not making hard requirements on the registries regarding their role. In regards to 1099 independent contractors, where does the liability rest?**
 - *1099 independent contractors are subcontractors/subProviders of the registry and not employees of the State of California. Liability for these independent contractors lies with the registry. See, e.g., Exhibit A, Provisions 5.b., 13 and 14.a; Exhibit B, Provision 4;*

Exhibit C (GTC 307) Provisions 5 and 8; Exhibit D, Provisions 4, 11, 25, 28, 39 and 47.b; and Exhibit F, Provision 38

- **As it relates to 1099 contractors, should registries that use them be required to provide insurance on them separately?**
 - *Yes, the contractor is required to ensure that independent contractors and subcontractors comply with applicable worker's compensation insurance laws.*
- **Will all registries be providing documentation on contract employees?**
 - *Yes, any registry that intends to utilize an independent contractor or subcontractor to perform the duties and obligations under the agreement for temporary/relief nursing services is required to provide copies of all appropriate documentation including licenses, permits, certifications, clinical competency verifications and any other documents required as a part of the agreement.*

975 Hour Cap

- **Is the 975 hour cap applicable for this current fiscal year?**
 - *Yes.*
- **If the registry staff member goes over the 975 capped hours in the current fiscal year, will the overage carry forward to the next fiscal year?**
 - *No.*
- **Will the 975 hours requirement apply only to one fiscal year and will zero out from the next fiscal year?**
 - *The 975-hour cap applies to each fiscal year. Therefore, at the beginning of each new fiscal year, a new reporting period begins. As of 12:01 a.m. of each new fiscal year, zero hours will have accrued toward the 975-hour cap for that fiscal year.*
- **Since staff will be limited to 975 hours each year, do you get re-oriented each year?**
 - *No.*

Request for Proposal

- **Will the Medical Assistant classification be considered for the next Request for Proposal?**
 - *No decision has been made with regard to the future use of by the institutions of Medical Assistants.*

- **Will there be a “clean” new RFP in its entirety be distributed to all potential bidders? There is too much confusion with all of the multiple addendums.**
 - *A new RFP in its entirety was published with Addendum 6. The link to Addendum 6 is www.cphcs.ca.gov/project_rfp.aspx.*
- **Can CPHCS provide a sample RFP response for those not use to the process to follow?**
 - *CPHCS does not have a sample Proposal for nursing services to share with potential bidders for temporary/relief nursing services.*
- **If CPHCS goes back to following the state process, will the nursing contracts still be in place?**
 - *Yes, contracts awarded as a result of this RFP will remain in effect until the contract termination date unless terminated for other reasons described within the contract itself i.e. failure to perform etc..*
- **Are there any penalties for bidders who submit bids for nursing services and locations they can not perform?**
 - *Bidders who are awarded contracts for nursing services and/or locations and it is later determined and documented that they are unable to deliver services per the term of the agreement may have their contract terminated for cause pursuant to Exhibit D, Provision 2.b.*
- **Is it possible for those who are awarded the nursing contract to view certain information from the monthly Service Report submitted 975 hour cap reports?**
 - *Yes*
- **Please confirm if the proposal is for both travel and per diem staffing?**
 - *No, this RFP is not for travel or per diem staffing. Exhibit 1, Provision 1.d. states that the contractor shall be responsible for all expenses associated with travel to and from the institution and lodging.*

Request for Proposal Evaluation Process

- **If several bidders pass phase I in the evaluation process and all of them submitted the same bid rate, would all of them be awarded the contract? If a proposal meets the phase I requirement of getting 120 points minimum, then that proposal will receive an award under this contract as long as their rates under the cut off rates (in which case they will be ranked according to their rates on the matrix)?**
 - *Yes, if several bidders pass Phase I of the evaluation and achieve a minimum of 120 points and their bid rates did not exceed the bid cap of \$75.80 for RN's, \$38.24 for LVN's and*

\$26.29 for CNA's then all of the bidders would be awarded a contract. The contract bid matrix would rank each contract according to their rates from lowest to highest.

- **Will there be a cost threshold in the evaluation process (phase II)?**
 - *Yes, the cost threshold is the bid cap of \$75.80 per hour for RN's, \$38.24 per hour for LVN's and \$26.29 per hour for CNA's.*
- **Will a bidder with a high score in phase I (administrative) have an added advantage over other bidders when it comes time for phase II evaluation (event though they have higher rates than the other bidders)?**
 - *No.*
- **How many references does CPHCS want the potential bidders to submit for the evaluation? What information should be included in the reference submissions? Does the number of executive managers play a role in the evaluation?**
 - *The evaluation will focus on the substance of the references and not the quantity of references submitted. In addition, the number of executive managers does not play a role in the evaluation, as much as, did the bidder demonstrate that they have an executive staff with expertise and experience in managing the delivery of nursing services to the institutions.*
- **Can they obtain references from any of the CDCR institutions?**
 - *Yes, references can be obtained from any of the CDCR institutions. Non-JCAHO certified registries are to complete and submit with their bid Attachment 1 – Reference Information Sheet identifying institutions or at least three (3) organizations providing services similar in scope to those that exist within the CDCR/CPHCS healthcare setting in order for CPHCS to request reference from those institutions or organizations.*
- **I am a starter in the healthcare staffing, so I don't have references because I just started the business, can my bidding be accepted with no references?**
 - *In order for a bid to be considered a contractor must hold certification as a Health Care Staffing Service (HCSS) by the Joint Commission of the Accreditation of Healthcare Organizations (JCAHO) or for non-JCAHO registries provide references from CDCR/CPHCS facilities that the contractor has provided temporary and relief RN, LVN and CNA services to within the last twenty-four (24) months; or if no past experience with CDCR/CPHCS, from at least three organizations providing services similar in scope to those that exist within the CDCR/CPHCS healthcare setting.*
- **For the key personnel references are you looking for current clinical references about each person or a resume of work history?**
 - *The RFP requires respondents to submit references for each of their key executive personnel. In addition, the respondent may also submit a maximum of six (6) resumes with*

their proposals. Resumes shall be included in the Appendix to the Proposal and does not count towards the total number of pages, which is twenty-five (25) double-sided pages total length.

- **In regards to the references for administration personnel, can you clarify what type of references do you require? We are required to provide minimum of 3 past project references or past performance. However, we are requiring additional references for the administrative personnel who work in the office. Can you clarify what you are requesting?**

- *For key executive personnel - references should be able to substantiate the ability of the key executive personnel to manage the delivery of on site nursing services for CDCR/CPHCS institutions. In addition, to references should include a description of projects that the respondent has been involved in.*

Non-JCAHO certified respondents with no prior experience providing nursing services to CDCR/CPHCS may submit reference information from at least three (3) organizations providing services in another state prison system, health care in a county correctional facility similar in size and complexity to the CDCR facilities, or a health care organization that provides services to patients in range of ambulatory and inpatient clinical settings.. This information is requested to determine the quality of nursing services provided by the contractor.

