



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

NYS Department of Corrections and Community Supervision RFP #2019-25 Statewide Centralized Laboratory Services Questions and Answers

1. Can you give us the current phlebotomy schedule for each location? # of days per week, how many phlebotomist(s) are required, how many hours per day and how many patients are drawn per day?

Phlebotomy schedule varies by each location between 5am – 2pm. Days per week varies by location, Lab should be prepared to render service Monday – Friday. Phlebotomists varies by facility and volume for the day, Average 1.5 phlebotomist. Phlebotomy schedule varies by each location between 5am – 2pm. Average 25 samples/location
2. Can you provide the current courier schedule for each location? What time is optimal and how many days per week does the courier need to pick up each respective location?

Pick up schedule varies at each location depending on when the phlebotomist is done collecting sample. Depending on the work load at each facility and after 2pm, laboratory should be prepared to render service Monday - Friday
3. How many stat tests are there per location, per month or per year? How are the stats currently taken care of?

Depending on the facility and the nature of the requirement, Average 12/month. Through Current Laboratory
4. We would like a copy of the contract that is currently in place with NY DOC along with any pricing.

This information must be requested via FOIL request.
5. Can we submit the Proposal, on 9 USB Flash Drives or does it need to be printed?

Bidders may not submit nine (9) USB Flash drives as their proposal. Bidders need to submit paper copies of their proposal as specified in Section 5 Proposal Submission of RFP #2019-25.
6. Within Section 2; Subsection 2.9 – Would NYS DOCCS consider a referral testing provider to be a subcontractor of the Bidder if the Bidder has already entered into an agreement with that provider to meet the needs of many customers (i.e. the Bidder is not entering into an agreement with the referral testing provider under the prime contract between the Bidder and NYS DOCCS)?
7. In Section 2; Subsection 2.10 – The information provided around best overall value appears to conflict with the information provided in Section 6.8 Cost of Services, paragraph one and awarding to the lowest bidder. Please clarify.

25 points will be awarded to the lowest bidder. An addendum will be issued to revise section 6.8 and Phase IV.



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8. Within Section 2; Subsection 2.12, paragraph one – It states the Bidder must agree to comply with all applicable New York State and DOCCS policies, procedures, regulations and directives through the term of the contract. Please clarify if there are any policies, procedures, regulations and directives that were not provided as part of this RFP. If so, please provide.

DOCCS policies, procedures and regulations pertaining to facilities will be provided to the awardee.

9. In Section 2; Subsection 2.13, paragraph two – It states “Contractor shall require each Employee”. Does this pertain only to employees providing services onsite?

Yes.

10. Within Section 3; Subsection 3.22, paragraph three – It states “DOCCS may also terminate any contract resulting from this RFP upon ten (10) days written notice if the Contractor makes any arrangement or assignment for the benefit of creditors.” Would NYS DOCCS consider making this mutual?

No, this is standard NYS requirements.

11. Section 3; subsection 3.13 – We ask the following:

a. In paragraph four – Would NYS DOCCS be willing to accept the following exceptions in red – Contractors shall deliver **certificate of insurance** to DOCCS evidence of the insurance required by this Solicitation and any Contract resulting from this Solicitation ~~in a form satisfactory to DOCCS.~~

No.

b. Under paragraph five; A.3 - Would NYS DOCCS be willing to accept the following exceptions in red: – Certificates of Insurance/Notices. Contractors shall provide DOCCS with a Certificate or Certificates of Insurance, ~~in a form satisfactory to DOCCS as detailed below~~, and pursuant to the timelines set forth in Section B below. Certificates shall reference the Solicitation or award number and shall name The New York State Department of Corrections and Community Supervision, Harriman Campus, 1220 Washington Avenue, Albany, New York 12226-2050, as the certificate holder.

No.

Certificates of Insurance shall:

- ~~Be in the form acceptable to DOCCS and in accordance with the New York State Insurance Law (e.g. an ACORD certificate Form 25 2016/03);~~

No.

- Disclose any deductible, self-insured retention, aggregate limit or exclusion to the policy that materially changes the coverage required by this Solicitation or any Contract resulting from this Solicitation;
- Refer to this Solicitation and any Contract resulting from this Solicitation by award number;
- Be signed by an authorized representative of the referenced insurance carriers; and
- Contain the following language in the Description of Operations /Locations / Vehicles section: Additional insured protection afforded is on a primary and non-contributory basis. A waiver of subrogation is granted in favor of the additional insureds.



