

IFB 2024-22 Official Responses to Questions

Question Number	IFB Section	Questions Received in Writing	DOCCS' Responses to Questions
1		Is the attached pdf the only questionnaire needing to be filled out Or is there a link for the online form?	Review the IFB in its entirety paying attention to the Checklist on page 4.
2		If bidding on multiple/all Lots, is each Lot proposal viewed separately or in the aggregate? Can entity be awarded some Lots bid on but not all, or is it all or nothing?	<ol style="list-style-type: none"> 1. See IFB 2024-22 Method of Award (page 14). Contracts will be awarded to the lowest Grand Total for each Lot. 2. Yes, a vendor could be awarded one, multiple, or all lots bid on.
3		Proposal suggests three (3) initial visits per clinic and ten (10) established visits per clinic. How were these numbers derived?	These numbers are estimated based on historical numbers out of the Wende hub.
4		Proposal suggests need for weekly clinic. How was that demand determined?	These numbers are estimated based on historical numbers out of the Wende hub. Please note that some Lots are twice a week.
5		Will NYSDOC guarantee the minimum of ten (10) patients per clinic?	Yes, DOCCS guarantees a minimum of 10 patients per clinic.
6		Are there minimum number of patients required per clinic that if not met, the clinic would be rescheduled/canceled without penalty or is it expected the provider be on site even if one visit scheduled?	<p>See response to question #5 above.</p> <p>For clinic cancellation, see IFB 2024-22 – Clinic Cancellation Reimbursement (page 15).</p>
7		How much advance notice/lead time does provider have in seeing list/number of patients they will be seeing? Do they know the day before or find out only upon arrival at detention center?	DOCCS will provide a list of patients to be seen 24 hours prior to clinic.
8		Will providers receive information on patient prior to seeing them or will only have access to patient history only onsite?	Onsite consultation will have referral reason.
9		Proposal suggests just four (4) hours per clinic. Given the suggested patient volume of thirteen (13) patients per clinic, is it possible to extend clinic time beyond the	Facility dependent and as mutually agreed upon, however, contractor will not be paid more than the clinic fee.

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		four (4) hours as needed or are half day clinics a hard stop?	
10		Are clinics allowed only Monday through Friday or are Saturdays and Sundays also possibilities to conduct clinics?	Monday through Friday only.
11		<ol style="list-style-type: none"> 1. What equipment would be allowed to be brought onsite? 2. Are heating pads and/or electrical muscle stimulation devices and chiropractic tables allowed onsite? 3. Are such devices able to be stored on site or must be taken after each clinic? 	<ol style="list-style-type: none"> 1. See IFB 2024-22 Scope of Services, Equipment (page 28) 2a. 2. See IFB 2024-22 Scope of Services, Equipment. 3. Facility dependent on storage space.
12		Due to nature of being a detention facility, are there certain treatments or devices that would not be allowed?	See IFB 2024-22 Scope of Services, Equipment (page 28) – All equipment not provided by DOCCS, must be approved by DOCCS security personnel at each facility.
13		What is process/procedure for getting devices approved to bring onsite at the detention facility?	See answer to question #12 above.
14		Will providers have access to only one exam room/office per clinic or can they use a second exam room simultaneously? To help clarify the question, some treatments such as muscle stimulation can take up to twenty-five (25) where patient is lying down. It is possible that with a second exam room the provider can simultaneously start treatment on a second patient.	Would be facility dependent on space provided for Chiropractic Services.
15		Do the exam rooms come equipped with any standard supplies or must provider bring? (Eg. Gloves, soap/sanitizer, exam bed paper sheets, paper, pens)	See IFB 2024-22 Scope of Services, Equipment (page 28).
16		Must providers be credentialed with insurance programs (eg. Medicare, Medicaid, private insurance HMOs) or is it sufficient that they have a valid New York State license to practice chiropractic	No, it is sufficient to have a valid NY State license to practice chiropractic medicine and insurance coverage.

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		medicine and have valid malpractice insurance coverage?	
17		Are all patients referred by their primary care provider or can patient request treatment due to pain etc.?	All patients are referred.
18		If provider needs to discuss medical issue of a patient with a doctor, what is that process of communication?	There will be a provider on site to discuss concerns.
19		<ol style="list-style-type: none"> 1. Since no computers are allowed onsite, are all charts are written on paper only? 2. Is there an obligation of the provider to enter paper notes into an EMR (electronic medical record) system offsite on their own time or can they maintain paper only records? 	<ol style="list-style-type: none"> 1. Yes, currently all records are paper. 2. No obligation to enter notes into an EMR, paper records are fine. DOCCS does anticipate an EMR sometime in the future.
20		<ol style="list-style-type: none"> 1. Are patients always escorted with a guard? 2. Does the guard stay in the room with the provider during treatment for safety purposes? 3. Are patients allowed to have handcuffs removed for treatment or do they always remain handcuffed (making some treatments difficult)? 	<ol style="list-style-type: none"> 1. Escort is dependent on facility security level. 2. A Correction Officer will be positioned in the room or at the door. 3. Patients can be uncuffed during treatment as long as the Correction Officer is with them.