- **If our office staff has provided services to CDCR, can we use contacts from CDCR as the references for the key staff?**

- *Yes, you may use contacts from CDCR as references for the key staff.*

- **Since we don't have experience providing LVN services to CDCR, can we use our LPT (same as LVN) staffing experience in the CDCR system in lieu of LVN staffing experience?**

- *Yes.*

- **You require minimum of 3 customer references. Can we provide 1 RN, 1 LVN, 1 CNA staffing reference total OR do you want us to provide a minimum of 3 each?**

- *You just need to provide three (3) references.*

- **If we are providing non-CDCR references, should we still fill out the same Reference Information Sheet? Even though it states CDCR facilities/representatives on it?**

- *Attachment 1, Reference Information Sheet will be revised to clarify that this document shall also be utilized for non-CDCR references. A revised Attachment 1, Reference Information Sheet is attached to this response in its entirety.*

- **In addendum #6, the word "innovative" has been removed. Are we to imply from this that the Receiver no longer wants "innovative proposals" and instead wants staffing**

registries to simply bid, so that a matrix system like the one currently in place can be utilized?

- *No, this RFP seeks proposals from bidders that will allow CPHCS to evaluate the ability of each respondent to delivery temporary and relief on site nursing services to the institutions, as described in Phase I of the evaluation process. However, the end result of the RFP evaluation will be the awarding of multiple contracts that will utilize a bid matrix system that the institutions will use to request services.*

- **Will points scored during Phase I score, in order to rank the prospective contractor in Phase II (Phase II Rate/Phase 1%) = hierarchy ranking (Phase II rate unchanged)**

Option – Utilize a multiplier from the Phase I score, in order to rank the prospective contractor in Phase II (Phase II Rate/Phase I %) = hierarchy ranking (Phase II rate unchanged)

Example

**Company A's Phase I Score – 127.50 (85%) Phase II RN Rate - \$50/hr
\$50/.85 = \$58.82 – Phase II ranking, but \$50/hr rate unchanged**

**Company B's Phase I Score – 142.50 (95%) Phase II RN Rate - \$50/hr
\$50/.95 = \$52.63 – Phase II ranking, but \$50/hr rate unchanged**

**Company C's Phase I Score – 150 (100%) Phase II RN Rate - \$50/hr
\$50/1 = \$50.00 – Phase II ranking, but \$50/hr rate unchanged**

- *No.*

- **Is it true that the cheaper contractors will receive the majority of the contracts whereas the more expensive contractors will receive small remaining portion of the contract dollars?**

- *Successful bidders who achieve the minimum of 120 points in Phase I of the Evaluation and whose bid rate does not exceed the rate cap of \$75.80 per hour for RN's, \$38.24 per hour for LVN's and \$26.29 per hour CNA's will be awarded contracts, with the bid matrix ranked from the lowest to the highest bid rate.*

- **If more expensive contractor goes over their contract amount, what happens then? Will they be required to stop service? Or are they allowed more money on their agreement via amendment?**

- *The nursing contract will be monitored for compliance with the contract and if usage exceeds the contract amount, and if continued usage is warranted by CPHCS, the contract may be amended to add additional funds.*

- **Can a company get awarded points for Small Business Preference and SBE subcontractors' participation?**

- *Yes, if you are a certified small/micro business enterprise or will use a subcontractor who is a certified small/micro business enterprise and you complete and submit Exhibit B-1, Bid Proposal, OBS 550, Non-Small Business Subcontractor Preference Request, and OBS 551, Small Business Subcontractor/Supplier Acknowledgement you will be eligible for the small business preference.*
- **Does the OBS 551 Small Business Subcontractor/Supplier Acknowledgement form need to be completed and submitted for each independent contractor working under the new contract?**
 - *No, the OBS 551, Small Business Subcontractor/Supplier Acknowledgement would only be completed if you are using a certified small business as a subcontractor in the performance of the agreement. To become certified as a small business you must submit an application to the Department of General Services (DGS), Office of Small Business and DVBE Services. The link to DGS' Office of Small Business and DVBE Services is <http://www.pd.dgs.ca.gov/smbus>*
- **Is an original signature needed on the Small Business Subcontractor/Supplier Acknowledgement form?**
 - Yes.

Clinical Requirements

- **Will program (nursing) manage the clinical requirements (licensing, insurances, etc.)?**
 - *The contractor has responsibility to ensure licensure and insurances are appropriate and current. Failure to do so would be considered failure of the contractor to perform under the terms of the contract.*
- **How will CDCR monitor and audit the minimum qualifications for RN's, LVN's and CNA's in regards to experience and performance?**
 - *Each institution will be expected to check the licensure of any candidate proposed by the contractor to be considered for use at the institution as part of the clearance process. The contractor is expected to ensure that its personnel retain current licensure and any other credentials required in the RFP. Failure to do so would be considered failure of the contractor to perform under the terms of the contract.*

Addendums to the RFP

- **According to Addendum #6, a complete copy of the RFP 09341 was attached. I noticed that Exhibit D has a revision date of February 23, 2009. However, the State updated Exhibit D with revisions on its website, dated September 2009. Should we still use the Exhibit D attached to this RFP or the revised version? Also, the table of contents states Exhibit K is attached, but it is not in the revision to Addendum #6.**

- Yes, the Exhibit D was updated in August 2009. The version that was included in RFP 09341 is an earlier version that was updated on February 23, 2009. The RFP includes as a sample the Standard Agreement that will result from this RFP, which includes Exhibit D. The final agreement will be substantially similar to the sample Standard Agreement included with this RFP, and will include the most current version of all Exhibits and forms required to execute a contract with CDCR/CPHCS.

Exhibit K, Hierarchy Chart is attached to this response in its entirety.

- **Will you please send me the most current version or the link to the RFP for Temporary Onsite Nursing Services?**
 - A new RFP in its entirety was published with Addendum 6. The link to Addendum 6 is www.cphcs.ca.gov/project_rfp.aspx.
- **I have a question pertaining to the latest addendum. On page 9 of 11 for item 10 checklist of required attachments, it requests Exhibit B-Budget Detail and Payment Provisions be included. Is there a form missing because when I looked at Exhibit B there are only a couple of paragraphs pertaining to invoicing and payment and budget.**
 - The checklist on page 9 of 11 of the Request for Proposal Requirements requires bidders to complete and submit Exhibit B-1, Bid Proposal, and not the Exhibit B, Budget Detail and Payment Provisions. The Exhibit B that was posted as part of Addendum 6 contains no missing pages. Exhibit B is a two page document and both pages were included in Addendum 6. The link to Addendum 6 is www.cphcs.ca.gov/project_rfp.aspx.
- **I noticed today that RFP 09341 is missing Attachment 3 (The Reference Questionnaire). On page 8 of 11 or the RFP (Addendum 6), the last sentence in the third paragraph of section 5 refers to this document. Will you please include this document in your next Addendum?**
 - Attachment 3, Reference Questionnaire is attached to this response in its entirety.
- **Per Addendum 6 – I wanted to verify the Proposal Due Date of 2:00 p.m. on January 21, 2010 – and/or inquire if there was an expected revised due date as a result of the Bidder’s Conference at this time?**
 - No there will not be any change to the proposal due date as a result of the Bidder’s Conference. Proposals are due at 2:00 p.m. on January 21, 2010.

Bidder’s Conference

- **Can conference callers have access to the slide show presented to the conference attendees on December 28, 2009, via the website where we receive addendum?**
 - Yes, the PowerPoint presentation presented at the Bidder’s Conference is attached to this response in its entirety.

