



# REQUEST FOR PROPOSAL # WFA0FE5

## SECURITY GUARD SERVICES

### QUESTIONS & ANSWERS

April 14, 2026

---

1. **Q:** I do not see a site visit date scheduled in the bid document, should I expect not to see one scheduled?

**A:** Due to Security concerns, site visits may be scheduled for vendors presenting successful bids

2. **Q:** Can you please advise if there will be an official site visit date?

**A:** Due to Security concerns, site visits may be scheduled for vendors presenting successful bids

3. **Q:** Can you please let me know if there will be walkthroughs scheduled ahead of the deadline for questions due?

**A:** Due to Security concerns, site visits may be scheduled for vendors presenting successful bids

4. **Q:** Do you have dates for site visits?

**A:** Due to Security concerns, site visits may be scheduled for vendors presenting successful bids

5. **Q:** Will there be a site visit or walk through for bidders?

**A:** Due to Security concerns, site visits may be scheduled for vendors presenting successful bids

6. **Q:** Will there be a Pre-Bid meeting between security vendors and WMHN?

**A:** No

7. **Q:** Can you please tell me how many guards are needed for these 3 sites, and if escort or supervisors are needed?

- **MAC – A:** None dedicated, guards from GSH will provide assistance as needed
- **Schervier – A:** None dedicated, guards from GSH will provide assistance as needed
- **HAHV Mary's Ave – A:** Refer to chart at end of this document.

8. **Q:** In reviewing this bid can you please confirm this is for armed security guards?

**A:** It is both armed and unarmed guards.

**A:**

**A:**

9. **Q:** When will the NDA be provided?

**A:** Pursuant to Section 2.2 Letter of Intent of the RFP, "Vendors who submit a letter of intent to respond *may* be provided with a Non-Disclosure Agreement for execution... If walkthroughs are scheduled, only vendors that execute a Non-Disclosure Agreement will be invited to participate in scheduled walkthroughs of WMCHHealth facilities."

10. **Q:** Can you please provide a schedule/hours per post, per location. Example: Front Lobby post 168 hours per week., Emergency Room Security 336 hours per week. Vehicle patrol?

**A:** Refer to chart at end of this document

11. **Q:** What sites fall under Prevailing wage?

**A:** Pursuant to Section 4 - Scope of Service - subsection (a) Personal duties and responsibilities, xi – There are prevailing wage or other pay and benefits requirements at Westchester Medical Center and MidHudson Hospital. This does not apply to Bon Secours Charity Health System or HealthAlliance at the time of the issuance of the RFP, and is subject to change in the future.

12. **Q:** Will there be a best and final (BAFO) request?

**A:** Pursuant to Section 5.1 Reservation of Rights of the RFP, The Corporation reserves the right to, among other things:

- Negotiate with the successful proposer within the scope of the RFP in the best interests of the Corporation; and
- Require proposers to submit best and final offers ("BAFOs");

13. **Q:** Is the intent to award the entire portfolio to one provider?

**A:** Pursuant to Section 5.1 Reservation of Rights of the RFP, The Corporation reserves the right to, among other things:

- Make an award under the RFP in whole or in part; and/or

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

- Award contracts to more than one successful proposer.

**14. Q:** Will wages be provided for the 2 St. Mary's location that are in house, and apply mark up to those wages?

**A:** Specific wage rates will not be disclosed. However, WMCValhalla and Mid-Hudson are subject to NYS Prevailing wage requirements but Bon Secours and Health Alliance are not.

**15. Q:** How many armed security officers per location, what is the armed requirement-ex-military, retired law enforcement etc.?

**A:** Due to security concerns, this information will be provided to vendors presenting successful bids

**16. Q:** Is Mountainside Residential Care Center part of this RFP?

**A:** No

**17. Q:** What is the primary reason for going out to bid?

**A:** The RFP was issued to invite qualified firms to submit proposals to perform Security Guard Services throughout WMCHHealth and comply with the competitive contracting requirements of the Corporation's procurement policy.

**18. Q:** Who is the current security provider?

**A:** The agreement(s) with the incumbent(s) preclude(s) publication of the contractual relationship without prior written consent.

**19. Q:** Do you intend on retaining any of the current workforce?

**A:** We would not exclude this possibility and would discuss it in detail with the selected vendor.

**20. Q:** Can you provide a list of employees with tenure and accrued PTO?

**A:** Employee information is confidential and may be provided to the contracted provider.

**21. Q:** Staffing:

a. Electronic Security Systems Integrator

i. What certifications or licenses are required for access system installation and repair?

**A: Certifications are optional, preferred, but not required.**

ii. What brands/systems are currently in use?

**A: Not answered**

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

- iii. Is this role expected to perform major system installation or primarily maintenance and minor repair?  
**A: Some minor system installations, maintenance and repairs.**
- b. In-House Locksmith
  - i. What locksmith certification or licenses are required for this role?  
**A: Certifications are optional, preferred, but not required.**
  - ii. Does this position require master locksmith credentials?  
**A: No**
- c. Investigator
  - i. What investigative certification or background is required?  
**A: None**
  - ii. Does this role require a private investigator license?  
**A: No**
  - iii. Is liaison work with law enforcement expected to include testimony or case preparation?  
**A: Testimony may be required vis subpoena.**
- d. Electronic Specialists
  - i. What technical certifications are required for alarm and CCTV system repair/install?  
**A: Certifications are optional, preferred, but not required.**
  - ii. What systems are currently in use?  
**A: Due to security concerns, this information will be provided to vendors presenting successful bids**
  - iii. Does this include low-voltage electrical work requiring specific licensing?  
**A: Certifications are optional, preferred, but not required.**
- e. Postmortem/Morgue Transfers
  - i. Are these internal hospital transfers or external transport to medical examiner facilities?  
**A: Internal**
  - ii. What infection control or biohazard training is required?  
**A: Annual Net-learning**
  - iii. Is this considered a security function, or should it be staffed separately as a morgue attendant role?  
**A: Security function**
- f. Mental Health Patient Court Transport  
**A: No longer conducted, WMC reserves the right to initiate if needed.**
  - i. Are restraints authorized/required for this duty?  
**A: N/A**
  - ii. Is a special vehicle provided?  
**A: N/A**
  - iii. Does this require any specific training or certification?  
**A: N/A**

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

- g. All roles:
  - i. Are these dual role positions expected to be filled by individuals holding both security credentials and trade/technical certifications?  
**A: Yes**
  - ii. Are there separate pay scales for these roles?  
**A: Yes**

**22. Q:** The RFP does not include current post schedules or specific post assignments. Can you provide a schedule of the current scope of work including posts and locations?

