

Good afternoon!

Please see the attached questions that were sent to Major Young, with answers. As several questions we were unable to answer, I hope we have provided you with enough to move forward as you see fit for your company in this process. We appreciate your interest in potentially partnering with our facility!

I hope you have a wonderful weekend!



Tiffany Smith (McClure) | Captain
Detention Division

Alamance County Sheriff's Office

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November 7, 2025

Major Steve Young
Alamance County Detention Center
Steve.Young@alamancecountync.gov

Questions Regarding RFP #25-P001
Medical Services for the Alamance County Detention Center

Dear Major Young:

Below please find Wellpath's questions regarding the subject Request for Proposal. These questions will assist Wellpath to provide you with a proposal designed to meet your needs and the needs of the inmate population at the Alamance County Detention Center. We appreciate your time to provide the responses.

Basic Questions

1. Please confirm the ADP of 425 is to be used for staffing and pricing.
 - a. Does the 425 ADP include both the Jail and the Annex.
 - i. If so, please breakout the Jail ADP and Annex ADP.
 - b. Please provide the capacity of the Jail and the Annex separately.
382 was official ADP for October 2025. Main jail 382, Annex 0. Capacity at main 396 capacity at annex 80
2. Can more than one pricing option be provided in the RFP response? **yes**
3. Please provide us with a copy of the current complete contract including all extensions and amendments.

II Population

1. How many individuals are currently incarcerated for more than one year? **47**
2. Please provide a breakdown of the overall incarcerated individual population by the following:
 - Male **324**
 - Female **53**
 - US Marshalls **0**
 - ICE **4**

III Accreditation

1. Please confirm that the Facility wishes to obtain ACA accreditation. **potentially in the future, but not at this time.**

IV Equipment

1. Please provide a list of all medical equipment that will be available to the new Contractor, including the model, age, and condition.

No major equipment on site. Exam bed to remain. All supplies (BP cuff pulse ox's, etc.) could potentially go back to SHP.



2. Please provide a list of all office/computer equipment that will be available to the new Contractor (e.g., computers, printers, fax machine, copier, etc.), including the model, age, and condition.
all currently leased by the county

3. How many AEDs are on site?

6

4. Who is responsible for maintaining the AEDs – the County or the Contractor?
Contractor monthly

V On-Site Services

1. Is intake currently a 24/7 post? yes

2. Which discipline/credential conducts the intake/receiving screening LPN/PARAMEDIC

3. When are PPDs implanted – during intake or during the 14-day health assessment?no PPD's; we do chest x-rays for ICE.

4. Which discipline/credential conducts the 14-day health assessment? RN, LPN, PARAMEDIC

5. Please identify any on-site specialty clinics currently conducted on site, and frequency.NONE

6. Who is responsible for the cost biohazardous waste removal services – the County or the Contractor?CONTRACTOR--SUNBELT MEDICAL SERVICES

7. What telemedicine services are currently provided? MENTAL HEALTH

a. Please provide frequency of each telemedicine clinic/consultation. 2X WEEK

b. If the Facility is not currently using any telemedicine, please confirm the County is open to the use of telemedicine services?

Possibly, we would need more information to confirm.

7. Who currently is conducting the DUI/DWI blood draws?

a. How many DUI/DWI blood draws are conducted weekly?

NURSE AT INTAKE--VARIES DEPENDING ON ARREST. 1 IN THE LAST WEEK.

ICE Patients

1. What is the average number of ICE intakes on a daily basis? 16

2. Are there any particular days and times that ICE intakes are accepted?

24/7

On-Site Service Statistics

Please provide statistical data per year for the past two (2) years, by Facility (Jail and Annex), regarding on-site services, including but not limited to:

3. Intakes/Receiving Screenings2024--5500; 2025--8000

4. Nurse sick call, Mid-level sick call, Physician sick call

Nurse--2024-2300; 2025--2500 / Physician--2024--73; 2025--67 (s/c and cc)

5. Incarcerated individual health assessments

6. Number of incarcerated individuals evaluated by the psychiatric/mental health providers
2024--855; 2025--540

7. Number of chronic care visits by type (As record keeping transferred in August 2024, our data begins then) from 08/05/2024 through 12/31/2024--32; 2025--91 not categorized by type

8. Number of on-site clinic visits by type (e.g., OB/GYN, orthopedics, ophthalmology, cardiology, etc.)

0

VI Staffing and Coverage Model

1. Please provide the current staffing plan by position, credential and shift for each the Jail and the Annex. 2 paramedics (1 dayshift, 1 nightshift) 2 Med Techs(1 RN dayshift, MTA {Mon-Th, 10-hr days) 6 LPNs (3 dayshift, 3 nightshift) 1 PA (Thursdays 6-8 hours)
2. Please confirm that you are requiring a 24/7 staffing for the Annex.
Nurse available to go as needed
3. Is the current staffing plan considered adequate for each facility?
yes, when fully staffed
4. Are there any vacant positions at this time?
 - a. If there are vacancies, please identify the position(s) and length of time vacant.
LPN/RN--MONDAY-FRIDAY 6P-2:30A, VACANT SINCE 04-29-2024

VII Services

Dental

1. Please confirm that all dental services are provided off-site. Dental is offsite.
2. Would the County be open to mobile dental services provided onsite? YES
3. Please provide the number of off-site dental referrals per month for the past two years.
2024: 1,1,1,0,3,2,1,0,0,3,1,0 2025:2,3,0,0,0,2,0,1,0,0, none scheduled for November & December so far.