- **One wanted clarification that a bidders' conference will not be held for the nursing registry RFP.**

- *The bidder's conference for the nursing registry RFP was held on December 8, 2009.*

Orientation Training

- **When will nurses be reimbursed for orientation classes and will they also be reimbursed if they attend the "clinical" or "facility" orientation training? What are the reimbursable rates for the classroom orientation classes and "clinical/facility" orientation training (if applicable)?**

- *Orientation that meets the requirements specified in Section 11 of Exhibit A, Scope of Work will be reimbursed one-half of their hourly rate for the first forty (40) hours of orientation training they receive at the assigned facility.*

- **Can CDCR create uniform orientation processes throughout the 33 institutions? In particular, can the amount of time that is considered orientation be consistent between institutions?**

- *Since each institution has different facility levels and program needs, it is critical each institution develops an orientation training program for registry staff to address their unique staffing and program requirements. Registry staff that attends orientation training that meets the requirements in Section 11 of exhibit A, Scope of Work will be reimbursed one-half of their hourly rate after the nurse has worked a minimum of eighty (80) hours in excess of the institution's forty hour orientation training. Any other clinical training will be reimbursed at the hourly rate.*

- **Please clarify in the RFP which type of orientation is being addressed. Can CDCR please provide clarification of the difference between orientation class and orientation in a facility (also referred to as clinic or floor orientation)?**

- *Section 11 in Exhibit A, Scope of Work will be revised accordingly to specify that the first forty hours of training given at the facility will be reimbursed one-half of their hourly rate after the nurse worked a minimum of eighty hours in excess of the institution's forty hour training.*

- **Question: Does a registry staff member need to attend orientation training every year? What if the registry staff member transfers to another correctional facility?**

- *Registry staff will only need to attend orientation training once after they have first been assigned to an institution (with the exception of refresher courses, updated law mandates or performance issues). If registry staff transfers to another correctional facility, the requirement for additional orientation training is dependent on changes in the law or the lapse of time since taking the last orientation class.*

- **Please clarify in the RFP which type of orientation is being addressed.**

- *Section 11 of Exhibit A, Scope of Work will be revised to clearly define orientation training as the forty hours training the nurse receives at the facility upon their first arrival at the assigned institution.*
- **Is the reduced compensation rate effective for all types of orientation?**
 - *No, the reduced compensation rate is only effective for the nurse's first forty hours of training provided by the assigned facility per the requirements in Section 11, Exhibit A, Scope of Work.*
- **Suggestion: Accounting should know what is billable for full rate versus half rate when registry staff attends orientation classes.**
 - *Accounting will reimburse based upon what has been approved by the Contract Administrator.*

Contract Management

- **How will “Registry Flipping” be enforced on a facility level? When a contracted employee is dismissed either voluntarily or involuntarily from a post what will CDCR’s process be for filling that open position?**
 - *CPHCS adheres to Business and Professions Code 16600 et seq., and promotes citizens’ rights to seek employment with whomever they choose. If a contracted employee is dismissed for any given reason, the respective institution will have the right to select a registry replacement by obtaining services from the list of providers on the matrix in ranking order, the institution has to go back to the registry that is primary on the matrix to obtain services.*
- **What will the Department do about nurses “switching registries” once they were placed with their employing registry. Since this has been a huge problem for all of the employers, is the Department going to take action about this and include those actions in writing as part of the contract? This practice does no justice to the employing registry, undermines the sole purpose of the matrix and ends up costing the Department much more money that is necessary. Can we expect CDCR to take action against this practice? Or will CDCR just “leave it to the registry and their employee to deal with it” which has resulted in CDCR having to pay more than necessary for the same nurse. This practice directly impacts the nursing services budget.**
 - *Generally, the State does not get involved with non-competition and non-solicitation agreements. The State adheres to Business and Professions Code 16600 and the policy of protecting citizens’ rights to pursue any lawful employment or enterprise of their choice. However, one possible solution to address any identified cost inefficiencies would be to develop and implement a CPHCS Statewide Nursing Registry Matrix that could be used by management to track all registry staff’s monthly reported hours, registry, assigned institution, etc. The appointed Nursing Contract Management Administrator will emphasize*

the requirement for each respective institution to select a registry replacement by obtaining services from the list of providers on the matrix in ranking order.

- **What is CDCR's plan for managing that nursing qualifications are met?**
 - *The Contract Administrator and Contractor(s) will be responsible for ensuring all nursing qualifications as provided in Section 3 of Exhibit A, Scope of Work are continually met throughout the term of the contract.*
- **What is CDCR's plan for insuring that insurance requirements are maintained?**
 - *The Contract Administrator and Contractor(s) will be responsible for ensuring all insurance requirements as provided in Sections 4 and 28 of Exhibit D, Special Terms and Conditions and Additional Provisions are continually met throughout the term of the contract.*
- **Will companies be audited?**
 - *Yes, in accordance with the terms and conditions specified in Section 14(a), Exhibit A, Scope of Work, CPHCS maintains its right to evaluate the performance of all Contractors.*

B-2 Rate Sheet

- **Will the contract be awarded separately for each nursing classification (Registered Nurse, Licensed Vocational Nurse and Certified Nursing Assistant)? The current B-2 Excel Spreadsheet enclosed with Addendum 6 requests for the three nursing classifications to be totaled to get one amount.**
 - *No, separate, contracts will not be awarded for each classification. Contracts will include awards for all classifications within this RFP that the respondent successfully bid upon with a separate hierarchy ranking for each classification. Awards will be based on proposed rates for each classification included in the RFP (RN, LVN and CNA). The B-2 Rate Sheet has been revised to display proposed rates by each of the three classifications separately. The revised B-2 Rate Sheet is attached in its entirety.*
- **Will CDCR provide a copy of the Bid Matrix from the last contract for nursing services?**
 - *The bid matrix for the expired contracts for Temporary/Relief RN, LVN and CNA Services is posted on the CPHCS website in addendum #4. The link to addendum #4 is http://www.cphcs.ca.gov/docs/projects/TROSNS_20091104_Addendum4.pdf.*
- **I understand under prior master nursing contracts, the current bid matrix was provided in excel format. I see it has been provided in .pdf format under Addendum #4. Would it be possible to obtain the excel version?**
 - *The bid matrix for the expired contract for Temporary/Relief RN, LVN and CNA Services in excel format is attached in its entirety.*

- **How can bidders show the varied pay levels for their nurses on the B-2 Rate Sheet? Bidders consider factors like qualifications, skills, longevity, etc. when structuring their nurses' salaries. The current B-2 Rate Sheet doesn't give bidders the opportunity to display the varied rate structure for their nurses, and bidders do not want to be accused of breach of contract if all of the nurses' salaries are not revealed on the B-2 Rate Sheet. Can CDCR clarify if bidders should provide the average salary paid or the highest salary paid?**
 - *The rate sheet no longer requires the bidder to separate the hourly salary paid to nursing staff from administrative overhead costs. The change to the rate sheet eliminates the need for the bidder to display the varied rate structure used for their nurses. Bidders are only required to display the hourly rate that they propose to charge CPHCS for the provision of nursing services. The revised B-2 Rate Sheet is attached in its entirety.*