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Only original documents (certificates of insurance and any endorsements and other attachments) or electronic versions of the same that can be directly traced back to the insurer, agent or broker via e-mail distribution or similar means will be accepted.

DOCCS generally requires Contractors to submit only certificates of insurance and additional insured endorsements. ~~although DOCCS reserves the right to request other proof of insurance.~~ Contractors should refrain from submitting entire insurance policies, unless specifically requested by DOCCS. If an entire insurance policy is submitted but not requested, DOCCS shall not be obligated to review and shall not be chargeable with knowledge of its contents. In addition, submission of an entire insurance policy not requested by DOCCS does not constitute proof of compliance with the insurance requirements and does not discharge Contractors from submitting the requested insurance documentation.

No.

- c. Under paragraph five A.11 – would NYS DOCCS be willing to accept the following exceptions in red:

11. Notice of Cancellation or Non-Renewal. ~~Policies shall be written so as to include the requirements for notice of cancellation or non-renewal in accordance with the New York State Insurance Law.~~ Within five (5) business days of receipt of any notice of cancellation or non-renewal of insurance, the Contractor shall provide DOCCS with a copy of any such notice received from an insurer together with proof of replacement coverage that complies with the insurance requirements of this Solicitation and any Contract resulting from this Solicitation.

No.

- d. Within Item B – would NYS DOCCS be willing to accept the following exception in red –

Insurance Type		Proof of Coverage is Due
Commercial General Liability	Not less than \$1,000,000 each occurrence	Upon Notification of Tentative Award
General Aggregate	\$2,000,000	
Products – Completed Operations Aggregate	\$2,000,000	
Personal and Advertising Injury	\$1,000,000	
Medical Expenses Limit	\$5,000	
Business Automobile Liability Insurance	Not less than \$1,000,000 each occurrence	
Workers' Compensation		
Disability Benefits		

No.

12. Within Section 3; Subsection 3.26, we ask the following:

- a. In paragraph one – This states a non-disclosure agreement is required upon contract award. However, in Section 5; Subsections 5.2.3 Required Legal Forms and 5.5.2 Mandatory Forms and Documents it indicates proposers shall submit the completed documents. Please confirm if the Non-disclosure agreement is required during the time of bid submission or upon contract award.

Please refer to RFP Section 5.5.2 Mandatory Forms and Documents.



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- b. Within the second bullet “No Disclosure”; would NYS DOCCS consider changing the language to state “Recipient agrees to use **commercially reasonable** efforts to...”
No.

13. Within Section 4; Subsection 4.11, item c, it states addendums must be acknowledged by signature, dated, and submitted with the proposal. Is there a specific location on the addendum that NYS DOCCS would prefer the acknowledgement? For example, Addendum #1 did not include a signature line for acknowledgement.

The signature line was an oversight. The proposer can provide acknowledgment signature and date at the bottom of the page.

14. In Section 5; subsection 5.2; Item 5.2.1, it states to include a cover letter and lists specific information to confirm. In Subsection 5.5.1, Item j) it references the Application Cover Sheet (Attachment D (Section 5.2.1). Please clarify if a cover letter is to also be considered Attachment D or if Attachment D and a separate Cover Letter are required.

Attachment D and a separate Cover letter are required.

15. In Section 5; subsection 5.4 paragraph one, it states to include two originals and two exact copies of the cost sheet and required forms as well as any proposal addenda. In Section 5, subsection 5.5.1 item k) it states to provide two (2) originals plus seven (7) copies for all documents on the checklist. Please clarify the number of originals and the number of copies for all documents required.

Please refer to RFP page 39, item j.

16. In Section 5; Subsection 5.5.1, we ask the following:

- a. Item d – It states to prepare the proposal with sequentially numbered pages. Does this only refer to the technical component portion of the response or the entire proposal, including attachments and forms?

The sequentially numbered pages shall apply to the technical response including attachments and forms related to this portion.

- b. Item e – This states each proposal should incorporate a Table of Contents with sections identified identical to the Table of Contents used for this RFP on pages 2 through 4. However, this Table of Contents includes sections that do not necessitate a response from the Bidder. Please clarify if bidders are expected to provide responses to each item listed in the Table of Contents provided on pages 2 through 4 or if bidders are to follow the same format and provide responses to the Required/Mandatory items of the RFP as identified in the Pass/Fail Checklist listed in Item k).