Medication Assisted Treatment (MAT)

1. Please confirm that the Facility currently provides continuation of FDA-approved medications (e.g., methadone, buprenorphine, naltrexone/Vivitrol) for individuals who were receiving them in the community prior to entry? Our facility continues such medications
2. Please confirm you are continuing all patients who come in on a MAT program, not just pregnant women. Our facility participates in continuation for all who come in already on the MAT program
3. How many people daily are you sending offsite for treatment?
varies, currently 1
4. If all MAT patients are sent offsite for medication, who evaluates and issues the prescription? clinic
 - a. What medications typically are prescribed (methadone, buprenorphine, or naltrexone)?per clinic recommendation
 - b. Are all medications administered by the local clinic? currently
 - i. If not, which are administered on site? can administer on site if meds are sent from clinic
5. How many patients are you treating on average per month by medication?
average of 1
6. What percentage of incarcerated individuals are diagnosed with Opioid Use Disorder (OUD) at intake? 379 placed on COWs monitoring in 2025 (this includes benzos)
7. What medication (e.g., methadone, buprenorphine, etc.) do you currently use for opioid-dependent pregnant patients? clinic dependent
8. Please confirm that you currently are not interested in expanding your MAT program to include induction of new patients into MAT at the Facility prior to discharge.
We are NOT interested in induction

9. Please provide the percentage of intakes who enter the Facility on a verified MAT program in the community. 1-2 a month
10. Please provide the name and contact information of the local clinic that administers methadone?
varies depends on inmates clinic
11. Do you have grant funding for MAT?
a. If so, please provide details.
There is not a separate budget for MAT
12. What is your anticipated budget for MAT?
There is not a separate budget for MAT
13. What does this budget include (i.e., costs other than staffing, such as medications, drug screens, labs, supplies, and/or additional custody staff)?
There is not a separate budget for MAT

VIII Mental Health Services

1. How many incarcerated individuals are currently receiving mental health services?
34 scheduled to see mental health so far for November 2025
2. Please confirm that your current mental health provider (Correctional Behavioral Health) provides all mental health services including:
 - a. Psychiatry services, including psychotropic medication management? Yes/ No
 - b. MAT & withdrawal therapy? Yes / No
 - c. Emergency services? Yes/ No
 - d. 24/7 on-call services? Yes/ No
 - e. Suicide watch and release from suicide watch? Yes/ No
 - f. Segregated rounds? Yes/ No
 - g. Suicide prevention training for correctional staff? Yes / No
3. What mental health services are currently provided on site?
all are telehealth unless otherwise requested that Dr. Coy come on site.
4. Are discharge planning services provided by Correctional Behavioral Health?
They are provided a print out of outside resources
5. Are substance use treatment services offered to the incarcerated individuals at the facility?
no
6. What are the number and location of suicide watch cells?
we do not have designated clels but can utilize cells throughout the facility
7. Who conducts suicide watch – Correctional/Custody staff or the mental provider?
Officers do the rounds, Mental Health removes them from smocks and any staff can place them on watch
8. What is the average number of incarcerated individuals in the restricted housing unit(s) at the Facility? 6

IX Off-Site Services

1. Please identify the local hospital(s) utilized for emergencies and inpatient stays.
Alamance Regional Medical Center and UNC Hillsborough Campus
2. Please identify the local ambulance service(s) currently used.
Alamance County EMS

Off-Site Statistics

Please provide historical utilization statistics for the past two (2) years, regarding off-site services, including but not limited to:

1. Total number of ER visits by facility 2024--41; 2025--45
2. Number of ER visits that resulted in inpatient admissions 2024--12; 2025--13
3. Number of ambulance transfers by facility medical does not keep these stats currently
4. Number of non-ambulance transfers medical does not keep these stats currently
5. Number of 911 transfers medical does not keep these stats currently
6. Number of Life Flight/helicopter transfers 0
7. Number of inpatient admissions 2024--12; 2025--13
8. Number of inpatient days medical does not keep these stats currently
9. Number of hospital observations medical does not keep these stats currently
10. Number of one-day surgeries medical does not keep these stats currently
11. Number of office specialty visits by provider type 2024--61 ; 2025--55
12. Number of off-site radiology exams by type (e.g., CT scan, MRI, etc.) medical does not keep these stats currently