**A:** Refer to chart at end of this document

**A:**

**23. Q:** Is there specific training required for patient screening duties?

**A:** In-house training is provided

**24. Q:** Are officers expected to maintain chain of custody documentation for patient property safeguarding?

**A:** Yes

**25. Q:** For weapons detection screening, what equipment is currently in use?

**A:** Evolv Weapon Detection

**26. Q:** Is screening at all facility entrances or specific high security areas?

**A:** Due to security concerns this information will be provided to vendors of successful bids

**27. Q:** What training certifications are required for weapons detection screening?

**A:** In-house and weapons detection vendor training

**28. Q:** What training is required for officers assisting with patient restraint? (e.g. CPI, MOAB)

**A:** Crisis Prevention Program

**29. Q:** How frequently do officers assist with restraint situations?

**A:** Dependent on hospital and unit, could be daily

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**30. Q:** The RFP indicates net 90 day payment terms. , Will WMCHHealth accept net 30 terms?

**A:** Pursuant to Section 5.1 Reservation of Rights of the RFP, The Corporation reserves the right to, among other things:

- Negotiate with the successful proposer within the scope of the RFP in the best interests of the Corporation.

**31. Q:** What are the required on the job training hours for new employees?

**A** WMCHHealth Orientation (8) hours, annual net-learning as required by WMCHHealth, and in addition to all NYS requirements the following is minimally required within 60 days of hire

- Crisis Prevention Program (de-escalation training)
- CPR
- AED training

**32. Q:** What's the average personnel and hours used on a yearly basis for all sites? My average count is 270 FTE and 560,640 hours, is this correct?

**A:A:** Refer to chart at end of this document

**33. Q:** If the contract is awarded to a different company, not the incumbent, can we retain the current personnel if they so desire?

**A:** We would not exclude this possibility and would discuss it in detail with the selected vendor.

**34. Q:** To support a coordinated and scalable service delivery model, can WMC Health confirm whether the intent is to award to a single vendor across all entities, or make multiple awards by region/entity (WMC, BSCHS, HAHV)?

**A:** Pursuant to Section 5.1 Reservation of Rights of the RFP, The Corporation reserves the right to, among other things:

- Make an award under the RFP in whole or in part; and/or
- Award contracts to more than one successful proposer.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**35. Q:** Can you please advise on who is the current incumbent for the WMC Health's contract?

a. Can you advise on the AWARD AMOUNT currently for the WMC Health's contract?

**A:** The agreement(s) with the incumbent(s) preclude(s) publication of the contractual relationship without prior written consent.

**36. Q:** For Health Alliance (currently internally staffed), is the objective of this RFP to fully outsource security operations, or implement a hybrid model where a vendor supplements existing internal staff?

**A:** We would not exclude this possibility and would discuss it in detail with the selected vendor. Please offer your best suggestions.

**37. Q:** To ensure a seamless transition and continuity of operations, can WMC Health provide the current incumbent contractor(s) by location, and the contract expiration dates and any option periods?

**A:** The agreement(s) with the incumbent(s) preclude(s) publication of the contractual relationship without prior written consent.

**38. Q:** To align staffing with current operational demands and avoid service disruption, can WMC Health provide:

- a. Current post assignments, schedules, and staffing levels by campus
- b. Breakdown of armed vs. unarmed posts, and supervisory coverage

**A:** Refer to chart at end of this document

**39. Q:** For HealthAlliance's specialized dual-role positions (e.g., systems integrator, locksmith, investigator, electronics specialist), would WMC Health require dedicated full-time roles, or accept a cross-trained, multi-functional staffing model, provided service levels and response times are maintained?

**A:** Accept a cross-trained, multi-functional staffing model.

**40. Q:** For concierge, shuttle, courier, and staff transport services, can WMCHHealth share:

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

- a. Current hours of operation  
**A:** Hours vary by job description, typically staffed during daytime hours M-F, 8am-5pm
- b. Expected service levels (e.g., response times, wait times, route frequency)  
**A:** Varies
- c. Typical daily/weekly volumes  
**A:** Varies

**41. Q:** We understand WMC Health requires approved de-escalation training and mandatory site-specific training. To ensure compliance, can you provide:

- Preferred or required programs (e.g., CPI, MOAB, PMCS)

**A:** Crisis Prevention Program

- Minimum initial and annual refresher training hours

**A: Initial 16 hours, annual refresher 8 hours.**

- Any specialized training requirements for:

- Behavioral Health

**A:** No

- Emergency Departments

**A:** No

- Pediatrics

**A:** No

- Prisoner management

**A:** None, prisoners who are patients are guarded by Corrections or Law Enforcement Officer, Security Guards provide frequent rounding.

**42. Q:** Are there minimum experience levels, certifications, or healthcare-specific qualifications required for officers assigned to Behavioral Health units, Emergency Departments, and High-risk or patient-interaction posts

**A:** No, assignments are made at the recommendation of security supervisory and clinical based on performance and ability.

**43. Q:** We typically implement a data-driven performance management framework (including response time tracking, incident analytics, and KPI dashboards). Can WMC Health clarify, whether a standard KPI framework is currently in place, or if the vendor is expected to propose a custom performance measurement program.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**A:** KPI are determined annually by the Chief Security Officer and Security Directors, and could include response time tracking. Security vendors may also make recommendations related to KPI.

**44. Q:** Are there defined performance expectations for; emergency/code response time; panic alarm response; incident report completion timelines; escort response times; and training compliance?

**A:** The expectation standard is that of reasonableness, based on contributing factors.

**45. Q:** Are current post orders, SOPs, and emergency response procedures (e.g., active shooter, workplace violence, restraint protocols) available under NDA to ensure alignment with WMCHHealth's operational standards?

**A:** Yes

**46. Q:** The RFP references an existing electronic records management system. To ensure compatibility and efficiency, can WMC Health clarify the current system in use, whether the vendor is expected to utilize the existing system; integrate a proprietary system, or propose an enhanced/alternative platform?

**A:** The vendor is expected to utilize the existing program, Omingo. But WMCHHealth reserves the right to utilize any records management system it deems appropriate.

**47. Q:** For systems including, CCTV, Access Control, Alarm Monitoring, Panic Alarms, Visitor Management/credentialing, are we using the existing system or expected to upgrade, revise or change the system? And at whose cost?

**A:** WMCHHealth owns/operates/maintains all of the above listed systems.

**48. Q:** What level of responsibility is expected from the vendor:

- Monitoring only
- Operational support
- Minor repairs and troubleshooting
- System optimization and upgrades

**A:** Monitoring, and operational support.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**49. Q:** For the HealthAlliance Electronic Security Systems Integrator role, can WMC Health provide additional detail on scope and expectations to ensure alignment with technical staffing proposals?

**A:** Some minor system installation, maintenance and repairs.

**50. Q:** For locations subject to prevailing wage requirements (WMC and Mid Hudson), can WMC Health provide applicable wage determinations and any collective bargaining agreements (CBAs)?