- **Will the bid matrix be used to determine the priority of services? Who enforces the bid matrixes (which Provider should be called first, second, third, etc. to provide services at the institution)?**
 - *The bid matrix will be used to determine the priority for service providers. Instructions will be provided to each institution about how the bid matrix is used.*

- **What was CPHCS' process for determining the cost threshold for each nursing service modality?**
 - *The RFP is requesting temporary/relief onsite nursing services to supplement and backfill civil service positions. Maximum rates for each classification are based on current civil service rates, adjusted for benefits and overhead costs.*

- **From the price evaluation standpoint, will our proposals be evaluated based only on the bid amount? Is the purpose of providing information on the salary and indirect administration cost just to support the bid amount?**
 - *Proposals will be evaluated on the hourly rate that the bidder proposes to charge CPHCS for the provision of nursing services and the indirect administrative costs are a component of that rate. However, to eliminate confusion the B-2 Rate Sheet has been revised and no longer requires that the hourly rate for the nurse be displayed separately from the indirect administrative overhead costs. Bidders are only required to display a single hourly rate. The revised B-2 Rate Sheet is attached in its entirety.*

- **When you say provide a commitment of resources, are you specifically asking us to provide the number of RN, LVN and CNA workers we have available for each facility?**
 - *No, the Exhibit B-2, Rate Sheet identifies the number of personnel and hours required by each institution. Bidders should only submit bids to provide services for those institutions that they can commit the required number of resources. Page 8 of 11 of the Request for Proposal Requirements has been revised to clarify this requirement.*

- **The rates provided by CDCR as the cut off rates; do those rates apply to each facility? In other words, are the cut off rates the same for all 33 prisons? (unlike other matrix style contracts where rates vary)**
 - *Yes, the cut off rates are the same for all 33 institutions. The cut off rate is the maximum rate for each classification as identified in the RFP. The maximum rate for RN is \$75.80 per hour, the maximum rate for LVN is \$38.24 per hour, and the maximum rate for CNA is \$26.29 per hour*
- **Several people in attendance indicated that state staff provides bill rates to registry staff who are in turn questioning the registry about their pay rate. By providing bill rates in salary and overhead components, registries are concerned that staff will jump from one registry to another to receive higher pay. What can the state do to stop staff from jumping between registries?**
 - *The B-2 Rate sheet has been revised and no longer requires that the hourly rate for the nurse be displayed separately from the indirect administrative overhead costs. Bidders are only required to display a single hourly rate. The amended B-2 Rate Sheet is attached in its entirety.*
- **Getting a new staff person from the lowest bidder to replace staff that moved to another registry is a lengthy process. Gate clearance can take up to a week.**
 - *It is the bidder's responsibility to have staff available and prepared to report to work following the approval of the contract. Bidders are responsible for having sufficient staff with proper training and gate clearance to be able to respond to a request for service from any institution they bid on.*
- **Will a cut-off rate be established for respondents that are successful in Phase I?**
 - *No, a cut off rate will not be established for bidders that are successful in Phase I. In Phase II bids will be evaluated and any bids above the maximum rate established for RN (\$75.80 per hour), LVN (\$38.24 per hour), or CNA (\$26.29 per hour) will not be awarded contracts for that service.*
- **Is the final combined hourly rate the only rate that is assessed?**
 - *Yes, only the total rate is assessed. The B-2 Rate sheet has been revised to separate rates for RN, LVN and CNA, and in addition it will only include the total rate rather than the components of the proposed rate. The revised B-2 Rate Sheet is attached in its entirety.*
- **If 40 companies are successful in Phase I, will all 40 companies be on the matrix?**
 - *Yes, all respondents that are successful in Phase I and submit rates that are at or below the maximum rates stated in the RFP will be placed on the matrix. The maximum rate for RN is \$75.80 per hour, the maximum rate for LVN is \$38.24 per hour, and the maximum rate for CNA is \$26.29 per hour.*

- **Will awards be done separately for RN, LVN and CNA? The recent addendum indicates that bids for classifications are separate, but the rate sheet adds the bids for all of the classifications together.**
 - *Yes, the B-2 Rate sheet has been revised to separate rates for RN, LVN and CNA. In addition, the B-2 Rate Sheet no longer requires that the hourly rate for the nurse be displayed separately from the indirect administrative overhead costs. Bidders are only required to display single hourly rates. The amended B-2 Rate Sheet is attached in its entirety.*

**CALIFORNIA PRISON HEALTH CARE RECEIVERSHIP CORPORATION
OFFICE OF THE RECEIVER**

**REQUEST FOR PROPOSALS
FOR TEMPORARY/RELIEF ON-SITE NURSING SERVICES
(Registered Nurse, Licensed Vocational Nurse
and Certified Nursing Assistant)
CALIFORNIA ADULT PRISON FACILITIES
RFP Number 09341, Addendum #7**

January 11, 2010

PROPOSALS DUE: 2:00 p.m. January 25, 2010

CONTACT:

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REQUEST FOR PROPOSAL REQUIREMENTS

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Attachments:

- A. Bid Submittal Checklist
 - B. Sample Standard Agreement (STD 213)
 - Scope of Work (Exhibit A)
 - Budget Detail and Payment Provisions (Exhibit B)
 - Bid Proposal (Exhibit B-1)
 - Rate Sheet (Exhibit B-2)
 - General Terms and Conditions for Private Contractors (Exhibit C)
 - Special Terms and Conditions & Additional Provisions (Exhibit D)
 - Definitions (Exhibit F)
 - Business Associates Agreement (HIPAA) (Exhibit G)
 - List of Participating Institutions (Exhibit H)
 - List of Regional Accounting Offices (Exhibit I)
 - Map of the California Department of Corrections and Rehabilitation Institutions (Exhibit J)
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 - Payee Data Record (STD 204)
 - Subcontractor/Consultant List
 - OBS 550 – Non-Small Business Subcontractor Preference Request
 - OBS 551 – Small Business Subcontractor/Supplier Acknowledgement
 - Sample Certificate of Insurance
 - CDCR 1786 DVBE Participation in Exempt Contracts
 - Darfur Contracting Act
 - Reference Information Sheet, Attachment 1
 - Monthly Service Report, Attachment 2
 - Reference Questionnaire, Attachment 3
- (CPHCS WILL SUBMIT THE REFERENCE QUESTIONNAIRE TO ALL REFERENCES UPON RECEIPT FROM RESPONDENT OF THE REFERENCE INFORMATION SHEET, ATTACHMENT 1)**

I. REQUEST

The Receiver of the California Department of Corrections and Rehabilitation's ("CDCR") California Prison Health Care Services ("CPHCS") is requesting proposals for temporary and relief on-site nursing services for: Registered Nurse ("RN"), Licensed Vocational Nurse ("LVN") and Certified Nursing Assistant ("CNA"). The selected vendor(s) will be engaged to provide on-site nursing services at some or all of the thirty-three statewide institutions. The contract(s) awarded by the Receiver will be a service agreement with CDCR.