X Medication Administration

1. How many med passes are conducted daily?
Typically 2 (AM/PM); sometimes 3 (AM/NOON/PM); rarely 4 (AM/NOON/PM/HS)
2. Please confirm which discipline(s) conducts med passes (e.g., CMT, LPN, RN, etc.)?
MED TECHS
3. How long does the average med pass take to complete?
1.5 HOURS
4. Does the Facility currently utilize an electronic Medication Administration Record (eMAR)?
a. If so, please identify the eMAR software program.
COREMR5
5. Is there a Keep-on-Person (KOP) program at the facility?
NO
6. What is the Facility's policy on providing medication to incarcerated individuals upon discharge?
We will give them reamaining meds if they ask for them
7. Do discharge medications include psychotropic medications?
yes
8. Who is responsible for the cost of psychotropic medications, the mental health provider, medical provider or the County?
Cost pool

Pharmacy Statistics

Please provide the following information for the past two (2) years:

1. Average number of incarcerated individuals on psychotropic medication(s) each month
2025: June-43, July-56, August-73, September-59, October 72
2. Average number of incarcerated individuals on HIV/AIDS medication(s) each month
2024: 6,7,2,3,6,4,6,6,5,5,6,5 2025: 5,3,3,1,2,2,3,3,8,6
3. Average number of incarcerated individuals on hepatitis medication(s) each month
0
4. Average number of incarcerated individuals on hemophilia medication(s) each month
0

5. Average number of incarcerated individuals with diabetes each month
2024: 17,17,22,31,27,22,23,36,28,27,28 2025: 38,39,45,29,58,36,35,29,42,53

XI Electronic Medical Records

1. Please identify the electronic medical records (EMR) system, if any, currently used at the Facility, including application and version.
COREMR5
2. Please confirm that the County will consider a new EMR system.
Yes, if needed
3. Will the Facility's IT infrastructure support EMR installation, or will additional cabling and drops be required? YES
4. Who will be responsible for additional cables/drops, if required, the County or the Contractor?
county
5. Does the current EMR system provide any of the following interfaces? If yes, please identify interfacing vendor/agency.
 - JMS partial
 - Laboratory No
 - Pharmacy Clinical Solutions
 - Electronic prescription interface Clinical Solutions
 - Health Information Exchange No
 - Other n/a

XII Information Technology

1. Please identify the Facility's Jail Management System (JMS).
CentralSquare One Solution currently; Hexagon coming in 2027
2. Will direct access to the JMS be available on the clinical computers?
Yes as they are county machines
3. If so, what are the requirements (installation, network, accounts)?
n/a
4. Does the County or the current Contractor provide any wireless connectivity/access to medical?
medical, booking
5. If so, which locations are covered?
The county
6. Who will be responsible for providing internet connectivity—the County or the Contractor?
The County
7. If the County provides internet connectivity, what internet circuits will be available to the Contractor – dedicated circuit or delivered through the County's network?
Delivered through County Network
8. What is the bandwidth?
16 bps
9. If the Contractor provides internet connectivity, are there any preferred/existing vendors that can be leveraged to provide this service?
n/a
10. Who will be responsible for providing network infrastructure (switches and firewall) — the County or the Contractor?
The County

11. If the Contractor is responsible, does the current Contractor provide network infrastructure? Will the selected Contractor be allowed to use existing network drops?
n/a
12. If the Contractor is responsible for network infrastructure, how many wiring closets service the PCs used by the Contractor? Will the Contractor be allowed to use existing fiber to interconnect wiring closets if required?
n/a
13. If structured cabling is required, who is financially responsible—the County or the Contractor?
n/a
14. Who is responsible for providing PC hardware and peripherals—the County or the Contractor? (If a mixed responsibility, please explain.)
mixed; The county provides access to desktop machines for JMS but not custom software
15. If the Contractor is required to provide Internet, networking, WiFi, or end user equipment, are there any restrictions to the products used, or can the Contractor implement its standard design and equipment?
n/a
16. Who is responsible for providing copiers—the County or the Contractor?
The County
17. If the County is responsible for copiers, what is the make and model number of the current copier?
Toshiba 3528A
18. Does the current Contractor provide time clocks?
No
19. Are the clinical computers currently managed on the County's Windows domain, the Contractor's Windows domain, or in a Windows workgroup (unmanaged)?
County's windows domain

