Comprehensive Health Care Services

Bid Opening Date and Time
January 10, 2020 I 2:00PM

Bid Event Number EVT0006973
<table>
<thead>
<tr>
<th>Tab/Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Table of Contents</strong></td>
<td></td>
</tr>
<tr>
<td><strong>RFP Required Documents</strong></td>
<td></td>
</tr>
<tr>
<td>Signature Sheet</td>
<td></td>
</tr>
<tr>
<td>Tax Clearance Certificate</td>
<td></td>
</tr>
<tr>
<td>Immigration Reform and Control Certification</td>
<td></td>
</tr>
<tr>
<td>Sexual Harassment Policy</td>
<td></td>
</tr>
<tr>
<td>Boycott of Israel</td>
<td></td>
</tr>
<tr>
<td>Event Listing Details –Technical Proposal</td>
<td></td>
</tr>
<tr>
<td>Amendment Acknowledgements</td>
<td></td>
</tr>
<tr>
<td>RFP Exceptions</td>
<td></td>
</tr>
<tr>
<td><strong>Executive Summary</strong></td>
<td></td>
</tr>
<tr>
<td>2.3 Transmittal Letter</td>
<td></td>
</tr>
<tr>
<td>Letter of Acknowledgement – Centurion, LLC</td>
<td></td>
</tr>
<tr>
<td>Letter of Acknowledgement – Centene Corporation</td>
<td></td>
</tr>
<tr>
<td><strong>2.4 Bidder Information</strong></td>
<td></td>
</tr>
<tr>
<td>2.5 Qualifications</td>
<td></td>
</tr>
<tr>
<td>2.6 Experience</td>
<td></td>
</tr>
<tr>
<td>2.7 Timeline</td>
<td></td>
</tr>
<tr>
<td><strong>2.8 Methodology</strong></td>
<td></td>
</tr>
<tr>
<td>2.9 References</td>
<td></td>
</tr>
<tr>
<td>2.10 Bidder Contracts/Subcontractor Information</td>
<td></td>
</tr>
<tr>
<td><strong>3.58 Human Trafficking</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4. Technical Literature</strong></td>
<td></td>
</tr>
<tr>
<td>4.1 Scope</td>
<td>1</td>
</tr>
<tr>
<td>4.2 Access to Health Care Services</td>
<td>6</td>
</tr>
<tr>
<td>4.3 Comprehensive Medical Services</td>
<td>10</td>
</tr>
<tr>
<td>4.3.1. Medical Oversight – Responsible Health Authority</td>
<td>10</td>
</tr>
<tr>
<td>4.3.2. Reserved</td>
<td>16</td>
</tr>
<tr>
<td>4.3.3. Standards of Care</td>
<td>17</td>
</tr>
<tr>
<td>4.3.4. Nursing Clinical Guidelines</td>
<td>29</td>
</tr>
<tr>
<td>4.3.5. Consent to Treat/Right to Refuse</td>
<td>34</td>
</tr>
<tr>
<td>4.3.6 Receiving Screening</td>
<td>37</td>
</tr>
<tr>
<td>Tab/Section</td>
<td>Page</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>4.3.7 Initial Health Assessment</td>
<td>45</td>
</tr>
<tr>
<td>4.3.8 Periodic Health Assessments</td>
<td>53</td>
</tr>
<tr>
<td>4.3.9 Medical Classification System</td>
<td>56</td>
</tr>
<tr>
<td>4.3.10 Non-Emergency Health Care Services/Sick Call</td>
<td>59</td>
</tr>
<tr>
<td>4.3.11 Restrictive Housing Medical Services</td>
<td>69</td>
</tr>
<tr>
<td>4.3.12 Special Needs Clinics/Chronic Care/Special Needs Treatment Planning</td>
<td>77</td>
</tr>
<tr>
<td>4.3.13 Hepatitis C</td>
<td>92</td>
</tr>
<tr>
<td>4.3.14 Emergency Medical Services</td>
<td>98</td>
</tr>
<tr>
<td>4.3.21 Sexual Assault</td>
<td>102</td>
</tr>
<tr>
<td>4.3.22 Prenatal Care/OBGYN Services</td>
<td>107</td>
</tr>
<tr>
<td>4.3.23 Diagnostic/Ancillary Services</td>
<td>116</td>
</tr>
<tr>
<td>4.3.24 Nutrition and Medical Diets</td>
<td>121</td>
</tr>
<tr>
<td>4.3.25 Specialty Services</td>
<td>124</td>
</tr>
<tr>
<td>4.3.26 Telemedicine</td>
<td>133</td>
</tr>
<tr>
<td>4.3.27 Health Education</td>
<td>153</td>
</tr>
<tr>
<td>4.3.28 Food Service Screenings</td>
<td>165</td>
</tr>
<tr>
<td>4.3.29 Dialysis Services</td>
<td>166</td>
</tr>
<tr>
<td>4.3.30 Infirmary Services</td>
<td>171</td>
</tr>
<tr>
<td>4.3.20 Off-site Hospital Care</td>
<td>179</td>
</tr>
<tr>
<td>4.3.21 Assisted Daily Living Unit (ADL unit)</td>
<td>190</td>
</tr>
<tr>
<td>4.3.22 End of Life Program</td>
<td>191</td>
</tr>
<tr>
<td>4.3.23 Outpatient Surgery/Ambulatory Services</td>
<td>196</td>
</tr>
<tr>
<td><strong>4.4 Transportation and Security</strong></td>
<td>202</td>
</tr>
<tr>
<td>4.4.1 Off-site Transportation</td>
<td>202</td>
</tr>
<tr>
<td>4.4.2 Security</td>
<td>205</td>
</tr>
<tr>
<td><strong>4.5 Comprehensive Dental Services</strong></td>
<td>206</td>
</tr>
<tr>
<td>4.5.1 General Dental Services</td>
<td>206</td>
</tr>
<tr>
<td>4.5.2 Dentures</td>
<td>214</td>
</tr>
<tr>
<td><strong>4.6 Comprehensive Behavioral Health Services</strong></td>
<td>216</td>
</tr>
<tr>
<td>4.6.1 Comprehensive, evidence-based behavioral and mental health services</td>
<td>216</td>
</tr>
<tr>
<td>4.6.2 Screening Upon Intake</td>
<td>223</td>
</tr>
<tr>
<td>4.6.3 Outpatient, Individualized Services</td>
<td>228</td>
</tr>
<tr>
<td>4.6.4 Discharge Planning</td>
<td>238</td>
</tr>
<tr>
<td>4.6.5 Multidisciplinary Teams</td>
<td>241</td>
</tr>
<tr>
<td>4.6.6 Specialty Care</td>
<td>242</td>
</tr>
<tr>
<td>Tab/Section</td>
<td>Page</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>4.6.7 Continuous Quality Improvement (CQI) program</td>
<td>258</td>
</tr>
<tr>
<td>4.6.8 Mental Health Screens</td>
<td>260</td>
</tr>
<tr>
<td>4.6.9 Intra-system Transfers and Receiving</td>
<td>263</td>
</tr>
<tr>
<td>4.6.10 Behavioral Health Appraisals</td>
<td>265</td>
</tr>
<tr>
<td>4.6.11 Mental Health Evaluations</td>
<td>267</td>
</tr>
<tr>
<td>4.6.12 Mental Health Classifications</td>
<td>269</td>
</tr>
<tr>
<td>4.6.13 Mental Health Sick Call</td>
<td>273</td>
</tr>
<tr>
<td>4.6.14 Crisis Intervention</td>
<td>280</td>
</tr>
<tr>
<td>4.6.15 Inmate Companion Program</td>
<td>287</td>
</tr>
<tr>
<td>4.6.16 Mental Health Special Needs Clinics / Special Needs Treatment Plans</td>
<td>291</td>
</tr>
<tr>
<td>4.6.17 Restrictive Housing Services</td>
<td>301</td>
</tr>
<tr>
<td>4.6.18 Continuum of Mental Health Care and Specialized Housing Units.</td>
<td>314</td>
</tr>
<tr>
<td>4.6.19 Services to be Available at all Facilities, Including the Specialized Mental Health Programs</td>
<td>350</td>
</tr>
<tr>
<td>4.6.20 Mental Health Continuous Quality Improvement (MH-CQI)</td>
<td>381</td>
</tr>
<tr>
<td><strong>4.7 Pharmacy Services</strong></td>
<td>390</td>
</tr>
<tr>
<td>4.7.1 General Pharmaceutical Services</td>
<td>390</td>
</tr>
<tr>
<td>4.7.2 Release Medications</td>
<td>417</td>
</tr>
<tr>
<td>4.7.3 Identification of Pharmacy Vendor</td>
<td>421</td>
</tr>
<tr>
<td><strong>4.8 Reception and Diagnostic Units (RDU)</strong></td>
<td>423</td>
</tr>
<tr>
<td><strong>4.9 Forensic Programs</strong></td>
<td>433</td>
</tr>
<tr>
<td><strong>4.10 Quality Improvement Program</strong></td>
<td>441</td>
</tr>
<tr>
<td><strong>4.11 Contract Monitoring/Management and Directing Services and Peer Review</strong></td>
<td>456</td>
</tr>
<tr>
<td><strong>4.12 Utilization Management Program</strong></td>
<td>464</td>
</tr>
<tr>
<td><strong>4.13 Reports and Manuals</strong></td>
<td>475</td>
</tr>
<tr>
<td><strong>4.14 Accreditation</strong></td>
<td>488</td>
</tr>
<tr>
<td><strong>4.15 Offender Grievance Mechanism</strong></td>
<td>494</td>
</tr>
<tr>
<td><strong>4.16 Infectious Disease Control (IDC)</strong></td>
<td>499</td>
</tr>
<tr>
<td><strong>4.17 Medical Administrative Committees (MAC)</strong></td>
<td>511</td>
</tr>
<tr>
<td><strong>4.18 Equipment and Supplies</strong></td>
<td>512</td>
</tr>
<tr>
<td><strong>4.19 Health Care Equipment Fund</strong></td>
<td>516</td>
</tr>
<tr>
<td><strong>4.20 Health Information Management</strong></td>
<td>518</td>
</tr>
<tr>
<td>4.20.1 Support for the current EHR system</td>
<td>518</td>
</tr>
<tr>
<td>4.20.2 Electronic Health Records</td>
<td>519</td>
</tr>
<tr>
<td>4.20.3 Clinical Staff Equipment and Supporting Devices</td>
<td>530</td>
</tr>
<tr>
<td>Tab/Section</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>4.20.4 Healthcare Information Technology Network Infrastructure</td>
<td>534</td>
</tr>
<tr>
<td>4.20.5 Health Care Documentation</td>
<td>540</td>
</tr>
<tr>
<td>4.20.6 Records Retention</td>
<td>543</td>
</tr>
<tr>
<td>4.20.7 Confidentiality of Offender Health Information</td>
<td>544</td>
</tr>
<tr>
<td>4.20.8 Information Dissemination</td>
<td>548</td>
</tr>
<tr>
<td>4.21 Training</td>
<td>550</td>
</tr>
<tr>
<td>4.22 Staffing</td>
<td>567</td>
</tr>
<tr>
<td>4.22.1 Base Staffing Plan Requirements</td>
<td>567</td>
</tr>
<tr>
<td>4.22.2 Staff Accountability and Time Clocks</td>
<td>573</td>
</tr>
<tr>
<td>4.22.3 Retention of Current Contract Staff</td>
<td>577</td>
</tr>
<tr>
<td>4.22.4 Credentialing Criteria</td>
<td>582</td>
</tr>
<tr>
<td>4.22.5 Recruitment and Retention</td>
<td>591</td>
</tr>
<tr>
<td>4.22.6 KDOC Employee Services</td>
<td>608</td>
</tr>
<tr>
<td>4.23 Payment</td>
<td>611</td>
</tr>
<tr>
<td>4.24 Staffing Deductions</td>
<td>612</td>
</tr>
<tr>
<td>4.25 Clinical Performance Guarantees</td>
<td>615</td>
</tr>
<tr>
<td>4.26 Liquidated Damages</td>
<td>621</td>
</tr>
<tr>
<td>4.27 Per Capita Adjustments</td>
<td>623</td>
</tr>
<tr>
<td>4.28 Criminal Background Investigations</td>
<td>625</td>
</tr>
<tr>
<td>Attachments (in a separate binder)</td>
<td></td>
</tr>
<tr>
<td>Attachment A: Key Regional Staff Resumes</td>
<td>1</td>
</tr>
<tr>
<td>Attachment B: Key Corporate Staff Resumes</td>
<td>9</td>
</tr>
<tr>
<td>Attachment C: Supplier Letters of Intent</td>
<td>37</td>
</tr>
<tr>
<td>Attachment D: Audited Financial Statements – Two Years</td>
<td>82</td>
</tr>
<tr>
<td>Attachment E: Centurion Proposed Implementation Plan</td>
<td>188</td>
</tr>
<tr>
<td>Attachment F: Implementation Readiness Summary Report</td>
<td>197</td>
</tr>
<tr>
<td>Attachment G: Sample – Regional Management Job Descriptions</td>
<td>198</td>
</tr>
<tr>
<td>Attachment H: Centurion Model Policy – Human Trafficking – Adult</td>
<td>210</td>
</tr>
<tr>
<td>Attachment I: Centurion Model Policy – Human Trafficking – Juvenile</td>
<td>217</td>
</tr>
<tr>
<td>Attachment J: Human Trafficking Staff Training Outline</td>
<td>223</td>
</tr>
<tr>
<td>Attachment K: Human Trafficking Patient Education Handout</td>
<td>233</td>
</tr>
<tr>
<td>Attachment L: Centurion Model Policy – Escalation</td>
<td>234</td>
</tr>
<tr>
<td>Attachment M: Centurion Guidelines – Disease Management</td>
<td>237</td>
</tr>
<tr>
<td>Asthma</td>
<td>237</td>
</tr>
<tr>
<td>Diabetes Type 1</td>
<td>241</td>
</tr>
<tr>
<td>Tab/Section</td>
<td>Page</td>
</tr>
<tr>
<td>----------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Diabetes Type 2</td>
<td>247</td>
</tr>
<tr>
<td>HCV-Infected Patients</td>
<td>254</td>
</tr>
<tr>
<td>HIV</td>
<td>262</td>
</tr>
<tr>
<td>Hypertension</td>
<td>266</td>
</tr>
<tr>
<td>Lipid</td>
<td>270</td>
</tr>
<tr>
<td>Seizure</td>
<td>273</td>
</tr>
<tr>
<td>Sickle Cell</td>
<td>276</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>279</td>
</tr>
<tr>
<td>Attachment N: Centurion Nursing Guidelines – Common Health Problems</td>
<td>283</td>
</tr>
<tr>
<td>Musculoskeletal Guideline</td>
<td>283</td>
</tr>
<tr>
<td>Musculoskeletal Protocol</td>
<td>289</td>
</tr>
<tr>
<td>Ectoparasite Lice</td>
<td>292</td>
</tr>
<tr>
<td>Ectoparasite Scabies</td>
<td>295</td>
</tr>
<tr>
<td>Influenza-like Illness</td>
<td>298</td>
</tr>
<tr>
<td>Dental Guideline and Protocol</td>
<td>301</td>
</tr>
<tr>
<td>HEENT Guideline</td>
<td>304</td>
</tr>
<tr>
<td>HEENT Protocol</td>
<td>319</td>
</tr>
<tr>
<td>MRSA Nursing Protocol</td>
<td>322</td>
</tr>
<tr>
<td>Attachment O: Centurion Nursing Guidelines – Potentially Urgent Emergent Problems</td>
<td>325</td>
</tr>
<tr>
<td>Trauma</td>
<td>325</td>
</tr>
<tr>
<td>Head Injury</td>
<td>329</td>
</tr>
<tr>
<td>Intoxication and Withdrawal</td>
<td>332</td>
</tr>
<tr>
<td>Intoxication and Withdrawal CIWA COWS</td>
<td>335</td>
</tr>
<tr>
<td>Intoxication and Withdrawal Treatment and Order</td>
<td>338</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>342</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>345</td>
</tr>
<tr>
<td>Allergic Reaction</td>
<td>348</td>
</tr>
<tr>
<td>Seizure</td>
<td>351</td>
</tr>
<tr>
<td>Respiratory Distress</td>
<td>354</td>
</tr>
<tr>
<td>Maloxone (Narcan)</td>
<td>357</td>
</tr>
<tr>
<td>Heat-Related Illness</td>
<td>359</td>
</tr>
<tr>
<td>Post-Exposure Prophylaxis</td>
<td>362</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>364</td>
</tr>
<tr>
<td>Attachment P: Centurion Nursing Guideline – Neuroleptic Malignant Syndrome</td>
<td>366</td>
</tr>
<tr>
<td>Attachment/Section</td>
<td>Page</td>
</tr>
<tr>
<td>--------------------</td>
<td>------</td>
</tr>
<tr>
<td>Attachment Q: Centurion Model Policy – Non-Emergency Healthcare Requests – Adult</td>
<td>369</td>
</tr>
<tr>
<td>Attachment R: Centurion Model Policy – Non-Emergency Healthcare Requests – Juvenile</td>
<td>373</td>
</tr>
<tr>
<td>Attachment S: Centurion Model Policy – Response to Sexual Abuse – Adult</td>
<td>377</td>
</tr>
<tr>
<td>Attachment T: Centurion Model Policy – Response to Sexual Abuse – Juvenile</td>
<td>383</td>
</tr>
<tr>
<td>Attachment U: Centurion Guidelines – Laboratory Testing Formulary</td>
<td>388</td>
</tr>
<tr>
<td>Attachment V: Formulary Laboratory Test Requisition</td>
<td>390</td>
</tr>
<tr>
<td>Attachment W: Centurion Model Policy – Medical Diets</td>
<td>391</td>
</tr>
<tr>
<td>Attachment X: Centurion Model Policy – Telehealth</td>
<td>393</td>
</tr>
<tr>
<td>Attachment Y: Centurion Model Policy – Care for the Terminally Ill – Adult</td>
<td>399</td>
</tr>
<tr>
<td>Attachment Z: Centurion Model Policy – Care for the Terminally Ill – Juvenile</td>
<td>402</td>
</tr>
<tr>
<td>Attachment AA: Crisis Treatment Plan Documentation Template</td>
<td>404</td>
</tr>
<tr>
<td>Attachment BB: Psychotropic Medication Education Group Lesson Plan Overview</td>
<td>405</td>
</tr>
<tr>
<td>Attachment CC: Substance Use Treatment Dual Diagnosis Curricula Overview</td>
<td>407</td>
</tr>
<tr>
<td>Attachment DD: Living in Balance Program Synopsis</td>
<td>410</td>
</tr>
<tr>
<td>Attachment EE: Centurion Model Policies – Medication Services and Administration</td>
<td>413</td>
</tr>
<tr>
<td>Attachment FF: Centurion Model Policy – Medication Services Formulary and Non-Formulary Requests</td>
<td>425</td>
</tr>
<tr>
<td>Attachment GG: Non-Formulary Request Form</td>
<td>427</td>
</tr>
<tr>
<td>Attachment HH: CSP Model Formulary</td>
<td>428</td>
</tr>
<tr>
<td>Attachment II: Sample – CQI Manual Table of Contents</td>
<td>495</td>
</tr>
<tr>
<td>Attachment JJ: Sample – CQI Manual Section I</td>
<td>497</td>
</tr>
<tr>
<td>Attachment KK: Centurion Model Policy – Continuous Quality Improvement Program</td>
<td>512</td>
</tr>
<tr>
<td>Attachment LL: Master CAP Roster Template</td>
<td>519</td>
</tr>
<tr>
<td>Attachment MM: Centurion Model Policy – Procedure in the Event of an Offender Death</td>
<td>521</td>
</tr>
<tr>
<td>Attachment NN: Centurion Clinical Guideline – Conducting a Morbidity Review</td>
<td>527</td>
</tr>
<tr>
<td>Attachment OO: Centurion Model Policy – Grievance Mechanism – Adult</td>
<td>534</td>
</tr>
<tr>
<td>Attachment PP: Centurion Model Policy – Grievance Mechanism – Juvenile</td>
<td>536</td>
</tr>
<tr>
<td>Attachment QQ: IT Sample Project Plan</td>
<td>537</td>
</tr>
<tr>
<td>Attachment RR: Sample – Centurion Staff Orientation Plans</td>
<td>567</td>
</tr>
<tr>
<td>Attachment SS: Market Salary Survey</td>
<td>561</td>
</tr>
<tr>
<td>Attachment TT: Centurion Proposed Staffing Plans</td>
<td>572</td>
</tr>
</tbody>
</table>
SIGNATURE SHEET

Item: Comprehensive Health Care Services
Agency: Kansas Department of Corrections (KDOC)
Closing Date: January 03, 2020, 2:00 PM CST

By submission of a bid and the signatures affixed thereto, the bidder certifies all products and services proposed in the bid meet or exceed all requirements of this specification as set forth in the request and that all exceptions are clearly identified.

Legal Name of Person, Firm or Corporation: Centurion of Kansas, LLC
Mailing Address: 1593 Spring Rill Rd, Suite 600 City & State: Vienna, VA Zip: 22182
Toll Free Telephone: 1-800-416-3649 Local: 703-749-4600
Cell Phone: 703-749-4600 Fax Number: 703-749-1630
Tax Number: C582-2XXS-EHP7

CAUTION: If your tax number is the same as your Social Security Number (SSN), you must leave this line blank. DO NOT enter your SSN on this signature sheet. If your SSN is required to process a contract award, including any tax clearance requirements, you will be contacted by an authorized representative of the Office of Procurement and Contracts at a later date.

E-Mail: SWheeler@TeamCenturion.com
Signature: [Signature] Date: January 6, 2020
Typed Name: Steven H. Wheeler Title: Chief Executive Officer

In the event the contact for the bidding process is different from above, indicate contact information below.

Bidding Process Contact Name: Julia Seder, Business Development Support Lead
Mailing Address: 1593 Spring Rill Rd, Suite 600 City & State: Vienna, VA Zip: 22182
Toll Free Telephone: 1-800-416-3649 Local: 703-245-9039
Cell Phone: 571-581-5159 Fax Number: 703-245-1577
E-Mail: JSeder@TeamCenturion.com

If awarded a contract and purchase orders are to be directed to an address other than above, indicate mailing address and telephone number below.

Award Contact Name: Steven H. Wheeler
Mailing Address: 1593 Spring Rill Rd, Suite 600 City & State: Vienna, VA Zip: 22182
Toll Free Telephone: 1-800-416-3649 Local: 703-749-4600
Cell Phone: 703-749-4600 Fax Number: 703-749-1630
E-Mail: SWheeler@TeamCenturion.com
CERTIFICATE OF TAX CLEARANCE

Centurion of Kansas LLC

ISSUE DATE
12/04/2019

TRANSACTION ID
TREJ-YYKN-T7S6

CONFIRMATION NUMBER
C582-2XXS-EHP7

TAX CLEARANCE VALID THROUGH 03/03/2020

Verification of this certificate can be obtained on our website, www.ksrevenue.org, or by calling the Kansas Department of Revenue at 785-296-3199.
CERTIFICATION REGARDING IMMIGRATION REFORM & CONTROL

All Contractors are expected to comply with the Immigration and Reform Control Act of 1986 (IRCA), as may be amended from time to time. This Act, with certain limitations, requires the verification of the employment status of all individuals who were hired on or after November 6, 1986, by the Contractor as well as any subcontractor or sub-subcontractor. The usual method of verification is through the Employment Verification (I-9) Form. With the submission of this bid, the Contractor hereby certifies without exception that Contractor has complied with all federal and state laws relating to immigration and reform. Any misrepresentation in this regard or any employment of persons not authorized to work in the United States constitutes a material breach and, at the State’s option, may subject the contract to termination and any applicable damages.

Contractor certifies that, should it be awarded a contract by the State, Contractor will comply with all applicable federal and state laws, standards, orders and regulations affecting a person’s participation and eligibility in any program or activity undertaken by the Contractor pursuant to this contract. Contractor further certifies that it will remain in compliance throughout the term of the contract.

At the State’s request, Contractor is expected to produce to the State any documentation or other such evidence to verify Contractor’s compliance with any provision, duty, certification, or the like under the contract.