Bidders are expected to provide responses to each item listed in the Table of Contents provided on pages 2 through and provide responses only for the Required/Mandatory items of the RFP as identified in the Pass/Fail Checklist listed in Item k.

17. In Section 6; Subsection 6.1; item 7 NYS DOCCS asks for an electronic copy of the current laboratory compendium manual. Please clarify:

- a. If hard copies are required and if so, how many.

No hard copy is required for the laboratory compendium manual.



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- b. If the electronic copy is to be included on the thumb drive that also includes the technical and cost proposal.

Yes, the thumb drive is to include the entire proposal.

18. In Section 6; Subsection 6.2.2, we ask the following:

- a. What is the proposed schedule for the phlebotomists for each facility; Monday – Friday?
Phlebotomy schedule varies by each location between 5am – 2pm. Days per week varies by location, Lab should be prepared to render service Monday – Friday. Are there holiday or weekend requirements? There are no holiday and weekend requirements
- b. Please provide the current phlebotomy schedule at each of the NYS DOCCS facilities.
Phlebotomists varies by facility and volume for the day, Average 1.5 phlebotomist. Phlebotomy schedule varies by each location between 5am – 2pm. Average 25 samples/location.
- c. Item 2 – Aside from the information provided in this item, please clarify specific pick up time requirements for the NYS DOCCS facilities.
Pick up schedule varies at each location depending on when the phlebotomist is done collecting sample. Depending on the work load at each facility and after 2pm, laboratory should be prepared to render service Monday - Friday

19. In Section 6; Subsection 6.2.3, we ask the following:

- a. Is NYS DOCCS expecting 24-hour turnaround times for profiles or are profiles to be reported by 11:00am the next day as indicated in 6.2.3.2?
Profiles are expected to be reported by 11:00am.
- b. Will NYS DOCCS require emergency or STAT pick-ups or testing services?
DOCCS will not require emergency phlebotomy on site testing services to be 24-7. The following business day would be acceptable for testing. If so, please clarify what tests would be considered “STAT” and would STAT pick-ups or testing services be required 24/7? DOCCS will require emergency or STAT pick-ups upon request Monday – Friday. DOCCS will require emergency or STAT testing upon request, but the expectation will be for a phlebotomist to perform blood draws the following business day. Such tests would include immunology (IgG).

20. In Section 6; Subsection 6.5, please kindly clarify what type of DNA testing NYS DOCCS is referring to specific to this RFP. What are the most commonly ordered DNA tests?

The Bidder’s Phlebotomist will be expected to take the DNA test via a DNA Specimen Collection Kit and then DOCCS will mail it to the NYS Division of Criminal Justice Services for processing and for incorporation into the Convicted DNA Databank.

21. Within Section 6; Subsection 6.7; paragraph three – The last sentence indicates responses will be evaluated using a predetermined rating scale. Please provide the predetermined rating scale that will be used.

This information must be requested via FOIL upon contract approval.



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- 22. Within Attachment H – 2019 Test Counts, we have identified a number of tests that we were unable to “match” to one of our own test offerings based on the information provided in the RFP. Please provide more information for each of the tests, including the current vendor’s service codes and panel components where applicable, for each of the tests in the attachment. This will help ensure that NYS DOCCS receives bids that are complete and competitive.
See attached spreadsheet titled Test Clarification – 2019 Test Counts, Attachment H.
- 23. Directive – Fingerprinting/Criminal History Inquiry – New Employees and Contractors – As stated in Procedure IV A.2 – All contractors and contract employees, volunteers, and interns shall receive orientation and periodic in-service training consistent with their level of inmate contact. In terms of the services associated with this RFP, please clarify who this Directive would apply to specifically.
Contractors and contract employees, volunteers, and interns employees providing services to the inmate population.
- 24. Directive – Sexual Abuse Prevention & Intervention – As stated in Procedure V A.2 – All contractors and contract employees, volunteers, and interns shall receive orientation and periodic in-service training consistent with their level of inmate contact. Please clarify how this will apply to the services associated with this RFP and confirm that this directive will apply only to contract employees who are onsite at one of the NYS DOCCS facilities.
This applies to all contract employees who are onsite at any of DOCCS facilities. Please refer to RFP Section 2.13 PREA.

