

Question and Answers

1. **Q-** Please clarify if the RFP Number for the above referenced solicitation is 15BRRC23R00000012 or 15BRRC22R00000022 as both are listed on the solicitation document.

A- 15BRRC23R00000012 is the RFP number.

2. **Q-** Regarding *Accountability*, please confirm whether the expectation for timeframes to address resident unaccountability due to unforeseen issues with approved movement, software, or hardware tied to the electronic monitoring component will remain the same?

a. **For example, for residents assigned a smartphone device, in the event a resident is employed operating heavy machinery, or they work in an area with poor connectivity, or they are operating a motor vehicle and commuting to work and are unable to immediately complete a random biometric check-in, what is the expectation for response time to allow the resident to complete the check-in safely while maintaining accountability? The current Statement of Work (SOW) does not reflect any changes to the current response time before initiating escape notification procedures. The vendor believes it is imperative for the resident and staff to have a level of flexibility to resolve the accountability issue to avoid interference with the resident's employment or other challenges such as those referenced above.**

A- The SOW does not require residents be issued smartphones. Chapter 12 of the SOW requires: Contractors must develop procedures and policies that allow for the possession and routine use of cell phones, to include smartphones by residents. Regarding accountability, Chapter 12 of the SOW requires: The contractor will be able to locate and verify the whereabouts of residents at all times. Written procedures will be established to guide staff in meeting this requirement. The contractor will contact the resident either telephonically or in-person at random times at work, home, or authorized destinations to maintain accountability. This monitoring should occur at a frequency that ensures accountability and should be commensurate with the accountability needs of each individual resident. The contractor may request the RRM modify the frequency of contacts if it is in the best interest of resident accountability and program objectives. The RRM has the authority to increase or decrease the number of required accountability checks. As GPS monitoring is not required in the current SOW, if a contractor is proposing to use this technology, their proposal should outline the specifics of the technology they plan to use and if will be evaluated.

3. **Q-** Regarding *Accountability*, please confirm the level of detail and parameters considered acceptable to meet the First Step Act (FSA) requirements regarding electronic

monitoring for those on home confinement. In the FSA requirements outlined in previous contract modifications, the degree to which monitoring was required stated that a pre-release custody resident placed on Home Confinement shall "Be subject to 24-hour electronic monitoring that enables the prompt identification of the prisoner, location, and time, in the case of any violation".

For consistency with electronic monitoring resident profile set-up within the software, is the Bureau's expectation that all approved movement within the community have zones identifying when a resident entered and departed the area required, or will a resident who has a schedule with curfews enabled to show when they may leave and enter their home for approved movement be sufficient? For instance, if a resident is employed as a delivery driver and makes 50-100 stops a day at various locations throughout a county, drop-off locations for package deliveries will vary and it would be impossible to have the itinerary of all 50-100 stops until the day of the deliveries to set-up 50-100 individual zones; in the event the schedule reflects curfew alerts, the facility would schedule the resident to show within the software when a resident may depart from their home and when they must return back from the movement, generating alerts if they departed/arrived on time or departed/arrived late. It should be noted that in the scenario provided, the facility can ping (summon the device) to retrieve a location/time of the ping whether a resident does or does not have a schedule in the software tracking system.

A- There is no requirement for the use of GPS in this SOW.

4. **Q-** Regarding *Staffing*, will the Bureau please confirm whether they encourage and expect all vendors to ensure they account for and substantially increase their previous staffing plans to effectively and timely address any issues related to the electronic monitoring equipment whether it be delivered through a bracelet or smartphone device. Historically, prior to the FSA, all staffing plans were based upon general accountability requirements outlined in the SOW. Since the FSA, all staff involved with providing a level of review and surveillance for residents on electronic monitoring have collateral duties and were not distinguished as having a defined role dedicated to placing focus on electronic monitoring movements within the community. Due to residents having employment and educational opportunities in various geographic locations, regularly modified schedules to address programming and treatment needs, various commute times to and from approved movement locations, random reporting to the RRC for drug and alcohol testing, and any other unforeseen circumstance such as a medical emergency, the SOW does not identify a position directly tied to having the responsibility of providing oversight to the home confinement population now required to be on electronic monitoring. As a result, there has been a substantial increased workload associated with operating and managing electronic monitoring equipment to include the installation/assigning of bracelets and smartphone devices, monitoring of movement and alerts, and responding accordingly 24 hours per day/7 days a week, which could be several hundred alerts per month for a contract of this size, and address electronic monitoring device issues while still remaining within the current SOW accountability parameters.