Contractor agrees to include this Certification in contracts between itself and any subcontractors in connection with the services performed under this contract.

[Signature, Title of Contractor]

January 6, 2020

[Date]

Steven H. Wheeler, Chief Executive Officer
Policy Regarding Sexual Harassment

WHEREAS, sexual harassment and retaliation for sexual harassment claims are unacceptable forms of discrimination that must not be tolerated in the workplace; and

WHEREAS, state and federal employment discrimination laws prohibit sexual harassment and retaliation in the workplace; and

WHEREAS, officers and employees of the State of Kansas are entitled to working conditions that are free from sexual harassment, discrimination, and retaliation; and

WHEREAS, the Governor and all officers and employees of the State of Kansas should seek to foster a culture that does not tolerate sexual harassment, retaliation, and unlawful discrimination.

NOW THEREFORE, pursuant to the authority vested in me as Governor of the State of Kansas, I hereby order as follows:

1. All Executive Branch department and agency heads shall have available, and shall regularly review and update at least every three years or more frequently as necessary, their sexual harassment, discrimination, and retaliation policies. Such policies shall include components for confidentiality and anonymous reporting, applicability to intern positions, and training policies.

2. All Executive Branch department and agency heads shall ensure that their employees, interns, and contractors have been notified of the state’s policy against sexual harassment, discrimination, or retaliation, and shall further ensure that such persons are aware of the procedures for submitting a complaint of sexual harassment, discrimination, or retaliation, including an anonymous complaint.

3. Executive Branch departments and agencies shall annually require training seminars regarding the policy against sexual harassment, discrimination, or retaliation. All employees shall complete their initial training session pursuant to this order by the end of the current fiscal year.

4. Within ninety (90) days of this order, all Executive Branch employees, interns, and contractors under the jurisdiction of the Office of the Governor shall be provided a written copy of the policy against sexual harassment, discrimination, or retaliation, and they shall execute a document agreeing and acknowledging that they are aware of and will comply with the policy against sexual harassment, discrimination, and retaliation.

5. Matters involving any elected official, department or agency head, or any appointee of the Governor may be investigated by independent legal counsel.

6. The Office of the Governor will require annual mandatory training seminars for all staff, employees, and interns in the office regarding the policy against sexual harassment, discrimination, and retaliation, and shall maintain a record of attendance.

7. Allegations of sexual harassment, discrimination, or retaliation within the Office of the Governor will be investigated promptly, and violations of law or policy shall constitute grounds for disciplinary action, including dismissal.

8. This Order is intended to supplement existing laws and regulations concerning sexual harassment and discrimination, and shall not be interpreted to in any way diminish such laws and regulations. The Order provides conduct requirements for covered persons, and is not intended to create any new right or benefit enforceable against the State of Kansas.

9. Persons seeking to report violations of this Order, or guidance regarding the application or interpretation of this Order, may contact the Office of the Governor regarding such matters.

Agreement to Comply with the Policy Against Sexual Harassment, Discrimination, and Retaliation.

I hereby acknowledge that I have received a copy of the State of Kansas Policy Against Sexual Harassment, Discrimination, and Retaliation established by Executive Order 18-04 and agree to comply with the provisions of this policy.

[Signature and Date]

January 6, 2020

Steven H. Wheeler, Chief Executive Officer

[Printed Name]
CERTIFICATION OF COMPANY
NOT CURRENTLY ENGAGED IN A BOYCOTT OF GOODS or SERVICES FROM ISRAEL

In accordance with HB 2482, 2018 Legislative Session, the State of Kansas shall not enter into a contract with a Company to acquire or dispose of goods or services with an aggregate price of more than $100,000, unless such Company submits a written certification that such Company is not currently engaged in a boycott of goods or services from Israel that constitutes an integral part of business conducted or sought to be conducted with the State.

As a Contractor entering into a contract with the State of Kansas, it is hereby certified that the Company listed below is not currently engaged in a boycott of Israel as set forth in HB 2482, 2018 Legislature.

Signature, Title of Contractor

Steven H. Wheeler, Chief Executive Officer

Printed

Centurion of Kansas, LLC

Name of Company

January 6, 2020

Date
Request for Proposal (RFP) for Comprehensive Health Care Services for the Kansas Department of Corrections (KDOC).

MANDATORY REQUIREMENT: If you are interested in bidding on this transaction you MUST BE OFFICIALLY INVITED to the event. Contact the person named above at least 24 HOURS BEFORE the official finish date and time to request the official invitation.

Due to State of Kansas SMART Strategic Sourcing System requirements, any bidder with an interest in bidding on any State of Kansas SOURCING EVENT must officially request an invitation from the Procurement Officer (Event Contact) at least 24 hours before the Bid Event official finish date and time. If you fail to request such in a timely fashion, your bid may be rejected in its entirety.

EXCEPTION: If you have received a Bid Event Document with your company’s name in the upper right hand corner of the document, your company has already been invited to the bid event.

If you are not a registered bidder/vendor with the state of Kansas you must register as a bidder AND request official invitation at least 24 hours before the Bid Event official finish date and time. To register as a bidder visit our website: www.admin.ks.gov/offices/procurement-and-contracts
During the 2012 Session, the Kansas Legislature enacted a Bidder Preference Program which created three (3) bid preferences. To see if you qualify for any of the preferences, please go to the following website for more information:

To claim this preference, the bid response must include the Preference Request Form and you must respond to the applicable Bidder Preference category in the question under the General Questions section on the following page(s).

During the 2014 Session, the Kansas Legislature enacted the Disabled Veteran Owned Business bidder preference program. For more information or to see if you qualify, please go to the following website:

To claim this preference, the bid response must include a copy of the letter from Procurement and Contracts certifying your company as a Disabled Veteran Owned Business and you must respond to the applicable Disabled Veteran Owned Business category in the question under the General Questions section on the following page(s).

Emailed or Fax Bids Submission will NOT be accepted for this Bid Event.

ATTC - See the attachment for additional information.

Pre-proposal Conference - A mandatory pre-proposal conference and site visits will be held. More information will be provided in an amendment as soon as possible.

Attendance is required in person this pre-proposal conference. Failure to attend the pre-bid conference will result in rejection of your bid. Questions requesting clarification of the Bid Event must be submitted electronically (in the provided Question Submission format) to the Procurement Officer (Event Contact) indicated above at a day and time to be determined. Impromptu questions may be permitted and spontaneous unofficial answers provided, however bidders should understand that the only official answer or position of the State of Kansas will be presented in writing.

Failure to notify the Procurement Officer (Event Contact) of any conflicts or ambiguities in the Bid Event may result in items being resolved in the best interest of the State. Any modification to this Bid Event as a result of the pre-proposal conference, as well as written answers to written questions, shall be made in writing by addendum and dispatched to all bidders associated to this event. Only written communications are binding.

Answers to questions will be available in the form of an addendum on the Procurement and Contracts' website, www.admin.ks.gov/offices/procurement-and-contracts.

It shall be the responsibility of all participating bidders to acquire any and all addenda and additional information as it is made available from the web site cited above. Vendors/Bidders not initially invited to participate in this Bid Event must notify the Procurement Officer (Event Contact) of their intent to bid at least 24 hours prior to the event's closing date/time. Bidders are required to check the website periodically for any additional information or instructions.
General Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>UOM</th>
<th>Best</th>
<th>Worst</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your organization accept the State of Kansas terms and conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>as stated?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required: Yes   Mandatory Response:No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is a current Tax Clearance Certificate included with this bid event submission (instructions provided in RFP document)?

Required: Yes   Mandatory Response:No

Response Comments

**Centurion’s Tax Certificate** is included in our proposal under the tab marked "RFP Required Documents"

Is a completed Immigration Reform and Control form included with this bid event submission (form provided in the RFP document)?

Required: Yes   Mandatory Response:No

Response Comments

**Centurion’s Immigration Reform and Control Form** is included in our proposal under the tab marked "RFP Required Documents"

Is a completed Sexual Harassment form included with your bid event submission (form provided in the RFP document)?

Required: Yes   Mandatory Response:No

Response Comments

**Centurion’s Sexual Harassment Form** is included in our proposal under the tab marked "RFP Required Documents"

Is a completed Boycott of Israel form included with your bid event submission (form provided in the RFP document)?

Required: Yes   Mandatory Response:No

Response Comments

**Centurion’s Boycott of Israel Form** is included in our proposal under the tab marked "RFP Required Documents"
Please select ONE category from the following list with regard to a Bidder Preference. If selecting a Bidder Preference category, supporting documentation must accompany this bid response. (Note: #3 “State Use Purchases” category does not apply to Requests for Proposals)

Select One

<table>
<thead>
<tr>
<th>Options</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not claiming any Bidder Preference Category</td>
<td>X</td>
</tr>
<tr>
<td>Claiming the Disabled Veteran Owned Business Category</td>
<td></td>
</tr>
<tr>
<td>Claiming the State Use Purchases Bidder Preference Category</td>
<td></td>
</tr>
<tr>
<td>Claiming the Certified Business Bidder Preference Category</td>
<td></td>
</tr>
</tbody>
</table>

Required: Yes  Mandatory Response: No

Response Comments

n/a- not claiming any bidder preference category.

Payments Terms are “Net 30 days ARO”. Show discount(s) if payment is made in less than thirty days. Discounts offered will NOT be considered in determining the low bid.

Required: Yes  Mandatory Response: No

Response Comments

Procurement Card (P-Card): Presently, many State Agencies use a State of Kansas Procurement Card (Visa-branded P-Card) in lieu of a state warrant to pay for some of its purchases. No additional charges will be allowed for using the card. May agencies use their P-Card for contract purchases?

Required: Yes  Mandatory Response: No

Response Comments
## Line Details

<table>
<thead>
<tr>
<th>Line</th>
<th>Item ID</th>
<th>Line Qty</th>
<th>UOM</th>
<th>Bid Qty</th>
<th>Min/Max Qty</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>1.00</td>
<td>Each</td>
<td>1</td>
<td>No min / No max</td>
<td>Healthcare</td>
</tr>
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</table>

**Question**

Do not enter pricing here. Pricing should be provided in the Cost Sheet section of the RFP document.

**Response**

n/a

**Response Comments**

n/a- Centurion has provided a Cost Sheet/Pricing Proposal separately with our proposal package.
PeopleSoft Strategic Sourcing

Event ID: 17380-EVT0006973  Format: Sell  Type: RFX  Page: 6
Event Round: 1  Version: 1
Event Name: Comprehensive Health Care Services
Start Time: 10/10/2019 15:40:00 CDT  Finish Time: 01/03/2020 14:00:00 CST
Event Currency: US Dollar  Bids allowed in other currency: No

Bidder Information

Firm Name: Centurion of Kansas, LLC  Signature: [Signature]
Name: Steven H. Wheeler  Date: 1/7/2020
Phone #: 703-749-4600  Fax #: 703-749-1630
Street Address: 1593 Spring Hill Road, Suite 600
City & State: Vienna, VA  Zip Code: 22182
Email: SWheeler@TeamCenturion.com

Submit To: Department of Administration Procurement and Contracts 900 SW Jackson Suite 451-South Topeka KS 66612-1286 United States
Contact: Aubrey L. Waters
Phone: 785/296-2401
Email: aubrey.waters@ks.gov
## Appendix A - Line Specifications

<table>
<thead>
<tr>
<th>Line</th>
<th>Item ID</th>
<th>Line Qty</th>
<th>UOM</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>1</td>
<td>Each</td>
<td>Healthcare</td>
</tr>
</tbody>
</table>

**Item Specifications**

- Manufacturer: [Manufacturer Name]
- Mfg Item ID: [Mfg Item ID]
- Item Length: 0
- Item Height: 0
- Item Weight: 0
- Item Width: 0
- Item Volume: 0
- Dimension UOM:
- Volume UOM:
- Weight UOM:
- Item Size:
- Item Color:

**Shipping Information**

- Schedule: 1
- Quantity: 1
- Due Date: 01/03/2020
- Freight Terms: Common Carrier
- Ship Via: [Common Carrier]
- Ship To: KDOC
- KDOC
- 714 SW Jackson St, Ste 300
- Topeka KS 66603-3722
- United States

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**PeopleSoft Strategic Sourcing**

**Event Details (cont.)**

<table>
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<tr>
<th>Event ID Format Type Page</th>
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</thead>
<tbody>
<tr>
<td>17300-EVT00006973 Sell RFx 7</td>
</tr>
</tbody>
</table>

**Event Name**

- Comprehensive Health Care Services

**Start Time**

- 10/10/2019 15:40:00 CDT

**Finish Time**

- 01/03/2020 14:00:00 CST

**Event Currency**

- US Dollar

**Bids allowed in other currency**

- No

---

**Bidder:** PUBLIC EVENT DETAILS

**Submit To:** Department of Administration Procurement and Contracts
- 900 SW Jackson
- Suite 451-South
- Topeka KS 66612-1286
- United States

**Contact:** Aubrey L Waters
- Phone: 785/296-2401
- Email: aubrey.waters@ks.gov

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**Event ID Format Type Page**

- Event ID: 17300-EVT00006973
- Format: Sell
- Type: RFx
- Page: 7

**Event Name**

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- Page: 7

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**Start Time**

- 10/10/2019 15:40:00 CDT

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**Bids allowed in other currency**

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**Bidder:** PUBLIC EVENT DETAILS

**Submit To:** Department of Administration Procurement and Contracts
- 900 SW Jackson
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- Topeka KS 66612-1286
- United States

**Contact:** Aubrey L Waters
- Phone: 785/296-2401
- Email: aubrey.waters@ks.gov
Appendix B - Terms & Conditions

1. Debarment of State Contractors. Any Contractor who defaults on delivery or does not perform in a satisfactory manner as defined in this Agreement may be barred for a period up to three (3) years, pursuant to K.S.A. 75-37,103, or have its work evaluated for pre-qualification purposes. Contractor shall disclose any conviction or judgment for a criminal or civil offense of any employee, individual or entity which controls a company or organization or will perform work under this Agreement that indicates a lack of business integrity or business honesty. This includes (1) conviction of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract or in the performance of such contract or subcontract; (2) conviction under state or federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, or receiving stolen property; (3) conviction under state or federal antitrust statutes; and (4) any other offense the State determines to be so serious and compelling as to affect responsibility as a state contractor. For the purpose of this section, an individual or entity shall be presumed to have control of a company or organization if the individual or entity directly or indirectly, or acting in concert with one or more individuals or entities, owns or controls twenty-five (25) percent or more of its equity, or otherwise controls its management or policies. Failure to disclose an offense may result in disqualification of the Proposal or termination of the Agreement, as determined by the State.

2. Accounts Receivable Set-Off Program: If during the course of this contract the Contractor is found to owe a debt to the State of Kansas, agency payments to the Contractor may be intercepted / setoff by the State of Kansas. Notice of the setoff action will be provided to the Contractor. Pursuant to K.S.A. 75-6201 et seq., Contractor shall have the opportunity to challenge the validity of the debt. If the debt is undisputed, the Contractor shall credit the account of the agency making the payment in an amount equal to the funds intercepted. K.S.A. 75-6201 et seq. allows the Director of Accounts and Reports to set off funds the State of Kansas owes Contractors against debts owed by the contractor to the State of Kansas. Payments set off in this manner constitute lawful payment for services or goods received. The Contractor benefits fully from the payment because its obligation to the State is reduced by the amount subject to setoff.

3. Disclosure of Bid Event Content and Proprietary Information: All bid responses become the property of the State of Kansas. The Kansas Open Records Act (K.S.A. 45-215 et seq) requires public information be placed in the public domain at the conclusion of the selection process, and be available for examination by all interested parties. More information on this subject can be found at the following website: http://admin.ks.gov/offices/chief-counsel/kansas-open-records-act.

4. BIDDER MUST OBTAIN A CURRENT TAX CLEARANCE CERTIFICATE A “Tax Clearance” is a comprehensive tax account review to determine and ensure that the account is compliant with all primary Kansas Tax Laws administered by the Kansas Department of Revenue (KDOR) Director of Taxation. Information pertaining to a Tax Clearance is subject to change(s), which may arise as a result of a State Tax Audit, Federal Revenue Agent Report, or other lawful adjustment(s). INSTRUCTIONS: To obtain a current Tax Clearance Certificate, you must: 1) Go to http://ksrevenue.org/taxclearance.html to request a Tax Clearance Certificate; 2) Return to the website the following working day to see if KDOR will issue the certificate; 3) If issued an official certificate, print it and attach it to your bid response; and 4) If denied a certificate, engage KDOR in a discussion about why a certificate wasn’t issued. Bidders (and their subcontractors) are expected to submit a current Tax Clearance Certificate with every event response. REMINDER: You will need to sign back into the KDOR website to view and print the official tax clearance certificate. Information about Tax Registration can be found at the following website: http://www.ksrevenue.org/busregistration.html. Procurement and Contracts reserves the right to confirm tax status of all potential contractors and subcontractors prior to the release of a purchase order or contract award. In the event that a current tax certificate is unavailable, Procurement and Contracts reserves the right to notify a bidder (one that has submitted a timely event response) that they have to provide a current Tax Clearance Certificate within ten (10) calendar days, or Procurement and Contracts may proceed with an award to the next lowest responsive bidder, whichever is determined by the Director of Purchases to be in the best interest of the State.

5. Immigration and Reform Control Act of 1986 (IRCA): All contractors are expected to comply with the Immigration and Reform Act of 1986 (IRCA), as may be amended from time to time. This Act, with certain limitations, requires the verification of the employment status of all individuals who were hired on or after November 6, 1986, by the contractor as well as any subcontractor or sub-contractors. The usual method of verification is through the Employment Verification (I-9) form. With the submission of this bid, the contractor hereby certifies without exception that such contractor has complied with all federal and state laws relating to immigration and reform. Any misrepresentation in this regard or any employment of persons not authorized to
work in the United States constitutes a material breach and, at the State's option, may subject the contract to
termination for cause and any applicable damages. Unless provided otherwise herein, all contractors are
expected to be able to produce for the State any documentation or other such evidence to verify Contractor's
IRCA compliance with any provision, duty, certification, or like item under the contract.

Bidders must submit a Certification Regarding Immigration Reform and Control form with every event response.
The form can be found at the following website:

6. It is the bidder's responsibility to submit questions, acknowledge addenda and attend pre-bid conferences as
indicated in this event or attachment(s). When communicating always refer to the Bid Event ID.

7. Conflict of Interest: With the submission of a response for this bidding event, you certify that you do not
have any substantial conflict of interest sufficient to influence the bidding process of this event. A
conflict of substantial interest is one which a reasonable person would think would compromise the opening
bidding process.

8. Competition: The purpose of this Request is to seek competition. The bidder shall advise Procurement and
Contracts if any specification, language or other requirement inadvertently restricts or limits bidding to a
single source. Notification shall be in writing and must be received by Procurement and Contracts no later
than five (5) business days prior to the event closing date. The Director of Purchases reserves the right to
waive minor deviations in the specifications which do not hinder the intent of this Request.

9. Acceptance or Rejection: The State reserves the right to accept or reject any or all bid responses or part of
a response; to waive any informalities or technicalities; clarify any ambiguities in responses; modify any
criteria in this Event; and unless otherwise specified, to accept any item in a response.

Last Updated: 01/24/2019
AMENDMENT
Request for Proposal

Amendment Date: October 16, 2019
Amendment Number: 1
Bid Event ID: EVT0006973
Closing Date: January 3, 2020, 2:00 PM CST
Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: http://admin.ks.gov/offices/procurement-and-contracts/
Item: Comprehensive Health Care Services
Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Pre-Bid meeting and site visit information is provided on the following page.
2. The pre-bid meeting and site visits are mandatory.
3. There is a limit of three (3) attendees per bidder.
4. Attendees must register by emailing aubrey.waters@ks.gov with: Company name, Federal Tax ID number, Attendee names, titles and email addresses prior to 12:00PM CST, Friday 11/1/2019.
5. Bidder questions must be submitted by email to aubrey.waters@ks.gov, in the provided Question Submission Format prior to 12:00PM CST, Friday 11/15/19. All bidder questions and agency answers will be provided in an amendment posted to our site.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Centurion of Kansas, LLC

SIGNED BY: Steven H. Wheeler
TITLE: Chief Executive Officer
DATE: January 6, 2020
AMENDMENT
Request for Proposal

Amendment Date: October 30, 2019
Amendment Number: 2
Bid Event ID: EVT0006973
Closing Date: January 3, 2020, 2:00 PM CST
Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: http://admin ks.gov/offices/procurement-and-contracts/

Item: Comprehensive Health Care Services
Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Bidder questions and agency answers regarding the Pre-Bid meeting and site visit information is provided on the following page.
2. Addresses and more details for the Pre-Bid meeting and site visit information is provided on the following pages.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Centurion of Kansas, LLC
SIGNED BY: ___________________________ Steven H. Wheeler
TITLE: Chief Executive Officer DATE: January 6, 2020
AMENDMENT
Request for Proposal

Amendment Date: November 27, 2019
Amendment Number: 3
Bid Event ID: EVT0006973
Closing Date: January 3, 2020, 2:00 PM CST
Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: http://admin.ks.gov/offices/procurement-and-contracts/

Item: Comprehensive Health Care Services
Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Bidder questions and agency answers are provided as a separate attachment titled EVT6973 Questions and Answers. Also provided as separate attachments: Appendix MH1, CMA Curriculum, KJCC License, and KOSA MOA.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Centurion of Kansas, LLC

SIGNED BY: ___________________________ Steven H. Wheeler

TITLE: Chief Executive Officer DATE: January 6, 2020
AMENDMENT
Request for Proposal

Amendment Date: December 4, 2019
Amendment Number: 4
Bid Event ID: EVT0006973
Closing Date: January 10, 2020, 2:00 PM CST

Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: http://admin.ks.gov/offices/procurement-and-contracts/

Item: Comprehensive Health Care Services
Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Bidder questions and agency answers are provided as a separate attachment titled EVT6973 Questions and Answers 2. Also provided as separate attachments: FY17 3-6 SITE TOTALS, FY17 7-9 SITE TOTALS, FY17 10-11 SITE TOTALS, FY17 12-2 SITE TOTALS, FY17 STATE TOTAL, FY18 3-4 SITE TOTALS, FY18 5-6 SITE TOTALS, FY18 7-9 SITE TOTALS, FY18 10-11 SITE TOTALS, FY18 12-2 SITE TOTALS, FY18 STATE TOTAL.
2. The closing date has been extended to Friday, January 10, 2020 at 2:00PM CST.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Centurion of Kansas, LLC

SIGNED BY: [Signature] Steven H. Wheeler

TITLE: Chief Executive Officer DATE: January 6, 2020
AMENDMENT
Request for Proposal

Amendment Date: December 5, 2019
Amendment Number: 5
Bid Event ID: EVT0006973
Closing Date: January 10, 2020, 2:00 PM CST

Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: http://admin.ks.gov/offices/procurement-and-contracts/

Item: Comprehensive Health Care Services
Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Provided as separate attachments: FY19 3-6 SITE TOTALS, FY19 7-11 SITE TOTALS, FY19 12-2 SITE TOTALS, FY19 STATE TOTAL.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Centurion of Kansas, LLC

SIGNED BY: ____________________________  Steven H. Wheeler

TITLE: Chief Executive Officer  DATE: January 6, 2020
AMENDMENT
Request for Proposal

Amendment Date: December 20, 2019
Amendment Number: 6
Bid Event ID: EVT0006973
Closing Date: January 10, 2020, 2:00 PM CST
Procurement Officer: Aubrey Waters
Telephone: 785-296-2401
Fax: 785-296-7240
E-Mail Address: aubrey.waters@ks.gov
Web Address: http://admin.ks.gov/offices/procurement-and-contracts/
Item: Comprehensive Health Care Services
Agency: Kansas Department of Corrections (KDOC)

Conditions:

1. Section 4.8.1.1 (b) is deleted in its entirety. KDOC is going to take over the LSI-R process in RDU. No change in staffing.

There are no other changes at this time.

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: Centurion of Kansas, LLC

SIGNED BY: Steven H. Wheeler
TITLE: Chief Executive Officer
DATE: January 6, 2020
Centurion looks forward to the opportunity to discuss our proposal, pricing, and service approach with the evaluation committee. In response to Section 1.18, Exceptions, rather than taking a firm exception to requirements in this solicitation, we offer our candid input as well as options for the Department’s consideration.