**A:** Specific wage rates will not be disclosed. However, WMCValhalla and Mid-Hudson are subject to NYS Prevailing wage requirements, but Bon Secours and Health Alliance are not. HealthAlliance security officers are covered under a CBA.

**51. Q:** Are any current security personnel (contracted or internal) unionized, and if so, what are the expectations regarding successorship and CBA recognition?

**A:** See answer to Q 51

**52. Q:** To support continuity and minimize disruption, will WMC Health, encourage or require retention of incumbent staff, consider staff retention as part of the evaluation criteria?

**A:** We would not exclude this possibility and would discuss in detail with the selected vendor. Please offer your best suggestions.

**53. Q:** The RFP indicates a best value award methodology. Can WMC Health provide guidance on the relative weighting or priority of:

- Customer service / training / metrics
- Experience and track record
- Technical approach
- References
- Fee proposal

**A:** Not answered

**54. Q:** To ensure pricing consistency across proposals, does WMC Health prefer:

- Hourly billable rates by position/site
- Annual fixed cost models
- Or a hybrid structure

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**A:**

**55. Q:** Additionally, how should vendors present, Overtime, Holiday coverage, Special event services?

**A:** Current contract requires the vendor to provide additional coverage for holidays. Client to pay 1.5 rates for requests made with less than 24 hour notice for Special Events, and emergencies

**56. Q:** Will value-added services (e.g., security risk assessments, workplace violence prevention programs, analytics dashboards, enhanced training) be viewed favorably, and should these be included or proposed as optional enhancements?

**A:** We would not exclude this possibility and would discuss it in detail with the selected vendor. Please offer your best suggestions.

**57. Q:** With a tentative contract start date of July 1, 2026, can WMC Health outline expectations for:

- Transition timeline and milestones
- Onboarding and credentialing requirements
- Training and site orientation
- Coordination with incumbent providers
- Any expected overlap period for transition continuity

**A:** Not answered

**58. Q:** The RFP Section 2., sub-section 2.9 E (2) iv. states "List all former and current clients for the past 3 years" and Section 2., sub-section 2.9 E (2) v., states "Scope of services provided to each client identified in question iv., above."

Given the size of A&H this would be a long list of clients and detailing our scope of work would make the proposal very long. And many of our clients have confidentiality agreements with us, which they have to waive for us to disclose. Can we just list the top 3 or 5 clients based on contract size (i.e. Client A, Scope and contract value and terms)?

**A:** Provide all information that you can.

**59. Q:** Please provide the number of contracted hours per week or the current baseline hours per week (listed for armed officers, unarmed officers, supervisors, managers) for each site that this RFP covers.

**A:** Refer to chart at end of this document

**60. Q:** Do Security Officers need to pay for parking?

**A:** Yes, at the Valhalla campus.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**61. Q:** Is there any required equipment not listed in the RFP that contractor is responsible for providing?

**A:** We currently provide radios and other necessary equipment except for firearms, ammunition and protective ballistic resistant vests. Vendor is responsible for replacing lost and/or negligently damaged equipment.

**62. Q:** What immunizations are required? Are immunizations provided by WMC Health? Are these costs billed back to WMC Health?

**A:** COVID-19 Vaccination, MMR and Varicella immunity, current 6 mos. TB clearance or chest X-ray result from certified healthcare provider, negative drug screen run within 30 days of hire (5-panel urine drug screen), flu shot documentation during flu season (10/1-3/31), and current health form/physical. WMCHHealth will provide annual flu vaccinations.

**63. Q:** 4.a. – Please provide description of what items security will be delivering as part of the courier service? For shuttle services, is a special vehicle other than a standard passenger vehicle used? If so, who provides the shuttle vehicle?

**A:** Due to security concerns this information will be provided to vendors presenting successful bids

**64. Q:** 4.b.i. – What is the approved de-escalation program being used? Is vendor responsible for instructors or do vendor employees participate in WMC Health classes? Is this training billed to WMC Health?

**A:** Crisis Prevention Program (CPP), vendor provides training.

**65. Q:** 4.b.ii. – Please provide an outline of WMC Health required training, total hours, and is this training billed to WMC Health?

**A:** WMCHHealth Orientation (8) hours, annual net-learning as required by WMCHHealth, and in addition to all NYS requirements the following is minimally required within 60 days of hire

- Crisis Prevention Program (de-escalation training)
- CPR
- AED training

**66. Q:** 4.c.iv. – Are all officers armed at the designated hospitals? Is there an expectation that armed officers also have available non-lethal alternatives? If yes, what non-lethal alternatives are required?

**A:** Due to security concerns this information will be provided to vendors presenting successful bids

**67. Q:** 4. c. v -What are the supplies that vendor would be responsible for refurbishing or replenishing?

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**A:** Laptop computers for supervisory staff, replacement of damaged WMCHHealth property due to misuse or intentional acts.

**68. Q:** 4.d.iii. – Please describe the duties related to prisoners.

**A:** None, prisoners who are patients are guarded by Corrections or Law Enforcement Officer; Security Guards provide frequent rounding.

**69. Q:** 4.e.iii. – Please clarify type of records being entered into the in-place record management system.

**A:** Documentation of code response lost or stolen property, criminal acts, and other similar incidents of safety or security concern.

**70. Q:** 4.f. – Is WMC Health open to alternative solutions to investigator duties, security system install/repair duties, and locksmith duties?

**A:** We would not exclude the possibility and would discuss it in detail with the selected vendor. Please offer your best suggestions.

**71. Q:** 4.f.v. – Please provide description of the duties required for postmortem/morgue transfers. Please clarify what is meant “from community” and the role security officer’s play.

**A:** This is an escort of funeral home employees or ME employees conducted inside the hospital to and from the hospital’s morgue.

**72. Q:** 5.3- Non-Discrimination and MWBE Policy- Please clarify if WMC Health is referring to Tier 1 or Tier 2 participation.

**A:** Not answered.

**73. Q:** Page 18, Article 4.3 – Please provide the background check requirements to be compliant with this article.

**A:**

- Application or resume of work history
- A completed background check conducted, and results handled in accordance with N.Y.S. Corrections Law 752 and 753, including the following screens:
  - Social Security Number Trace and Address Verification
  - Criminal History Record Check (7-year multi-county & statewide felony)
  - Fraud & Abuse Control Information System Level III (Healthcare Check)
  - Supplemental Criminal Information Database
  - OIG Search
- Notice of Mandated Reporter:
- Verification of Educational Requirements: (as listed on job description)

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

- Two Current Employment References:
- Completion of Hospital Orientation and/or Hospital Orientation Packet
- NYS Sexual Harassment Prevention Training Assessment Form
- Health Screening, including the following:
- COVID-19 Vaccination, MMR and Varicella immunity, current 6 mos. TB clearance or chest X-ray result from certified healthcare provider, negative drug screen run within 30 days of hire (5-panel urine drug screen), flu shot documentation during flu season (10/1-3/31), and current health form/physical.

