



Department of Purchasing & Contract Compliance

Felicia Strong-Whitaker, *Interim Director*

July 24, 2009

Re: **09RFP68607A-DR, PHARMACUETICAL SERVICES**

Dear **Proposer(s)**:

Attached is one (1) copy of Addendum 3, hereby made a part of the above referenced **09RFP68607A-DR, PHARMACUETICAL SERVICES**.

Except as provided herein, all terms and conditions in the **09RFP68607A-DR, PHARMACUETICAL SERVICES** referenced above remain unchanged and in full force and effect.

Sincerely,

Donald R. Riley

Donald R. Riley, CPPB
Assistant Purchasing Agent

Winner 2000 - 2008 Achievement of Excellence in
Procurement Award • National Purchasing Institute



09RFP68607A-DR, PHARMACUETICAL SERVICES
Addendum No. 3
Page Two

This Addendum forms a part of the contract documents and **modifies** the original RFP documents as noted below:

See attached document for additional details.

ACKNOWLEDGEMENT OF ADDENDUM NO. 3

The undersigned proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package to the Purchasing Department, Fulton County Public Safety Building, 130 Peachtree Street, Suite 1168, Atlanta, Georgia 30303 by the RFP due date and time **July 30, 2009 @ 11:00 A.M.**

This is to acknowledge receipt of Addendum No. 3, _____ day of _____, 2009.

Legal Name of Bidder

Signature of Authorized Representative

Title

- 1) **Is the program currently in operation or will the pharmacy implement a totally new system?**

Response: Yes, the program is currently in operation and currently there is a vendor pharmacy that has the expiring contract.

- 2) **What are the specifics of the delivery requirements? Will the medications be delivered to the patients or to an alternate location? If delivery is to a staffed location will it be received by a health care professional?**

Response: The general preference is to have the medications delivered to mental health center where the patient receives care. A member of the nursing staff will receive the medication. Rarely, the medication may need to be delivered to the patient's home.

- 3) **What are the physical addresses of the referenced eight staffed locations (page 5)?**

Response: See #13 at the bottom of the page.

- 4) **An original billing invoice and a copy are to be delivered by the first calendar day of the month to the Fulton County purchasing department for payment in the same month. What is the procedure if the first day of the month is a weekend or holiday when the Fulton County offices are closed?**

Response: (Section 9-16 Time of Payment) The next business day.

- 5) **Does the purchasing department pay invoices all twelve months of the year?**

Response: Yes

- 6) **Does the county operate a methadone maintenance program in the Mental Health Department as part of the services for addictive diseases? If so, is that service part of the proposal?**

Response: The County does not operate a methadone maintenance program.

- 7) **Are there special packaging requirements as part of the program (ex: monthly dosing cards)?**

Response: No special requirements

- 8) **What is the level of training of the staff utilized in the mental health department (ex: RN, LPN, CNA)?**

Response: Fulton County uses MDs, RNs, LPNs, Nurse Techs, Master's Licensed Clinicians and Behavioral Health Paraprofessionals.

- 9) **What are the hours of operation for the eight referenced staffed locations?**

Response: Current hours of operation are Monday thru Friday 830 -5. One of the clinics per day does stay upon until 730 PM.

- 10) **Define a "multilingual help desk" as referenced on page 22.**

Response: The vendor should have a method to serve patients who speak languages other than English.

- 11) **What is a "claim reject" as referenced on page 24? The claims would not be submitted to another third party outside of Fulton County, and all prescriptions would be filled in the guidelines set forth by Fulton County?**

Response: This should be a rare occurrence, but there the possibility that if established polices and procedures or are not followed as the prescription was not approved by Fulton County, Fulton County would not pay for that "claim."

- 12) **On page 27, 3.5 Cost Proposal Format and Content, item 3) lists medications that will be required. Is the proposal asking for a price for each drug line item? We are not asking for a price for each item.**

Response: We are asking for the cost proposal as AWP minus a percentage plus the dispensing fee.

- 13) **Addresses for the Mental Health Centers are as follows: Response to #3.**

South Mental Health Center
1636 Connally Drive
East Point, GA 30344

South Central Mental Health Center
215 Lakewood Way, SW
Atlanta, GA 30315

Center for Health and Rehabilitation (CHR)
265 Boulevard, NE
Atlanta, GA 30312

West Mental Health Center
475 Fairburn Road, SW
Atlanta, GA 30331

Neighborhood Union Health Center
186 Sunset Avenue, NW
Atlanta, GA 30314

Oak Hill Child, Adolescent & Family Center
2799 Metropolitan Pkwy
Atlanta, GA 30315