XIII Expenses

1. Please identify who is responsible for the following costs, the County or the Contractor?
 - a. Pharmaceuticals?
 - b. Hospitalizations?
 - c. Emergency services?
 - d. Ambulance services?
 - e. Offsite specialty?
 - f. Dental services?
2. Please provide the following information for the past two (2) years:
 - a. Total pharmacy costs unavailable from current provider, county is only made aware after
exhaustin Cost pool
 - b. Total psychotropic medication costs August- October 2025 = \$3,573.94
 - c. Total HIV/AIDS medication costs unavailable from current provider, county is only made aware after
exhaustin Cost pool
 - d. Total ER visit costs unavailable from current provider, county is only made aware after
exhaustin Cost pool
 - e. Total inpatient hospitalization stay costs unavailable from current provider, county is only made aware after
exhaustin Cost pool
 - f. Total off-site specialist visit costs unavailable from current provider, county is only made aware after
exhaustin Cost pool
 - g. Total off-site, one-day surgery costs unavailable from current provider, county is only made aware after
exhaustin Cost pool

- h. Total pre-booking hospital costs not contractor responsibility if sent from pre-booking before jail staff accepts custody
- i. Total ambulance service costs unavailable from current provider, county is only made aware after exhaustin Cost pool
- j. Does the Facility currently receive any assistance on HIV/AIDS medication costs?
 - i. If assistance is provided, please identify and provide details.
Ryan White / HMAP

Financial Capitation

1. What is the current financial capitation?
Cost pool is \$150,000
2. Have the costs for capitated services fallen below or exceeded the capitation limits in the past two (2) years? exceeded
3. By how much has the current Contractor fallen below or exceeded the cap in each of the past two (2) years? 2024/25--\$13,002.09 2023/24--\$21,383.24
4. How many individuals have exceeded the per inmate cap and by how much in the past two (2) years? (if applicable) n/a
5. Is there a cap on pharmaceuticals?
comes from cost pool
6. If yes, what is the current cap?
n/a
7. Is any specific class of drugs excluded from the current Contractor's financial responsibility?
 - a. If yes, which drugs are excluded?
no
8. Would the County be willing to either apply a specified annual limit to the Contractor's financial responsibility for the cost of hepatitis C treatment?
no
9. Would the County be willing to allow the Contractor to pass through to the County the actual costs associated with hepatitis C treatment (i.e., carve out)?
It would be paid through the cost pool, if cost pool is exceeded, then the county would pay the expense.
10. Given the unpredictable costs associated with factor replacement therapy for the treatment of hemophilia (and also the infrequent need for such treatment in a jail setting with a more transient population): Would the County be willing to allow the contractor to pass through to the County the actual costs associated with factor products (i.e., carve out)?
It would be ppaid through the cost pool, if cost pool is exceeded, then the county would pay the expense.

XIV Miscellaneous

1. RFP Page 4 under Minimum Service Requirements, includes "Provide employee wellness checks when requested." Please provide details of what "wellness checks" entails.
 - a. Does this requirement mean responding to medical emergencies to stabilize an individual until EMS can arrive?
 - i. If not, please specify all that it entails. yes
 - ii. Provide the type and quantity of "wellness checks" provided per year for the last two years.

Current provider does not provide this source.

Thank you, again, for your attention to our questions. We look forward to your responses. Please do not hesitate to contact us should you need any further clarification.

Sincerely,

Mark Shook
Partnership Development Director
828-773-7375
mshook@wellpath.us

Kim Christie
Group VP Sales and Marketing Operations
610-9-9-6798
kchristie@wellpath.us

Medical Services

1. Please provide the requested data, including the total number of services provided over the past two years, as well as year-to-date figures. *This information will assist vendors to prepare a staffing matrix that meets the need of the County and the standards of community healthcare.*

Service	2023	2024	2025 YTD	# of Patients
Intake Screenings Conducted		5500	8000	
Deaths (that occurred in the facility)		1	0	
Deaths (that occurred w/in 2 days of arriving at hospital)		0	0	
On-Site Care				
Nurse Sick Calls		2300	2500	
Healthcare Provider Encounters (Doctor and mid-level providers)		73	67	
In-house X-rays		1091	1996	
Medical Housing Admissions				
Dental Care		13	8	
Medications – number of patients receiving prescription medications				
Grievances – founded and unfounded		317	288	
Onsite specialty clinics				
Optometrist		0	0	
OB/GYN		0	0	
Nephrologist		0	0	
Other (please specify type)		0	0	
Dialysis treatments**		unavailable	4	3
HIV treatment		61	36	
Hepatitis C treatment		0	0	
Inpatient hospitalizations*		12	13	
Days in Hospital		Unavailable	Unavailable	
Emergency room visits		41	45	
Outpatient admissions (including surgeries)		unavailable	2 (+1 scheduled)	
Specialist office visits		61	55	
Other off-site referrals		Totaled w/specialist	Totaled w/specialist	
Ambulance transportations		unavailable	unavailable	

*For inpatient hospitalization, please include the average length of stays and the longest length of stay for each period.