**74. Q:** Is this a union site? If it becomes union, will we be able to negotiate rates.

**A:** HealthAlliance security officers are covered by a union.

**75. Q:** How do we account for rate increases if they auto renew the contract?

**A:** Not answered.

**76. Q:** Is there any on-site visits for any of the sites listed in this RFP?

**A:** Due to Security concerns, site visits may be scheduled for vendors presenting successful bids

**77. Q:** Any other specific needs required for the 4x4 vehicles?

**A:** During snow emergencies, security officers may be used to pick up critical hospital staff using the 4x4 vehicles at local transportation centers.

**78. Q:** What are the hours per week, per position, per hospital?

**A:** Refer to chart at end of this document

**79. Q:** What is the management structure per hospital?

**A:** The Chief Security Officer oversees the network security, Security Directors in charge of security operations at MHRH, Valhalla, HealthAlliance and BSCHS.

**80. Q:** Will there be a walkthrough? If yes what dates will be scheduled?

**A:** Due to Security concerns, site visits may be scheduled for vendors presenting successful bids

**81. Q:** Is anything specific required above the vendors standard benefit plan?

**A:** Not answered

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**82. Q:** Is the vendor expected to grandfather employee hire dates and PTO years of service? If so, can a list of current security staff be provided with dates of hire?

**A:** We would not exclude this possibility and would discuss in detail with the selected vendor. Please offer your best suggestions.

**83. Q:** How many holidays does WMC recognize? How many would the vendor have to recognize for their employees?

**A:** WMCHHealth expects coverage of all posts. Holidays provided to WMCHHealth staff vary based on work group and labor agreements.

**84. Q:** What are the expectations for employee incentives and recognition?

**A:** Decided by vendor.

**85. Q:** Health Alliance – Are security systems and associated electronics repaired/replaced during security staff normally scheduled shifts?

**A:** Yes, except in emergency situations.

**86. Q:** Health Alliance- Is vendor responsible for purchasing replacement security system devices (Cameras, Card Readers, communication/reader/input/output boards)? If so, please provide an equip list for each site

**A:** Only if they are damaged by security officers due to misuse or negligence

**87. Q:** What are the total hours of OJT per position, per hospital?

**A:** WMCHHealth Orientation (8) hours, annual net-learning, number of required hours varies on instruction module, as required by WMCHHealth, and in addition to all NYS requirements the following is minimally required within 60 days of hire

- Crisis Prevention Program (de-escalation training)
- CPR
- AED training

**88. Q:** What additional training (i.e. Hospital orientation, de-escalation etc.) is required and how many hours should be allocated to this per position, per hospital? What are the annual refresher training hours required per hospital?

**A:** WMCHHealth Orientation (8) hours, annual net-learning as required by WMCHHealth, and in addition to all NYS requirements the following is minimally required within 60 days of hire

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

- Crisis Prevention Program (de-escalation training)
- CPR
- AED training

**89. Q:** What are background and health screening requirements for each hospital? Is the vendor responsible for the cost of health screenings?

**A:** See response for Q 74 and Q 89

**90. Q:** Are there any additional training requirements for armed officers outside of state requirements?

**A:** NYS Annual Armed Guard License requirements but offer additional training suggestions as you deem appropriate. We limit firearms to 9mm pistol only, loaded with CCI Gold Dot 124 gram hollow point ammunition. Armed guards provide their own level III protective ballistic vests.

**91. Q:** What equipment is the vendor required to provide, per hospital? (i.e. cell phones, radios, computers, monitors, tour devices, supplies, and vehicles etc.)

**A:** We currently provide radios and other necessary equipment except for firearms, ammunition and protective ballistic resistant vests. Vendor is responsible for replacing lost and/or negligently damaged equipment. Armed guards provide their own level III protective ballistic vests.

*Pursuant to RFP Section 4. Scope of Services c. Uniforms and equipment, ii. Vendors provide, at no additional cost to WMCHHealth, operating 4X4 vehicles at specified locations for use by its officers providing security services to WMCHHealth. Such vehicles are to remain in good working order and appearance. Two vehicles will be provided for Valhalla, and one each for MHRH and HAHV.*

**92. Q:** Who are the incumbent security providers?

**A :** The agreement(s) with the incumbent(s) preclude(s) publication of the contractual relationship without prior written consent.

**93. Q:** Does HealthAlliance plan to continue to internally staff its security?

**A:** One important purpose of this exercise is to evaluate the benefits of a single provider across the network including HealthAlliance. However, WMC may elect to use its proprietary services.

**94. Q:** Please provide the prevailing wages or other pay and benefit requirements at Westchester Medical Center and MidHudson Hospital.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**A:** Specific wage rates will not be disclosed. However, WMCValhalla and Mid-Hudson are subject to NYS Prevailing wage requirements, but Bon Secours and Health Alliance are not.

**95. Q:** For the hospitals that do not fall under the prevailing wage, please specify the required or desired minimum wages by position and location.

**A:** See response for Q 95

**96. Q:** Please provide the budget and/or estimated annual value of the new contract.

**A:** Not answered.

**97. Q:** What was the total amount of the security spend for the past year?

**A:** Not answered.

**98. Q:** Please provide a master schedule to include all positions by site and hours per week.

**A:** Refer to chart at end of this document

**99. Q:** For sites where only one officer is on post, what is the expectation regarding break coverage? Are any posts self-relieving for breaks and meal periods?

**A:** Accommodations for breaks will be made.

**100. Q:** Is WMCHHealth interested in having a dedicated Account Manager to oversee the enterprise program?

**A:** We would not exclude this possibility and would discuss in detail with the selected vendor. Please offer your best suggestions.

**101. Q:** What are the approved de-escalation training programs or methodologies (e.g., CPI, AVADE, TEAM, MOAB, PRO-ACT, Vistelar)?

**A:** Crisis Prevention Program.

**102. Q:** Are there any regulatory, organizational, or client-specific standards that must be incorporated into de-escalation training?

**A:** WMCHHealth Policies, including those related to training, incorporate regulatory standards.

**103. Q:** Does the de-escalation program vary by location? If so, please specify.

**A:** No

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**104. Q:** What is the expected duration (in hours) for client-specific training and onboarding? Please include any required topics, competencies, or site-specific certifications that must be completed prior to deployment.