The following information is included for the purpose of the Department’s review and consideration, should we be fortunate enough to enter into contract negotiations for the services sought under this procurement. We recognize that firm exceptions in some jurisdictions may deem a bidder’s proposal non-responsive and result in rejection of the proposal. Therefore, we are offering the following items for the Department’s review and consideration before possibly being adopted into a formal contract on the following page.

**Proposed New Provisions to the Contractual Provision Attachment**

Section 14. **Change of Scope.** The Parties agree that should there be any change in (1) standards of care (including but not limited to a change in any material respect to any treatment protocol or modality or if any new medication or therapy is introduced to treat any illness, disease or condition or existing medication is approved to treat additional conditions), (2) scope of services, (3) patient base, (4) use of or mission change to existing KDOC facilities, (5) Court orders, (6) new or amended class actions, or (7) State or Federal laws, regulations or policy, any of which results in material costs to the Contractor that are not covered in this Agreement, then the Contractor will request that the KDOC increase its compensation in an amount equal to the actual, direct increased cost incurred by the Contractor. Any such adjustments shall be fully documented and attached to the Agreement in the form of amendments.

**Reason for Requested Modification:** As this is potentially a six-year contract that incorporates significant areas of financial risk, Centurion’s requested Change of Scope provision provides protections against unexpected, material costs that are outside the control of either Party.
Section 15. **Contractor Termination Rights.**

Section 15.1. **Termination for Cause.** Contractor may terminate performance of work under this contract for cause after providing the State of Kansas with no less than 30 days' written notice detailing the specific areas of breach of contract and providing the State an opportunity to cure.

Section 15.2 **Termination for Convenience.** Contractor may terminate performance of work under this contract for convenience after providing the State of Kansas with no less than 180 days' written notice. The termination shall be effective as of the date specified in the notice. The Contractor shall continue to perform any part of the work that may have not been terminated by the notice.

**Reason for Requested Modification.** As currently written, the RFP does not allow the contractor any termination rights, even for a material breach such as nonpayment. Centurion’s proposed termination rights are industry standard and allow the Parties sufficient time and notice to prepare in the very unlikely event of a contract termination.

**Requested Modifications to RFP Contractual Terms (changes are underlined and in red)**

Section 3.11. **Termination for Convenience.** The Director of Purchases may terminate performance of work under this contract in whole or in part whenever, for any reason, the Director of Purchases shall determine that the termination is in the best interest of the State of Kansas. In the event that the Director of Purchases elects to terminate this contract pursuant to this provision, it shall provide the Contractor written notice of at least 30 days prior to the termination date. The termination shall be effective as of the date specified in the notice. The Contractor shall continue to perform any part of the work that may have not been terminated by the notice.”

**Reason for Requested Modification:** As the contracted vendor, Centurion will have multiple legal obligations to its providers, employees, subcontractor and network provider groups to give sufficient notice of any termination of their services. Thirty days is an insufficient period of time for Centurion to meet its obligations. By way of example, the WARN Act requires Centurion to give its employees no less than 90 days’ notice of a layoff.
Section 3.26. **Proof of Insurance.** The vendor shall include in the proposal agreements to provide certificates of insurance indicating that the following listed insurance requirements:

1. Worker’s Compensation, as required by Kansas law.
2. **“Occurrence” Claims Made** professional liability insurance in the minimum amount of $1,000,000.00 per occurrence and $3,000,000.00 in aggregate.
3. Claims made insurance with an unlimited tail policy shall be considered if the “claims made” coverage has the same limits of coverage as required for “Occurrence” coverage.
4. Claims made insurance with a tail policy sufficient to cover any claim for the duration of the applicable statute of limitations with the same limits of coverage as required.
5. Comprehensive general liability covering premises and operations liability and personal injury, minimum $1,000,000.00 combined single limit occurrence.
6. Catastrophic illness insurance if inpatient services are required as part of the contractor’s bid.
7. Transplant insurance if inpatient services are required as part of the Contractor’s bid.

The Contractor shall be required to reimburse KDOC for payment of any professional liability insurance payments KDOC makes on behalf of State employees working for the Contractor.

**Reason for Requested Modification:** The type of professional liability insurance policies available in the correctional healthcare market are claims made rather than occurrence based. The requested modification specifies this type of policy and narrows the window for the tail coverage to apply to any claims made during the contract plus the timeframe prescribed by law for claims after the contract ends. The requested deletion of subsections 5 and 6 are due to the fact that this contract does not include these services.
Executive Summary

Centurion of Kansas, LLC (Centurion) is pleased to submit our proposal to the Kansas Department of Corrections (KDOC) in response to Request for Proposal (RFP) 0000024826 for comprehensive healthcare services. We do so with a keen understanding of the healthcare delivery system in Kansas, appreciation for the continued improvements the KDOC seeks in meeting the needs of its offender population, and confidence in our ability to serve as a strong and productive partner for the KDOC.

This year, the KDOC celebrates the 152nd anniversary of the opening of its oldest facility, the Kansas State Penitentiary, which opened its doors in 1868. Since then, the correction system in Kansas has expanded, evolved, improved, and committed itself to modern innovation. Today, this system is composed of nine facilities and three satellite locations housing 9,875 offenders. Over 3,549 security, administrative, healthcare, and education professionals support the needs of the incarcerated populations.

Centurion works with thousands of correctional employees across the nation. We understand the sacrifices they make daily to protect our communities, ensure our safety, and better the lives of the offenders they serve. We owe these employees our gratitude as well as our promise to support them in doing their jobs. It is with this deep sense of appreciation and commitment that we dedicate this proposal to these unsung heroes.

The KDOC is in a unique position.

For the past few years, overcrowding and staffing shortages have impacted the Department’s ability to provide services within the standards to which it has long espoused. The chronic needs of offenders with behavioral health and substance use problems and those requiring treatment for Hepatitis C, among others, continue to increase the cost of offender healthcare services. Reported challenges in service delivery from the KDOC’s
healthcare contractor appear to be linked to more than 22 federal lawsuits and adverse outcomes.

Despite these challenges, the KDOC, in its capacity, has made changes that allowed for improvements in offender care. By temporarily moving hundreds of offenders to facilities in Arizona and implementing pay increases for parole and corrections officers and corrections counselors, the KDOC has begun to address overcrowding and staff turnover. The comprehensive juvenile justice reforms adopted in 2016 have decreased the total juvenile out-of-home population by 34%. Implementation of a new Transition Team and the Mentoring4Success program have increased reentry success and reduced recidivism. The KDOC has seen a reduction of 37% in the use of restrictive housing by implementing alternative discipline and security measures.

The Department’s partnership with the University of Kansas Medical Center and Office of Health Care Compliance (OHCC) has set a high standard for all correctional healthcare through transparent peer review and process and outcome measurement. The KDOC has achieved better mental health treatment results since consolidating mental health services at El Dorado Correctional Facility (EDCF) and used a grant awarded to the Department in 2017 by the National Governor’s Association to develop strategies for addressing opioid use in its facilities. The substantial investment in updating medical equipment and building new facilities and/or health services areas at Lansing and Hutchinson Correctional Facilities are impressive, as is the Department’s commitment to treat all eligible Hepatitis C patients. Finally, through this RFP, the Department has begun the process of restoring trust and integrity in its correctional healthcare service delivery system.

With this procurement, the KDOC not only has the ability to provide its offenders with higher quality, more responsive, and fully integrated healthcare services, it can also continue moving its correctional healthcare delivery system into the next generation, making Kansas and the KDOC program a national model of excellence in healthcare delivery. To do so, the KDOC needs an organization that can consistently provide high-quality healthcare services, including meeting the needs of those with behavioral health problems.

The Department needs a correctional healthcare company that can evolve in lockstep with the Department. The KDOC needs a partner who uses innovation to address service delivery challenges and can support reentry efforts, while also addressing the program’s
longstanding staffing problems. Most importantly, the organization must serve as a transparent and committed partner to the KDOC.

**Move forward with Centurion!**

As the KDOC’s partner, our job will be to fully staff the healthcare program and provide innovative solutions to ensure the quality and sufficiency of healthcare services. We will be transparent, flexible, and unwavering in our commitment to always provide the right care at the right time by the right provider. Our solutions will be practical, based on best-practices in the field of correctional healthcare and informed by the KDOC’s goals and objectives. We will be innovative, forward-thinking, and focused on moving the KDOC healthcare services into the next generation of quality and efficiency. We will readily and openly provide our expertise but will also listen carefully and learn from the KDOC’s experience to give every offender the opportunity to be healthy and well. We will collaborate closely, consistently, and effectively with the OHCC, aligning our goals with those of the OHCC and KDOC.
We view the RFP as a Request for *Performance* and are prepared to demonstrate to the KDOC that we are the partner best able to meet the Department’s expectations for exceptional performance in 2020 and the years to come.
Centurion – A Proven Partner in Correctional Healthcare

Centurion currently serves 11 state departments of corrections, more than any other company. We are the contractor-of-choice for state correctional agencies.

Formed in 2011, Centurion brought together the competencies of two of the oldest and most respected companies in correctional healthcare and Medicaid managed care, MHM Services, Inc. and Centene Corporation. We have created a model of correctional healthcare that combines managed care components developed and matured in large state Medicaid programs into the coordination and management of care for offender populations. Today, we provide correctional healthcare services to over 300,000 offenders in over 300 facilities. In addition to our 11 state correctional clients, we serve seven jail systems and provide other community based services in a total of 16 states. We provide more information about our experience in our response to RFP Sections 2.4, Bidder Information, and 2.5, Qualifications.

Centurion currently provides all the services required in the RFP to our other state clients. Our highly trained and experienced leadership team will ensure services are provided in a timely manner, using modern, evidence-based practices that ensure compliance with recognized standards of care. We have the recruiting, clinical, operational, and technical infrastructure to fully staff the healthcare program and support the service delivery process while continuously evaluating and, in collaboration with the KDOC, enhancing the system of care. We incorporate continuous quality improvement (CQI) into every component of our service delivery process and require that all clinical staff actively participate in our CQI activities. As the financially strongest company in correctional healthcare, we have the resources to invest in the success of the program at the outset to ensure we are fully staffed, have all the necessary supplies and equipment, and the depth of resources and management support to successfully transition the program and to successfully operate on day one, and for the years to come.

An important distinction for the KDOC is our being a subsidiary of Centene Corporation, which has a strong presence and network of providers in Kansas through its Sunflower Health Plan, which serves thousands of Kansas citizens in the state’s Medicaid program. With close to 97% of the KDOC’s offenders eventually returning to the community, timely access to community healthcare services and providers is integral to the offender’s continued well-being and recidivism. Through our corporate affiliation with Sunflower Health Plan, we will utilize our detailed knowledge of the Kansas healthcare system to strengthen the overall healthcare delivery system for the KDOC while helping offenders bridge the gap between correctional and non-correctional healthcare services upon release. In this manner, we will ensure that offenders have access to the right provider and services both while incarcerated and following reentry. This is a differentiator that no other correctional healthcare company can offer the KDOC. The added-value of our corporate partner will elevate the KDOC’s status in the broader healthcare community.
Centurion believes that correctional healthcare is an integral component of the overall public health system. We know from our experience that medical and mental health services received while incarcerated can have a transformational impact on the lives of offenders who have often received little or no healthcare services prior to incarceration. We recognize and embrace our ability to improve the chances of success of offenders after release and the impact we can have on their employability, family relationships, financial stability, and, ultimately, recidivism. We incorporate social determinants of health into our interventions and infuse public health approaches to disease prevention, health education, and health promotion into the service delivery process.

Centurion's healthcare services for the KDOC builds on one of Centurion's core competencies, the delivery of fully integrated healthcare services, especially for patients with co-occurring mental health and medical disorders. Our integrated program includes the use of interdisciplinary team meetings, written healthcare plans, training and education, a strong pharmacy management component, and community partnerships.

Our services are gender-responsive, trauma-informed, and evidence- and quality-based. We utilize early detection, proactive management of co-occurring disorders, and intra- and inter-agency partnerships to ensure that offenders have access to appropriate and timely healthcare services. Our tested and proven processes, clinical
and disease management guidelines, and manuals comply with or exceed NCCHC and ACA standards and ensure the delivery of appropriate and medically necessary care at all times. Because of our affiliation with Centene, we incorporate systems of managed care developed and perfected in large Medicaid programs, systems and resources only available in corrections through Centurion.

Our pharmacy management program includes medication management, data analysis, reporting, extensive provider training and face-to-face consultations, and understanding and utilizing generic drugs, as appropriate. We have stringent standards for quality, pharmacy operations, and medication management, to which all our staff and our pharmacy subcontractor, Clinical Solutions Pharmacy, adhere. We are proud that over the last 11 years, we have generated over 40% ($244 million) savings and cost avoidance from initially forecasted medication cost trends ($631 million) for our client agencies through formulary management, appropriate monitoring and utilization of generic medications, and reductions in polypharmacy. We do not own a pharmacy and thus have no financial incentive to drive up our pharmacy utilization to generate revenue and profit from medications.

Centurion has developed expertise in managing the needs of geriatric patients, including addressing cognitive and physical deficiencies and end-of-life issues. We will actively support the KDOC’s efforts in establishing a unit or facility to address the unique needs of this population, as recently approved by the Kansas Legislature.

We appreciate the Department’s intensified focus on detection and treatment of Hepatitis C (HCV) within the offender population. Unlike many state correctional systems, the KDOC is free from class action litigation alleging unconstitutional and inadequate HCV treatment. Centurion is committed to meeting KDOC goals for providing direct acting antiviral treatment to priority level 1 and 2 patients, followed by priority level 3 patients. We recognize that approximately 600 HCV patients will need treatment in fiscal year 2021, followed by an estimated 500 HCV patients each year thereafter. Centurion has developed extensive infrastructure and expertise in delivering cost-effective and clinically effective HCV treatment.

We are also prepared to partner with the KDOC to identify a 340B medication program, supported through telehealth, for patients with specialty care needs. Centurion is excited to have identified a potential 340B partner in Ellsworth County Medical Center. Located just a mile from Ellsworth Correctional Facility and a member of our Sunflower Health Plan, Ellsworth County Medical Center has provided a letter of intent, included in our proposal within Attachment C, Supplier Letters of Intent, demonstrating their commitment to working with Centurion to implement a statewide 340B program for KDOC patients. As described in our proposal, we have successfully continued or implemented 340B medication programs in three of our correctional
healthcare programs, allowing our client agencies to enjoy discounted medication prices. We are confident we can be successful in pursuing a 340B partnership for the KDOC, if desired.

Centurion appreciates the critical nature of the electronic health record (EHR), which serves as a foundation for the provision, recording, and reporting of correctional healthcare throughout the KDOC system. We are fully prepared to meet KDOC requirements for the EHR and associated technology and infrastructure. After careful consideration of alternatives, we are proposing to maintain NextGen in place with enhancements and support through Medicalistics, LLC. We have worked successfully with NextGen and Medicalistics in the past. Centurion’s investment in our Information Technology, EHR, and Analytics and Informatics departments are unmatched in the industry. We are confident that we can collaborate with Medicalistics and the KDOC to improve functionality, optimize reporting capabilities, and meet or exceed expectations for the EHR.

**Integrated Behavioral Health Services**

Centurion applauds programs such as the Behavioral Management Program at EDCF, Mentoring4Success program, and Transition Teams, that the KDOC has implemented over the past few years to address the needs of patients with mental health and/or substance use disorders. These programs have helped reduce the rates of recidivism within the KDOC facilities and following offender release. We realize that for months, some of the 20% of the KDOC offenders who are taking psychotropic medications have not had access to a psychiatrist and that the KDOC is currently coping with the resultant behavioral health issues. As the KDOC’s partner, our job will be to mitigate existing access issues, improve the behavioral health service delivery model, and support the KDOC’s current programs for offenders with mental health and substance use disorders.

Centurion has over 22 years of experience recruiting behavioral health staff and providing behavioral health services for large state correctional agencies. We bring this experience to addressing the needs of the nearly 39% of the KDOC offenders diagnosed with a mental illness.

To address the unique needs of offenders with mental illness, Centurion proposes a primary care clinician (PCC) model, whereby a PCC coordinates the needs of an offender with behavioral health issues, ensuring the delivery of integrated services. The PCCs and other clinical staff utilize sound Mental Health Clinical Guidelines to deliver cognitive-behavioral, solution-focused interventions to offenders. We complement these efforts with our successful telepsychiatry program, which ensures timely services for patients and access to qualified providers and specialists. Our programs have experienced a 20-30% increase in productivity with telepsychiatry providers and allowed us to successfully address the shortage of psychiatrists in our programs.
Our effective, evidence-based, patient-centered **behavior management interventions** address offender self-harm. Our program has proven to reduce the frequency of self-injury by 55% and offsite hospital trips by 78% while simultaneously improving quality of life and functioning for self-injurious offenders. Our suicide prevention program addresses the self-injurious potential of offenders before they become an actual crisis. Relying on our infrastructure and expertise, Centurion took a leadership role in the joint NCCHC and American Foundation for Suicide Prevention taskforce, *Suicide Prevention Task Force*, and in developing the October 2019 NCCHC-AFSP *Suicide Prevention Resource Guide: National Response Plan for Suicide Prevention in Corrections*.

We appreciate the critical importance of early detection and proactive management of mental health disorders and acute intoxication and withdrawal syndromes, often mistaken for mental illness. Centurion has created processes that ensure clinicians assess for substance use problems and address dual and triple diagnoses among jail and prison offenders. Under the direction of Rosalind Townsend, Ed.D, CAP, Centurion’s *Addiction Treatment Coordinator*, we have developed clinical guidelines and chronic care management programs that combine medical and mental health/substance use disorder evidence-based practices. In collaboration with the KDOC, we are ready to utilize **Medication-Assisted Treatment (MAT)** to support offenders, not limited to pregnant female offenders, to address opioid and alcohol addiction. In addition, we look forward to supporting KDOC as it renovates units or facilities to address the specific needs of patients with substance use disorders, as recently approved by the Kansas Legislature.

**Focus on Innovation**

Centurion believes that a key component of improving any correctional healthcare program is implementing innovative solutions that address longstanding problems. We identify, collaborate on, and invest in new technologies and services that enhance access to care and service delivery. As mentioned above, we also have access to, and utilize, the vast innovative managed care systems and resources of our parent company. These managed care systems are in place in Kansas in Sunflower Health Plan, and we will introduce Sunflower’s leadership and systems to the KDOC. We look forward to learning from and building on the innovative solutions that the KDOC has developed and implemented to address offender needs, both within its facilities and upon release.

Our Analytics and Informatics department provides program-specific, and tailored data reporting solutions that enable our clients and program staff to receive real-time, meaningful data. They utilize customized dashboard reporting to provide a dynamic view of specific quality and performance metrics and work closely with our clients to utilize existing data, such as those in EHR systems, to enhance reporting, analyze trends, and improve patient care. As an example, for one client, Enhanced Data Reporting identified approximately $3.5 million in savings opportunities.

Our telehealth services allow us to increase access and decrease cost of care. In addition to the use of telehealth for psychiatry services, our telehealth technology provides offenders with access to 150
specialty care clinics as well as 5,854 specialty providers. Across our programs, we currently provide over 8,000 telehealth appointments each month.

Krames, UpToDate, and RubiconMD are among the other innovative solutions that we have incorporated into our program for the KDOC. These resources increase our staff’s ability to provide appropriate care by giving them access to updated health care information. Additionally, we have the capability to offer Vant4gePoint, an integrated technology platform that enhances rehabilitation and reentry processes through digital programming to reduce recidivism. If authorized by the KDOC, this technology will build on the Department’s use of electronic tablets and assist the Department in moving the healthcare system to digital solutions in service delivery, risk assessment and management, and reporting.

Through our partnership with Vant4ge, we are able offer Persevere, a non-profit organization that trains offenders in computer coding and job readiness skills. This program has shown solid results in our Tennessee program, where it enjoys a 97% attendance rate, an 86% persistence rate, and a 95% on-target rate for students.

Our program for predictive modeling and care management, ImpactPro, helps care management teams utilize clinical, risk, and administrative offender profile information to target health services to those patients who will benefit most.

We are pleased to offer our award-winning Health, Empowerment, and Resources (H.E.R.) Program, which includes a trilogy of books aimed at pregnant women and their children. Our Envolve™ Focus on Wellness program offers disease and lifestyle management services for patients with complex and/or difficult-to-manage chronic care conditions and includes an opportunity to introduce a Healthy Behaviors Incentive program.

**Supporting Successful Reentry…and ‘pre-Entry’**

Correctional health is public health. The services that we offer offenders while incarcerated has a ripple effect. It reverberates and impacts them, their families, and their communities following their release. We believe that our moral responsibility to an offender does not end with their release. We also believe we have an opportunity, if not a responsibility, to make an impact in the community to prevent incarceration and promote crimefree lifestyles in other social programs. Our affiliation with Sunflower Health Plan affords us, and the KDOC, an incredible opportunity to collaborate on programming within the Medicaid program to impact the social determinants of not only health, but also incarceration. We call this our “pre-entry” initiative.
We invest in the communities in which we work to prevent and divert incarceration. For example, Centurion and Centene work closely with the Association of Clinicians for the Underserved and the Pro Football Hall of Fame to support their **Strong Youth/Strong Communities** initiative, launched in 2015 in partnership with Pro Football Hall of Famer, Darrell Green. The program offers insights into the dangers of drug and alcohol use and assists youth and youth-serving organizations with tools they need to develop themselves and their communities.

Since our designation as a partner, we have participated in **27 youth summits, addressing 7,000 summit attendees and 125,000 live stream viewers**. This program supports the goals of the State’s 2016 Juvenile Justice Reform, which aims to decrease the incidence of juvenile offenses, out-of-home placements, and recidivism.

We strive to ensure that every offender has access to services that will decrease chances of re-offense and enable them to remain within their home and community settings. We look forward to working with the KDOC and OHCC to build on the Department’s unique reentry programs, such as **Aggression Replacement Training, Thinking for Change**, release plans and specialized discharge planning for offenders with mental health issues, and specialized programs for juvenile offenders. We applaud the KDOC’s implementation of these programs over the past few years. We congratulate the KDOC on the results of these efforts and look forward to contributing to the successful reentry of many more offenders.

Our reentry programs are both reactive and proactive. For patients who are re-entering the community following incarceration, our reentry supports include:

- Linking offenders to their future community providers through telehealth contacts prior to release.
- Using the powerful resources and relationships of our affiliate health plan, Sunflower Health Plan, to increase the resources available to inmates in the community.
- Providing offenders with information on how to use community resources and entitlement programs such as the Partnership for Prescription Assistance
- Using our **Nurse Advice Line** to provide telephone medical triage and health information services to recently discharged patients. The program supports ex-offenders during the first weeks following release, when they are at their most vulnerable and working to reintegrate into the community.
- Utilizing **Vant4ge**’s non-profit onsite offender training, job readiness, and post-release employment program, **Persevere**. This offering is unique to Centurion.
Community Engagement Program

Centurion recognizes that KDOC’s correctional facilities do not operate in a vacuum, but are a key component to communities throughout the state. Each day, thousands of Kansas citizens go to work in the state’s correctional facilities, giving their time and talent to protect the safety of the community and better the lives of the offenders they serve.

Centurion is a strong advocate for corrections professionals at all levels of service, from clerical staff, security staff, administrative staff, and of course, our own healthcare staff. People who work in corrections are unsung heroes and deserve the respect and gratitude more commonly given to military, police, and so-called “first responders” in fire and rescue. These are all noble professions that provide a value to the community, but corrections professionals are often overlooked in the public’s applause for law enforcement professionals and military service members. And commonly, the media gives only negative treatment of corrections in the news, which lowers staff morale and makes it even more difficult to attract and recruit security and healthcare staff to work in corrections.