**Please specify off-site or on-site.

Human Resources

2. **Please provide your current staffing matrix, including titles and shifts.** Monday through Sunday, for all of the positions, including, but not limited to RNs, LPNs, physicians,

QUESTIONS - Medical Services – RFP #25-P001

mid-level healthcare providers (NP/PAs), mental health professionals, administrative assistants, medical record clerks, discharge planners.

DAY SHIFT									
POSITION	MON	TUE	WED	THU	FRI	SAT	SUN	Hrs/Wk	FTE
MTA RN	10	10	10	10				40	YES
LPN #1 (DAYS ROTATE EVERY OTHER WEEK)		12			12	12		36	YES
LPN #2 (DAYS ROTATED EVERY OTHER WEEK)	12	12		12	12			48	YES
LPN #3 (DAYS ROTATE EVERY OTHER WEEK)			12	12			12	36	YES
PARAMEDIC #1 (DAYS ROTATE EVERY OTHER WEEK)	12	12			12	12		48	YES
MED TECH #1 (DAYS ROTATE EVERY OTHER WEEK)	12	12		12	12			48	YES
MED TECH #2 (DAYS ROTATE EVERY OTHER WEEK)			12	12			12	36	YES
PA				6-8 HOURS					
Total Hours/FTE - Day									
EVENING SHIFT									
POSITION	MON	TUE	WED	THU	FRI	SAT	SUN	Hrs/Wk	FTE
LPN/RN 6P-2:30A (CURRENTLY OPEN)	8	8	8	8	8			40	YES
Total Hours/FTE- Night									
NIGHT SHIFT									
POSITION	MON	TUE	WED	THU	FRI	SAT	SUN	Hrs/Wk	FTE
LPN #1									
LPN#2									
LPN#3								42	YES
PARAMEDIC #1 (SEE ROTATING SCHEDULE ABOVE)									
Total Hours/FTE- Night									

TOTAL									
POSITION	MON	TUE	WED	THU	FRI	SAT	SUN	Hrs/Wk	FTE
Total Hours/FTE									

Behavioral Health

3. We understand that Mental Health Services is provided by a Doctor of Psychology, under a separate agreement with the County. Please provide the vendors with a copy of his contract.

Pharmacy

4. Please provide pharmaceutical data for the past two years and year to date to include:
 - number of inmates on HIV medications each month or an annual average/year (2023, 2024 and 2025 to date) 2024: 6,7,2,3,6,4,6,6,5,5,6,5 2025: 5,3,3,1,2,2,3,3,8,6
 - number of inmates on Hep C medications each month or an annual average/year (2023, 2024 and 2025to date) 0
 - blood factor medications each month or an annual average/year (2023, 2024 and 2025 to date). 0
5. On average, how long does each medication administration pass take? 1.5 HOURS

Accreditation

6. Please share when your most recent DOC and ICE audit. If possible, please share the associated reports. ICE—SEPTEMBER 2024, INSPECTION SCHEDULED FOR 2025 WAS CANCELLED BY ICE

Information Technology

7. Who pays for your current EMR? Contractor
8. What Jail Management System do you currently use? Central square ONE solution currently; HEXAGON coming in 2027
9. Are there any existing networks that are available to be used- either wired, wireless or both? yes
10. Does the facility have Wi-Fi capability dedicated for use by the medical department? yes
11. What is the extent of Wi-Fi in the facility? In booking and medical
12. Where will the patient data be kept (whose server, vendors or jail facility) jail

Financial

13. Is there currently a cap/cost pool based on your agreement with your current vendor? \$150,000.00, anything in excess the county covers the expense

QUESTIONS - Medical Services – RFP #25-P001

- If yes, please tell us what is included in the cost pool? (Examples: off site visits, pharmacy (HIV meds, Hep C meds, blood factors), ambulance transportation, medical supplies, etc.)? everything comes from the cost pool
 - If there is a cost pool, please share the amount of what is the maximum financial responsibility of your current vendor. \$150,000.00
 - If you have a pool, was the amount exceeded? How much each year? Exceed—23-24:\$21,383.24 24-25: \$13,002.09
14. Please provide a current copy of your medical contract and any addendums, amendments, etc. Also, please supply us with the vendor contracts that provide services for the facility including UNC Hillsborough and Correctional Behavioral Health (telehealth). This information will allow us to improve the level of services the County is currently receiving.
15. Who will be responsible for the following costs (Contractor or County/Facility): **COST POOL**
- a. Pharmaceuticals
 - b. On-site laboratory services
 - c. Off-site x-rays
 - d. On-site EKG & radiology services
 - e. Offsite specialty visits
 - f. Hospitalization services (ER visits, inpatient/outpatient services, etc.)
 - g. Orthoses, prosthesis & other Aids
 - h. Outpatient ambulatory services (offsite consultations)
 - i. Out-patient, in-patient, and emergency services
16. What is your historical spend for 2023, 2024 & 2025 (YTD) for the following: THIS IS CURRENTLY UNAVAILABLE FROM CURRENT PROVIDER, COUNTY IS ONLY MADE AWARE WHEN IT IS IN EXCESS OF COST POOL
- a. Pharmaceuticals
 - b. On-site laboratory services
 - c. On-site x-rays
 - d. On-site EKG & radiology services
 - e. Offsite specialty
 - f. Hospitalization services (ER visits, inpatient/outpatient services, etc.)
 - g. Outpatient ambulatory services (offsite consultations)
 - h. Orthoses, prosthesis & other aids