**A:** WMCHHealth Orientation (8) hours, annual net-learning as required by WMCHHealth, and in addition to all NYS requirements the following is minimally required within 60 days of hire

- Crisis Prevention Program (de-escalation training)
- CPR
- AED training

**105. Q:** For armed security personnel, are less-lethal tools (e.g., Taser, OC gel, handcuffs) required, optional, or restricted at your sites? If applicable, please specify any preferences, limitations, or approval processes related to the authorization and use of these tools.

**A:** Less lethal tools are prohibited.

**106. Q:** Are security officers required to be trained in First Aid, CPR, AED, and/or Bloodborne Pathogens?

**A: Training** - WMCHHealth Orientation (8) hours, annual net-learning as required by WMCHHealth, and in addition to all NYS requirements the following is minimally required within 60 days of hire

- Crisis Prevention Program (de-escalation training)
- CPR
- AED training

**107. Q:** Regarding hospital orientation, how many hours is that training and how often is it conducted? Is this training billable?

**A:** 8 hours

**108. Q:** Is any training separately billable?

**A:** Yes

**109. Q:** Will the contractor be required to provide radios?

**A:** No

**110. Q:** If radios are contractor-provided: What manufacturer and types of radios are required? What other accessory equipment is required (e.g., chargers, batteries, microphones/earpiece, belt clip)? Who is responsible for programming radios to WMCHHealth's frequency and what is the cost of programming?

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

A: N/A

**111. Q:** Section 2.2 notes that there may be scheduled walkthroughs of WMCHHealth facilities. Will walkthroughs be scheduled, pending NDA execution?

**A:** Due to Security concerns, site visits may be scheduled for vendors presenting successful bids

**112. Q:** Section 2.6 E: Written Affirmation describes a “signed original affirmation.” As this is an email submittal, is a digital signature acceptable?

**A:** Not answered.

**113. Q:** Please provide the complete list of necessary electronics for security officer use (as referenced in Section 4.c.3).

**A:** Cell phone, tablet, flashlights.

**114. Q:** The RFP states: “The free proposal must include an analysis, in as much detail as possible, the components of compensation you propose to receive in connection with your provision of services under this RFP with subtotals by task and phase of work.” In order to receive an apples-to-apples comparison, will you provide an excel document for contractors to complete the pricing exercise?

**A:** Not answered

**115. Q:** Will the contractor be able to bill anything separately (e.g., benefits, vacation, additional training, etc.)?

**A:** Training that is conducted during a guard’s off-schedule day, and requests by WMCHHealth for extra coverage made less than 24 hours in advance is subject to be billed separately.

**116. Q:** Section 2.9. H. Fee Proposal: Will you please clarify “phase of work?”

**A:** Not answered.

**117. Q:** Section 4.a.ix. Can you please provide further clarification on the duties related to “escort and/or transportation for staff”?

a. Please include the quantity and type of vehicle WMCHHealth requires for this duty as well as the passenger capacity of the vehicle(s).

**A: WMC owned Ford Escapes are currently used for this service. Used infrequently to transport hospital staff between sites.**

b. How many people will the contractor transport at a given time?

**A: Varies, no more than 24.**

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**118. Q:** Section 4.a.x. Please provide more clarification regarding the courier and shuttle services for the locations.

- a. Please include the quantity and type of vehicle that is required for this duty as well as the passenger capacity of the vehicle.

**A: WMC owned Shuttle - 24 passenger mini-bus is used to transport employees who park off-site at SACH M-F, 0430-2030hrs, no weekends or holidays.**

**Courier services currently use WMC owned Ford Escapes,**

- b. How many people will the contractor transport at a given time?

**A: No more than 24**

- c. What items or materials are being couriered, and is any additional equipment required?

**A: Labs, inter-office correspondence, currency, and equipment.**

**119. Q:** Please provide more information regarding “prisoner responsibilities or management requirements.” What is WMCHHealth’s need or expectation of the contractor’s involvement for prisoner related duties?

**A:** Security vendor has no such responsibilities with prisoners. Forensic patients are secured and managed by federal, state and local law enforcement agencies. Security vendor will interact and liaise with such law enforcement agencies, and provide increased rounding as needed.

**120. Q:** For the postmortem/morgue transfers, please clarify if transfers are within the hospital to the morgue. If any transfers require leaving the campus, please provide additional detail about transport vehicles or equipment needed, distance to travel, special upfitting, or other specifications.

**A:** This is an escort of funeral home employees or ME employees conducted within the confines of the hospital.

**121. Q:** Please provide more clarification regarding the Mental Health Transport:

**A: Not conducted, WMC reserves the right to initiate if needed.**

- a. What kind of vehicle is required?

**A: N/A**

- b. Does the vehicle require special outfitting or specifications?

**A: N/A**

- c. How many officers are assigned to each Mental Health Transport? If only one officer, is an EMT assigned to accompany the transport?

**A: N/A**

- d. Are all Mental Health patients adults? If any children are being transported, please specify your guardian policies.

**A: N/A**

- e. What are WMCHHealth’s restraint requirements?

**A: N/A**

- f. Please specify if patients are on voluntary or involuntary holds.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**A: N/A**

**122. Q:** How many hours of mandatory WMCHHealth training are required for each officer?

**A:** Varies by officer. More details in Q 89

**123. Q:** In reference to Section F of the RFP: Please list all required training for each position below as well as any certifications or licenses that are required for these duties.

a. One security Supervisor has a dual role of installs & repairs access control systems, microwave signaling equipment, intercoms, parking gates & alarm equipment in addition to daily security duties.

**A: Certifications are optional, preferred, but not required.**

b. One security officer has a dual role of Inhouse Locksmith: Maintains mechanical locking schematics, installs/repairs locking hardware, combinates keys, cores, locks, vaults, and safes.

**A: Certifications are optional, preferred, but not required.**

c. One security officer has dual role of Investigator: Documents & investigates thefts, conducts criminal history checks, liaison to police, pawn shops, and victims.

**A: Certifications are optional, preferred, but not required.**

d. Two security officers have dual roles of Electronic Specialists: Install, test, maintain, and repair alarm & CCTV systems.

**A: Certifications are optional, preferred, but not required.**

e. Postmortem / morgue transfers

**A: None, this is an escort of funeral home employees or ME employees conducted inside the hospital.**

f. One Security Officer transports hospitalized Mental Health Patients to court.

**A: No longer conducted, WMC reserves the right to initiate if needed.**

g. Helicopter: Security acts as ground crew & traffic control

**A: Traffic control for safety**

**124. Q:** What is the estimated annual mileage for each required vehicle?

**A:** Estimate less than 10,000 miles per vehicle.

**125. Q:** The RFP requires the contractor to provide vehicles. Are the contractor-provided vehicles for patrols only? Does WMCHHealth provide the vehicles for the transports and/or shuttle responsibilities? Please clarify.