We also bear in mind the recent challenges that the KDOC has faced with its own security staff turnover. We have a vested interest in assisting the KDOC with its efforts to attract, recruit, and retain security personnel. Centurion seeks to change negative perceptions of corrections in the public eye by engaging with our client agencies and stakeholders in the community and in political positions of leadership to promote the valiant work of corrections professionals. We have specific resources dedicated to communications and would look forward to working with the KDOC’s communications team on a “salute to service” campaign throughout the life of the contract. Katy Stofko, APMP, leads our company communications efforts and works with our client agencies on efforts to shine a more positive light on the role of corrections professionals and the value of corrections to the safety, security, and health of the community. Should the KDOC so permit, we would like to “join forces” with the KDOC to lend our resources, flexibility, and creativity towards an ongoing campaign to elevate the general public’s perception of corrections and those who serve in correctional settings. Together, we can draw needed attention to the social value of the services provided by correctional professionals and help attract service-minded individuals to these valuable occupations. We would be honored to partner with the KDOC on this effort.

Minimizing Staff Vacancies and Turnover

Healthcare staff shortages are becoming more of a reality across the country. In Kansas, retirement and a reduction in training programs has resulted in 100 Kansas counties being designated as mental health professional shortage areas. Shortages exist for psychiatric providers, psychologists, and mental health counselors. The US Health Resources and Service Administration predicts that Kansas will have a deficit of 5,900 registered nurses by 2020. Due to the aging of the population, Kansas will also require 13% of registered nurses.

1 Kansas Nurse Workforce Shortage, National League of Nursing. 2018
more primary care physicians to adequately meet demand for healthcare services\(^2\). These are challenges that will impact all parts of society, including offenders. As the KDOC has experienced with the inadequacy of its current psychiatric services, workforce issues can have patient outcome, offender satisfaction, legal, and cost implications.

Transitioning, hiring, and retaining over 500 employees is not an easy task. It requires the services of an organization with longstanding experience, an expansive network of candidates, innovative recruiting and retention solutions, support from a multitude of employees, and national presence. An organization without the right number of recruiting and human resources staff, without the national reach, and without the appropriate technology will not be able to address the KDOC’s current and future healthcare staffing needs. We caution the evaluation committee to be wary of unsubstantiated claims of recruiting and staffing success by companies responding to this procurement.

Centurion has the recruiting personnel, resources, and systems **already in place** to successfully transition the KDOC contract and make immediate improvements to stabilize the staffing of the healthcare program. As attested to by our clients, Centurion has the strongest recruiting department in the country, composed of 30 full-time recruiters plus 25 support staff in our human resources department. We staff over 8,000 positions on a daily basis across our various contracts. We have transitioned four other states from the KDOC’s current contractor and in all cases made significant improvements to the fill rates, turnover rates, and employee morale in the first few months of the contract.

We invest heavily in recruiting and human resources management systems to ensure full staffing of our programs with high-quality healthcare professionals. We routinely hire and consolidate staff employed by incumbent contractors into our programs and offer them extensive initial and ongoing training to make sure they seamlessly transition to and provide high-quality services to the offenders under our care. We utilize unique, carefully tailored staffing models to enhance service delivery and provide better access to care for offenders. We use innovative solutions such as academic recruiting, internships, and a relational approach to promote correctional healthcare as a reputable career path an attract professionals who previously would never consider working in a correctional setting. It is not without reason that time and time again, clients have relied on Centurion to resolve and address staffing-related service delivery inadequacies.

**Partnership Built on Transparency and Collaboration**

In the Kansas Creed, Charles Moreau Harger, wrote “...*We believe in Kansas institutions; in the Kansas language and in Kansas ideals; in her cleanliness of society, and in her demands that*...”

\(^2\) Robert Graham Center. Kansas: Projecting Primary Care Physician Workforce. 2018
Centurion believes that as the KDOC’s partner, it is our responsibility to honor and demonstrate this creed. Given the recent issues that the KDOC has faced with the delivery of healthcare services for its offenders and the investment that the Department continues to make in improving offender health and reducing recidivism, we are confident that we are the right partner to support the KDOC during this stressful, yet exciting time, and for the years to come.

Our reasons are simple. We are a strong proponent of open communication, continuous collaboration, mutual respect, and transparency in our client relationships. We have the technological, operational, clinical, and human resources infrastructure to manage every component of the service delivery process. We are financially the strongest correctional healthcare organization in the country, unencumbered by debt, organizational turnover, or investments by private equity firms or hedge funds. Our Clinical Operations department, composed of many leaders in the correctional healthcare field, work side-by-side with our local teams and clients to make sure that we meet or exceed client expectations, NCCHC and ACA accreditation standards, and continuously enhance the service delivery model.

Centurion is a strong proponent of local accountability and we will empower our local team to make the decisions that will ultimately impact the delivery of services. Though we provide extensive corporate support, our local leadership serves as the ultimate point of decision-making in our programs. Our program managers understand the client’s needs and objectives, determine what is best for their client, and maintain open and accurate communication with them.

We will organize the KDOC program under the leadership of Dmeter Dragovich, MBA, Regional Vice President of Operations. He will work closely with our local team to ensure the appropriate allocation of personnel and resources. This local leadership will respond to the KDOC needs and requests expeditiously, offer data and information on program performance, and continuously focus on program improvements. They will be transparent, flexible, ethical, and forward thinking in managing the program and their collaborations with the KDOC.

"...We believe in Kansas institutions; in the Kansas language and in Kansas ideals; in her cleanliness of society, and in her demands that honor, sobriety, and respect be maintained in public and private life; in her marvelous productiveness, and in her wondrous future."

- Kansas Creed, Charles Moreau Harger
We will enter the KDOC partnership with the goal of providing high-quality services to offenders while enhancing the service delivery system. We will focus on demonstrating our ability to meet each aspect of the KDOC’s initial request for performance and any other needs identified throughout the contract. Our relationship with the KDOC will be the essential building block to implementing a successful healthcare correctional program and will create and maintain a mutually respectful and productive relationship. If we are fortunate enough to be selected as the Department’s partner, we are confident that together we will meet the KDOC’s goals for years to come.
January 10, 2020

Aubrey Waters
Kansas Department of Corrections
900 SW Jackson, Suite 451 South
Topeka, KS 66612-1286

Re: Bid Event Number: EVT0006973

Dear Ms. Waters and members of the proposal evaluation committee:

Centurion of Kansas, LLC (Centurion) is pleased to submit the attached proposal to the Kansas Department of Administration and Kansas Department of Corrections (KDOC) in response to the above referenced RFP for comprehensive healthcare services at KDOC facilities. We look forward to partnering with the KDOC to provide the full spectrum of high-quality healthcare services for its offender population.

Required Attestations
In compliance with the requirements set forth in RFP Section 2.3, Transmittal Letter, we provide the following attestations:

(a) Centurion is the prime contractor and will not be subcontracting any of the services noted in the RFP.

(b) Centurion of Kansas, LLC is a corporation.

(c) Centurion has not and will not make any attempts to induce any other person or firm to submit or not submit a proposal.

(d) Centurion does not discriminate in employment practices with regard to race, color, religion, age (except provided by law), sex, marital status, political affiliation, national origin, or disability.

(e) Centurion has not included any cost or pricing information in the transmittal letter or Technical Proposal.

(f) Centurion presently has no interest, direct or indirect, which would conflict with the performance of services under this contract and shall not employ, in the performance of this contract, any person having a conflict.
(g) The person signing the proposal, Steven H. Wheeler, Chief Executive Officer of Centurion, is authorized to make decisions as to pricing quoted and has not participated, and will not participate, in any action contrary to the above statements.

(h) Centurion is and will be associated with Centurion, LLC and Centene Corporation, either formally or informally, in supplying services or furnishing supplies or equipment that would relate to the performance of this contract. As such, as attachments to this transmittal letter, we have submitted written certifications from Centurion and Centene granting the State and/or the federal government the right to examine any directly pertinent books, documents, papers and records involving such transactions related to the contract.

(i) Centurion agrees that any lost or reduced federal matching money resulting from unacceptable performance in Centurion’s task or responsibility as defined in the RFP, contract, or modification will be accompanied by reductions in state payments to Centurion.

(j) Centurion has not been retained, nor have we retained a person to solicit or secure a state contract on an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies maintained by the bidder for the purpose of securing business. We understand and agree that, for the breach of this provision, the Committee has the right to reject the proposal, terminate the contract for cause, and/or deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee or other benefit.

Centurion – KDOC deserves a strong, stable, experienced healthcare partner

Centurion commends the KDOC for its focus on providing high-quality, responsive, and evidence-based services to the offenders under its care. We applaud the KDOC’s desire to use innovative solutions in addressing longstanding correctional healthcare challenges, emphasis on the delivery of integrated services, and steadfast commitment to giving offenders re-entering their communities every chance to remain out of the criminal justice system.

KDOC is weathering the service delivery and legal storms related to the healthcare service delivery in KDOC facilities and, through this RFP, is seeking to take the important and necessary step of advancing the state into the next generation of correctional healthcare. To achieve this goal, the KDOC will benefit from partnering with an organization that has the experience, infrastructure, financial strength, leadership stability, and capability to implement and manage a consolidated model of care. Centurion is that organization. Centurion is the leading national provider of healthcare services to state correctional agencies, and now serves 11 state correctional systems, more than any other company.
By selecting Centurion, the KDOC will achieve:

- Seamless transition to a strong, stable organization known for the delivery of best-in-class correctional healthcare services
- Significantly improved staffing and fill rates with lower turnover
- Stronger, more stable, corporate leadership and program support
- NCCHC and ACA-compliant healthcare services that meet federal, state, and local regulations
- Access to the industry’s most innovative, real managed care model
- A correctional healthcare program integrated with the broader spectrum of public health
- Effective use and management of electronic medical record system
- Improved integrity of health metrics, transparency, and consistency in data, resulting in a stronger ability to manage by data
- Better, evidence-based, and responsive mental health and substance use services
- An integrated approach to providing healthcare services, especially for those with co-occurring disorders, women, youth, and offenders with special needs
- Use of innovative solutions and resources to support the service delivery process
- Improved pharmacy management resulted in significant cost savings
- Relentless focus on continuous quality improvement
- Stronger, more effective reentry services

Most importantly, the KDOC will benefit from partnering with an organization that believes in transparency, integrity, communication, and exceptional performance.

We are proud of our reputation as the employer of choice in correctional healthcare. The current healthcare employees who work in the KDOC’s facilities will report higher levels of job satisfaction after transitioning to employment with Centurion. This occurs because of the high level of clinical and operational support we provide to staff, as well as access to the training, tools, and resources they need to succeed.

The truth in our capabilities is not only set forth in our proposal, but also in what our clients say about us. We encourage the evaluation committee to take the time to speak with any of our clients regarding our ability to meet and exceed their expectations. We also strongly encourage the evaluation committee take advantage of the opportunity to hold live dialogue with us during the evaluation process regarding the merits of our technical and price proposals.
Thank you for the opportunity to submit our proposal for your consideration. Please do not hesitate to contact me if we can provide you with any additional information. You can reach me via phone at (703) 749-4600 or email at SWheeler@TeamCenturion.com.

Sincerely,

Steven H. Wheeler
Chief Executive Officer
Phone: (703) 749-4600
Fax: (703) 749-1630
Email: SWheeler@TeamCenturion.com
CERTIFICATION AND AUTHORIZATION
ATTESTATION

The undersigned, Centene Corporation (Centene), being the parent company of Centurion of Kansas, LLC (Centurion), hereby attests as follows on behalf of itself and its affiliates and subsidiaries.

In the event that Centurion of Kansas, LLC is awarded the contract for Comprehensive Healthcare Services by the Kansas Department of Corrections (KDOC), Centene hereby grants the State and/or the federal government the right to examine any directly pertinent books, documents, papers and records involving such transactions related to the contract.

Date:   November 25, 2019

CENTENE CORPORATION

By:

Signature

Secretary

Title

Keith Williamson

Printed Name
CERTIFICATION AND AUTHORIZATION
ATTESTATION

The undersigned, Centurion, LLC, hereby attests that in the event that Centurion of Kansas, LLC is awarded the contract for Comprehensive Healthcare Services by the Kansas Department of Corrections (KDOC), Centurion, LLC hereby grants the State and/or the federal government the right to examine any directly pertinent books, documents, papers and records involving such transactions related to the contract. Centurion, LLC utilizes MHM’s staffing entity, MHM Health Professionals, LLC. (MHMHP) to directly employ the staff working under all contracts. As the signatory for MHMHP, this letter also hereby attests that in the event that Centurion of Kansas, LLC is awarded the contract for Comprehensive Healthcare Services by the Kansas Department of Corrections (KDOC), MHMHP hereby grants the State and/or the federal government the right to examine any directly pertinent books, documents, papers and records involving such transactions related to the contract.

Date: January 6, 2020

CENTURION, LLC

By:

[Signature]

Chief Executive Officer

Title

Steven H. Wheeler

Printed Name
Bidder Information

2.4. Bidder Information

The bidder must include a narrative of the bidder's corporation and each subcontractor if any. The narrative shall include the following:

(a) date established;

(b) ownership (public, partnership, subsidiary, etc.);

(c) number of personnel, full and part time, assigned to this project by function and job title; include resumes of personnel assigned to the project stating their education and work experience.

(d) resources assigned to this project and the extent they are dedicated to other matters;

(e) Provide a detailed organizational chart identifying the organizational structure to include relationships to corporate offices. If any subcontractors are proposed, provide information on each subcontractor.

(f) Provide audited financial statements for the last two (2) years. Financial statements shall be prepared and audited by an independent, licensed CPA according to Generally Accepted Accounting Principles (GAAP) and shall include a balance sheet, income statement, cash flow statements, and accompanying accountant's notes. If the vendor proposes to utilize subcontractors and/or a wholly owned subsidiary, the financials shall be submitted for those organizations separately. The State shall have the right to request additional financial data in order to obtain information deemed necessary.

(g) Description of all legal action, pending, or in the past five (5) years, that resulted in decision against the vendor, or any legal action against any other company that has occurred as a result of business association with the vendor.

Centurion has read, understands, and will comply with the requirements and specifications in Section 2.4, Bidder Information, identified herein.

Date Established

Centurion was founded in 2011 as a joint venture between two of the oldest and most respected companies in correctional healthcare and Medicaid managed care, respectively: MHM Services, Inc. (founded 1981) and Centene Corporation (founded 1984) with the sole purpose of incorporating modern managed care services and innovative care coordination systems into a correctional healthcare system.
Ownership

Centurion of Kansas, LLC, the bidding entity for the KDOC program, is a wholly-owned subsidiary of Centurion, LLC. Centurion is a wholly-owned subsidiary of Centene Corporation, a Fortune 100 Medicaid managed care company. The company’s experience in serving state correctional agencies dates back to 1997 when MHM began serving the Tennessee and Georgia departments of corrections.

Personnel Assigned to the KDOC Contract

Centurion has over 8,000 employees working in 16 states coast to coast. For the KDOC program, our proposed staffing plan will assign over 500 full-time equivalent personnel to the KDOC program in addition to the regional and corporate support personnel that assist all of our contracts in the areas of recruiting, clinical operations, human resources, pharmacy management, IT, marketing, and legal.

All staff will meet required educational and licensure requirements set forth by the State of Kansas, the KDOC, and Centurion. They will comply with federal, state, local, and KDOC requirements and provide services in compliance with standards set by the National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA).

Experienced and Dedicated Local Leadership Team

Centurion encourages local accountability. As such, we empower our local teams to make decisions regarding their respective programs without unnecessary corporate micromanagement and layers of time-consuming bureaucracy. In this manner, the individuals most familiar with the program’s needs are able to make decisions in a timely and effective manner. Our local teams have access to Centurion’s vast corporate technology, operational, clinical, and other resources in managing each program.

As we have done for all of our other programs, we will recruit and hire key personnel for the KDOC program who have experience and expertise in providing and managing correctional healthcare services and who are committed to making sure offenders have access to needed healthcare services. We will hold this team accountable for the delivery of quality healthcare services, ensuring compliance with NCCHC and ACA standards, and maintaining strong working relationships with our clients. We will provide them with corporate resources.
that will enhance their ability to meet their job responsibilities, continuously augment the services delivered to offenders, and serve as a strong and innovative partner to the KDOC.

We will build the Kansas local team under the direction of **Dmeter Dragovich, MBA**, Regional Vice President of Operations. Mr. Dragovich will lead a team that will interview current staff for any open positions. We will offer employment opportunities to those incumbent staff who wish to remain serving the KDOC contract and whose credentials and prior experience meet ours and the Department’s requirements. We respect the position of the incumbent organization and have not reached out to incumbent leadership staff during this solicitation and will not do so until we receive authorization from the KDOC following contract award. It is customary in our experience to transition those incumbent leaders who are in good standing with the state and wish to remain in their positions. We also initiate recruitment activities to generate eligible, qualified candidates for key leadership positions as well as promote leadership opportunities among our ranks of current employees who may wish to transfer to a new program.

In preparation for program award, we have begun the process of identifying potential key personnel. Out of professional consideration, many of the individuals whom we may select for these positions are not comfortable proactively publicizing their names in proposals. In addition, we realize that there likely are leadership staff whom KDOC would wish to retain. We notice many companies, when responding to RFPs, present the names of “placeholder” staff simply to satisfy the requirements of the RFP, though with no intention of actually permanently placing those named staff in the geographic location of the contract. Often, companies change these individuals prior to or shortly after implementation, or never allocate them to the contract. Centurion does not engage in such deceptive practices.

We have served state correctional agencies since 1997 and develop strong leaders to operate contracts at a local level. These are important key leadership positions, and as such, we take the time and make the investment to ensure we have the right leaders in place, rather than simply place the first eligible candidate that comes along.

For proposals for new contracts, such as this KDOC proposal, we believe it is best to demonstrate to the evaluation committee the type of leadership professionals we are capable of attracting, recognizing the likelihood that we will inherit leadership vacancies upon contract transition. We will present candidates for leadership positions to the KDOC for review and discussion prior to making formal/final hiring decisions.
Our financial strength and depth of experienced leadership allows us to ensure a smooth transition of the contract by allocating company leadership to be present in Kansas and in the facilities during the early weeks of the contract. We are able to sustain operations and begin making program improvements immediately using our experienced transition team leaders, even while we recruit and consider candidates for permanent leadership positions.

Below, we demonstrate to the KDOC the caliber of staff that we routinely utilize for our local leadership positions while affording both Centurion and the KDOC the flexibility to identify, recruit, and hire individuals who are the best fit for and meet KDOC expectations.

Upon notice of award of the contract, we will activate our leadership team to ensure we have more than sufficient management resources on the ground in Kansas to ensure a smooth contract transition with no lapses in care to inmates. To fill any leadership voids that are present or occur at transition, we will place corporate and regional staff in Kansas to support program operations until permanent, leadership positions are filled with locally based personnel.

For the KDOC program, we will hire key leadership staff who present with similar qualifications and competencies as the professionals noted below.

**Regional Vice President – Samantha Phillips, MPS.** Samantha Phillips, MS is the Vice President of Operations for Centurion of Tennessee. Ms. Phillips encompasses the qualifications and skill set of the regional vice president position. She is responsible for overseeing several healthcare service units for our current medical contract with the Tennessee Department of Corrections (TDOC). Ms. Phillips has served in her current position since 2013, prior to which she served as an HSA for the TDOC and Director of Behavioral Health Services for Baptist Memorial Hospital prior to joining Centurion. She encompasses the type of skill set for the Regional Vice President position.

**Regional Medical Director – Wendy M. Orm, MD.** Dr. Orm currently serves as the Medical Director for Centurion’s Arizona Program where she is responsible for the delivery of quality, compliant, and timely medical services. Dr. Orm possesses the type of skill set for the regional medical director position. Prior to joining Centurion, she worked as a physician at the Maricopa County Estrella Jail. Dr. Orm served numerous high-level positions at Phoenix Baptist Hospital and Medical Center, including as program director for the Family Medicine Residency Program, director of medical education, and medical director of the Family
Medicine Center. Dr. Orm received her doctorate of medicine from the University of California in Irvine, is board certified in family medicine and licensed as a physician and surgeon in the State of Arizona.

**Regional Dental Director – Harry Hatch, MD.** Dr. Hatch currently serves as the Dental Director for our Florida Department of Corrections program. He is responsible for overseeing the delivery of compliant and evidence-based dental services across 72 correctional facilities throughout the state of Florida. His responsibilities also include coordinating dental operations across 64 dental clinics servicing approximately 100,000 patients. Dr. Hatch is a practicing dentist with over 24 years of experience providing correctional dental services. He possesses a similar skill set and knowledge for the regional dental director position.

**Regional Psychiatric Director – Dauda Griffin, MD, CCHP.** Dr. Griffin currently serves as Centurion’s Statewide Psychiatric Director for our Georgia Department of Corrections Program. Dr. Griffin has the knowledge base and showcases a similar skill set for the Regional psychiatric director position. Dr. Griffin is board certified in general psychiatry as well as child and adolescent psychiatry by the American Board of Psychiatry and Neurology. After earning a BA in Anthropology and MD degree from The George Washington University/The George Washington University School of Medicine, Dr. Griffin completed his psychiatry residency at Cambridge Health Alliance/Harvard Medical School.

Dr. Griffin completed his child and adolescent psychiatry fellowship at Emory University School of Medicine. He is on faculty at Emory University School of Medicine Department of Psychiatry and Morehouse School of Medicine Department of Psychiatry. In May 2018, he was honored as a Distinguished Fellow by the American Psychiatric Association.

**Regional Director of Nursing – Katie Wingate, RN, MSN, CCHP.** Ms. Wingate currently serves as Centurion’s Corporate Director of Nursing. She is an RN with multi-state licensing privileges and has worked in correctional settings for over a decade. Ms. Wingate encompasses a similar skill set and knowledge for the regional director of nursing position in Kansas. She also serves as a NCCHC National Surveyor for Correctional Facilities, Jails...
and Prisons. Prior to joining Centurion, she was Vice President of Clinical Operations for Armor Correctional Health Services and as Director for Nursing for Maricopa County, AZ Correctional Health Services. Ms. Wingate also has several other administrative and direct service delivery experiences. She has a MSN from the University of Phoenix.

Regional Behavioral Health Coordinator – Emily Franko, LICSW, CCHP. Ms. Franko currently serves as a Clinical Operations Associate for Centurion, where she is responsible for monitoring compliance and developing behavioral health policies and procedures, consulting on best practices, providing staff training, and assisting with the development and implementation of treatment programs. Ms. Franko possesses the knowledge and skill set similar to the regional behavioral health coordinator position. Prior to joining the Clinical Operations team in 2014, her experience within the corrections setting includes serving as Behavior Management Unit Director for Centurion’s prior program in Massachusetts, as Unit Director with the Worcester County House of Corrections, and Secure Treatment Program Director at the Souza-Baranowski Correctional Center in Shirley, MA. Ms. Franko is an author and presenter on behavioral health issues. She has an MSW from Salem State College.

To provide the KDOC with more information regarding the qualifications that we would seek for our leadership staff, we have included resumes for these individuals in Attachment A.

Corporate Leadership

Our regional leadership team will have extensive support from our corporate leadership team, which is composed of the following individuals, who have decades of experience in correctional health services delivery and management.

As noted, Centurion will organize the KDOC’s program under the leadership of Dmeter Dragovich, MBA, Regional Vice President of Operations. Mr. Dragovich has over 30 years of experience in healthcare, including 15 years with various managed care health plans and 14 years in medical and executive roles at Truman Medical Centers (TMC) in Kansas City. Mr. Dragovich will make routine visits to the KDOC’s program to meet with program staff and leadership. In addition, he will ensure the appropriate allocation of corporate resources to the program.
Steve Wheeler, Chief Executive Officer, Keith Lueking, Chief Operating Officer, and John Campbell, Chief Financial Officer lead Centurion’s corporate executive team. Each of Centurion’s current programs has a local management team that reports to a regional vice president of operations who reports directly to Mr. Wheeler. Mr. Dragovich has direct access to our corporate leadership team.

Steve Wheeler, Chief Executive Officer, leads Centurion’s executive management team. With over 25 years of experience in senior management in correctional healthcare, Mr. Wheeler oversees all aspects of Centurion’s operational, financial, administrative, and client relation functions and directs company-wide resources to ensure the efficient and accountable management of all client partnerships. He directs executive, corporate, and field staff with the goal of ensuring full compliance with contract requirements and the operation of all Centurion programs within budgetary guidelines. Mr. Wheeler was the driving force behind the development of Centurion and establishing the partnership between MHM and Centene Corporation. He works and communicates routinely with each of our clients, and is a strong proponent off a robust, active, cohesive partnership between Centurion and the KDOC.