II. BACKGROUND

A. General Background

As a result of the State of California's ongoing failure to provide medical care to prison inmates at constitutionally acceptable levels, the United States District Court for the Northern District of California has established a Receivership to assume the executive management of the California prison medical system and raise the level of care up to constitutional standards. On February 14, 2006, the Court appointed its first Receiver and granted him, among other powers, the authority to exercise all powers vested by law in the Secretary of the CDCR as they relate to the administration, control management, operation, and financing of the California prison medical health care system. The Court replaced the first Receiver and appointed J. Clark Kelso as the Receiver on January 23, 2008 and granted the same powers over the CDCR medical health care system.

The Court's actions stem from the case *Plata v. Schwarzenegger* – a class action law suit brought on behalf of the CDCR's adult inmates. Applicants should refer to the Court's October 3, 2005 "Findings of Fact and Conclusions of Law Re Appointment of Receiver" and the Court's February 14, 2006 "Order Appointing the Receiver" for further information regarding the conditions underlying the Receivership and the powers and responsibilities of the Receiver. These and other relevant documents can be found on CPHCS website at http://www.cphcs.ca.gov/project_rfp.aspx.

B. Nursing and Registry Services

While problems identified by the Court and the Receiver reach into almost every element of the medical care system, the use of registry staff to temporarily provide coverage is critical to medical needs of the patient-inmates of CDCR/CPHCS. The coverage is without question to ensure the continuity of care while state employed nursing service vacancies exist and/or coverage for extended time off is not available. The prior use of registry contracts for these services through the State Contracting Process has resulted in failures of "low bid" registries to perform their obligations under their contracts and provide the CDCR/CPHCS with available nursing services. This resulted in increased expenditures due to use of registries with higher rates and delays in medical services being provided.

Equally problematic has been the rates proposed by many registries, which have ranged higher than civil service compensation levels. There appears to be unwarranted disparity between prior proposed rates and the rates currently afforded to other health systems. Thus, going forward the Receiver will not award contracts to: registries unable to demonstrate the ability to provide services for some or all of the thirty-three (33)

institutions; registries with rates substantially higher than rates charged other health systems, and/or rates that substantially impair the Receiver's ability to recruit and retain qualified civil service employees.

With the current budget crisis and problematic issues involving registry services this Request For Proposal (RFP) is now seeking solutions to providing reliable, high quality and cost effective temporary and relief nursing services in the prisons. Proposals should be compatible with the Receiver's priority to recruit and retain quality civil service employees.

III. ANTICIPATED SCOPE OF SERVICES

The selected contractor(s) shall provide all necessary labor, staff, transportation, licenses, permits, and certificates necessary to provide temporary and relief on-site nursing services as needed by the CDCR/CPHCS for some or all of the thirty-three (33) institutions. A sample of the scope of work(s) is included in the attached sample contract. The attached contract is provided as a sample only and may not be the final form of agreement negotiated by the Receiver.

IV. SELECTION AND CONTRACTING PROCESS

In its November 8, 2006 Supplemental Order Re State Contracts, United States District Court for the Northern District of California excused the CDCR/CPHCS from the State requirement for competitive bidding medical provider contracts at the present time while the Receiver restructures the CDCR's contract bid, procurement, management and payment processes. Although the Receiver may negotiate directly with, and select, service providers without the need for competitive bidding, the Receiver finds it most advantageous at this time to solicit solutions for the CDCR/CPHCS temporary and relief nursing staffing needs.

An evaluation committee (the "Committee") will review the submitted proposals in accordance with submittal requirements and evaluation criteria set forth below and will recommend to the Receiver a short list of respondents for further consideration.

The Committee will then make a final evaluation and submit its recommendation to the Receiver. The Receiver will make a final determination with one or more of the respondents that have submitted their proposals.

The Receiver reserves the right to seek clarification of information submitted in response to this RFP and/or request additional information during the evaluation process. The Receiver reserves the right to accept or reject any or all proposals and selections when it is determined, in the sole discretion of the Receiver, to be in the best interest of the Receiver and CDCR/CPHCS.

The Receiver intends to enter into single and multiple services agreements with selected Respondents promptly upon selection. Prior to commencing the services, the selected contractor(s) must sign the agreement with the CDCR/CPHCS, provide proof of insurance and satisfy any other State requirements. The agreement will be substantially similar to the sample CDCR/CPHCS agreement attached to this RFP and will also include the General Terms and Conditions and Contractor Certification Clauses set forth at:

<http://www.documents.dgs.ca.gov/ols/GTC-307.doc> and

<http://www.documents.dgs.ca.gov/ols/CCC-307.doc>. The attached contract is a sample only and may not be the final form of agreement required by the Receiver.

The Agreement(s) are anticipated to be for a period of 24 months with an option to extend the term for an additional 12 months.

V. EVALUATION CRITERIA

The Committee will review Proposals in accordance with the following criteria:

- A. Respondent's proven experience, capabilities and resources (including the availability of bilingual [Spanish/English] staff), at both organizational and individual levels, in providing temporary and relief nursing services to programs comparable in size, scope of work, and urgency as found within the CDCR/CPHCS healthcare setting.
- B. Qualifications, availability and commitment of key executive staff. Respondents shall clearly identify the key executive staff that will manage the delivery of registry services, and what role each is anticipated to fulfill in connection with this project.
- C. Respondents are encouraged to provide one flat rate for all institution groupings on Exhibit B-2, Rate Sheet. However, if respondent does not have capacity to provide services statewide, the respondent is not required to propose rates for services to all institution groupings.
- D. Proven systems, management techniques, required expertise and resources designed to facilitate timely, high quality and reliable registry services
- E. Completeness and comprehensiveness of response to this RFP and compliance with the submittal requirements.
- F. Legal actions that might affect Respondent's ability to perform as contracted.
- G. Absence of any relationship that could constitute a conflict of interest or otherwise impede the ability of the Respondent to protect the interests of the Receiver.
- H. Contractor must meet one of the following criteria:
 - 1. Hold certification as a Health Care Staffing Service (HCSS) by the Joint Commission of the Accreditation of Healthcare Organizations (JCAHO)

Or

 - 2. For non-JCAHO certified respondents, submit reference information as required on Attachment 1, Reference Information Sheet. References must be from all CDCR/CPHCS facilities that Contractor has provided temporary and relief RN, LVN and CNA services to within the past twenty-four (24) months or; if no past experience with CDCR/CPHCS, from at least three organizations providing services of similar scope to those that exist within the CDCR/CPHCS healthcare setting. **Experience may not be considered if complete reference data is not provided or if the named client contact is unavailable or unwilling to share required information.**

CPHCS will submit a Reference Questionnaire (see Attachment 3) to all references identified by the Respondent on the Reference Information Sheet (Attachment 1). The Reference Questionnaire (Attachment 3) is NOT to be submitted by Respondents to their identified references or included in their proposal submission.