- a. **For example, regarding both the electronic monitoring bracelet and the smartphone, will the Bureau encourage and expect the vendor to adjust the historical staff-to-resident Home Confinement ratio and designate staff committed to address items such as:**
- **Installing and removing the equipment**
 - **Providing continuous tracking and monitoring of all GPS movements**
 - **Addressing alerts**
 - **Troubleshooting device issues due to unexpected connectivity challenges**
 - **Pinging (summoning) the device to notify the resident of low battery, or requesting they call the facility for communication pass-down**
 - **Complete initial and ongoing monthly home site verification checks**
 - **Entering approved schedules and zones into the software**
 - **Modifying the resident's approved logistics in order to direct them to the RRC to complete random alcohol and drug testing**
 - **Extending approved schedules into the software due to unforeseen circumstances such as working overtime**
 - **Deploying staff to a resident's approved home location to follow-up on any possible equipment registering a tamper**
 - **Picking up damaged or removed (i.e., local jail) devices**
 - **Enrolling residents into the software and assigning the equipment**
 - **Sending text messages to the device to notify the resident of low battery, or requesting they call the facility for communication pass-down**
 - **Addressing biometric check-ins that were completed late, missed, or did not meet the threshold of confirming facial recognition**

A- Contractors are required to provide a generic staffing pattern with their technical proposal which will be evaluated for sufficiency.

5. **Q-** Will the Bureau clarify in Chapter 10-Programs, 1. Case Management, A. Individualized Program Plan (IPP), when stating, “the IPP must be loaded into R3M after every bi-weekly plan update in .pdf format”, if there is a specific timeframe to complete the upload? Is the expectation to have the IPP uploaded by the end of the Case Manager's shift, close of business, or within a reasonable period of time? Additionally, please clarify the timeframe to complete the upload in the event the R3M system is temporarily unavailable. For instance, if R3M is temporarily inoperable on a Friday and not active until the weekend, yet case management staff are not scheduled to work on the weekend, when will the contractor be required to perform the upload?

A- Three calendar days from the IPP/progress review signed date. In the event of an issue with R3M, a reasonable amount of time shall be used for the upload.

6. **Q-** Please clarify, in Chapter 11 - Home Confinement, in reference to the drug and alcohol testing, the SOW states “The contractor must have procedures in place allowing for the testing of residents at random intervals both at the RRC and during home site visits. Drug and alcohol testing should not routinely be conducted at the work site because it may interfere with the resident’s ability to maintain gainful employment.” Specifically, is the Bureau requiring drug and alcohol testing to occur at the resident’s home site and place of employment at some moment in time while under placement with the RRC, or does the Bureau allow the RRC to have the discretion to test at the resident’s home site and employment site if deemed necessary and not in direct interference with the resident’s employment or programming? The SOW uses language such as “allowing” and “not routinely” which suggests that testing in the home and work environment may be at the discretion of the RRC provider. Upon review of the Urine and Alcohol Surveillance Program in the SOW, there was no reference to this testing requirement.

A- Drug and alcohol testing should not be done at the work site without the approval of the RRM.

7. **Q-** Please confirm whether participants entering the program will have a smartphone capable of running location tracking applications or if the awarded vendor should be expected to provide a smartphone to participants with the software pre-installed to run tracking applications?

A- There is no requirement for residents to be provided a smartphone or for the vendor to provide a smartphone.

8. **Q-** Section G – Contract Administration Data: G.3 Billing Procedure – Section (a) mentions that “During the months when the ADP exceeds 20 in-house RRC beds or 12 home confinement placements, the Contractor shall invoice for the number of mandays utilized at the inmate daily rate specified for the applicable tier.” Please clarify whether the submitted per diem rates at each tier should be submitted as blended per diems, or should the offered per diems in each tier be independent of each other?

- a. For example, if there are 36 RRC beds filled for a month, would the awarded vendor invoice the Bureau for services as Tier 1 (0-20) Flat Fee Rate + Tier 2 (20-30)? Or would the awarded vendor invoice the Bureau for all 26 beds at a blended per diem rate based on which tier the ADP falls in for that month?

A- During the months when the ADP exceeds 20 in-house RRC beds or 12 home confinement placements, the Contractor shall invoice for the number of mandays utilized at the inmate daily rate specified for the applicable tier. There are no blended per diems, they are independent of each other.

9. **Q-** Will the Bureau please consider updating Section M.4 Evaluation Criteria and Their Relative Importance: 3.0 Price Evaluation Area to include detailed information as to how the Price Analysis will be conducted?