**A:** Vehicles provided are to conduct Security car patrols, and in cases of severe winter weather, pick up crucial employees from local transit centers to maintain hospital operations.

**126. Q:** Are the 90-day payment terms negotiable?

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**A:** Net 90 day pay terms with no late fees, requirement Certified payroll required with invoices and roll call sheets/proof of attendance necessary.

**127. Q:** Is WMCHHealth interested in retaining incumbent personnel? If so, approximately what percentage? Do the incumbent personnel meet the statement of work qualification standards?

**A:** We would not exclude this possibility and would discuss it in detail with the selected vendor. Please offer your best suggestions. Incumbent personnel would meet the work qualifications provided they are up to date.

**128. Q:** What is your uniform preference by post or facility (e.g., police-style, blazer, polo, tactical, other)?

**A:** Police-style for unarmed officers, blazer for armed security officers.

**129. Q:** Regarding the armed positions at Valhalla, MHRH, HAVA, Good Samaritan, St. Anthony's Community, and Bon Secour Community hospitals, please provide details (e.g., lethal, less lethal) and preferred type/brand of weapon.

**A:** 9mm firearm, no less lethal weapons to be carried.

**130. Q:** What is required (if any) for officer immunizations/health screens?

**A:** Required per WMCHHealth regulations. Wearing a mask may be an option to some immunizations

**131. Q:** How are the immunizations administered – by WMCHHealth or by the contractor?

**A:** By WMCHHealth

a. If by WMCHHealth, will you charge the contractor?

**A:** N/A

b. If by WMCHHealth, will you charge the contractor for immunizations/testing?

**A:** No

c. What immunizations are required? Is the contractor responsible for those, or does WMCHHealth provide them as at what cost to the contractor if applicable?

**A:** Influenza or the wearing a mask during flu season. Immunizations are provided by WMCHHealth. Other immunizations may be required if deemed necessary by WMCHHealth to protect the safety of hospital patients, staff and visitors.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**132. Q:** Does WMCHHealth or any of its hospitals participate in a Group Purchasing Organization (GPO)? If so, which one(s) and what are your requirements for purchasing services under this RFP? Please share any terms and conditions that must be met to do business with the GPO.

**A:** Yes, all participate, BSCHS are members of Premier, HealthAlliance is a member of GNYHA, and WMC/MHRH are members of Vizient, NYS and GSA. However, NYS and Federal contracts are not GPOs so if you include these in your response, they should not be identified as GPOs.

**133. Q:** Are any of the security staff or locations subject to a collective bargaining agreement or security union activity, such as SEIU? If so, can you please tell us which site locations and the union they are represented by?

**A:** Health Alliance security officers are WMCHHealth employees covered by a CBA.

**134. Q:** If there is a CBA in place at any of WMCHHealth's locations, please provide the CBA and seniority roster.

**A:** HealthAlliance. Employee information is confidential and may be provided to the contracted provider.

**135. Q:** (RFP — Investigative Duties) — For the investigative duties described (for example, at HAHV), please clarify whether WMCHHealth expects vendors to perform formal criminal investigations that would require personnel or the vendor to hold New York State private investigator licenses, or whether these duties are limited to internal security incident investigations and reporting that may be performed by licensed security staff.

**A:** Certifications are optional, preferred but not required. The duties are limited to internal security investigations.

**136. Q:** (RFP — Fee Proposal) — Is there a preferred pricing template or format you would like vendors to use for the Fee Proposal (for example: hourly labor rates by classification, fully burdened hourly rates, site-level cost summaries, or another form)?

**A:** Hourly rate per position is preferred.

**137. Q:** Could WMCHHealth provide a detailed post breakdown by facility/position of the current security coverage? (number of positions per facility, armed or unarmed, shifts, HPW)

**A:** Refer to chart at end of this document

**138. Q: Reference: RFP, Page 9, Section 4.b Training provides :** The vendor will provide security officers with WMCHHealth approved de-escalation training, including initial and annual refresher training as required. ii. Security officers will complete all mandatorily required WMCHHealth training.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

Does WMCHHealth have a minimum number of required pre-assignment training hours for security officers, or is this left to the security provider's discretion?

**A:** WMCHHealth Orientation (8) hours, annual net-learning as required by WMCHHealth, and in addition to all NYS requirements the following is minimally required within 60 days of hire

- Crisis Prevention Program (de-escalation training)
- CPR
- AED training

Vendor may also suggest additional training opportunities.

**139. Q:** How many training hours are required for WMCHHealth's mandatory training?

**A:** See above

**140. Q:** What de-escalation model or framework is currently in use at each facility (if any), and are there specific training or certification requirements tied to it?

**A:** Crisis Prevention Program.

**141. Q: Reference: RFP, Page 9, Section 4.c Uniforms and Equipment :** Vendors provide, at no additional cost to WMCHHealth, operating 4X4 vehicles at specified locations for use by its officers providing security services to WMCHHealth. Such vehicles are to remain in good working order and appearance. Two vehicles will be provided for Valhalla, and one each for MHRH and HAHV. What is the estimated annual mileage per vehicle?

**A:** Estimate less than 10,000 miles per vehicle.

**142. Q:** Financial Statements: "Include a copy of firm's most recent financial statement." As a privately-held company, we treat our financial statements with the highest priority of confidentiality. Would WMCHHealth accept alternate documentation in the form of a CFO Letter, Balance Sheet, and Income Statement to document our financial strength to support this project?

**A:** Not answered.

**143. Q:** Please describe the role of artificial intelligence (AI) in your proposal evaluation process, including whether it is used to assist evaluators, analyze content, or score submissions?

**A:** Not answered

**144. Q:** Will you clarify which functional areas will be represented in the evaluation process, such as procurement, operations, security, facilities, finance, or end-user stakeholders?

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**A:** Not answered

**145. Q:** Who are the incumbent service providers?

**A:** The agreement(s) with the incumbent(s) preclude(s) publication of the contractual relationship without prior written consent.

**146. Q:** How long have the incumbents been supporting the requirements of the security program?

**A:** The agreement(s) with the incumbent(s) preclude(s) publication of the contractual relationship without prior written consent.

**147. Q:** Are the incumbents fully staffed and fulfilling all the required service hours/posts?

**A:** The agreement(s) with the incumbent(s) preclude(s) publication of the contractual relationship without prior written consent.

**148. Q:** What is the anticipated date of the contract award?

**A:** Undetermined

**149. Q:** Under the new contract, where do you see the greatest opportunities for us to strengthen or enhance your security program?

**A:** Not answered

**150. Q:** Does WMCHHealth have a preference to retain incumbent employees that are in good standing and meet the hiring criteria of the proposer?

**A:** We would not exclude this possibility and would discuss in detail with the selected vendor. Please offer your best suggestions.