Contract

17. Please confirm your current contract end date.

18. Given the anticipated recruiting challenges during the New Year's Eve and holiday period, would the County consider allowing flexibility in the transition timeline or start date to ensure full staffing coverage? Would the County consider extending the contract start date to January 4, 2026? MORE CONSULTATION NEEDED
19. Could the County clarify if the selected healthcare provider is expected to perform or coordinate employee drug screenings, or if this process will be handled directly by the County? HANDLED BY THE COUNTY
20. Could the County please confirm whether the stated medical malpractice insurance limits are firm requirements, or if alternative comparable coverage levels may be considered? FIRM
21. Please verify that the County will allow vendors to submit a redacted proprietary information proposal along with the requested hard copies of the one original and two hard copies. This will allow the County to reply to FOIA requests more easily. YES
22. Please verify that the selection committee is interested in the respondents of this RFP to provide the County with a list of all legal actions, including settlements and/or judgements in the past five years under the vendor's current or previous names that is verifiable by the County's attorney to assist in reviewing the performance of the vendors. This will assist the County in understanding the risk with each vendor. UPON REQUEST
23. Please verify that the Sheriff's Office is expecting the initial medical and MH screening to be completed within the first 4 hours of all new arrivals to reduce liabilities with both the selected vendor and the County/Sheriff's Office. POLICY CURRENTLY IS WITHING THE FIRST 24 HOURS, BUT REQUEST THAT THEY BE COMPLETED AS SOON AS POSSIBLE
24. In the Vendor Qualifications section on page 4, second bullet, please verify that the three requested references should be in the state of North Carolina. DOES NOT HAVE TO BE IN THE STATE OF NORTH CAROLINA (ALTHOUGH IN STATE OR SOURROUNDING STATES ARE PREFERRED)

Date: 11/07/2025

Submitted via email to Steve.Young@alamancecountync.gov

Dear Mr. Young,

Enclosed, please find questions from Armor Health related to **REQUEST FOR PROPOSALS MEDICAL SERVICES FOR THE ALAMANCE COUNTY DETENTION CENTER - RFP #25-P001**

General:

1. Will the Sheriff's Office entertain suggestions for operational changes to the health services program if such changes remain in compliance with governing standards
This would take additional conversations
2. Please provide the current staffing plan and current vendor staffing matrix including weekly schedule of coverage by day, by position.

DAY SHIFT									
POSITION	MON	TUE	WED	THU	FRI	SAT	SUN	Hrs/Wk	FTE
MTA RN	10	10	10	10				40	YES
LPN #1 (DAYS ROTATE EVERY OTHER WEEK)		12			12	12		36	YES
LPN #2 (DAYS ROTATED EVERY OTHER WEEK)	12	12		12	12			48	YES
LPN #3 (DAYS ROTATE EVERY OTHER WEEK)			12	12			12	36	YES
PARAMEDIC #1 (DAYS ROTATE EVERY OTHER WEEK)	12	12			12	12		48	YES
MED TECH #1 (DAYS ROTATE EVERY OTHER WEEK)	12	12		12	12			48	YES
MED TECH #2 (DAYS ROTATE EVERY OTHER WEEK)			12	12			12	36	YES
PA				6-8 HOURS					

3. The RFP seems to be silent on staffing expectations/requirements. Do you require nursing coverage 24/7 onsite at the facility? YES
4. Please provide the current healthcare contract with Southern Health Partners and the current year cost of the contract.
5. Offsite Care – who is responsible for cost of offsite inpatient and outpatient care, emergency room visits and specialty offsite and onsite care? If medical provider is responsible is there an aggregate annual CAP? IT IS ALL PART OF THE COST POOL, ONCE THE COST POOL IS EXHAUSTED THE COUNTY COVERS THE EXCESS COST