- i. **For example, if the four In-House RRC tiers are:**

- \$54,000 monthly flat fee for 0-20 In-House RRC inmates
- \$40.00 per day per placement for 21-30 In-House RRC inmates
- \$30.00 per day per placement for 31-40 In-House RRC inmates
- \$20.00 per day per placement for 41+ In-House RRC inmates

We calculate the daily rate for 20 In-House RRC inmates \$90.00 /day (\$54,000 / 20 In-House RRC inmates / 30 days). Our understanding is that we would add the \$90.00 rate with the other 3 tiers (\$90.00 + \$40.00 + \$30.00 + \$20.00 = \$180.00), then divide the total by four (\$180.00 / 4 = \$45.00) to determine the average daily rate (\$45.00).

ii. If the four Home Confinement Placement tiers are:

- \$21,600 monthly flat fee for 0-12 Home Confinement Placement
- \$20.00 per day per placement for 13-22 Home Confinement Placement
- \$10.00 per day per placement for 23-33 Home Confinement Placement
- \$5.00 per day per placement for 34+ Home Confinement Placement

We calculate the daily rate for 12 Home Confinement RRC inmates \$60.00 / day (\$21,600 / 12 Home Confinement placements / 30 days). Our understanding is that we would add the \$60.00 rate with the other 3 tiers (\$60.00 + \$20.00 + \$10.00 + \$5.00 = \$95.00), then divide the total by four (\$95.00 / 4 = \$23.75) to determine the average daily rate (\$23.75).

Please explain how the average daily rates for In-House RRC and Home Confinement Placements will be evaluated, and how the overall price analysis will be conducted.

A- The BOP will review M.4., and the current pricing structure.

10. Q- The Bureau's requested payment structure used in the current RFP exposes a contractor to significant financial volatility at certain census levels, particularly when transitioning from the highest point in a tier to the lower point in the subsequent tier.

For illustrative purposes only, the table below shows 4-tiers for up to 125-beds with declining per diems, as cumulative bed utilization increases.

FOR ILLUSTRATIVE PORPOSES ONLY

Tier	From	To	Per Diem	ADP		
				50	51	60
1	0	50	\$150	\$2,737,500		
2	51	75	\$125		\$2,326,875	\$2,737,500
3	76	100	\$100			
4	101	125	\$75			

If the ADP is 50, the contractor's annual revenue is \$2,737,500 (calculated as 50 beds x \$150 x 365-days).

If the ADP is 51, the contractor's annual revenue is \$2,326,875 (calculated as 51 beds x \$125 x 365-days).

In this model, one additional bed represents a decline in revenue of \$410,625 (calculated as \$2,737,500 - \$2,326,875). This loss of revenue may impact the contractor's ability to pay its fixed costs such as staff and real estate-related expenses. In this scenario, ADP of 60 generates the same annual revenue as it did in the prior year at 50 ADP.

Please consider adopting a tiered structure whereby the BOP pays a declining per diem only on the incremental beds from the prior tier. This achieves the BOP's objective of paying less as more beds are utilized and ensures financial sustainability for the contractor. This tiered structure is used by other state and federal correctional customers.

A- The BOP will review the current pricing structure.

11. **Q-** Please refer to page 38 of 66 of the Solicitation, Section 52.217-9 Option to Extend the Term of the Contract (Mar 2000), subsection (c).

1. *(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 66-months (months) (years).*

a. Please confirm if the total duration of this contract shall exceed 60 months.

A- The total duration is 60 months.

12. **Q-** Please refer to the following pages in the Solicitation:

1. Page 43 of 66, DOJ-03 Personnel Security Requirements For Contractor Employees (Nov 2021), subsection 1. (e);
2. Page 44 of 66, DOJ-03 Personnel Security Requirements For Contractor Employees (Nov 2021), subsection 2. (b)(1);
3. Page 44 of 66, DOJ-03 Personnel Security Requirements For Contractor Employees (Nov 2021), subsection 3. (a)(1)(iii);
4. Page 46 of 66, DOJ-03 Personnel Security Requirements For Contractor Employees (Nov 2021), subsection 4. (c)(4); and
5. Page 46 of 66, DOJ-03 Personnel Security Requirements For Contractor Employees (Nov 2021), subsection 5. (a).

a. Each of these subsections are incomplete/missing language. Please provide the complete language for each subsection.

A- The complete language is listed in Solicitation.

13. **Q-** Please refer to page 65 of the Statement of Work, Chapter 10 – Programs, Section 11. Marriage.

1. **11. MARRIAGE**

The contractor will refer a BOP resident's request for marriage to the RRM, with the contractor's recommendations. Marriage requests for residents under supervision will be forwarded to the US

a. The last sentence is incomplete. Please provide the missing language.

A- To the USPO for approval.