Keith Lueking is Centurion’s Chief Operating Officer and is based out of Centene’s headquarters in St. Louis, Missouri. Mr. Lueking has over 15 years of management experience and coordinates the infusion of Centene’s substantial managed care resources within Centurion programs. He directly oversees all offsite operations including provider network, utilization management, claims payment, and operational reporting. Prior to joining Centurion, Mr. Lueking held operational positions within the Centene organization working with Centene’s specialty product line that provides supporting services to Centene’s affiliated health plans. These specialty services included pharmacy management, managed behavioral, vision and dental services, disease management and telehealth services.

John Campbell is Centurion’s Chief Financial Officer. Mr. Campbell has been with Centurion for six years and has almost 20 years of financial experience, including investment banking, public accounting, and corporate finance. He has over nine years of experience as a Chief Financial Officer for large healthcare corporations, including six years with a $525 million division of United Health Group prior to joining Centurion. Mr. Campbell and his
team provide financial oversight and expertise to all Centurion partnerships to ensure the integrity of the financial management for each contract and the company.

Additionally, the local staff will have support from the corporate leaders listed below.

**Johnny Wu, MD, FACP, FACC-P, CCHP-P, CCHP-A – Chief of Clinical Operations**

Dr. Wu is a board-certified internal medicine physician with a focus on corrections, with over a decade of experience in academic and correctional healthcare systems. In addition to leading clinical care for UCONN Health and Rutgers Health’s correctional healthcare program, Dr. Wu has also provided clinical care and leadership within the Washington Department of Corrections. Dr. Wu currently serves on the Board of Directors of the National Commission on Correctional Health Care (NCCHC) representing the American College of Correctional Physicians (ACCP) and has participated as a physician surveyor on accreditation surveys at some of the nation’s largest jail systems. In 2016, Dr. Wu became a Fellow of the American College of Correctional Physicians due to his commitment to continuing education in the field of correctional medicine, and he created the second accredited Correctional Medicine Fellowship training program at UCONN School of Medicine and served as its first Program Director.

**John May, MD, FACP – Chief Medical Officer**

Dr. May is a physician with over 25 years of experience in correctional medicine. Dr. May will provide medical leadership to the transition effort, as well as on an ongoing basis over the term of the partnership. Dr. May is board certified in Internal Medicine and credentialed by the American Academy of HIV Medicine. In addition, Dr. May is a Clinical Associate Professor of Medicine at NOVA Southeastern University College of Medicine and an Affiliated Professor at Emory University’s Rollins School of Public Health.
Julie Buehler BS, MPA, RRT, CCHP – Vice President of Medical Operations
Ms. Buehler has more than 20 years of experience in the correctional environment serving in operational, clinical, reentry and information technology roles. Her experience has included clinical/financial contract administration, clinical and operational startup coordination, development of medical reentry programs, and development of staffing guidelines for both jails and prison systems. Ms. Buehler has overall responsibility for program startup operations, assists in operational leaders training programs, and coordinates medical quality improvement activities.

Sharen Barboza, PhD, CCHP-MH – Vice President of Clinical Operations – Mental Health
Dr. Barboza has over 20 years of experience in correctional facilities and psychiatric centers. She has been with our organization for over 12 years. Dr. Barboza participates on NCCHC’s Mental Health Subcommittee, provides training and consultation for NCCHC, and is a frequent presenter at local and national conferences, including NCCHC. Dr. Barboza has developed and conducted training related to the treatment of incarcerated individuals with mental health needs, self-care, trauma-informed care, and crisis management. She has published research on suicide risk factors in a prison population, criminal thinking, dementia in corrections, and self-injury reduction. She was a lead author of NCCHC’s 2019 Suicide Prevention Resource Guide. Additionally, Dr. Barboza has assisted the National Institute of Corrections on training related to mental health services in corrections. In 2018, she received the NCCHC’s B. Jaye Anno Award of Excellence in Communication. The B. Jaye Anno Award of Excellence in Communication honors communications and communicators who are innovative and multidisciplinary in nature and have an impact on the field of correctional health care.

Joel Andrade, PhD, LICSW, CCHP-MH – Director of Clinical Operations – Mental Health
Dr. Andrade has 20 years of correctional and forensic health experience and is a nationally recognized mental health expert in the treatment and management of individuals with Gender Dysphoria in correctional settings. Dr. Andrade supervises criteria development.
and process management for all special mental health programs in our partnerships. Dr. Andrade additionally reviews and collects data to provide training on various topics of intervention and mental health care. He is an active member of the ACA Mental Health Committee.

Deana Johnson, Esq. – Executive Vice President and General Counsel
Our Executive Vice President and General Counsel, Deana Johnson, Esq., is a nationally recognized expert in correctional health law and frequent presenter at national correctional conferences. Ms. Johnson has over 10 years of experience providing legal services for our organization. Ms. Johnson and our Clinical Operations experts work closely with our clients to address challenges and prevent litigation and to achieve rapid and efforts resolutions to litigation. Our litigation protection and resolution efforts have saved our clients attorney fees and the hidden costs of protracted litigation.

Tracey Titus, RN, CCHP-RN, CCHP-A – Corporate Director for Policy and Accreditation
Immediate past NCCHC Vice President of Accreditation, Ms. Titus joined Centurion’s Clinical Operations team in October 2019 and has assumed a leadership role in supporting Centurion’s commitment to achieving and maintaining ACA and NCCHC accreditations. She is an active NCCHC Lead Surveyor Trainer. Ms. Titus has 25 years of correctional healthcare experience. She earned an associate of nursing degree from the Indiana Vocational Technical College, along with completing the RN to MSN program at the University of Southern Indiana.

Karen Riley, RN, BSN, MBA, CPHQ – Corporate Continuous Quality Improvement Director
Ms. Riley has over 15 years of CQI leadership experience, an extensive background in emergency department nursing, and over 10 years correctional nursing leadership experience. Her experience includes implementing complex, multi-site, cross-functional CQI teams that resulted in improved patient outcomes, increased client satisfaction, decreased patient grievances, improved staff recruitment and retention, and removal of court ordered program sanctions. She will work with and support the CQI staff in reviewing CQI operations
during the contract transition followed by further developing and enhancing the CQI program.

**Darren Isaak, MBA, BSN, RN – Senior Director of Utilization Management**

Mr. Isaak has over 15 years of health services experience. As the Senior Director of Utilization Management, he is the leader of the corporate UM team and ensures a quality UM program is in place. Our corporate UM team is comprised of trainers, a data analyst, and a pool of corporate UM nurses. Mr. Isaak ensures individual solutions and the execution of our processes to ensure the overall mission of each of our programs.

**Shenita Freeman, MSHIA, MPH, RHIA, CPHIMS, HCISPP, CPH – Director of Analytics and Informatics**

Ms. Freeman leads our Corporate Informatics and Analytics Department, a group that focuses on critical organizational areas such as customer satisfaction, performance measures, process management, financial management, and contract results. Under Ms. Freeman's leadership, they will establish key performance indicators related to the Department and continually assess and improve the work to support partnership goals.

Ms. Freeman has experience in public health epidemiology, health data analytics, quality and process improvement, information management, and transforming data into actionable information and wisdom. She was an analytics program manager for over five years before joining the team.

**Johnnie Lambert, RN, LHRM, CCHP – Policy and Accreditation Coordinator**

Ms. Lambert has over 40 years experience in various clinical areas including cardiac care, mental health, and trauma. She has worked in corrections for 20 years and is a certified correctional health professional. Ms. Lambert was a lead surveyor and a licensed healthcare risk manager for the National Commission on Correctional Health Care. Her jail experience includes holding the title of Health Service Administrator in two mega-jails (over 3,000 offenders) in Georgia and Florida. She currently serves on the CCHP Board of
Trustees for the National Commission on Correctional Health Care, and is on the Board of Directors of *Health Through Walls*, which serves prison offenders in developing countries.

**Brenda Sue Medley-Lane, RN, CCHP-A – Corporate Infection Prevention and Control Coordinator**

Ms. Medley-Lane has over 50 years of experience in the healthcare field, 38 years in infection control, and 22 in correctional health care. In her current role with Centurion, Ms. Medley-Lane develops and updates policies and procedures related to infection prevention and control with current standards of practice, rules and regulations in collaboration with healthcare clinical leadership. Ms. Medley-Lane is a certified NCCHC accreditation surveyor. Recently in 2018, the Academy of Health Professionals in NCCHC elected Ms. Medley-Lane to its board of directors.

**Gregg Puffenberger, MBA, PharmD – Vice President of Pharmacy Management**

Dr. Puffenberger has over 25 years of experience in pharmacy program management, including 12 years in the correctional industry overseeing our Pharmacy Management department. He has helped MHM and Centurion clients save over $244 million in cost avoidance for medications during his tenure. The Pharmacy Management team provides oversight and any coordination needed between Centurion and pharmacy suppliers to ensure un-interrupted services and continuity of care.

**Rebecca Luethy, MSN, RN, CNS, LNC – Senior Strategist of Operations Development**

Ms. Luethy has over 30 years of experience in managed correctional healthcare services. She is well versed in correctional nursing operations, development of comprehensive staffing plans, development of nursing policies and procedures, and in orientation and education of healthcare providers in both jail and prison markets. Her expertise includes correctional operations, network development, business development, and strategic planning and operations liaison for Centurion’s specialty lines of business through the Envolve Programs.
Shant Tossounian – Vice President of Information Technology
Mr. Tossounian has nearly 20 years of experience in information technology. He leads a team of over 30 individuals to assist, develop, and implement IT needs for the entire company. Mr. Tossounian is responsible for deploying IT teams appropriately, coordinating and providing IT resources within compliance deadlines, and enabling communication between sites, regional and corporate offices.

Christopher Bourque, LPN, CCHP – Director of Electronic Health Records
Mr. Bourque has over 20 years of experience in the healthcare field, with 10 years focusing on electronic health records for correctional systems. Mr. Bourque is responsible for overseeing all aspects involving Electronic Health Records within the company. He ensures that EHR is as effective a tool as it can be to best serve our staff and ultimately our patients. Prior to joining Centurion, he worked as medical supervisor with the Indian River County Sheriff’s Office and as a computer programmer.

Jennifer Tyrrell – Vice President of Human Resources
Ms. Tyrrell has been with Centurion since 2012, working primarily as the Manager of Training and Development. Prior to joining Centurion, she spent 15 years in the multi-family housing industry, gaining operational and talent management expertise. Ms. Tyrrell uses a constructive approach to training and human resources and has a holistic understanding of recruiting, staffing, talent management and operational success.

As the Vice President of Human Resources, Ms. Tyrrell supervises and directs all activities related to the teams within Human Resources, Benefits, Employee Relations, and Training. Her team provides the on-boarding, benefits and communication for all human resource needs.
Gina Morris – Vice President of Recruiting
Ms. Morris has over 15 years of experience in recruiting and personnel coordination. Under Ms. Morris’s direction, the recruiting team uses a multi-faceted approach to address each partnership’s unique staffing needs. Her department's experience and knowledge of recruiting will be complimented by having a national team of over 30 full-time recruiters around the country to support their efforts. In addition, the recruiting team has seven additional support staff. Ms. Morris has a Bachelor of Science in Business Administration from the State University of New York.

Mindy Halpern – Director of Allied Recruiting
Mindy Halpern is the Director of Allied Recruiting for Centurion. Mindy has over 25 years of experience in Correctional Healthcare recruitment and has worked as a recruiter and recruitment manager for medical and mental health positions in statewide prison systems, jails, and other government facilities. She holds a Bachelor’s Degree in Multinational Business and Spanish from Florida State University and is CCHP Certified by the National Commission of Correctional Healthcare. She has been part of the Centurion team for over 12 years and currently leads a team of recruiters dedicated to recruiting, hiring, and retaining the best and the brightest healthcare professionals for our programs and clients.

Dawn Sechrest – Director of Provider Recruiting
Dawn Sechrest has over 20 years of physician recruitment, hiring, credentialing and retention experience in a variety of settings including correctional facilities, emergency departments, hospitals, clinics and government agencies. Ms. Sechrest has been with Centurion for 11 years and is the physician recruitment manager overseeing all physician recruiters. Her years of experience have afforded her the ability to create robust recruitment strategies for the department, lead a highly experienced and skilled team of recruiters, and meet the ever-changing challenges of provider recruitment and retention. Throughout Ms. Sechrest’s tenure with Centurion and through the company’s growth, she has enjoyed the opportunity to work with every state and program to make an impact on the company’s recruitment success over the years.
Jill Washburn – Physician Recruiter
Ms. Washburn has over 15 years of experience in healthcare recruiting and serves as the physician recruiter for other Centurion programs. Ms. Washburn is responsible for overseeing the recruitment of physicians, dentists, nurse practitioners, and physician assistants for the company’s two current state partnerships. Ms. Washburn already has numerous memberships and relationships with professional organizations and groups in the state. She will build upon her knowledge and resources to recruit for the KDOC.

We have included resumes for our corporate staff as Attachment B.

Resources Assigned to the KDOC Program

Centurion will assign sufficient resources to the KDOC program to ensure its timely and effective implementation and ongoing management.

Implementation Resources
We will assign an expansive team of professionals to support the implementation of the KDOC program. Key personnel assigned to the program, corporate leaders, and department staff will support the timely transition of services from the incumbent and the staff’s readiness to provide healthcare services on go-live date.

The amount of time that our corporate leaders dedicate to the implementation activities will depend on the ease of the implementation and any challenges that Centurion may encounter during the transition process. Though we cannot provide specific or exact information on the extent to which these team members will be dedicated to the KDOC program, we can assure the Department that these individuals will be actively engaged and involved with the key personnel throughout the implementation process.

The corporate staff who will support the implementation process include the following:

- Keith Lueking – Chief Operating Officer
- John Campbell – Chief Financial Officer
- Deana Johnson, Esq. – Executive Vice President and General Counsel
- Johnny Wu, MD, FACP, FACC, CCHP-P, CCHP-A – Chief of Clinical Operations
- John May, MD, FACP – Chief Medical Officer
Julie Buehler BS, MPA, RRT, CCHP – Vice President of Medical Operations  
Sharen Barboza, PhD, CCHP-MH – Vice President of Clinical Operations – Mental Health  
Joel Andrade, PhD, LICSW, CCHP-MH – Director of Clinical Operations – Mental Health  
Tracey Titus, RN, CCHP-RN, CCHP-A – Corporate Director for Policy and Accreditation  
Karen Riley, RN, BSN, MBA, CPHQ – Director of Continuous Quality Improvement  
Darren Isaak, MBA, BSN, RN – Senior Director, Utilization Management  
Shenita Freeman, MSHIA, MPH, RHIA, CPHIMS, CPH – Director of Analytics and Informatics  
Johnnie Lambert, RN, LHRM, CCHP – Policy and Accreditation Coordinator  
Brenda Sue Medley-Lane, RN, CCHP-A – Corporate Infection Prevention and Control Coordinator  
Gregg Puffenberger, MBA, PharmD – Vice President of Pharmacy Management  
Rebecca Luethy, MSN, RN, CNS, LNC – Senior Strategist, Operations Development  
Christopher Bourque – Director, Electronic Health Records  
Gina Morris – Vice President of Recruiting  
Jennifer Tyrrell – Vice President of Human Resources  
Shant Tossounian – Vice President of Information Technology  

We note that other companies often conduct their transition of new contracts using a small team going facility to facility with heavy reliance on telephone and email contact. Centurion, on the other hand, uses a high-visibility, high-touch personal approach that places competent company staff on the ground in each facility during the transition to be able to be responsive to staff and stakeholders in person and in real time.

**Resources Dedicated to Ongoing Program Management**

The key personnel assigned to the program will have responsibility for the ongoing management of the KDOC program. These individuals and all other staff who will provide services under this contract will be 100% dedicated to the KDOC program.
Organizational Charts

On the following pages, we provide a proposed organizational chart for the KDOC program's regional office and the individual sites, followed by our corporate organizational chart.
Kansas Regional Office Organization Chart

Key
- Regional Office Staff
- Site Staff
Centurion Organizational System by Department

- **Steven H. Wheeler**
  - CEO

- **John Campbell**
  - EVP of President & CFO

- **Keith Luaking**
  - COO

### Regional Operations

- **Kansas**
  - Regional Operations
    - Rock Welch, SR, VP
      - MN, IA, NE, PDP

### Corporate

- **Compliance**
  - Jesse Shipley, Director

- **Accreditation**
  - Tracey Title, Director

- **Network/Service**
  - Lisa Rossica, Director

- **Utilization Management**
  - Darren Isaac, Director

- **Marketing/Business Dev.**
  - Bob May, SR, VP

- **Human Resources**
  - Jennifer Tyrrell, VP

- **Clinical Operations**
  - Johnny Wu, Chief

- **Regional Operations**
  - Diana Wellick, RVP
    - VT, NH, CT, MA

- **Regional Operations**
  - Jeff Wells, RVP
    - TN, MS, DFW, GA, OHIO, MI

- **Regional Operations**
  - Sharen Baranicka, VP
    - COMREF

- **Regional Operations**
  - Tom Dolan, VPO
    - AZ
Subcontractors and Suppliers

Centurion is fully resourced and able to deliver all components of the KDOC program. We accept full responsibility for the services provided by our organization throughout the course of the contract.

We note RFP Section 3.22, Subcontractors that states:

3.22 Subcontractors
The Contractor shall be the sole source of contact for the contract. The State will not subcontract any work under the contract to any other firm and will not deal with any subcontractors. The Contractor is totally responsible for all actions and work performed by its subcontractors. All terms, conditions and requirements of the contract shall apply without qualification to any services performed or goods provided by any subcontractor.

Centurion accepts these conditions and will be the sole source for this contract. Centurion does not intend to subcontract out any major areas of responsibility or service delivery to any other entity.

However, our operational infrastructure for the KDOC program will incorporate various suppliers, who will support the program through their specific service capabilities. These suppliers, discussed briefly below, will follow Centurion's stringent requirements for quality and will receive oversight from our local leadership team. Centurion assumes full responsibility for the services provided by these suppliers.

Centurion Suppliers for the KDOC Program

<table>
<thead>
<tr>
<th>Supplier</th>
<th>Services and Company Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agiliti</td>
<td>DME Rental</td>
</tr>
<tr>
<td></td>
<td>Agiliti has over 80 years of experience providing durable medical equipment to healthcare entities across the nation. Agiliti provides 800,000 pieces of medical equipment to over 7,000 acute care hospitals and alternative provider sites through 80+ district offices throughout the U.S. In addition, Agiliti offers a full range of clinical engineering services, supplemental support and full outsource programs, for clients, as needed.</td>
</tr>
<tr>
<td></td>
<td>A unique component of Agiliti is their Equipment Value Management system, which offers smart workflows to clients, which results in cost savings and improvement in patient care and clinician ability to meet patient needs.</td>
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</table>
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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Airgas</strong></td>
<td>Oxygen Services</td>
</tr>
<tr>
<td><img src="image1" alt="Airgas Logo" /></td>
<td>Airgas, founded in 1892 and purchased in 2016 by Air Liquide, Inc., provides a variety of safety products, gas equipment, and gases to a diverse set of clients. They have been providing oxygen services to healthcare and correctional facilities for multiple years and have defined processes for securing and delivering oxygen and any needed equipment for use by healthcare providers. Airgas has established a national footprint with locations across the U.S., bolstered by the global presence of its parent company, Air Liquide. Headquartered in Radnor, Pennsylvania, the Airgas network is comprised of more than 950 retail locations as well as cylinder fill plants, gas production facilities, specialty gas laboratories and regional distribution centers.</td>
</tr>
<tr>
<td><strong>Aeris Consulting</strong></td>
<td>Sleep Studies</td>
</tr>
</tbody>
</table>
| ![Aeris Consulting Logo](image2) | Aeris has been providing respiratory, sleep and post-acute care for healthcare facilities. Their services include a broad spectrum of analytical, evaluation, training and support services provided by a dedicated team of healthcare consultants. Aeris has received accreditation from the American Academy of Sleep Medicine (AASM) as an AASM DME supplier, which covers the following items used in the treatment of sleep disorder patients:  
  - Continuous Positive Airway Pressure (CPAP) and Auto Adjusting CPAP devices  
  - Oxygen and supplies  
  - Home Invasive Mechanical Ventilators  
  - Respiratory Assist Devices (RAD)  
  - Portable Oximeters |
| **Audicus, Inc.**       | Audiology / Hearing Aids         |
| ![Audicus Logo](image3) | Audicus is a company dedicated to providing workable hearing solutions. They are the producers of two hearing aides that deliver powerful results in small and easy to use designs. They are able to provide hearing aides using a copy of a patient’s hearing exam or through their innovative and accurate 15-minute online hearing test, based on which Audicus staff make recommendations for the appropriate hearing aide. The company has the ability to customize hearing aids at a lower cost than available through a doctor’s office, reducing the cost to hundreds, not thousands of dollars by selling direct to patients online. |
| **Chardonnay Dialysis** | Onsite Dialysis Services         |
| ![Chardonnay Dialysis Logo](image4) | Chardonnay Dialysis, Inc. is a woman-owned business with 20 years of experience providing onsite dialysis services within the correctional community. Chardonnay can provide the full complement of dialysis services, including staff, equipment, education, consulting, and quality improvement initiatives to meet customer needs. Chardonnay is the industry's leading and premier onsite dialysis provider for correctional |

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Centurion Suppliers for the KDOC Program

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<tr>
<td><strong>facilities across the country.</strong> Their team of experienced executives and managers ensure rapid and efficient program implementation, while their clinical staff provide timely, quality-based, and medically necessary dialysis services to patients. They currently provide dialysis services that range from one patient to 100 patients. CharDonnay's policies and procedures comply with the guidelines, recommendations and regulations established by the regulatory bodies that govern end-stage renal disease and its care.</td>
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</table>
| **Garcia Laboratory, Inc.** | **Laboratory Services**  
Garcia Laboratory (Garcia), incorporated in Michigan, is a leader in Laboratory Medicine offering laboratory services to over 130 correctional facilities in 12 states. Since 1971, Garcia has provided efficient, precise, prompt medical lab testing services. With over 40 years of healthcare experience and 16 years working with correctional institutions, Garcia is well-versed in the needs and expectations of a variety of clients and patients. Garcia is CLIA and CAP certified. |
| **Institutional Eye Care** | **Optometry / Eyeglasses / Onsite Ocular Management**  
Institutional Eye Care has been a leader in On Site Eye Disease and Glaucoma Management services to correctional facilities since 2000. Using IEC, Centurion has eliminated thousands of offsite transports. IEC utilizes the fully portable iVue OCT laser imaging system, Pictor Digital Camera, Avia Tonometer and the Oculus portable Visual Field unit to provide onsite diagnosis and treatment of uncomplicated glaucoma. As the largest vision services provider to correctional facilities in the country, IEC currently serves over 1000 separate county, state & federal correctional sites through over 700 Licensed & Credentialed Professionals in all 50 states. |
| **McKesson**               | **Medical Supplies**  
For Medical supplies, Centurion utilizes McKesson Medical-Surgical. Founded in 1833, McKesson provides a comprehensive set of products for healthcare site and facilities throughout the U.S. With their expansive national distribution capabilities, McKesson can distribute its products to health systems, correctional facilities, surgery centers, long term care facilities, home health agencies, and home medical equipment providers. McKesson will provide all medical products (gloves, medical equipment, pharmaceutical supplies, incontinence care products, etc.). Their supplies also include IV sets, wound care materials, ostomy supplies, and vaccines. Centurion uses McKesson for medical supplies in all but one of our correctional programs and we have found them to provide high quality and timely services. |
| **Patterson Dental**       | **Dental Supplies**  
Patterson Dental is a part of Patterson Companies, Inc., a value-added distributor providing best-in-class dental products, services,
# Centurion Suppliers for the KDOC Program