**151. Q:** Will the incumbent Security Personnel be grandfathered for training requirements or are they required to be retrained?

**A:** If retained and up to date on their training and certification, no.

**152. Q:** Will the incumbent Security Personnel be grandfathered for background investigation/screening requirements or are they required to be rescreened?

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**A:** Provided they meet the current requirements they would not need to be rescreened.

**153. Q:** Are the incumbent Security Personnel unionized? If so, at which locations and which union(s) are they represented by?

**A:** Only HealthAlliance officers.

**154. Q:** What are the current pay rates and billing rates by labor category?

**A:** Specific wage rates will not be disclosed. However, WMCValhalla and Mid-Hudson are subject to NYS Prevailing wage requirements but Bon Secours and Health Alliance are not.

**155. Q:** Could WMCHHealth clarify ownership and responsibility for access control and badging operations (badge issuance, access provisioning, system administration)?

**A:** Access control and badging are owned by WMCHHealth. Access control is the responsibility of Security Management and administrative staff. Badging is the responsibility of Security and HR staff.

**156. Q:** What are the expectations around security assisting with patient restraints, and what liability/training requirements come with that?

**A:** Officers are expected to assist clinical staff as directed with restraints during codes.

**157. Q:** Could WMCHHealth confirm prevailing wage/union requirements by site, and expectations around retaining incumbent staff?

**A:** Specific wage rates will not be disclosed. However, WMCValhalla and Mid-Hudson are subject to NYS Prevailing wage requirements, but Bon Secours and Health Alliance are not. Retention has been answered in preceding questions.

**158. Q:** In the consideration of Specific to Health Alliance i., ii, iv will the Corporation train superiors to perform the in-house locksmith procedures in how to install/repair locking hardware or is this an in-house maintenance function?

**A:** This is an in-house function.

**159. Q:** Clarification on who is responsible for the hardware cameras?

**A:** WMC Health

**160. Q:** Will Armed guards be needed?

**A:** Yes

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**161. Q:** Please provide the current Westchester County prevailing wage schedule (wage rates and mandatory supplement rates) applicable to Security Guard classifications at Westchester Medical Center and MidHudson Regional Hospital.

**A:** Information can be found on-line.

**162. Q:** Are the security officers currently assigned to WMC Valhalla and/or MidHudson Regional Hospital represented by a labor union? If so, please identify the union (e.g., 32BJ SEIU, Local 74, etc.) and confirm whether a successor clause exists in the current Collective Bargaining Agreement (CBA).

**A:** No.

**163. Q:** If a CBA is in effect, can a copy of the current agreement (or relevant wage/benefit schedules and work rules) be made available to proposers under NDA?

**A:** Not answered

**164. Q:** For the BSCHS and HealthAlliance sites where prevailing wage does not currently apply, are there any pending determinations, legislative actions, or internal policies under consideration that could trigger prevailing wage requirements during the contract term?

**A:** No

**165. Q:** What are the current hourly pay rates (or pay ranges) for security officers at each facility, broken out by unarmed officer, armed officer, supervisor, and any specialist roles?

**A:** Specific wage rates will not be disclosed. However, WMC Valhalla and Mid-Hudson are subject to NYS Prevailing wage requirements, but Bon Secours and Health Alliance are not.

**166. Q:** What benefits (health, retirement, PTO, etc.) are currently provided to contracted security officers at WMC and BSCHS sites? Are these mandated by prevailing wage schedules, CBA, or vendor policy?

**A:** All benefits are provided by the vendor.

**167. Q:** Can WMCHHealth provide copies of the current post orders for all facilities, or a summary of the number of guard posts, shift schedules (hours per shift), and coverage requirements (24/7 vs. daytime only vs. event-based) at each location?

**A:** Refer to chart at end of this document

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**168. Q:** Please provide the current total number of contracted security officer FTEs (or total weekly/annual hours) at each facility, broken out by: (a) unarmed officers, (b) armed officers, (c) supervisors, and (d) any specialist/dual-role positions.

**A:** Refer to chart at end of this document

**169. Q:** Are there any positions within the current security program that are classified as “essential” or “mandatory overtime” for weather, code, or emergency situations? If so, what is the historical average overtime percentage per site?

**A:** All posts are essential and mandatory, the vendor is expected to provide coverage as per contract.

**170. Q:** For the HealthAlliance dual-role positions (Systems Integrator/Supervisor, Locksmith, Investigator, Electronics Specialists), are these currently full-time dedicated roles or split-duty? What certifications or licenses are required for each?

**A:** Certifications are optional, preferred but not required. They are split duty roles.

**171. Q:** What is the minimum staffing level (i.e., the number of officers that must be on-site at all times regardless of call-outs) at each facility?

**A:** Full staff as codified in the agreement is expected at all times. The vendor is expected to cover all call outs, and PTO.

**172. Q:** Does WMCHHealth have specific officer-to-patient ratio requirements, particularly for the Behavioral Health Center and psychiatric units?

**A:** No

**173. Q:** What specific NYS licensing requirements apply to armed security officers at WMCHHealth facilities (e.g., NYS Security Guard License, NYS Pistol Permit, Article 7-A Armed Guard registration)? Does WMCHHealth require any additional certification beyond state minimums?

**A:** NYS Annual Armed Guard License requirements but offer additional training suggestions as you deem appropriate. We limit firearms to 9mm pistol only, loaded with CCI Gold Dot 124 gram hollow point ammunition. Armed guards provide their own level III protective ballistic vests.

**174. Q:** What type of firearms are currently authorized (e.g., sidearm only, specific calibers, Taser/less-lethal in addition)? Does WMCHHealth have a weapons policy or approved firearms list?

**A:** See response to Q 173

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**175. Q:** Are armed officers required at ALL facilities 24/7, or are there specific sites or shifts where armed coverage is not required? Can WMCHHealth confirm the exact armed post locations and hours?

**A:** Yes, refer to chart at end of this document.

**176. Q:** What is WMCHHealth's Use of Force policy? Will the vendor be required to adopt WMCHHealth's policy, or can the vendor implement its own (subject to approval)?

**A:** Security officers are guided by WMCHHealth use of force policy.

**177. Q:** For the four required 4x4 vehicles (2 at Valhalla, 1 at MHRH, 1 at HAHV): Does WMCHHealth have specifications for make/model, markings, or equipment (e.g., light bars, radios, first aid kits)? Are there mileage or usage restrictions?

**A:** No specified make or model, but they must remain in good working order and appearance. Light bars and decals required, jumper cables and first aid kits are optional. Mileage is estimated at 10,000 miles per year.

**178. Q:** Is there currently dedicated parking for security vehicles at each facility? Does the vendor have access to WMCHHealth fuel pumps or maintenance facilities, or must all fuel and maintenance be sourced externally?