Please complete and submit with your proposal

Bidder’s Name: _____

Signature: _____

Title: _____ Date: _____

Test Clarification - 2019 Test Counts, Attachment H

Test Code	Test Name	SumOfTest Count	DESCRIPTION
P934-3	PANEL P934	18864	0053-9 CBC w/Diff & Platelet, 3195-5 MEDI23+Iron, 0142-0 RPR serology, 0108-1 Hepatitis B core Antibody & IgG, 0159-4 Urinalysis Routine, 0106-5 Hepatitis B surface Antigen, 0107-3 Hepatitis B Surface Antibody (qual/immunity), 0059-6 HDL Cholesterol
8292-5	PANEL 8292	376	0005-9 Chem 24 (SMAC), 0053-9 CBC w/Diff & Platelet Ct, 0088-5 Ferritin, 0106-5 Hepatitis B Surface Antigen, 0141-2 Reticulocyte count, 1114-8 Iron & %SAT, 1889-5 TIBC & Component, 3816-6 Corrected Calcium
9406-0	PANEL 9406	222	0552-0 Toxoplasma antibody (IgG) & EIA, 1135-3 Glucose-6-Phosphate Dehydrogenase, 0036-4 Serum Amylase, 0053-9 CBC w/diff & platelet ct
8888-0	MISCELLANEOUS TEST	140	MISCELLANEOUS TEST
9408-6	PANEL 9408	130	0043-0 Bilirubin Total Serum, 0033-1 Albumin serum, 0146-1 Aspartate Aminotransferase (AST/SGOT), 0117-2 Lactate Dehydrogenase (LDH), 0135-4 Protein total serum, 0044-8 Bilirubin direct serum, 0185-9 Alkaline Phosphatase serum, 0147-9 SGPT (ALT), 0053-9 CBC w/diff & platelet ct
4635-9	FISH PANEL	129	1485-2 Allergen hallibut (rf303) IgE, 0840-9 allergen codfish (f3) IgE, 0696-5 Allergen shrimp (f24) IgE, 0841-7 Allergen lobster (f80) IgE, 1169-2 Allergen clam (f207) IgE, 0697-3 Allergen blue mussel (f37) IgE, 0714-6 Allergen salmon (f41) IgE, 0698-1 Allergen tuna (f40) IgE, 0996-9 Immunoglobulin E (IgE) serum/plasma
4635-10	FISH PANEL	130	1485-2 Allergen hallibut (rf303) IgE, 0840-9 allergen codfish (f3) IgE, 0696-5 Allergen shrimp (f24) IgE, 0841-7 Allergen lobster (f80) IgE, 1169-2 Allergen clam (f207) IgE, 0697-3 Allergen blue mussel (f37) IgE, 0714-6 Allergen salmon (f41) IgE, 0698-1 Allergen tuna (f40) IgE, 0996-9 Immunoglobulin E (IgE) serum/plasma
8274-3	PANEL 8274	100	0005-9 Chem 24 (SMAC), 0044-8 Bilirubin direct serum, 0053-9 CBC w/diff & platelet ct, 0088-5 Ferritin, 0105-7 Hepatitis A AB Total w/reflex, 0106-5 Hepatitis B surface antigen, 0107-3 Hepatitis B surface antibody (qual/immunity), 0141-2 Reticulocyte ct, 0206-3 Hepatitis B core antibody IgM, 0378-0 Aluminum serum, 0598-3 PTH intact, 0812-8 Hepatitis C antibody EIA, 1114-8 Iron % sat, 1889-5 TIBC Component, 3816-6 Corrected Calcium
A052-3	HEMOSTASIS ASSESSMENT	70	HEMOSTASIS ASSESSMENT
L217-9	PANEL L217	55	0156-0 ABO & Rh Blood Typing, 0400-2 CMV Ab (IGG), 0080-2 Urine Culture, 0230-3 HGB F (qual), 2291-3 HGB OTHER (qual), 2281-4 HGB S (qual), 2290-5 HGB C (qual), 0218-8 HGB A2 (qual), 0039-8 Antibody screen (Ind. Coombs), 0973-8 Rubella Titer (IgG), 0220-4 HGB A
J001-9	GENOSURE ARCHIVE	26	GENOSURE ARCHIVE
3195-5	MEDI23+IRON	15	Unable to locate
0641-1	A/G RATIO	10	Unable to locate