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<tr>
<td><strong>Patterson Companies, Inc.</strong></td>
<td>Technology. They have a strong network of leading manufacturers who provide products and solutions that can benefit dental customers. They have strategically located fulfillment centers through their Patterson Logistics Services, Inc., around the world that allows them to distribute products and services in a timely and accurate manner. Patterson serves up to 96% of their customers with one-day ground delivery service. Patterson Logistics Services, Inc. has received accreditation under the National Association of the Boards of Pharmacy (NABP®). The logistics team processes 45,000 orders and 63,000 packages with more than 99% accuracy.</td>
</tr>
<tr>
<td><strong>CompuMed</strong></td>
<td><strong>EKG</strong>&lt;br&gt;For onsite EKG services, CompuMed, Inc. is a leader in providing cardiac care through telehealth, with specialized expertise in telemonitoring imaging and analysis. Their core product, the CardioGram™ system, delivers online cardiac test interpretations. CompuMed’s cardiovascular solutions can augment the capacity of medical providers, especially when regular specialists might not be available (after hours).&lt;br&gt;CompuMed utilizes a national network for remote US-based, board certified cardiologists who can provide remote echocardiogram over-reads, cardiogram reads, and cardiac consultation. Their cardiologists are leaders in their field, board certified, and available nationwide. They focus on quality processes to minimize customer risk and improve patient care. CompuMed works extensively with Federal, state, county and city governments. In addition to correctional facilities, they provide care in many settings, including military, rural, tribal, and mental health settings.</td>
</tr>
<tr>
<td><strong>Stericycle</strong></td>
<td><strong>Biohazardous Waste Management</strong>&lt;br&gt;For medical waste, Stericycle has specialized in proper pickup, treatment, and disposal of biohazards, such as “red bag” medical waste and sharps containers. Stericycle uses a proprietary tracking system that tracks the status waste from the moment of pick up until rendered noninfectious and offers flexible scheduling for disposal service pickups.&lt;br&gt;They maintain an extensive team of environmental, safety, and regulatory specialists who keep up-to-date with and decipher ever-changing federal, state, and local requirements. This continued focus and commitment to regulatory compliance ensures that the company handles biohazards and other regulated wastes with the appropriate attention to detail. Stericycle meets all state and local requirements and regulations of several federal government agencies including US Occupational Safety and Health Administration (OSHA), US Department</td>
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## Centurion Suppliers for the KDOC Program

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<tr>
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<tr>
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<td>of Transportation (DOT), US Environmental Protection Agency (EPA), and US Food and Drug Administration (FDA). To date, Stericycle has managed over one billion pounds of hazardous waste and 1.7 billion pounds of medical waste, all within 99.5% timeliness standards.</td>
</tr>
<tr>
<td>Kansas Correctional Industries</td>
<td>Dental Laboratory</td>
</tr>
<tr>
<td></td>
<td>Kansas Correctional Industries (KCI) utilizes inmate produced products, goods and services to meet state and local government and qualified organizations. KCI currently employs over 1,100 inmates (13% of the inmate workforce). For this program, we will work with KCI to manage dental laboratory services.</td>
</tr>
<tr>
<td>Progressive Medical Concepts</td>
<td>Negative Pressure Wound Therapy</td>
</tr>
<tr>
<td></td>
<td>Progressive Medical Concepts provides negative wound therapy products and information. They utilize negative pressure solutions, such as wound vac options and negative pressure dressing from companies such as Pensar, Medvac, and more. Progressive Medical Concepts is an associate member of the Georgia Health Care Association, the South Carolina Health Care Association, the Alabama Health Care Association, the Tennessee Health Care Association, the North Carolina Health Care Association, and the Florida Health Care Association.</td>
</tr>
<tr>
<td>MyWoundDoctor</td>
<td>Wound Care</td>
</tr>
<tr>
<td></td>
<td>MyWoundDoctors, founded in 2015, uses through wound imaging, licensed physicians and certified wound care nurses, to view a patient’s wound and provide wound care management, evidence-based medical advice and training to the caregiver and/or patient. If needed, the company sends wound care instructions and supplies to the patient or caregiver, with routine communications established, to monitor the healing progress through additional wound images. MyWoundDoctor collects wound measurements and other patient demographic and clinical data to provide reporting back to the providers and payers responsible for the patient. MyWoundDoctor has licenses in over 42 states for the treatment of wounds through telehealth services. Centurion uses MyWoundDoctor to assist with management of wound issues through our telem medicine capabilities. As a result, patients in the KDOC’s custody with complex or poorly healing wounds can receive specialty wound care on site.</td>
</tr>
<tr>
<td>Propet USA</td>
<td>Diabetic Shoes</td>
</tr>
<tr>
<td></td>
<td>For 30 years, Propét has offered comfortable footwear in a range of widths and sizes. Propét is well known for its line of therapeutic foot care products approved for diabetic footwear, developed in collaboration with podiatric advisors. Centurion partners with Propét to for diabetic footwear.</td>
</tr>
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<tr>
<th>Supplier</th>
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<tr>
<td>MobilexUSA</td>
<td>X-Ray and Ultrasound</td>
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MobilexUSA (Mobilex) is the leading provider of mobile imaging services, offering services to more than 7,000 facilities located throughout most of the United States. Mobilex has been serving patients in healthcare facilities and correctional institutions for over 35 years and has built an outstanding reputation for availability, responsiveness, quality, and patient comfort. Centurion has partnered with Mobilex to provide x-ray and ultrasound service in many of our correctional healthcare programs.

Mobilex offers digital radiography, ultrasound, electrocardiogram, and other mobile clinical services 24 hours a day, 365 days per year for routine and emergent issues. Their ultrasound services include general ultrasound, echocardiography, and vascular, arterial and venous Doppler services.

Mobilex has a staff of over 1,200 technologists who provide imaging services and board-certified radiologist who interpret images and telephone critical results to the facility on the same day.

We include Letters of Intent from most of our proposed suppliers as Attachment C.

### Financial Strength

As Attachment D, we include a complete set of our parent company, Centene’s audited financial statements, for the two most recent fiscal years. These audited financial statements include an audit opinion, balance sheet, and statements of income, retained earnings, and cash flows. We also include an unaudited YTD for 2019 within this attachment.

We are certain that the KDOC will find Centurion to be the most financially healthy company responding to this procurement.

Centurion’s establishment brought together the resources of MHM, a privately held correctional behavioral health company founded in 1981, with those of Centene, a publicly traded,
Fortune 100 managed healthcare company founded in 1984 boasting a strong financial base, including over $6 billion in cash.

Centene’s 2018 purchase of MHM’s stake in Centurion consolidated the MHM and Centurion correctional lines of business, as well as other non-correctional lines of business of MHM, under the Centene corporate umbrella. This, combined with our strong revenue base, has left Centurion financially stronger, by far, than any of our competitors.

As a subsidiary within Centene’s corporate structure, we are financially strong and stable. Our leadership team is stable, strong, and has many years of experience in corrections as well as working together.

A review of key financial indicators clearly demonstrates the fiscal strength of Centurion’s parent organization:

- Centene generated revenues of $60 billion in fiscal year 2018. Centene’s revenue is many times the amount of the largest correctional healthcare company.
- On a net income basis, Centene earned $900 million (1.5% margin) for fiscal year 2018.

We strongly encourage the evaluation committee to closely and thoroughly scrutinize the financial claims of companies responding to this procurement. Companies over-burdened with debt will seek to avoid expenditures for necessary medical care and redirect revenue from the KDOC contract to subsidize poor performing contracts in other states and pay towards their debt loads. Centurion is not financially encumbered in such fashion. As a result, the state’s resources remain invested in the KDOC program and the necessary support services to ensure the quality and integrity of the overall program.

Additionally, we welcome requests for additional financial data and questions about our financial condition and assumptions used in our price proposal should the evaluation committee need any additional information deemed necessary for its review of our proposal.

**Legal Action**

Centurion of Kansas, LLC has no legal action, pending, or in the past five years that resulted in a decision against it. To Centurion’s knowledge, no legal action against any other company has occurred as a result of a business association with Centurion.
Centurion of Kansas is a wholly-owned subsidiary of Centurion, LLC and was created for this procurement and projected services and as such, has not been exposed to the type and volume of litigation that typically confronts companies providing healthcare services to offender populations. Like all companies in correctional healthcare, we anticipate being subject to litigation from time-to-time, as it is quite common for offenders to self-initiate litigation against healthcare providers, often without legal representation (i.e., pro se) and for frivolous reasons.

Our Executive Vice President and General Counsel, Deana Johnson, Esq., is a nationally recognized expert in correctional health law and leads our litigation and resolution efforts. Her national expertise in the area of correctional healthcare law and litigation helps us, and our client agencies, avoid or effectively resolve litigious matters, saving our clients the costs associated with litigation.

Ms. Johnson also heads up the legal services for other corporate entities within the Centurion corporate structure, including entities that hold contracts for correctional healthcare services with state prison systems and county jails. In the ordinary course of business, these other entities have experienced litigation. As affiliated entities of Centurion of Kansas, LLC, which share some of the same management and operations structure, the evaluation committee may wish to review the litigation history of our other corporate entities. If so, we will gladly provide that information upon request of the evaluation committee.
2.5 Qualifications

A description of the bidder's qualifications and experience providing the requested or similar service, including resumes of personnel assigned to the project stating their education and work experience, shall be submitted with the Technical Proposal. The bidder must be an established firm recognized for its capacity to perform. The bidder must have sufficient personnel to meet the deadlines specified in the bid event. Additionally, bidders must:

(a) Demonstrate the ability to provide a system of technical and medical support, as well as professional staff development.

(b) Demonstrate recruiting and retention capabilities.

(c) Demonstrate recent experience in achieving and maintaining NCCHC and ACA accreditation in correctional facilities.

(d) Demonstrate the ability for processing and handling bill payment services with a history of timely bill payments to current subcontractors and vendors.

Centurion has read, understands, and will comply with the requirements and specifications in Section 2.5, Qualifications, identified herein.

Centurion Experience and Unmatched Qualifications

Centurion currently serves 11 state departments of corrections, more state systems than any other company, and has the experience and expertise to provide the full spectrum of healthcare services outlined in the KDOC's RFP. Centurion was created solely for the purpose of providing correctional healthcare services to correctional agencies and adopting proven managed care practices for inmate populations. Our organizational experience in correctional healthcare dates back to 1997, when our founding company first began serving correctional populations for the departments of corrections in Tennessee and Georgia. We have continuously served state correctional agencies since then, and added county and municipal jails to our contracted clients starting in 2001, when we started serving the DeKalb County Jail in Atlanta, Georgia. While there may be other companies who have been in business longer than Centurion, none are more financially strong, stable, or capable of meeting the needs of the Kansas Department of Corrections today, and for the years to come.
Centurion currently has contract relationships with 11 state departments of corrections, more than any other correctional healthcare company. In addition, we serve six large, urban detention facilities. Six additional facilities function as combined jails and prisons in our contract with the Vermont Department of Corrections. We also have a healthcare staffing subsidiary that provides healthcare staffing services to state agencies in five states, including the Nevada Department of Corrections and several state psychiatric hospitals, which include forensic populations.

Centurion State Partnerships

Centurion was founded in 2011 as a joint venture between two of the oldest and most respected companies in correctional healthcare and Medicaid managed care, respectively: MHM Services, Inc. and Centene Corporation with the sole purpose of incorporating modern managed care services and innovative care coordination systems into a correctional healthcare system.

MHM, founded in 1981, as a behavioral health company, began providing behavioral health services in state prisons in 1997 for the departments of corrections in Tennessee and Georgia. MHM's expertise in behavioral health was in high demand and the company added other state correctional agencies and large municipal jails to its client list over the next decade, quickly gaining a reputation for the quality and timeliness of its mental health services and strong working relationship with its client agencies.
With the increasing focus on integrated care in the late 1900s and early 2000s, MHM’s client agencies began seeking mainstream medical services from MHM as an add-on to their mental health contracts. Within a few years, MHM was managing mental health and various medical specialty services for over a dozen state and municipal correctional systems.

Over the first decade serving correctional agencies, MHM witnessed firsthand the shortcomings of mainstream correctional healthcare companies. MHM saw inadequacies in staffing and service quality and poor relationships between mainstream correctional healthcare companies and their client agencies, which resulted in high turnover of medical contractors and litigation for poor services. The overall inadequate management of healthcare services underscored our belief that correctional healthcare would benefit from MHM’s approach to serving state clients combined with a more modern, integrated service delivery model.

During that same time, the implementation of the Patient Protection and Affordable Care Act (Affordable Care Act) and other national healthcare reforms highlighted the natural convergence of correctional healthcare with public health.

With these issues in mind, MHM sought a partner company that had managed care experience and technical resources, such as disease management, utilization review, care coordination, advanced risk profiling through predictive modeling, and data management systems. These capabilities simply did not exist in the correctional environment and would cost millions of dollars to develop and years to perfect.

MHM found the right partner in Centene Corporation, a Fortune 100 managed care company with 32 years of managed care experience.

Founded in 1984, Centene is a leading, multi-line healthcare enterprise that provides access to quality care for the rising number of underinsured and uninsured individuals. Centene offers unique, cost-effective coverage solutions for low-income populations through locally based health plans and a wide range of specialty services. Centene currently operates health plans in 23 states and is the nation’s largest managed care provider for state Medicaid programs.

In 2011, MHM and Centene joined forces to create Centurion, with the goal of offering a correctional healthcare model that combines the delivery of integrated healthcare services
with managed care principles, providing patients with better health outcomes and clients with cost and process efficiencies.

The corrections industry has embraced Centurion’s unique managed care approach. Over the past six years, multiple state and local agencies have trusted Centurion with the healthcare needs of their offender population. After initial contract terms came to an end, we were re-awarded contracts through competitive procurements and have continued providing services for the Florida, Minnesota, and Mississippi departments of corrections.

Today, Centurion currently provides services similar in scope to the services sought under this procurement in 11 states, plus seven large municipal jails, covering over 300,000 offenders in over 300 facilities. Combined with our other lines of business, which include temporary healthcare staffing contracts in five state services to state psychiatric hospitals, and services to state judiciary systems, our geographic scope of business covers 16 states coast-to-coast.

The map that follows provides Centurion’s locations nationwide.
Centurion Nationwide Programs

1 California
- DSH (Since 2015)
  - 2 Hospitals
- CONREP (Since 2014)
  - ADP: 200 I 8 Offices

2 Nevada
- (Since 2014) Approx 200 positions for multiple state agencies

3 Arizona
- DOC (Since 2019)
  - ADP: 33,700 I 59 Facilities
- Pima County (Since 2018)
  - ADP: 2,200 I 4 Facilities

4 New Mexico
- Corrections Department (Since 2016)
  - ADP: 750 I 2 Facilities
- Bernalillo County Jail (since 2019)
  - ADP: 1,500

5 Mississippi
- DOC (Since 2015)
  - ADP: 19,000 I 37 Facilities

6 Tennessee
- DOC (Since 2013)
  - ADP: 22,000 I 11 Facilities

7 Georgia
- DOC (Since 1997)
  - ADP: 36,000 I 37 Facilities
- DBHDD (Since 2015)
  - ADP: 163 I 1 Hospital
- DeKalb County Jail (Since 2001)
  - ADP: 1,750

8 Florida
- DOC (Since 2016)
  - ADP: 38,000 I 72 Facilities
- Volusia County Division of Corrections (since 2018)
  - ADP: 1,400 I 2 Facilities

9 Minnesota
- DOC (Since 2014)
  - ADP: 5,500 I 9 Facilities
- Hennepin County DCCR (Since 2019)
  - ADP: 800 I 4 Facilities

10 Michigan
- MHS (Since 2017)
  - 5 Hospitals

11 Pennsylvania
- DOC (Since 2003)
  - ADP: 46,500 I 26 Facilities
- Dept. of General Services
  - (Since 2014) Approx 140 positions for multiple state agencies
- Philadelphia DPA (Since 2004)
  - ADP: 4,700 I 4 Facilities

12 Maryland
- DPSCS (Since 2005)
  - ADP: 27,000 I 34 Facilities
- *Includes Baltimore City Jail

13 Connecticut
- CT Justice-Court System (since 2016)
  - 3 Sites

14 Massachusetts
- DMH Court Clinics (since 2008)
  - Average 3,500 Cases/Yr
- MHP (since 2008)
  - Average 200+ Cases/Yr

15 New Hampshire
- DOC (since 2008)
  - ADP: 2,500 I 6 Facilities

16 Vermont
- DOC (Since 2015)
  - ADP: 1,500 I 6 Facilities

Centene Corporation Acquired MHM and Centurion

Since Centurion’s creation, the relationship between MHM and Centene over the past several years has been so strong that, in April of 2018, Centene acquired the assets of MHM, which included MHM’s stake in Centurion. This transaction consolidated MHM’s and Centurion’s correctional lines of business, as well as other non-correctional business interests of MHM, under the Centene corporate umbrella. The investment in MHM...
demonstrated Centene’s commitment to continuing to strengthen an organization already widely considered the leader in providing comprehensive health care services within the corrections environment.

Centurion’s services now include MHM’s programs and cover over 300,000 offenders in over 300 facilities. We are eager to bring Centurion’s national presence, national experience, and national expertise to Kansas.

Experience with Multi-Facility Correctional Settings
As noted above and enumerated in the table that follows, in almost all of our correctional healthcare contracts, we provide services in multiple facilities located in urban and/or rural parts of the state. Each facility benefits from services provided by our trained and experienced staff who utilize evidence-based guidelines to provide the healthcare services sought under the contract.

<table>
<thead>
<tr>
<th>County / State Contract</th>
<th>Number of Facilities</th>
<th>Average ADP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>59</td>
<td>33,700</td>
</tr>
<tr>
<td>Bernalillo County, NM</td>
<td>2</td>
<td>1,500</td>
</tr>
<tr>
<td>Pima County, AZ</td>
<td>4</td>
<td>2,200</td>
</tr>
<tr>
<td>Mississippi</td>
<td>37</td>
<td>19,000</td>
</tr>
<tr>
<td>Tennessee</td>
<td>11</td>
<td>22,000</td>
</tr>
<tr>
<td>Georgia</td>
<td>37</td>
<td>36,000</td>
</tr>
<tr>
<td>Florida</td>
<td>72</td>
<td>88,000</td>
</tr>
<tr>
<td>Volusia County, FL</td>
<td>2</td>
<td>1,400</td>
</tr>
<tr>
<td>Minnesota</td>
<td>9</td>
<td>9,500</td>
</tr>
<tr>
<td>Hennepin County, MN</td>
<td>4</td>
<td>600</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>25</td>
<td>46,500</td>
</tr>
<tr>
<td>Philadelphia, PA</td>
<td>4</td>
<td>4,700</td>
</tr>
<tr>
<td>Maryland</td>
<td>34</td>
<td>27,000</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>8</td>
<td>2,500</td>
</tr>
<tr>
<td>Vermont</td>
<td>6</td>
<td>1,500</td>
</tr>
<tr>
<td>New Mexico</td>
<td>2</td>
<td>750</td>
</tr>
</tbody>
</table>
Experienced and Highly Trained Personnel

Centurion takes pride in hiring and retaining staff who have the qualifications and demonstrated experience to provide services to the prison populations we serve. We carefully select qualified and credentialed healthcare staff who demonstrate the values of honesty, professionalism, integrity, accountability, and respect that are important to us and provide them with the training and resources necessary to execute quality patient care.

The KDOC will benefit from our belief in local accountability. We are strong proponents of empowering our local teams to make the decisions that will ultimately impact the delivery of services. Though we provide extensive corporate, our local leadership team in Kansas will serve as the ultimate point of decision-making for our partnership with the KDOC.

As described in more detail in our response to RFP Section 2.4, Bidder Information, we will build the KDOC team under the leadership of Dmeter Dragovich, MBA, Regional Vice President of Operations. Mr. Dragovich will be actively involved with managing the program. He will routinely visit the regional office, participate in site visits, and meetings with the KDOC leadership. He will ensure that the regional office has access to and benefits from Centurion’s corporate resources and will work collaboratively with both the local and corporate teams to ensure the delivery of services within the highest standards of quality and responsiveness.

Following notice of intent of contract award to Centurion, we will activate our process of presenting qualified candidates for the key leadership positions to the KDOC for review and approval before extending formal offers of employment. We anticipate there may be qualified candidates for leadership positions working for the incumbent contractor who wish to remain in the program and whose credentials and prior experienced are satisfactory to the KDOC. We have made no attempts to have contact with incumbent personnel during the bid process, but would do so with the Department’s approval upon notification of award of contract to begin the vetting process of these candidates.

As noted in Section 2.4 – Bidder Information, we are respectful of the KDOC’s desire for highly qualified staff and, unlike other companies, have not included temporary staff to fill these positions. We commit to the Department that we will have staff in place who will have the demonstrated qualifications and capabilities to meet or exceed KDOC and Centurion expectations. While other companies may present candidates from their other contracts as permanent candidates (even though those candidates are unlikely to relocate), we present
samples of our leadership staff from other contracts to demonstrate the caliber of leaders we are able to attract and retain for these key positions.

**Staffing Strength**

As the KDOC has sadly experienced, staffing shortages, first and foremost, adversely impact the timely and effective delivery of healthcare services and a patient’s ability to achieve optimal treatment outcomes. Substandard performance, patient and client dissatisfaction, accreditation issues, and potential litigation related to the lack of services are other disadvantages and problems associated with staffing shortages.

Centurion understands the importance of having sufficient staff to meet offender healthcare needs. We are proud of our demonstrated success in recruiting and hiring qualified healthcare staff and maintaining some of the lowest staff vacancies rates in the industry. Our industry leading recruiting and human resources management resources will greatly improve the staffing of the KDOC healthcare program. Other companies will boast of deep recruiting resources, but none can claim the actual numbers of dedicated, full-time recruiters as Centurion. In all of our state correctional contracts where we have taken over the contract from prior companies, including the KDOC’s current contractor, we have been able to make significant improvements to the fill rates and longevity of staffing positions. In addition, employees who transition to Centurion report higher levels of job satisfaction as compared to their previous employer. These positive results will have a significant impact on the quality and stability of the KDOC healthcare program.

Centurion uses a two-pronged approach to minimizing staffing issues:

- **Effective recruiting tools and processes** – Centurion uses a multi-faceted and customized approach to recruiting. This approach combines the corporate resources of **more than 30 full-time recruiters** with more than **25 full-time employees** working in our Human Resources department. We use a relational approach to attract healthcare professionals for hard-to-fill positions with the expertise and knowledge of our local leadership team.

  While other companies routinely fill positions with part-time and temporary staff from outside agencies, or through independent contractor retention agreements (to avoid payroll taxes and to pass off liability to individual practitioners), Centurion has adopted the model of hiring staff as full-time employees of the company, paying competitive wages and a modern benefits package.

- **Providing an empowering work environment** – We augment our innovative recruiting approach with a staffing model that supports our employees with strong benefits, an empowering work environment, and resources for professional
development. By investing in our staff, we can develop a stable workforce of health care professionals who work together towards a more effective, efficient system. We have found this model to be successful in retaining high fill rates of positions, lowering turnover, and resulting in high employee dedication and morale. A strong workforce translates into an efficient program with strong clinical results.

An example of our ability to recruit and maintain sufficient staff to meet patient healthcare needs is our recruiting success for our contract with the Florida Department of Corrections (FDC). Centurion assumed the FDC contract in April 2016 from Corizon under emergency circumstances. Over the course of a one-year period between the contract start date of April 2016 and June 2017, we recruited and hired over 1,700 correctional healthcare professionals to work in FDC facilities. These include 158 total providers, including 22 site medical directors, 4 statewide/regional directors, 34 staff physicians, 52 ARNP/PAs, 19 psychiatrists, and 27 psychiatric/mental health nurse practitioners. We did so by:

- Developing a pool of PRN ARNPs to provide interim coverage and reduce the use of locums
- Quickly increasing brand awareness in the state by attending conferences and CME events
- Capitalizing on our excellent brand name with clinicians nationwide to extend it to our new contract in Florida
- Immediately outreaching to residency and academic programs to explore potential relationships and build a long-term pipeline of candidates from these programs. In addition, we reached an agreement with the University of Southern Florida for psychiatry fellows to rotate at FDC facilities.

We inherited a mental health program in disarray and understaffed. We were able to reduce provider vacancies by nearly 75%, thus significantly decreasing the use of locums provider for both primary care and psychiatry.