6. Who is responsible for costs of emergency transportation for offsite care? COST POOL
7. Who is responsible for costs of OTC and prescription medications? If medical provider is there an annual aggregate CAP or exclusions for high costs medications such as HIV, Hep C and blood factors? COST POOL
8. Who is responsible for providing onsite mental health staffing and care and its cost? How is the mental health care delivered – with onsite staff/thru Telehealth or a combination of both? Please provide the mental health onsite staffing plan/matrix if not included in medical staffing plan and matrix. If mental health care is under separate contract who is the provider? CORRECTIONAL BEHAVIORAL HEALTH –2 TELEHEALTH CLINICS A WEEK
9. Who is responsible for Dental Care and its cost? Is it provided onsite or offsite? If onsite, is there a dental chair and x-ray equipment? If under separate contract please provide current provider information. OFFSITE, FULTON DENTAL GROUP
10. What is the County's preferred pricing model? Fixed annual fee billed monthly? Cost plus fixed management fee? Cost plus managed fee percentage? FIXED ANNUAL FEE BILLED MONTHLY
11. Please clarify/provide at least 12-months of Health Service Report Statistics. Prefer 3 years
12. Is the Medical provider responsible for costs of onsite labs, x-rays and medical supplies?
PART OF THE COST POOL
13. Will hours of service delivered via tele-medicine and tele-psychiatry, count towards contract provider hours? TELE-MEDICINE AS A SERVICE WOULD NEED TO BE DISCUSSED FURTHER, AS MORE INFORMATION WOULD BE NEEDED
14. Please clarify/confirm if the Vendor will be responsible for contracting with all specialty services providers for on-site and off-site services. County currently contracts for mental health; other services on/off site would need to be handled by the vendor
15. Will the County allow electronic signatures for proposal documents and forms?
No
16. Based on the current issues with travel/flight cancellations and delays, air traffic control shortages, airport closures and ground stops, expedited delivery via FedEx/UPS, and others related to the government shutdown, will the County entertain receiving electronic submittal of responses to ensure vendors the ability to deliver their proposals before the deadline regardless of delays with couriers beyond vendor's control. Based on these current issues in our country will the county allow submissions of electronic files (PDFs) via email?
No

17. Please provide the number of AED located throughout the facility as well as who is responsible for checking the equipment, frequency of checks, as well as who is financially responsible for the disposable supplies associated with equipment upkeep (pads/batteries)? 6, vendor is responsible for inspecting equipment, county will provide replacement batteries/pads as needed
18. Is the vendor responsible for providing interpreter services for non-English speaking inmates? Currently use the language line
19. Please detail on site dental equipment. Who is responsible for the maintenance, inspection, and licensing of the dental x-ray equipment? none
20. What is the average time for new employee clearance process to be complete? 1-2 days
21. Is there a hospital, or health system, that the agency requires the vendor to use for security reasons/preferences? For ER services, we currently use UNC Hillsborough unless it is life threatening and then ARMC is used

Pricing:

22. Please clarify the ADP that should be used in pricing / staffing. 382 current ADP for October
23. Please clarify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for:
 - a. Oral Surgery –off site, fulton dental group
 - b. Optometry—off site, alamance eye center
 - c. Laboratory—labs sent to Quest diagnostics
 - d. Radiology (specify mobile or fixed equipment)—mobile—Trident Care
 - e. Fluoroscopy—off site, UNC / ARMC
 - f. Mammography—off site, UNC /ARMC
 - g. Physical Therapy—off site, depends on referral
 - h. Dialysis—off site, inmates go to their clinic
 - i. Chronic Care Clinics (please specify which clinics and frequency)
 - j. Specialty Clinics (please specify which clinics and frequency)
 - k. OB/Prenatal care—Alamance County Health Department—may refer out to Cone, UNC or MFM.
24. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.) at the facility. Also, please provide years of service or hire dates.

POSITION	Hourly rate	Hire date
RN	\$41.00	10-20-2014
LPN	\$33.00	04-16-2018
LPN	\$32.00	01-28-2019
LPN	\$31.50	10-21-2024
LPN	\$31.50	08-25-2024
LPN	\$31.50	09-22-2025
PARAMEDIC	\$28.00	07-28-2025
PARAMEDIC	\$28.00	08-27-2024
MED TECH	\$19.00	12-02-2015
MED TECH	\$17.00	02-05-2024

25. Please provide the DOLLARS spent on offsite services for by year for the last three years by the categories below, at your facility: These numbers are unavailable from our current provider, county covers what is in excess of the \$150,000.00 cost pool.
- Hospitalization
 - Emergency room visits
 - Specialty visits
 - Outpatient surgeries
 - Diagnostics
26. Please provide the offsite EVENTS for by year for the last three years by the categories below, at your facility: records prior to August on 2024 are unavailable at this time.
- Hospital days—unavailable
 - Hospital admissions--2024-12; 2025-13
 - Emergency room visits—2024-41; 2025--45
 - Specialty visits—2024-61; 2025-55
 - Outpatient surgeries—2024-unavailable; 2025-2, plus an additional scheduled in November
 - Diagnostics--unavailable
27. Please provide the following by year for the last three contract years for your facility:
- a. Average monthly number of patients on HIV medications --4