Test Clarification - 2019 Test Counts, Attachment H

1753-3	GLOBULIN	10	Unable to locate
2590-8	ALLERGY PROFILE	9	Unable to locate
1841-6	GRASS MIX	7	Grass Mix (gx1) IgE
A090-3	SURGICAL PATHOLOGY REPORT	4	Unable to locate
J524-0	NON-GYN OTHER (SLIDES)	2	NON-GYN OTHER
9411-0	PANEL 9411	2	Unable to locate
4994-0	PRE-OP	2	Unable to locate
0848-2	ALLERGEN WOOL(USE #1	1	Wool IgE
A669-4	BCR/ABL1 OF B2A2 TYPE	1	5858-6 BCR/ABL Quantification by RT-PCR
J262-7	G. VAGINALIS LOG	1	J211-4 G. Vaginalis by RT-PCR
J899-6	HEREDITARY PANCREATITIS PANEL	1	Unable to locate
J553-9	HYPERTROPHIC CARDIOMYOPATHY (HCM	1	Unable to locate
5757-0	INHIBITOR TITER	1	INHIBITOR TITER
1040-5	PANEL 1040	1	0104-0? 0019-0 Hematocrit & 1449-3 Hemoglobin
5534-3	PANEL 5534	1	Unable to locate
6616-7	PANEL 6616	1	Unable to locate
7914-5	PANEL 7914	1	0033-1 Albumin serum, 0043-0 Bilirubin total serum, 0053-9 CBC w/diff & platelet ct, 0070-3 Creatinine serum, 0105-7 Hepatitis A AB total w/reflex, 0106-5 Hepatitis B Surface Antigen, 0108-1 Hepatitis B Core Antibody IgG, 0137-0 Prothrombin time/INR (PT), 0139-6 PTT (Partial Thromboplastin Time), 0147-9 SGPT (ALT), 0153-7 Thyroid Stimulating Hormone (TSH), 1112-2 INR (Int'I Normalized Ratio), 8784-1 HEC C RNA IU, 8793-2 HEP C RNA (LOG 10)
9407-8	PANEL 9407	1	0156-0 ABO & Rh Blood Typing, 0400-2 CMV Ab (IGG), 0080-2 Urine Culture, 0230-3 HGB F (qual), 2291-3 HGB OTHER (qual), 2281-4 HGB S (qual), 2290-5 HGB C (qual), 0218-8 HGB A2 (qual), 0039-8 Antibody screen (Ind. Coombs), 0973-8 Rubella Titer (IgG), 0812-8 Hepatitis C Antibody EIA, 0220-4 HGB A
H192-8	REFLEXED SPECIES	1	REFLEX
GD753-7	ROCC-REVIEW	1	Unable to locate
2243-4	SMA 17	1	Unable to locate
T994-3	HYPOPHOSPHATASIA AND HYPOPHOSPHA	1	Hypophosphatasia & Hypophosphatemic Rickets Panel
J305-4	MITOCHONDRIAL COMPLEX I DEFICIENCY	1	Mitochondrial Complex I Deficiency

Test Clarification - 2019 Test Counts, Attachment H

3638-4	PIGNOLIA NUTS	1	Allergen Pignolia (Pine) Nuts (t213) IgE
3695-4	RAST ASPIRIN,IGE	1	Allergen Aspirin IgE
J553RE-2	REST OF CARDIOMYOPATHY AFTER HCM	1	Rest of Cardiomyopathy after HCM Panel
3870-3	SULFONYLUREA PRO., S/P	1	Unable to locate
0112-3	TRAVEL ALLOWANCE	3605	NOT A TEST
0371-5	DNA SPECIMEN COLLECTION FEE	3000	NOT A TEST
6666-2	CLARIFICATION REQUIRED	1766	NOT A TEST
9993-7	FAX RESULT TO DOCTOR	237	NOT A TEST
A050-7	GI PATHOLOGY REPORT	47	NOT A TEST
A432-7	CANCELLED CASE	44	NOT A TEST
9990-3	CALL RESULT TO DOCTOR	16	NOT A TEST
A031-7	DERMATOPATHOLOGY REPORT	16	NOT A TEST
9991-1	SEND COPY OF RESULTS TO:	9	NOT A TEST
A082-0	PTT MIXING STUDIES REPORT	8	NOT A TEST
A097-8	WOMEN'S HLTH PATHOLOGY REPORT	5	NOT A TEST
A704-9	REP GENETICS INTEGRATED REPORT	2	NOT A TEST
C000-0	CLARIFY TEST	1	NOT A TEST
J374-0	CLIENT DRAW	1	NOT A TEST
A081-2	PT MIXING STUDIES REPORT	1	NOT A TEST

Please complete and submit with your proposal

Bidder's Name: _____ Signature: _____

Title: _____ Date: _____