“Centurion has a great recruiting team. Rather than give each recruiter a facility to recruit, we have each recruiter an entity. I have a recruiter for nursing, mental health, etc. In the first two weeks, we had recruited 5 FT RNs, a FT ARNP, and 2 FT physicians. That’s unheard of!”

Janet Dobson
RMC Director,
Centurion’s Florida Program
We will bring the same capabilities to meeting the staffing needs of the KDOC program and ensuring that we have the full contingent of staff needed to address every aspect of the program in an exceptional manner.

We provide more information about our staffing plan, recruiting and retention efforts, and managing staffing needs in our response to RFP Section 4.22, Staffing.

System of Technical and Medical Support

Centurion is the premier correctional healthcare organization in the country. We have the required expertise, technology, clinical, human resources, and operations infrastructure and supports to implement and manage the KDOC program in an exemplary manner.

The following are examples of the capabilities that we will offer the Department, demonstrating our ability to provide a system of care that meets and can exceed the KDOC expectations.

Centurion is financially the strongest company in correctional healthcare, by far. Centurion has benefited greatly from the financial strength and management stability of its two co-founders, MHM and Centene. Our financial strength means we do not need to cut corners or seek to avoid needed healthcare services. We can invest in our programs to ensure they are of the highest quality.

Because of the high volume of mergers and acquisitions and known financial struggles of other companies in this industry, we strongly encourage the evaluation committee to conduct a thorough due diligence into the real financial condition of companies responding to this procurement. Following its acquisition by Centene Corporation in March 2018, Centurion now enjoys the additional strength of this Fortune 100 company, with over $60 billion in annual revenue and substantial managed care and medical technology resources that are useful in our correctional programs.

Our team of over 30 full-time recruiters, combined with more than 25 full-time employees working in our Human Resources department ensure we maintain high fill rates and create professionally rewarding work experiences for our employees.

We succeed where other companies fail in attracting and retaining qualified healthcare professionals to work in the challenging correctional environment. We are the employer-of-choice in correctional healthcare. Staff who transition to employment with Centurion from other contractors overwhelmingly report higher levels of job satisfaction with Centurion.
compared to their previous employer. We have experience in transitioning staff from other healthcare providers and are confident that the KDOC will see a real, positive difference in staffing and employee morale as a result of partnering with Centurion.

*We infuse innovative, community-based healthcare systems into correctional healthcare.* Because of our affiliation with Centene Corporation, Centurion offers modern managed care systems developed and perfected in free world managed care programs. Centene designed these systems, which cost millions of dollars to develop and took years to perfect, to ensure that they deliver appropriate levels of healthcare services to millions of covered lives. Our proposal describes many unique managed care offerings, available only through Centurion, developed to ensure that the *right patient receive the right care at the right time at the right level of service.*

We are ready to support the delivery of correctional healthcare services through technology-supported innovations, including digitized platforms for behavioral health and healthcare programming, implementation of an electronic health record, modern health analytics and informatics, and telepsychiatry.

Centurion has developed evidence-based psychiatric treatment guidelines, prescribing guidelines, and clinical guidelines that meet or exceed community standards, as well as NCCHC and ACA national standards. Upon contract award, we will conform our policies, as well as our treatment and clinical guidelines, to the KDOC policy requirements. Through these resources, we ensure that the services we provide reflect the same level of quality that we would expect for ourselves if we were seeking healthcare services in the community.

*Our Clinical Operations department includes nationally recognized experts in correctional behavioral health and healthcare.* These experts circulate among our contracts conducting audits and working with each contract to develop training programs and action plans to correct issues of concern. **Johnny Wu, MD, FACP, FACCp, CCHP-P, CCHP-A**, Chief of Clinical Operations, leads the Clinical Operations team.

Dr. Wu works closely with **John May, MD, FACP**, Centurion’s Chief Medical Officer, **Julie Buehler, BS, MPA, RRT, CCHP**, Centurion’s Vice President of Clinical Operations for Medical Services, **Sharen Barboza, PhD, CCHP-MH**, our Vice President of Clinical
Operations for Mental Health Services, and Tracey Titus, RN, CCHP-RN, CCHP-A, Centurion’s Director of Policy and Accreditation. These experts have extensive experience and expertise providing evidence-based behavioral health and medication-assisted treatment services within correctional settings.

Moreover, Karen Riley, RN, BSN, MBA, CPHQ, provides CQI leadership through trainings, audit tool development, and facilitating monthly calls that allow Centurion staff with quality improvement responsibilities to share best practices to improve healthcare outcomes and processes. Ms. Riley has been instrumental in expanding the scope of quality improvement tools and resources dedicated to our other correctional programs. Ms. Riley receives support from Laura Eagland, Corporate CQI Data Specialist.

Our corporate leadership and local teams work collaboratively to address client needs. Centurion’s corporate team is composed of leaders within the correctional healthcare field, including those who work closely with NCCHC and other accrediting organizations. These individuals are actively involved in the development and implementation of all of our programs and provide support and consultation to our regional and local teams in managing our correctional healthcare programs, identifying areas for improvement, and assisting the local team in obtaining the necessary resources to implement any needed program enhancements.

We can lower medication expenditures through our pharmacy management services. Centurion does not presently own and has not desire to own a pharmacy company. We have no financial conflict of interest in owning a pharmacy company and thus have no
Incentive to drive up revenue through steadily increasing pharmacy costs in our contracts. Instead, we select reputable third-party pharmacy providers who are able to provide pharmacy services in a timely fashion, without error, and are willing to assist us in lowering pharmacy costs from predecessor vendors and return the savings to the state.

Our pharmacy management team, under the direction of Gregg Puffenberger, MBA, PharmD, works with the various pharmacy companies that serve corrections to review pricing trends and prescribing practices and educates our prescriber staff on the latest advances in pharmacology and efficient prescribing habits. In Kansas, we look forward to working with our proposed pharmacy vendor, Clinical Solutions Pharmacy, with whom we have extensive experience and a positive, effective relationship.

Our training and staff development programs offer staff with unparalleled education and development opportunities. Centurion offers initial and ongoing training for all staff. For each correctional program, we develop a customized training program, which begins during orientation and continues throughout the course of the contract. Our trainings focus on common issues that impact offender healthcare service, identification of mental illness, suicide prevention, multidisciplinary collaboration and integrated care, emergency response, HIPAA, PREA, and managing difficult and challenging offender situations.

We use a continuous quality improvement process to continuously evaluate and improve our services. Centurion supports Continuous Quality Improvement (CQI) as a process for objectively and systematically monitoring and evaluating the quality, appropriateness, and effectiveness of healthcare services and the degree to which those services meet the identified needs and goals for our patients, policies, and national standards. Our Clinical Operations team works with our local teams and each program’s leadership to conduct CQI audits and develop training programs and action plans to correct issues of concern. We developed CQI audits to ensure compliance with the following aspects of care:

- Effectiveness of treatment
- Timeliness of provided care
- Appropriateness of clinical decision making
- Continuity of care from intake to discharge
- Patient inclusion in treatment planning and care decisions
- Corrective action planning
- Staff training and credentialing requirements

Most importantly, **Centurion makes a difference by being different.** While our competitors struggle to operate under heavy financial debt loads and high management turnover, Centurion thrives under stable corporate management and invests heavily in corporate and regional resources. We are able to provide consistent, reliable, and effective corporate support for operations in each of our programs. Instead of peeling funds away from contracts to pay off large debts to outside lenders and venture capital groups, we invest in our operations and bench strength of resources to support our current contracts and plans for growth.

We demonstrate the depth of our resources from the first day of contract award and throughout the transition process when we dispatch large teams of experienced managers to the new contract location to be on the ground in the individual correctional facilities. We create a high level of visibility during new program startups to meet face to face with affected staff and begin developing working relationships with facility administrators and security personnel.

**Recruiting and Retention Capabilities**

We, as a society, owe our gratitude to the thousands of security, administrative, and healthcare professionals who give their time and talent each day ensuring the safety of our communities and bettering the lives of the offenders they serve. Centurion adopts this approach of “gratitude” in recruiting and managing staff in our contracts. On a daily basis, we fill over 8,500 positions in 16 states throughout the country. We align our staffing and recruiting practices with that of our client agencies to raise the level of awareness in communities regarding the vital services provided by people who work in correctional facilities. We regard correctional professionals as “unsung heroes” who do not hear “thank you for your service” as much as they should.

Our team of over **30 full-time recruiters**, combined with more than **25 full-time employees** working in our Human Resources department ensure we maintain high fill rates and create professionally rewarding work experiences for our employees.
Through this team, Centurion has created a national footprint that extends our ability to reach potential healthcare professionals. Though we will focus primarily on recruiting and hiring providers living in Kansas, we will use our national presence to identify and recruit providers in other states who have the training, licensure and qualifications that the KDOC expects. We have done so successfully for other programs, where we have found and relocated staff with the requisite qualifications to support programs challenged by staffing issues. Other organizations that do not have similar breadth will be unable to recruit and fill the 500+ positions required to support the KDOC program. This is an important differentiator for Centurion and for the KDOC, and we strongly encourage the evaluation committee to conduct a thorough due diligence into the real and present resources of companies responding to this procurement and not be misled by unsubstantiated statements of “will comply” to the requirements of this solicitation.

We recognize that new procurements create anxiety and uncertainty among existing staff in the facilities. We take immediate steps upon notification of contract award to communicate with existing staff regarding transitioning employment to Centurion, and we provide staff contact information so that they can hear firsthand information from Centurion. This practice reduces false rumors and helps maintain morale among staff during the transition.

In anticipation of contract award, our team has already begun the process of reviewing positions and identifying potential candidates for key positions. Gina Morris, Vice President of Recruiting, and Jennifer Tyrrell, Vice President of Human Resources lead this team.

Ms. Morris has over 15 years of experience in recruiting and personnel coordination. She has been with the company over 12 years and supervises the department. Under Ms. Morris’s direction, the national recruiting team uses a multi-faceted approach to address each partnership’s unique staffing needs. We organize our recruitment team by clinical discipline and each program has a dedicated leader for physician recruitment and a dedicated leader for allied healthcare recruitment to understand the specific needs of each program.

Our recruiting team for the KDOC program will include Dawn Sechrest, Director of Provider Recruiting and Mindy Halpern, Director of Allied Recruiting, both of whom will work under
the direction of Ms. Morris. Ms. Sechrest and Ms. Halpern will work closely with and oversee our dedicated recruiters. One of our dedicated recruiters to the Kansas program will be Jill Washburn. Ms. Washburn has over 15 years of experience in healthcare recruiting and is responsible for overseeing the recruitment of physicians, dentists, nurse practitioners, and physician assistants for two of the company’s current state partnerships.

Centurion maintains a long-term view of employment. Our goal is not to simply fill every position with the first candidate that comes along; it is to fill every position with a dedicated individual who will remain with the program over the course of the contract. This minimizes disruptions in patient care, enables better treatment outcomes, and increases the program’s overall stability.

Ms. Tyrrell leads a team of 25 human resources professionals that manage all activities related to human resources and retention including on-boarding, benefits, employee relations, and training. Rather than just have HR staff in our corporate office, we embed HR staff in the field within our major contracts to be able to support staff at a local level and implement custom employee relations campaigns designed to foster retention and minimize turnover.

The mission of our Human Resources department is to support the company’s goals and objectives by providing services that ensure exceptional treatment of staff, open communication, personal accountability, trust, and mutual respect. We seek and provide solutions to workplace issues that support and optimize the operating principles of the organization and its clients. Our HR team focuses on delivering quality customer service, and we are committed to recruit, develop, reward, and retain our national workforce.
We have provided detailed information about our recruiting capabilities and custom recruiting plans for the KDOC in our response to RFP Section 4.22.5, *Recruitment and Retention*.

**Experience Achieving NCCHC and ACA Accreditation**

As a conscientious healthcare company, Centurion ensures that our healthcare policies and procedures meet or exceed applicable standards of the [National Commission on Correctional Health Care (NCCHC)](https://www.ncchc.org) and [American Correctional Association (ACA)](https://www.aca-corp.org), regardless of the accrediting status of our client. For the KDOC program we will adhere to current accreditation and practice standards identified in:

- **ACA Performance-Based Expected Practices for Adult Correctional Institutions, Fifth Edition**
- **ACA Performance-Based Health Care Standards for Juvenile Correctional Facilities, Fourth Edition**
- **NCCHC Standards for Health Services in Prisons**
- **NCCHC Standards for Health Services in Juvenile Detention and Confinement Facilities**
- **Performance-based Standards** for juvenile offenders

In addition, our healthcare program routinely reviews and incorporates regulatory requirements established by:

- The Occupational Safety and Health Administration
- The Drug Enforcement Agency
- The Immigration and Customs Enforcement
- The Prison Rape Elimination Act (PREA)
- The Health Insurance Portability and Accountability Act (HIPAA)
- The Substance Abuse and Mental Health Services Administration
Centurion has assisted many of our partners in achieving and sustaining accreditation status. To date, we have supported the following programs in achieving and/or maintaining ACA accreditation:

- Florida Department of Corrections – 61 facilities
- Maryland Department of Public Safety and Correctional Services – 7 facilities
- Minnesota Department of Corrections – 11 facilities
- Mississippi Department of Corrections – 16 facilities
- New Mexico Corrections Department – 8 facilities
- Pennsylvania Department of Corrections – 24 facilities
- Tennessee Department of Correction – 10 facilities
- Bernalillo County Metropolitan Detention Center, New Mexico
- DeKalb County Jail, Georgia

The following programs or facilities have achieved and/or maintained NCCHC accreditation with Centurion:

- Arizona Department of Corrections – 10 prison complexes (59 facilities)
- DeKalb County Jail, Georgia
- Baltimore Central Booking and Intake Center, Maryland
- Chesapeake Detention Facility, Maryland
- Central Mississippi Correctional Facility, Mississippi
- Mississippi State Penitentiary, Mississippi
- South Mississippi Correctional Institution, Mississippi
- Bernalillo County Metropolitan Detention Center, New Mexico
- Philadelphia Department of Prisons – 4 facilities
- Pima County Department of Behavioral Health – 4 facilities
- Vermont Department of Corrections – 6 facilities
- Volusia County, Florida Division of Corrections – 2 facilities

As noted in more detail in our response to RFP Section 4.14 Accreditation, we will bring our capabilities in this area to support the KDOC’s accreditation efforts. Our Clinical Operations department will work closely with the KDOC facilities and staff to prepare for and maintain NCCHC and ACA accreditation.

**Ability to Process and Handle Bill Payments**

Centurion has experience in processing and handling bill payment services in our other correctional healthcare contracts. This includes managing timely and accurate payments to
vendors and suppliers. We incorporate payment billing and payment requirements into our contracts with suppliers and review them routinely. We will comply with all payment and reporting requirements noted in the RFP, including those specific in RFP Section 4.23, Payment.

We are proud of our ability to provide timely and accurate payments to suppliers. Unlike other correctional healthcare companies who are known to delay payments to suppliers due to financial difficulties and cashflow problems, Centurion’s strong financial condition enables us to ensure prompt payment to our supplier partners. For example, in our partnership in the state of Tennessee, 100% of our supplier payments received payment for services within the negotiated and agreed upon time period during calendar year 2018. On the following pages, we have submitted letters from two current company suppliers, The Corporate Graphic Center and Livingston Consulting, attesting to the timeliness and accuracy of our payments and the responsiveness of our accounts payable team.

Most of our clients have strict timelines for reporting payment correspondence, including the successful movement from the vendor to Centurion and from Centurion to the client. Each of our programs has a designated health services administrator or program manager who is responsible for approving invoices sent to our finance department for processing. In addition, we often have a point of contact at the client agency who assists with monitoring all payments within the correctional program. We maintain close communication with our client contacts regarding any payment challenges and our plans for resolving the issue. We propose to work with the KDOC to designate a point of contact on both ends to ensure payment monitoring and provide payment-processing reports reflecting our supplier payments.
October 3, 2019

To who it may concern,

This letter is written to inform you that MHM Services / Team Centurion is our client since 2005, servicing them with printing and mailing services.

In the 14 years and counting of our business relationship, they never had past due balance. Their credit with us is $50,000.

If you have any questions or require any further clarification on the information provided please feel free to contact me at 954-588-7711 (cell) or via email at gabyb@tcgcenter.com

Gabriela Thierer

Gabriela Thierer
CEO/Founder
10/3/19
October 1, 2019

To whom it may concern,

I have been providing consulting services to Centurion for three years, submitting invoices and receiving payment each month during this timeframe. I have found the accounting department to be very professional. They review my invoice submissions and initiate payment in a timely and accurate fashion.

It is without hesitation that I provide positive feedback and serve as a credit reference for the company.

Sincerely yours,

Brad Livingston
936-661-1197
blivingston.consulting@gmail.com
2.6 Experience

Bidders shall possess organizational qualifications that include one (1) or more senior management staff with at least three (3) years of experience in the operation, management, and provision of medical and behavioral health care services in a correctional system(s) with a cumulative population of at least 1,000 offenders with diverse and significant health care needs.

Centurion has read, understands, and will comply with the requirements and specifications in Section 2.6, Experience, identified herein.

Centurion meets and significantly exceeds KDOC experience requirement throughout the ranks of our stable senior management team. The stability of our senior management team distinguishes us from the competition.

As a company, our management of offender healthcare programs extends back over 22 years to 1997, when we began serving the departments of corrections in Tennessee and Georgia. Our Chief Executive Officer, Steven H. Wheeler, and other members of our senior management team have been with the company since then. In addition, many of our other senior managers who joined Centurion over the years have experience in correctional healthcare that pre-dates our entry into corrections in 1997. We assure the Department we will offer the KDOC a stable, seasoned, and well-resourced Centurion management team throughout the life of the contract.

While the RFP requirement above suggests that the presence of just one single senior manager with three years of experience in a system as small as 1,000 offenders is sufficient to meet the needs of this project, we wish to point out we have never seen a procurement of this scale with such a low experience threshold. To effectively transition the contract and its hundreds of employees and complex systems unique to corrections requires a large team of experienced professionals, both clinical and administrative. As we show below, Centurion’s middle and upper management ranks are full of industry leaders with many years of experience in correctional healthcare and in systems with over 1,000 offenders.

In addition, the measure of experience should not just be years of service of one or more managers in corrections, but actual corporate experience delivering the services to the size and scale of those sought under this procurement, which far exceeds the 1,000-offender level. In previous sections of our proposal, we have highlighted Centurion’s experience
providing correctional healthcare services to state correctional systems and our role as a leader in this field.

Today, Centurion serves 11 state correctional agencies, more than any other company. With over 8,000 employees, we serve over 300,000 offenders in more than 300 facilities and six municipal jails in 11 states. Our senior staff have extensive experience in managing and providing services within correctional settings, including numerous facilities with average daily populations of 1,000 or more offenders.

Hundreds of Years of Collective Experience

As described in detail in Section 2.4, Bidder Information, Centurion is fortunate to be home to some of the most qualified experts in the field of correctional healthcare. Our corporate leadership is composed of professionals with extensive experience managing, operating, and/or providing healthcare services. **This leadership team has 600 years of collective experience, of which over 400 years have been in corrections.** This experience provides KDOC with access to unparalleled experience in practically every aspect of correctional healthcare and assures KDOC of our ability to operate and manage the program in an effective and cost-efficient manner.

In the table that follows we have provided information of all our senior management staff who have over three years of experience operating, managing, and providing medical, dental, and behavioral health services in the correctional healthcare system with a cumulative population of over 1,000 offenders with diverse and complex healthcare needs. We included in this table our Clinical Operations leadership, many of whom have operated correctional programs and all of whom have decades of experience evaluating, supporting, and improving correctional health programs across the country.

**Executive and Senior Management Years of Experience in Healthcare**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Overall</td>
</tr>
<tr>
<td><strong>Executive Team</strong></td>
<td></td>
<td>27</td>
</tr>
<tr>
<td>Steven H. Wheeler</td>
<td>Chief Executive Officer</td>
<td>27</td>
</tr>
</tbody>
</table>
## Executive and Senior Management Years of Experience in Healthcare

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Overall</td>
</tr>
<tr>
<td>Keith Lueking</td>
<td>Chief Operating Officer</td>
<td>17</td>
</tr>
<tr>
<td>John Campbell</td>
<td>Chief Financial Officer</td>
<td>22</td>
</tr>
<tr>
<td><strong>Department Vice Presidents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bob May, MS</td>
<td>Vice President of Marketing &amp; Business Development</td>
<td>22</td>
</tr>
<tr>
<td>Gina Morris</td>
<td>Vice President of Recruiting</td>
<td>24</td>
</tr>
<tr>
<td>Jennifer Tyrrell</td>
<td>Vice President of Human Resources</td>
<td>7</td>
</tr>
<tr>
<td>Deana Johnson</td>
<td>Executive Vice President &amp; General Counsel</td>
<td>26</td>
</tr>
<tr>
<td><strong>Regional Vice Presidents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rock Welch, MS</td>
<td>Regional Vice President (Minnesota, Pennsylvania, Maryland, and Philadelphia programs)</td>
<td>35</td>
</tr>
<tr>
<td>Dana Neitlich, MSW</td>
<td>Regional Vice President (Vermont, New Hampshire, Connecticut, and Massachusetts programs)</td>
<td>32</td>
</tr>
<tr>
<td>Jeff Wells, MBA</td>
<td>Regional Vice President (Tennessee, Mississippi, DeKalb County, Georgia, and DBHDD programs)</td>
<td>25</td>
</tr>
<tr>
<td>Sharen Barboza, PhD, CCHP-MH</td>
<td>Vice President of Operations – Mental Health (CONREP)</td>
<td>20</td>
</tr>
<tr>
<td>Victoria Love, MS</td>
<td>Regional Vice President (Florida and Volusia County)</td>
<td>35</td>
</tr>
<tr>
<td>Tom Dolan, MBA</td>
<td>Vice President of Operations (Arizona)</td>
<td>21</td>
</tr>
<tr>
<td>Dmeter Dragovich, MBA</td>
<td>Regional Vice President (New Mexico, Pima County, and Bernalillo County)</td>
<td>18</td>
</tr>
<tr>
<td><strong>Program Managers / Vice Presidents of Operations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vicki Smith, MA, CCHP</td>
<td>Director of Operations, Arizona DOC</td>
<td>24</td>
</tr>
<tr>
<td>Inez Tann, BS, CCHP</td>
<td>Regional Vice President, Georgia DOC</td>
<td>45</td>
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<tr>
<td>Maria Evile MSEd</td>
<td>Program Manager, Maryland DPSCS</td>
<td>20</td>
</tr>
<tr>
<td>Renee Lipinski, RN, MBA</td>
<td>Vice President of Operations, Minnesota DOC</td>
<td>20</td>
</tr>
<tr>
<td>April Meggs, BSN</td>
<td>Vice President of Operations, Mississippi DOC</td>
<td>24</td>
</tr>
<tr>
<td>Shasta Jorgensen, MPH</td>
<td>Program Manager, New Hampshire DOC</td>
<td>18</td>
</tr>
<tr>
<td>Michael Rivers</td>
<td>Vice President of Operations, New Mexico CD</td>
<td>30</td>
</tr>
<tr>
<td>Jennifer Sheptock, MA</td>
<td>Program Manager, Pennsylvania DOC</td>
<td>28</td>
</tr>
<tr>
<td>Samantha Phillips, MPS</td>
<td>Vice President of Operations, Tennessee DOC</td>
<td>17</td>
</tr>
</tbody>
</table>
## Executive and Senior Management Years of Experience in Healthcare

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Overall</td>
</tr>
<tr>
<td>Lori Poirier, MSN, RN, CCHP</td>
<td>Vice President of Operations, Vermont DOC</td>
<td>10</td>
</tr>
<tr>
<td>Johnny Wu, MD, FACP, FACCP, CCHP-P, CCHP-A</td>
<td>Chief of Clinical Operations</td>
<td>18</td>
</tr>
<tr>
<td>John May, MD, FACP</td>
<td>Chief Medical Officer</td>
<td>27</td>
</tr>
<tr>
<td>Julie Buehler, BS, MPA, RRT, CCHP</td>
<td>Vice President of Medical Operations</td>
<td>25</td>
</tr>
<tr>
<td>Sharen Barboza, PhD, CCHP-MH</td>
<td>Vice President of Clinical Operations – Mental Health</td>
<td>*</td>
</tr>
<tr>
<td>John Wilson, PhD, CCHP-MH, CPHQ</td>
<td>Vice President of Clinical Development</td>
<td>24</td>
</tr>
<tr>
<td>Katie Wingate, RN, MSN, CCHP</td>
<td>Director of Nursing</td>
<td>35</td>
</tr>
<tr>
<td>Joel Andrade, PhD, LICSW, CCHP-MH</td>
<td>Director of Clinical Operations – Mental Health</td>
<td>20</td>
</tr>
<tr>
<td>Karen Riley, RN, BSN, MBA, CPHQ</td>
<td>Director of Continuous Quality Improvement</td>
<td>20</td>
</tr>
<tr>
<td>Tracey Titus, RN, CCHP-RN, CCHP-A</td>
<td>Director of Policy and Accreditation</td>
<td>28</td>
</tr>
<tr>
<td>Cheryl Esposito, RN, MSN, CCHP-RN</td>
<td>Director of Clinical Education</td>
<td>14</td>
</tr>
</tbody>
</table>

* Dr. Barboza currently fulfills two roles within our leadership structure and is, therefore, listed twice. However, we list her years of experience only once to confirm we are not double counting her experience or appearing to inflate our management experience artificially.