**A:** Parking is available; the vendor maintains its vehicles, including fueling.

**179. Q:** Please provide an inventory of WMCHHealth-owned equipment currently issued to security officers (radios, body cameras, access control devices, etc.) that the vendor would be expected to use and maintain.

**A:** Vendors would use radios, CCTV, and access control devices.

**180. Q:** Does WMCHHealth have specific uniform requirements (color, style, patches, name plates, body armor)? Are body-worn cameras required or prohibited?

**A:** Body worn cameras are prohibited, police style uniform with patched and name plates supplied by the vendor. Body armor is optional and would be supplied by vendor.

**181. Q:** For HealthAlliance, which currently self-staffs security: How many in-house security employees are currently employed? Will WMCHHealth be offering these employees positions elsewhere in the network, or is the expectation that the incoming vendor will offer employment to existing staff?

**A:** Refer to chart at end of this document for staffing.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**182. Q:** What is the expected transition timeline from contract award (anticipated July 1, 2026) to full operational takeover? Will there be a phase-in period, and if so, what is the expected duration?

**A:** Undetermined.

**183. Q:** Are facility walkthroughs being scheduled? If so, what are the dates, and is NDA execution a prerequisite? Will walkthroughs cover all 8 facilities?

**A:** Due to Security concerns, site visits may be scheduled for vendors presenting successful bids

**184. Q:** What security technology systems are currently deployed across the network (access control platform, CCTV/VMS, visitor management, incident reporting software)? Is the vendor expected to manage, maintain, or integrate with these systems?

**A:** WMCHHealth owns/operates/maintains all of the above listed systems.

**185. Q:** Should the fee proposal include separate pricing by entity (WMC, BSCHS, HAHV), or does WMCHHealth prefer a blended network-wide rate? Should armed and unarmed officer rates be presented separately?

**A:** It is preferred that the rates be presented separately by position and entity.

**186. Q:** Is WMCHHealth open to a bill-rate structure (hourly rate x hours worked), a fixed monthly management fee plus pass-through labor costs, or does the Corporation have a preferred pricing model?

**A:** Not answered.

**187. Q:** Will the contract include an annual escalation provision tied to prevailing wage increases, CPI, or other index? If prevailing wage rates increase during the contract term, is the vendor expected to absorb the increase or pass it through?

**A:** Not answered.

**188. Q:** The RFP states three contracting entities but also notes WMC “may elect to structure the contract in its sole name.” For pricing purposes, should proposers assume three separate contracts or one consolidated agreement?

**A:** One consolidated agreement.

**189. Q:** What is the approximate current annual spend on contracted security guard services across the network (combined for both incumbent vendors)?

**A:** Not answered.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

**190. Q:** Does WMCHHealth anticipate awarding this contract to a single vendor for all facilities, or is a multi-vendor award possible?

**A:** The intention is to award a single vendor.

**191. Q:** The insurance requirements include \$5,000,000 in Cyber Liability coverage. Can WMCHHealth clarify the specific cyber risk exposure anticipated for security guard services (e.g., access to WMCHHealth IT systems, handling of PII/PHI, use of electronic incident reporting)?

**A:** Not answered.

**192. Q:** Are there any specific Joint Commission, CMS, or NYS DOH security-related requirements that the vendor must meet? Are there any outstanding deficiencies or corrective action plans related to security?

**A:** Requirements pertaining to regulatory compliance are addressed by the Chief Security Officer through the Security directors. There are no outstanding deficiencies at this time.

**193. Q:** Is a Business Associate Agreement (BAA) required given that security officers may have incidental exposure to Protected Health Information (PHI)?

**A:** Not answered.

**194. Q:** What background check and medical clearance requirements apply to contracted security officers? Does WMCHHealth require drug screening, annual TB testing, COVID vaccination, or other health requirements?

**A:** Refer to response to Q 74.

**195. Q:** Does WMCHHealth have existing Key Performance Indicators (KPIs) or Service Level Agreements (SLAs) with the current security vendors? If so, can these be shared with proposers?

**A:** The agreement(s) with the incumbent(s) preclude(s) publication of the contractual relationship without prior written consent.

**196. Q:** What is the expected frequency and format of vendor reporting (daily logs, weekly summaries, monthly executive reports, quarterly business reviews)?

**A:** Monthly business reports.

**197. Q:** Are there financial penalties or liquidated damages tied to performance failures (e.g., missed posts, late response times, unfilled shifts)?

**A:** Yes.

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

198. Q: What is the current officer turnover rate at each facility? Are there any known recruitment or retention challenges in the Hudson Valley region for security officers?

A: Not answered.

Charts below are hours and post coverage per hospital

<b>Valhalla Post</b>	<b>Hours</b>
Main Entrance Front	56
Main Lobby	168
Main ER	168
Main Hospital Floor Patrol	168
Main Hospital Rover	56
ED Zone 1	168
ED Ambulance Bay	168
Ped's Lobby	168
Ped's ER	168
MFCH 3rd Floor	168
Ped's Floor Patrol	112
Taylor North-BHC Ent	112
Taylor South	60
BHC PERC	168
ACP Rovers	80
<i>Radiation Medicine</i>	60
<i>Cedarwood</i>	96
<i>Macy South Pavilion</i>	70
<i>Car Patrol</i>	280
Control S/O	112
Sergeant	168
Lieutenant	168
Administrative Asst.	80
Assistant Account Manager	40
Armed Officers	168
<b>Totals</b>	<b>3230</b>

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

<b>MHRH Post</b>	<b>Weekly Hours</b>
Captain	40
Sergeant	128
ASO	168
Dispatch	168
Ambulance Bay	168
ED Ave	168
Brinn	168
Atrium	112
Foot Patrol	80
<b>Totals</b>	<b>1200</b>

<b>HAHV Function</b>	<b>Weekly Hours</b>
Supervision	120
EVOLV /ED Security	168
Security Coverage 12X8	336
Security Coverage 8X4	336
Security Coverage 4X12	336
Broadway Coverage	55
Front Desk Coverage	45
Methadone Coverage	44
BHU Visitation	14
Misc Coverage	328
Ambulance Bay	168
<b>Weekly totals</b>	<b>1950</b>

<b>Location</b>	<b>Position</b>	<b>Hours Per Week</b>
GSH	Account Manager	40
	Site Supervisor	56

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*

	Shift Supervisor	112
	Armed Officer	168
	Unarmed Officer	420
	Courier	85
	Courier Supervisor	40
BSCH	Site Supervisor	40
	Armed Officer	168
	Unarmed Officers	296
	Courier	95
SACH	Site Supervisor	56
	Armed Officer	168
	Unarmed Officer	112
	Shuttle Officer	85
<b>Total Weekly Hours</b>		<b>1941</b>

*Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.*