- b. Average monthly number of patients on psychotropic medications--60
- c. Average monthly number of patients on hepatitis medications--0
- d. Average monthly number of patients on blood products relating to hemophilia--0
- e. HIV medications dollars--unavailable
- f. Psychotropic medications dollars—2025-\$3,573.94
- g. Hepatitis C medications dollars--0
- h. Blood products relating to hemophilia dollars--0
- 28. Please provide the TOTAL dollars spent on pharmacy at your facility by year for the last three years. unavailable
- 29. Is biomedical waste managed by the jail or the vendor? Who is the current Biomedical waste provider?
Vendor, currently use Sunbelt Medical Services, INC

Pharmaceutical:

- 30. How many prescriptions per month on average are ordered for the inmates at the facility? Unavailable—average number of inmates on meds, July- October 2025--286
- 31. What percentage of your medications ordered each month is stock vs. patient specific prescriptions? unavailable
- 32. Please provide three (3) years of drug utilization at the facility preferably in an electronic format. unavailable
- 33. Of inmates receiving Hepatitis C treatment, what is the nature of the treatment? n/a
- 34. How are current medication orders being transcribed to pharmacy? EMR/ELECTRONIC
- 35. Please clarify how are medications delivered and dispensed: patient-specific or stock/pill line? PATIENT SPECIFIC AND STOCK MEDS. INMATES RECEIVE AT MED PASS, NO ICOP
- 36. Please provide the number of prescriptions per inmate at the facility. ANYWHERE FROM 1-8
- 37. Does your current pharmacy provider offer monthly/quarterly pharmacy consultation/inspection? If so, please describe? NO
- 38. Does your facility have a DEA License? If so, whose name is under licensure? YES, ALAMANCE COUNTY DETENTION CENTER, MAJOR STEVE YOUNG
- 39. Does your facility have a current state pharmacy license? If so, whose name is under licensure? NO.

- 40. Where are inmate's personal medications kept upon booking? IN MEDICAL IN THE MED ROOM.
- 41. How many inmates receive MAT continuation? What MAT drugs are being utilized? CURRENTLY 1, SUBOXONE

Behavioral Health:

- 42. How many completed suicides took place at your facility in the past 2 years? 0
- 43. How many persons on average per month have been placed on suicide precaution over the past year? 19
- 44. How many persons are currently receiving psychotropic medications per month?-72
- 45. How many persons are currently receiving anti-psychotic medications per month?-33
- 46. How many persons are currently receiving mood-stabilizing medications (Lithium, Depakote, Lamictal etc.) per month?-5
- 47. How many group therapy sessions are provided per week by the current vendor?-0
- 48. How many patients were sent to the state mental hospital from your facility in the past year?-12
- 49. How many patients required placement in some sort of restraint device in the past 6 months?-0
- 50. Is it the responsibility of the officers to provide direct observation and/or 15-minute checks and logs on all patients placed in suicide watch? YES

Discharge Planning:

- 51. How are medications currently made available to inmates upon release from the correctional facility? MEDICAL WILL GIVE INMATES THE REMAINDER OF THEIR MEDICATIONS
- 52. Does the Sheriff's Office's standard operating policies provide that inmates who are receiving mental health or medical services encounter medical or mental health staff as they are released from the facility? Please describe the process. NO. Generally they are given an exit plan prior to release.
- 53. How many planned or predicted releases on average occur each day? Sentenced inmate releases-avg. 2 all over numbers vary depending on population type
- 54. Please provide a description including average daily enrollment of your inmate substance abuse education, cognitive behavioral classes, and other inmate programs. We only offer religious and educational programs, we do not offer any substance, cognitive behavioral programs

Electronic Medical Records (EMR):

55. Please provide the name of the current EHR system. COREMR5
56. Is the current records system a combination of electronic and paper records? If so:
 - What records are electronic? ALL
 - What records are paper? WE SCAN IN FAXES, RECORDS, REFUSAL FORMS
57. Will the existing facility network be available for EMR connectivity? YES
58. What interfaces are currently in place, if any:
 - JMS, CENTRAL SQUARE ONE SOLUTIONS CURRENTLY, HEXAGON COMING IN 2027
 - Lab,
 - Pharmacy, or –CLINICAL SOLUTIONS
 - Other.
59. What is the current JMS provider? CENTRAL SQUARE ONE SOLUTIONS
60. Can the EMR be installed on existing jail hardware? YES
61. Should servers be proposed as a stand-alone system? N/A
62. Does the existing jail data center/computer room have space available for any or all of the above? COUNTY PROVIDED
63. Do you use any tools or guides to ensure the staffing is sufficient? If yes, what current tools are in use? Is the Sheriff's Office open to vendor-developed tools to help manage staffing levels? CURRENTLY STAFFING LEVELS ARE REPORTED TO DETENTION ADMINISTRATION

Risk Management

64. How many medical malpractice and/or civil rights lawsuits have been filed against the jail's healthcare provider related to the services rendered at the facility in the past five (5) years? unavailable