- I. Contractor shall provide a listing of the proposed hourly rates as required on Exhibit B-2, Rate Sheet for each institution grouping and nursing service type (RN, LVN, CNA) for which Contractor proposes to provide services. Identified Institution Groupings and nursing service types can be found on Exhibit B-2, Rate Sheet, of the attached sample Agreement. Proposed hourly rates must be at or below the salary cap identified below for each nursing service type. The maximum proposed hourly rate for each of the nursing service types is as follows:

RN –\$75.80 per hour
 LVN –\$38.24 per hour
 CNA -\$26.29 per hour

- J. Contractor must indicate their organizations ability to track, monitor, report, and ensure that each individual staff/employee performing services under the contract does not exceed 975 hours of performing services for the State during each one year period (July 1 – June 30) of this agreement. This includes any hours worked with a different registry, vendor, or contractor for any State agency, department, board, commission, or other State entity. See Attachment 2, sample Monthly Service Report.
- K. Contractor’s ability to comply with all federal and State statutes, regulations, rules, and policies for the payment of federal and State income taxes for compensation that Contractor receives under the terms of this Agreement. Contractor shall withhold federal and State income taxes for compensation paid to assigned personnel for services provided under the terms of this Agreement.

VI. SUBMITTAL REQUIREMENTS

RFP Schedule – Note: The following dates are set forth for informational and planning purposes only and are subject to change.

- A.

Event	Date
RFP Issued	October 14, 2009
Deadline for questions regarding RFP	November 10, 2009
Responses to questions	November 24, 2009
Bidder’s Conference	December 8, 2009
Deadline for questions	December 15, 2009
Responses to questions	January 11, 2010
Proposal Due Date	2:00 p.m. on January 25, 2010
Contract award(s) *	January 28, 2010 – Estimate
Project start date*	March 1, 2010 – Estimate
* These dates are subject to change	

B. Funding

The bid cap for this RFP has been set for each temporary and relief nursing service type. Bid rates received from respondents may be at or below the following identified hourly rates:

RN: \$75.80 per hour
LVN: \$38.24 per hour
CNA: \$26.29 per hour

Any bid received that exceeds the above-identified bid cap per service type will be rejected. Respondents who are awarded contracts will contract to provide services in the manner described in Section VI. D.

C. Addenda

Any questions regarding the RFP must be submitted **in writing** to the contact person identified on the cover of this RFP. CPHCS will, at its discretion, respond to questions in an addendum. Any necessary information not included in this RFP that CPHCS deems necessary and relevant to responding to the RFP will also be issued in an addendum. CPHCS makes no guarantee that all questions submitted will be answered.

Addenda will be posted on CPHCS website at:
http://www.cphcs.ca.gov/project_rfp.aspx

D. Multiple Agreements

The State reserves the right to award multiple Agreements for backup purposes. When services are needed, the “primary” contractor, defined as the lowest responsible bidder, will be contacted first. IF and ONLY IF, the primary contractor is unable to provide services, the “secondary” contractor, defined as the second lowest responsible bidder, will be contacted. This process will be repeated based on the number of Agreements awarded and will take place each time the institution contacts the Contractor to provide services.

The State intends to award as many Agreements as are necessary for backup purposes. Each Agreement will have a separate Agreement number and include all of the information contained in the bid document for the institutions awarded to that contractor.

E. Format

Proposal should be clear, concise, complete, well organized and demonstrate both Respondent’s qualifications and its ability to satisfy the requirements of this RFP.

All proposals must be submitted under **sealed** cover and sent to the CPHCS by the dates and times shown in Section VI, Submittal Requirements, Item A., RFP Schedule, (page 5). Proposals received after this date and time will not be considered.

Five (5) bound copies of the Proposal that do not include the bid price or cost information should be provided, with all materials spiral bound into books of approximately 8-1/2" x 11" format, not to exceed twenty-five double sided pages total length. At least one (1) copy must contain original signatures and be marked "ORIGINAL COPY". The bid or cost information shall be reported on Exhibit B-2, Rate Sheet and submitted in a sealed envelope separate from the bound proposal.

Pages of the proposal must be numbered. We will not count, in the total number of pages, the graphic cover sheet, cover letter, table of contents, blank section dividers (tabs), explanation about legal actions, a maximum of six (6) resumes, and the documents identified in the Checklist of Required Attachments (Page 9, Item 10) which shall be included in the Appendix. The entire Proposal shall also be submitted in electronic (pdf) format on CD, organized in the same manner as the printed submissions.

The Proposal shall be placed in a sealed envelop that is plainly marked with the RFP number and title, your organization's name and address, and must be marked with "DO NOT OPEN", as shown in the following example:.

(Organization Name and Address)
(RFP Number)
(RFP Name)

DO NOT OPEN

If the proposal is made under a fictitious name or business title, the actual legal name of respondent must be provided.

One original copy of the bid which shall be reported on Exhibit B-2, Rate Sheet must be submitted with the bound proposal in a separate sealed envelope. The envelope should be affixed to the outside of the proposal package and marked "sealed cost proposal – DO NOT OPEN."

Proposals and bids not submitted under sealed cover and marked as indicated above may be rejected.

Mail or deliver proposals to the following address:

MAIL DELIVERY: California Department of Corrections and Rehabilitation
California Prison Health Care Services
Attention: Debra Jones
P.O. Box 4038, Room 3701
Sacramento, CA 95812-4038

OVERNIGHT MAIL: California Department of Corrections and Rehabilitation
California Prison Health Care Services
Attention: Debra Jones
510 I Street, Room 3701
Sacramento, CA 95814

HAND DELIVERY: California Department of Corrections and Rehabilitation
California Prison Health Care Services
Attention: Debra Jones
3701 North Freeway
Sacramento, CA 95834

All respondents are requested to follow the order and format specified below. Please tab each section of the submittal to correspond to the numbers/headers shown below.

Respondents are advised to adhere to submittal requirements. Failure to comply with the instructions of this RFP may be cause for rejection of submittals.

The Receiver reserves the right to waive any informality in any submittal and/or to reject any or all submittals. The Receiver reserves the right to seek clarification of information submitted in response to this RFP during the evaluation and selection process. The Committee may solicit relevant information concerning the organization's record of past performance from previous clients or consultants who have worked with the Respondent.

F. Contents

The Proposal must include the following items:

1. A cover letter signed by an officer of the organization submitting the Proposal, or signed by another person with authority to act on behalf of and bind the organization. The cover letter must contain a commitment to provide the required services described with the personnel specified in the submission. The letter should certify that the information contained in the Proposal is true and correct. Please also indicate the contact person(s) for the selection process along with their contact information.
2. Executive Summary: The Executive Summary must include a clear description of the primary advantages of contracting with your organization. It should also include a brief explanation of how the Respondent satisfies the evaluation criteria, and a brief statement that demonstrates Respondent understands the desired services.
3. Demonstration of the Respondent's Qualifications: Please provide the following information:
 - a. Your company's name, business address and telephone numbers, including headquarters and local offices.
 - b. A brief description of your organization, including legal form of your organization, names of principles, number of employees, longevity, client base, and areas of specialization and expertise.
 - c. A description of your company's prior experience related to correctional and healthcare facilities.

- d. A description of your company's prior experience providing temporary and relief LVN, RN and CNA services in California correctional and healthcare facilities.
 - e. A description of your company's internal training and quality assurance programs.
 - f. Availability of bilingual (English/Spanish) RN, LVN and CNA personnel.
4. Commitment of resources: Recent registry utilization data is attached as Exhibit B-2, Rate Sheet. For the purpose of this RFP, it is assumed that the staffing needs of the CDCR/CPHCS will remain at similar levels. Respondents should only submit bids to provide services for those institutions that they can commit the required number of resources. The locations of the institutions are provided in Exhibit H List of Participating Institutions and Exhibit J Map of the California Department of Corrections & Rehabilitation Institutions. Additional institution information can be found at:
<http://www.cdcr.ca.gov/Visitors/Facilities/index.html>
5. Professional References: To verify the quality of past services one of the following documents must be included with this RFP:

JCAHO certificate that shows HCSS certification

Or

For non-JCAHO certified Respondents, Attachment (1) – Reference Information Sheet. **Experience may not be considered if complete reference data is not provided or if the named client contact is unavailable or unwilling to share required information.** CPHCS will submit Reference Questionnaire (see Attachment 3) to all references identified by the Respondent on the Reference Information Sheet. **The Reference Questionnaire (Attachment 3) is NOT to be submitted by Respondents to their identified references or included in their proposal submission.**

6. Qualifications of Key Executive Personnel: Submit current references for Key Executive Personnel committed to this project. Specifically describe previous related experience, its pertinence to this program, and provide references including the name, address and telephone number of a contact person who can verify the information provided. Provide brief description of referenced project(s), as well as any professional certifications, accreditation, special licensing or other qualifications which qualifies the professional to perform in their designated area of responsibility.
7. Legal action: Respondent must provide a listing and a brief description of all material legal actions, together with any fines and penalties, for the past five (5) years in which (i) Respondent or any division, subsidiary or parent company of Respondent, or (ii) any member, partner, etc., of Respondent if Respondent is a business entity other than a corporation, has been:
- a) A debtor in bankruptcy;

- b) A defendant in legal action alleging deficient performance under a services contract or in violation of any statute related to professional standards or performance;
 - c) A respondent in an administrative action for deficient performance on a project or in violation of a statute related to professional standards or performance;
 - d) A defendant in any criminal action;
 - e) A principal of a performance or payment bond for which the surety has provided performance or compensation to an obligee of the bond; or
 - f) A defendant or respondent in a governmental inquiry or action regarding accuracy of preparation of financial statements or disclosure documents.
8. Default Termination: Disclosure of whether your company has defaulted in its performance on a contract in the last five years, which has led to the termination of a contract.
9. Conflict of Interest: Identify any existing financial relationships with other vendors that may be a part of your proposal, and explain why those relationships will not constitute a real or perceived conflict of interest.
10. Checklist of Required Attachments:
- Exhibit B – Budget Detail and Payment Provisions
 - Exhibit B-1 – Bid Proposal
 - STD 204 – Payee Data Record
 - Subcontractor/Consultant List (if applicable)
 - OBS 550 – Non-Small Business Subcontractor Preference Request
 - OBS 551 – Small Business Subcontractor/Supplier Acknowledgement
 - CDCR 1786 – DVBE Participation in Exempt Contracts
 - Darfur Contracting Act
 - Attachment 1, Reference Information Sheet (only required for Non-JCAHO Certified Respondents)
 - CCC 307
 - Copy of valid California city or county business license (if applicable) or, if a corporation located within the State of California, incorporation documents or letter from the Secretary of State or, if not a California business, an affidavit that business is in good standing with the state, province, or country in which business is headquartered.
 - Copy of Certificate of Insurance: Professional Liability and Workers' Compensation Insurance

G. Evaluation Process

- 1. At the time of the proposal opening, each proposal will be checked for the presence or absence of required information in conformance with the submission requirements of this RFP.

2. Proposals that contain false or misleading statements, or which provide references, which do not support an attribute or condition claimed by the respondent, may be rejected.

3. Phase I

The proposals that meet the minimum qualifications as identified in G.1. above will be evaluated and scored according to the criteria indicated below. A minimum of 120 points must be achieved in this phase to be considered responsive. (A responsive proposal is one which meets or exceeds the requirements stated in the RFP). A minimum of 80% of points must be achieved for each rating/scoring criteria.

Rating/Scoring Criteria	<u>Maximum Possible Points</u>	<u>Minimum Required Points</u>
Demonstration of Respondent’s Qualifications	30	24
Commitment of Resources	30	24
Professional References	30	24
Qualifications of Key Executive Personnel	20	16
Legal Action	15	12
Default Termination	15	12
Conflict of Interest	10	8
Total Possible Points:	150	120

4. Phase II

This phase consists of opening and evaluating the sealed envelopes containing the bid price and cost information for the proposals that meet the format requirements and standards. All proposals that enter Phase II will have received 120 points or more and are considered fully capable of performing the required services.

5. The agreements will be awarded to the lowest responsible respondents meeting the requirements outlined in this RFP.

H. Modification or Withdrawal of Proposal

Prior to the proposal due date, Respondents may modify or withdraw a submitted Proposal. Such modifications or withdrawals must be submitted to CPR in writing. Any modification must be clearly identified as such and must be submitted in the same manner as the original (e.g. appropriate copies, paper size, etc). No modifications or withdrawals will be allowed after the Proposal due date.

I. Public Opening

There will no be public opening of responses to this RFP. However, after a contract is awarded, all proposals may be available for public review. CPR makes no guarantee that any or all of a proposal will be kept confidential, even if the proposal is marked “confidential,” “proprietary,” etc.

J. General Rules

1. Only one proposal will be accepted from any one person, medical group, medical corporation or other entity.
2. Proposals received after the deadline will not be considered.
3. This is an RFP, not a work order. All costs associated with a response to this RFP, or negotiating a contract, shall be borne by the Respondent.
4. CPHCS's failure to address errors or omissions in the Proposals shall not constitute a waiver of any requirement of this RFP.

K. Reservation of Rights

The Receiver reserves the right to do the following at any time, at the Receiver's discretion:

1. Reject any and all proposals, or cancel this RFP.
2. Waive or correct any minor or inadvertent defect, irregularity or technical error in any proposal.
3. Request that certain or all candidates supplement or modify all or certain aspects of their respective proposals or other materials submitted.
4. Procure any services specified in this RFP by other means.
5. Modify the specifications or requirements for services in this RFP, or the required contents or format of the proposals prior to the due date.
6. Extend the deadlines specified in this RFP, including the deadline for accepting proposals.
7. Award a contract to any Respondent.

Inquires in regard to this RFP should be addressed to:

**Debra Jones, Section Chief
Medical Contracts – Section 1
California Prison Health Care Services
P.O. Box 4038, Suite 3701
Sacramento, CA 95812-4038
Email: Debra.Jones@cdcr.ca.gov**



California Prison Health Care Services



Request for Proposal
for Temporary/Relief On-Site Nursing Services
(Registered Nurse, Licensed Vocational Nurse and
Certified Nursing Assistant)

Bidders Conference

December 8, 2009



Agenda



Topic	Speaker	Time
• Welcome	Debra Jones, Project Manager	10:00 – 10:05
• Background and Purpose	Marnell Voss, Deputy Director, Medical Contract Management	10:05 – 10:20
• Nursing Issues	Catherine Knox, Assistant Statewide Chief Nursing Executive	10:20 – 10:35
• Business Objective and Contractual Requirements	Marnell Voss, Deputy Director, Medical Contract Management	10:35 – 11:15
• Questions	Vendor Participants	11:15 – 12:00



Welcome



- Sign Attendance Sheet
- Restroom location
- Please write questions on index cards provided, those on the conference bridge please put questions in an e-mail and send to debra.jones@cdcr.ca.gov
- Hold questions until end of presentation



Background and Purpose



Background

- Class action lawsuit brought on behalf of the CDCR adult patient-inmates.
- Court appointed Receiver
- Requirement of the Court Order to improve the administration of the prison medical health care system.

Purpose

- Establish a stable network of reliable, quality temporary/relief on-site nursing providers
- Obtain temporary/relief on-site nursing services at cost effective and reasonable rates



Nursing Issues



- Continuity of Care
- Failure of “Low Bid” Registries to Perform
- “High Bid” Registries Recruiting Lower Bid Registry Staff Thus Increasing the Cost to CDCR/CPHCS



Major Components of the Request for Proposals



- Administrative – Marnell Voss
- Scope of Services – Marnell Voss
- Evaluation Criteria – Marnell Voss



Administrative



- Provide comprehensive, cost-effective delivery of temporary/relief on-site nursing services (Registered Nurses, Licensed Vocational Nurses and Certified Nursing Assistants)
- Proposals must demonstrate respondents' qualifications and ability to provide services as needed by the CDCR/CPHCS for some or all of the thirty-three (33) adult institutions.
- The bid rate must include the hourly salary paid to the nursing personnel and the indirect administrative overhead cost of delivering the temporary/relief on-site nursing service .



Administrative, Continued



- The bid rate may not exceed the following maximum hourly rates:
 - RN - \$75.80 per hour
 - LVN - \$38.24 per hour
 - CNA - \$26.29 per hour
- Two phase evaluation process
 - Phase I – Rating and scoring of the proposal
 - Proposal must achieve minimum of 120 points out of 150 to move on to Phase II
 - Phase II – Opening and evaluation of bid rate
 - Agreement(s) awarded to the lowest responsible bidders meeting the requirements of this RFP



Scope of Services



- Contractor will be responsible for providing all labor, materials, staff, transportation, license, permits, certificates and every other item of expense necessary to provide Temporary/Relief RN, LVN and CNA nursing services as needed by CDCR/CPHCS adult institutions.
- Services shall be used to fill short term vacancies, substitute for full-time CPHCS employees while absent or provide temporary services when appropriate staffing levels cannot be maintained with civil service employees.
- Contractor is responsible for ensuring that each RN, LVN or CNA does not exceed 975 hours of performing services for the State during each one year period (July 1 – June 30) of this agreement.



Scope of Services Continued



- Contractor or personnel assigned by the Contractor must have documented clinical competencies to perform the tasks associated with providing temporary/relief nursing services.
- Contractor must have a minimum number of staff as outlined in Exhibit B-2, Rate Sheet who meet the license, permit, certification and minimum levels of experience as outlined in the Scope of Work.



Evaluation Criteria



- Respondent's Qualifications
- Commitment of Resources
- Professional References
- Qualifications of Key Executive Staff
- Legal Actions
- Default Termination
- Conflict of Interest
- Bid Rate



Timeline



- Deadline for Questions: December 15, 2009
- Responses to Questions: January 7, 2010
- Proposals Due: 2:00 pm, January 21, 2010
- Estimated Contract Award: January 28, 2010
- Estimated Project Start Date: March 1, 2010
 - All dates subject to change by Addendum



Questions



- Please submit questions now
 - Panel will review and respond
- Questions and responses will be posted on the CPHCS Web page no later than January 7, 2010
- Written questions and answers are the official record for clarification provided during the procurement process

Contractor shall provide services to institutions as follows:

INSTITUTION GROUP	RN, LVN and CNA SERVICES
1 – PB	
2 – CCC, HDSP	
3 – DVI	
4 - MCSP	
5 - SCC	
6 - CMF, SOL	
7 - FSP, SAC	
8 - SQ	
9 - CCWF, VSPW	
10 - CTF,SVSP	
11 - ASP	
12. - PVSP	
13 - COR, CSA	
14 - NKSP, KVSP	
15 - WSP	
16 - CCI	
17 - LAC	
18 – CMC	
19 – CIM, CIW	
20 - CRC	
21 – CAL, CEN	
22 – CVSP, ISP	
23 - RJD	

**No Award – Above established rate cut-off for this geographical area
 No Bid – No bid submitted for this institution grouping**



BIDDER REFERENCE QUESTIONNAIRE

A Bidder Reference Questionnaire is required for each California Department of Corrections and Rehabilitation (CDCR)/California Prison Health Care Services (CPHCS) facility for which the Contractor has previously provided Temporary/Relief RN, LVN or CNA Services. The reference must have first hand knowledge of the Contractor's performance. This is to ensure Contractor has the qualifications, experience and capabilities to perform the services specified in Scope of Work, Exhibit A. All Bidder Reference Questionnaires must be returned to CPHCS including the contact person's name in print along with a valid telephone number, enabling CPHCS to contact the reference to complete each questionnaire submitted. Failure to submit a bidder reference questionnaire for each identified institution (private industry references are allowed for providers that have not previously worked at an institution) will cause your bid to be rejected and deemed non-responsive.

TO BE COMPLETED BY CONTRATOR

Name of Contractor _____

Name of CDCR/CPHCS Facility _____

Name and Title of CPHCS Authorized
Representative _____

TO BE COMPLETED BY CPHCS

1. When is the last time you contacted this Contractor for your RN, LVN or CNA needs? _____
2. Is this Contractor able to fill your vacancies as requested for RN, LVN or CAN services? _____
3. Does this Contractor always provide you with RN, LVN or CNA that meet the license and certification requirements of the Scope of Work (SOW). If not, have they provided you with improperly qualified RN, LVN or CNA on more than 3 occasions? _____
4. Does this Contractor always provide you with RN, LVN or CNA that meet the resume requirements of the SOW. If not, have they provided you with improperly experienced RN, LVN or CNA on more than 3 occasions? _____

5. Does this Contractor verify current Tuberculin (TB) test or X-ray (within 1 year), current CPR (within 2 years), and Acute Care Life Support (ACLS) certification (ACLS for RNs only) prior to submitting candidates to your institution for assignment?

6. Is this Contractor able to provide you with the requested assigned staff within 24 hours? If not, what is the length of time it takes for them to provide you with a qualified RN, LVN or CNA?

7. If the originally assigned personnel from the Contractor is absent is this Contractor able to fill that vacancy immediately so that there is no disruption in service?

8. If the originally assigned staff is unexpectedly unavailable does the Contractor always notify you by phone that they will not be there?

9. Does this Contractor give you at least 5 business days of advance notice when they can no longer provide you with a RN, LVN or CNA?

10. Do assigned personnel to your institution from this Contractor work the entire agreed upon term of time? If not, how many times have their assigned personnel terminated their work placement prior to the agreed upon term of time?

11. Are personnel assigned by this provider satisfied with their employer's ability to pay them on a consistent basis?

12. Has your facility had to terminate any of the (enter service type, ex RN, NP, PA) assigned to your facility from this Contractor? If so, provide a number for how many times in the past 24 months and the reason.

CPHCS Authorized Representative Signature _____