As our local leaders, our senior management staff use their longstanding experience in corrections to make sure that we provide best-in-class services while continuously evaluating and enhancing each program to achieve more.
Centurion has read, understands, and will comply with the requirements and specifications in Section 2.7, *Timeline*, identified herein.

Centurion has the experience and resources needed to ensure a smooth, effective, and seamless transition of healthcare services that will meet or exceed the KDOC’s expectation for uninterrupted service delivery. We have presumed a 60-day transition period for purposes of providing a timeline of transition activities with service delivery beginning on or about July 1, 2020. Our structured approach, dedicated resources, and experience with similar program transitions has positioned Centurion to assure the Department of our ability and commitment to provide a successful healthcare program transition at KDOC facilities.

Centurion’s transition for a new contract starts with development of a project plan for detailing high-level milestones, deliverables, key activities, and the people responsible. We provide our proposed *Transition Plan* in *Attachment E*. We propose to provide regular written updates to the KDOC regarding the status of our implementation and completion of each element in the project plan. As part of our response to this RFP, we provide our *Implementation Readiness Summary Report* for KDOC leadership in *Attachment F*.

We understand and appreciate that some of the details of this plan may change after contract award and negotiations. As such, Centurion will submit an updated transition plan for the KDOC’s review and approval immediately after final contract negotiations. At a minimum, our detailed transition plan in this proposal includes the following areas:

- Recruitment of current and new staff, including physicians
- Subcontractors and specialists
- Hospital services
- Identification and assuming of current medical care cases
- Equipment and inventory
- Medical record management plan detailing timely transition of EHR and obtaining existing medical records
- Orientation of new staff
- Personnel plan to supervise and monitor the transition
- Timeline for transition
- Pharmaceutical, laboratory, radiology, and medical supplies

**Centurion’s Expertise in Complex Contract Transitions**

We have extensive experience in transitioning complex correctional healthcare service delivery systems, including from the KDOC’s current healthcare vendor. Over the past six years, we have transitioned eight large statewide correctional services programs, as outlined in the table below.

### Startup Statistics from Centurion’s Comprehensive Statewide Systems

<table>
<thead>
<tr>
<th>Statewide System</th>
<th>Start Date</th>
<th>Number of Inmates</th>
<th>Number of FTEs</th>
<th>Number of Facilities</th>
<th>Transition Timeframe</th>
<th>Vendor Replaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>July 1, 2013</td>
<td>11,000</td>
<td>561</td>
<td>16</td>
<td>90 days</td>
<td>University of Massachusetts</td>
</tr>
<tr>
<td>Tennessee</td>
<td>September 9, 2013</td>
<td>20,000</td>
<td>571</td>
<td>11</td>
<td>75 days</td>
<td>Corizon</td>
</tr>
<tr>
<td>Minnesota</td>
<td>January 1, 2014</td>
<td>9,000</td>
<td>32</td>
<td>9</td>
<td>75 days</td>
<td>Corizon</td>
</tr>
<tr>
<td>Vermont</td>
<td>February 1, 2015</td>
<td>1,600</td>
<td>143</td>
<td>8</td>
<td>90 days</td>
<td>CCS</td>
</tr>
<tr>
<td>Mississippi</td>
<td>July 1, 2015</td>
<td>18,000</td>
<td>318</td>
<td>39</td>
<td>60 days</td>
<td>Wexford and Health Assurance</td>
</tr>
<tr>
<td>Florida</td>
<td>February 1, 2016</td>
<td>88,000</td>
<td>2,639</td>
<td>61</td>
<td>60 days</td>
<td>Corizon and Wexford</td>
</tr>
<tr>
<td>(North and Central)</td>
<td>June 18, 2017 (South)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Mexico</td>
<td>July 1, 2016</td>
<td>7,000</td>
<td>286</td>
<td>11</td>
<td>14 days</td>
<td>Corizon</td>
</tr>
<tr>
<td>Arizona</td>
<td>July 1, 2019</td>
<td>42,000</td>
<td>1,174</td>
<td>10</td>
<td>90+ days</td>
<td>Corizon</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>196,600</strong></td>
<td><strong>5,724</strong></td>
<td><strong>165</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In addition to the statewide correctional program transitions noted above, within the last year Centurion has successfully transitioned four medium to large correctional health jail systems, as noted in the table that follows.
## Statistics from Centurion’s Recent Jail Startups

<table>
<thead>
<tr>
<th>Statewide System</th>
<th>Start Date</th>
<th>Number of Offenders</th>
<th>Number of FTEs</th>
<th>Number of Facilities</th>
<th>Transition Timeframe</th>
<th>Vendor Replaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima County, AZ</td>
<td>July 1, 2018</td>
<td>2,200</td>
<td>125</td>
<td>4</td>
<td>45 days</td>
<td>CCS (now Wellpath)</td>
</tr>
<tr>
<td>Volusia County, FL</td>
<td>December 29, 2018</td>
<td>1,454</td>
<td>58</td>
<td>2</td>
<td>60 days</td>
<td>Armor Correctional</td>
</tr>
<tr>
<td>Bernalillo County, NM</td>
<td>February 1, 2019</td>
<td>1,550</td>
<td>83</td>
<td>1</td>
<td>60 days</td>
<td>Wellpath</td>
</tr>
<tr>
<td>Hennepin County, MN</td>
<td>November 15, 2019</td>
<td>600</td>
<td>34</td>
<td>4</td>
<td>30 days</td>
<td>Corizon</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>5,804</td>
<td>300</td>
<td>11</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Centurion’s most recent transitions over the past four years include our partnerships with the Mississippi Department of Corrections, the Florida Department of Corrections, the New Mexico Corrections Department, and most recently the Arizona Department of Corrections. As noted, our jail system transitions in the last year include Pima County, Arizona, Volusia County, Florida, Bernalillo County, New Mexico and, most recently, Hennepin County, Minnesota.

In 2015, we transitioned the Vermont Department of Corrections healthcare program from CCS, now known as WellPath. Vermont has a correctional system structure that incorporates management and oversight of both prison and jail facilities. We have learned from this experience how to prepare joint accreditation requirements when facilities sometimes house both jail and prison inmates. Centurion provides comprehensive services for the Vermont DOC, including medical, mental health, and dental services. We are currently in the process of assisting them with expansion of the MAT services and implementation of a new EHR system.

The Mississippi Department of Corrections healthcare program transition occurred in less than two months. It involved transitioning services and staff from two healthcare vendors, and encompassed three state correctional facilities, four privately contracted correctional facilities, 17 community correctional facilities, and 15 county regional correctional facilities. Coordinated services included medical, behavioral health, and dental care.

In early June 2016, Centurion transitioned the New Mexico Corrections Department medical, psychiatric, and dental service contract in an extraordinarily short time necessitated by the state procurement process. We successfully coordinated staff and service transition for over 7,000 prisoners across 10 facilities in just two weeks. Completing a complex contract
transition in such a short timeframe is not desirable, but Centurion achieved transition goals under highly challenging turnaround requirements.

During the spring of 2016, Centurion transitioned comprehensive healthcare services for over 50 institutions, 72,000 prisoners, and nearly 1,800 FTEs in northern and central Florida. We did so in just over five weeks according to the timeframe and schedule established by the Florida Department of Corrections. The transition of comprehensive healthcare services to Centurion from Corizon, including utilization management and network services, was supported by extensive corporate resources both on-the-ground at individual institutions and remotely. As a result of our methodical support for the transition, the healthcare service delivery system demonstrated rapid improvements that we have since sustained.

Later, in late June 2016, Centurion transitioned comprehensive healthcare services for an additional 10 institutions, 13,000 prisoners, and 445 FTEs in southern Florida on an urgent basis after the Florida Department of Corrections terminated its prior healthcare contractor, Wexford Health Sources, Inc. We completed this transition, like the transition for the rest of the Florida DOC system, in accordance with the Department’s established timelines, in this case over the course of six weeks.

In the summer of 2018, we implemented the Pima County Sheriff’s Office partnership in approximately 45 days. The contract includes provision of medical, mental health and dental services to adult detainees and juvenile population and officially transitioned to Centurion July 1, 2018. We provide services for two adult facilities, the Pima County Adult Detention Complex (PCADC), which includes the Mission Facility, and the Pima County Juvenile Detention Center. The adult facilities average approximately 2,150 detainees and the juvenile facility averages about 45. In addition to the adult facilities, we provide consultation to the Ajo District Jail for detainees who may require transfer to PCADC.

Program transition highlights included the following:

- Addition of a pre-booking screening process previously not provided in the program
- Modifications to previous timelines on completion of identified encounters
- Implementation/transition from Wellpath’s current EHR to a new system
- Strong Information Technology presence assisting with transition, set up, side by side work with the EHR vendor, and EHR implementation/training
- Onsite support from our corporate medical and mental health clinical operations staff as well as clinical and administrative support staff from our other Centurion programs
Staff training and side-by-side work between Centurion clinical operations team and employees to help learn and implement new processes/programs

At the end of December 2018, we successfully implemented our partnership with Volusia County, Florida in 60 days. This comprehensive healthcare service contract includes onsite medical, mental health, and dental services, as well as onsite ancillary and diagnostic services, and management of offsite specialty and inpatient care. Earlier this year we transitioned the comprehensive healthcare program for the Metropolitan Detention Center in Bernalillo County, a program that commenced on February 1, 2019.

Our most recent statewide correctional healthcare program transition occurred on July 1, 2019 when we began providing comprehensive healthcare services for the Arizona Department of Corrections (ADOC). The services we provide include medical, mental health, dental, and pharmacy services. We provide the ADOC with 1,174 healthcare staff FTEs that serves over 42,000 inmates in 10 large facility complexes, each of which has two or more separate facilities. As part of this comprehensive healthcare transition, we successfully implemented a newly tailored statewide electronic health record (EHR) system, which was ready for service by the program commencement date.

Centurion’s most recent jail transition was for Hennepin County, Minnesota in mid-November, 2019. This medium sized jail system is comprised of four facilities, two for adults and two for juveniles, with a combined average daily population of approximately 600 inmates. We provide medical, dental, mental health, and MAT services with 34 FTEs. As part of the transition we provided new EKG and other medical equipment, established a new pharmacy subcontractor, added new computers, printers, and our own internet server. Centurion successfully on boarded virtually all of the existing staff.

Overview of Transition Activity Timeframes

Dmeter Dragovich, MBA, Centurion’s Regional Vice President of Operations, will lead the startup effort for Centurion in conjunction with our onsite Kansas-based Regional Vice President of Operations. They will maintain contact with designated KDOC Central Office staff during the transition period. Our Regional Vice President of Operations will coordinate the activities of our transition teams, functional leads, and ancillary service providers and will be on site as often as necessary to guide the transition. Contact will be as frequent as needed, up to
and including daily calls if desired by KDOC healthcare leadership.

Within the initial week following contract award, we will conduct weekly meetings with identified KDOC and Centurion contacts to discuss progress and potential issues. To facilitate these discussions, Centurion contacts will provide written *Implementation Status Reports* to ensure agreement on the status of transition activities. We provide a summary of key administrative transition activities and their recommended timeframes in the following table.

### Communication with Administration and Healthcare Leadership

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Identify and assign Centurion staff for Initial Human Resource transition introductory site visits and assign Centurion Clinical Operations staff for onsite transition support effective July 1, 2020.</td>
</tr>
<tr>
<td>First Week After Contract Award and Notice of Approval to Initiate Communications</td>
<td>Conduct initial meeting with KDOC leadership; receive approval for introductory letter; determine process and identify site visit dates for access to KDOC facilities; provide information on Centurion HR/Transition Introductory Team members including names, dates scheduled on site, clearance information and goals of HR/Transition introductory onsite visits</td>
</tr>
<tr>
<td>Week 2 – 3 post contract award</td>
<td>Introductory meetings with each facility Superintendent/Warden and facility-based healthcare leadership staff; identify concerns and facility-specific issues related to contract transition and delivery of proposed services; initiate visits by transition teams to meet incumbent healthcare staff and obtain site-specific information concerning processes, contacts for supply and technology questions. Provide final assignments, clearance information and purpose of documented goals of onsite Clinical Operations transition support. Initiate weekly call with onsite healthcare leadership, Centurion Regional Vice President, Regional Medical Director, Clinical Operations and designated healthcare administration to facilitate ongoing discussions about transition, support information sharing, and facilitate responding to site questions regarding transition. Continue weekly KDOC status meetings</td>
</tr>
<tr>
<td>Weeks 3 – 5 post contract award</td>
<td>Continue outreach to incumbent staff assisting with on-boarding process as necessary; work with Corizon to obtain a list of scheduled offsite consultations through first 60 days of contract. Continue with weekly KDOC status meetings and reporting.</td>
</tr>
<tr>
<td>15 – 30 days prior to transition date</td>
<td>Obtain list of current authorized/scheduled specialty care trips, establish process to obtain ongoing authorizations, and schedule appointments to ensure continuity. Discuss list of current hospitalized patients, determine any scheduled hospitalizations immediately post transition, determine a date to begin daily updates from Corizon regarding current/new/discharged hospitalized patients and facilitate daily review call with KDOC, and Corizon utilization management staff through contract transition. Coordinate meeting with KDOC central transportation staff to discuss process for providing required data for scheduled and emergent transportation; provide utilization management staff contact numbers and required reporting information to sites. Continue with weekly KDOC status meetings.</td>
</tr>
<tr>
<td>2 – 4 weeks prior to transition date</td>
<td>Distribute on-call schedules; provide schedules of providers by facility to facility leadership and KDOC; inform of any proposed locum tenens usage; meet with Corizon to review</td>
</tr>
</tbody>
</table>
## Communication with Administration and Healthcare Leadership

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalized patients</td>
<td>hospitalized patients and obtain any approved and not yet scheduled offsite consultations. Provide Project Plan status report to KDOC during ongoing weekly meeting.</td>
</tr>
<tr>
<td>Post Contract Start</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify outstanding transition goals; monitor transition of ancillary service providers; follow up with facility-based healthcare leadership concerning any unidentified issues during transition. Continue with weekly healthcare administration and Centurion Statewide Operations calls to answer transition questions and maintain an open dialogue with Centurion operations. Continue with weekly KDOC status meetings.</td>
</tr>
</tbody>
</table>

### Staff Recruitment

**Gina Morris**, Vice President of Recruitment, leads our recruiting department. She has been with the company over 10 years and leads our team of over 35 full-time recruiting personnel. Centurion will assign dedicated recruiters for the Kansas contract. We allocate more recruiting resources per open position than any other company does.

Prompt access upon contract award will be critical to Centurion’s ability to hire for identified open positions and ensure adequate staffing is available at contract startup. Our goal will be to meet with Corizon staff as soon as the KDOC and Corizon allows. Through this process, we will begin the activities necessary to receive pertinent new hire information from current employees, transition them into the Centurion Human Resources system, and activate their employment and benefits.

Although we conduct salary surveys as an integral component of Centurion’s recruiting process, we strive to transition incumbent staff at their current rates and avoid changes in compensation and benefits as much as possible. Our salary scales as well as the rates of the transitioning employees provide us a starting point for the recruitment of new staff. Competitive wages and a strong benefits package ensure full staffing, low turnover, and staff stability for the long term of our contract. We provide more information regarding these efforts in our response to RFP Section 4.22.4, **Credentialing Committee**. We understand that stability of current and ongoing qualified staff allows us to generate efficiencies in many operational areas to decrease overall costs.
Centurion’s Recruiting and Retention Activities during Transition

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Conduct current salary survey; prepare benefits package; assign recruiting staff; draft introductory letter; initiate recruitment of key positions; establish toll free number and email address for questions from current contract providers</td>
</tr>
<tr>
<td>First Week After Contract Award and Notice of Approval to Initiate Communications</td>
<td>Receive approval for introductory letter; request contact information for current contractor staff; send introductory letter to facilities for distribution to transitioning staff; finalize internal hiring system for KDOC; provide information for background checks; KDOC approval of hires; and identify process for onsite tours of applicants</td>
</tr>
<tr>
<td>Second through Fourth Weeks and Ongoing</td>
<td>Initiate recruiting process for staff not currently working within KDOC system and continue recruitment as needed through contract implementation; request and process information from current healthcare staff about transitioning to Centurion employment; initiate site visits to each facility by Centurion transition teams; conduct interviews with current Corizon staff; continue contact with transitioning staff; make job offers; follow-up with those undecided about transitioning; continue recruiting for identified vacant positions; identify any potential need for locum tenens providers and begin identifying candidates</td>
</tr>
<tr>
<td>Third and Fourth Weeks</td>
<td>Assess and organize personnel, credentialing, and training records for staff transitioning to Centurion employment; initiate discussion with Corizon and KDOC regarding transitioning staff and required employee health and wellness needed for transitioning staff; begin NPDB verification of licensure for all providers and nursing staff and request credentialing review if needed; ensure all sites have scheduled providers available for startup; provide schedule to facility and KDOC Leadership</td>
</tr>
<tr>
<td>Fifth Week and Ongoing</td>
<td>Continue to recruit for vacant positions; ensure staff are prepared and have facility healthcare contacts for first day of contract and/or employment; provide recruitment fill/vacancy information routinely to client</td>
</tr>
<tr>
<td>Sixth Week and Seventh Week</td>
<td>Finalize employee credential, health and wellness file information and initiate maintenance of required employee file information with completion prior to contract start date. Validate information maintained at site prior to close of contract.</td>
</tr>
<tr>
<td>Post Contract Start</td>
<td>Initiate recruitment directly with Centurion regional and site level healthcare administration to identify ongoing recruitment priorities/strategies.</td>
</tr>
</tbody>
</table>

**Employee Orientation**

An important component of a successful transition to Centurion services is our orientation and training program. Upon contract award, Centurion will initiate development of a Kansas-specific New Employee Orientation program that incorporates specific KDOC policies and processes into the training. Additionally, all new Centurion staff who have been pre-screened and cleared for entry into KDOC facilities will complete the Employee Orientation program for both Centurion and KDOC.

Centurion will remain flexible and adjust our New Employee Orientation Program to the needs of KDOC. Orientation for new Centurion staff includes a variety of training including mandatory self-study modules for information specific to HIPAA, PREA, Confidentiality, Hazardous Communication and Bloodborne Pathogen Exposure information, formal
classroom training specific to policies, performing care, working in the correctional environment, and finally training within the facility directed by a mentor/preceptor.

We recently added another required staff orientation topic: human trafficking. Healthcare and correctional systems are only recently realizing the extent to trafficking victims and perpetrators intersect with the criminal justice and correctional systems. We will make our human trafficking training available to both healthcare and custody staff, if desired by the KDOC. Our training reviews the important role that healthcare and custody staff can play in identifying victims and providing appropriate interventions and referral supports.

In addition to our Employee Orientation, we have developed a specialized Provider Orientation Program that we will require each transitioning and new provider to complete. This is an important provider orientation opportunity that requires participation of the Regional Director of Nursing, the Centurion Regional Medical Director, and Centurion Regional Vice President. The Medical Provider Orientation Program takes 30 to 90 days to complete allowing and providing for consistent training and follow-up. Centurion will augment these corporate manuals with facility- and program-specific information upon contract award.

Experience confirms that, in addition to providing Employee Orientation training to direct care staff, provision of management training to Centurion administrative and clinical leadership can be highly beneficial. We approach work with the new onsite healthcare management team in two phases; the first being a transition meeting with transitioning Health Services Administrator and Directors of Nursing to provide a company overview, make corporate/statewide contacts and expectations available and known and help set the tone and answer questions for the contract transition. We prefer that this initial transition meeting with onsite healthcare leadership be completed prior to contract transition and, with prior KDOC approval, or within the first few weeks of transition.

The second phase is training specific to the Health Services Administrator and Director of Nursing roles. These usually occur within the initial 30 – 90 days of the contract and help to ensure that these positions have the tools and information available to be successful in their new or transitioning role.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Develop plan and define timelines for completion, introduction and train the trainer</td>
</tr>
<tr>
<td></td>
<td>sessions specific to the Centurion Clinical Employee Orientation</td>
</tr>
</tbody>
</table>
Employee Orientation and Training Activities

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Week After Award and Notice of Approval to Initiate Communication</td>
<td>Confirm process to complete KDOC security orientation; collaborate with KDOC leadership to develop plan for training implementation, including access to onsite or offsite KDOC training facilities and provision of initial orientation sessions on site or regionally</td>
</tr>
<tr>
<td>Third Week</td>
<td>Provide Employee Orientation Plan to KDOC for approval; discuss and finalize dates for Centurion transition meeting for transitioning HSA, DON and regional staff</td>
</tr>
<tr>
<td>Fourth Week</td>
<td>Obtain information for KDOC-required orientation provide to any new hires and recruiting staff; provide employee orientation schedules to regional and onsite health services leadership for coordination and scheduling of staff for training</td>
</tr>
<tr>
<td>Fifth Week</td>
<td>Finalize training schedule, locations and materials for Employee Orientation; provide schedule to KDOC healthcare leadership for assistance in coordination and participation as indicated</td>
</tr>
<tr>
<td>Sixth Week</td>
<td>Discuss/define dates for HSA and DON training; work with Centurion Kansas regional office to define location, final materials, participants; facilitate plan with Centurion Regional and site clinical leadership for maintenance of clinical orientation programs</td>
</tr>
<tr>
<td>Week of Contract Implementation</td>
<td>Implement electronic required orientation modules; continue clinical Employee Orientation as needed for new staff</td>
</tr>
</tbody>
</table>

Interface with Current Healthcare Contractor and Assuming Patient Care

While the competition between correctional healthcare companies for contracts can be intense, when new contracts are awarded companies work together to ensure a smooth contract transition. No company wants to cause poor patient care or adverse clinical outcomes as a result of a poor contract transition. Working collaboratively with Corizon will ensure that there is seamless handoff for current KDOC patients receiving care.

As previously noted, we have worked well with Corizon in the past. Over the past several years we have transitioned a number of our correctional healthcare programs from Corizon (e.g., Florida, Minnesota, Tennessee, Hennepin County).

Interface with Current Healthcare Contractor

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Week after Contract Award and Notice of Approval to Initiate Communications</td>
<td>Propose initial meeting to establish expectations; identify transition and contractor coordination issues; request contact information for current contractor staff</td>
</tr>
<tr>
<td>First and Second Week</td>
<td>Request information regarding incumbent healthcare staff</td>
</tr>
<tr>
<td>Second and Third Week and Ongoing</td>
<td>Identify current contractor concerns related to contract transition and delivery of healthcare services; provide information regarding scheduled site visits</td>
</tr>
</tbody>
</table>

Page 10
**Interface with Current Healthcare Contractor**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third and Fourth Week and Ongoing</td>
<td>Determine medical supplies inventory and reconciliation process; determine medical information technology transition activities; determine medication ordering and management process through transition; review ongoing interface; review routine and chronic service provision and scheduling through transition</td>
</tr>
<tr>
<td>Fifth Week and Ongoing</td>
<td>Review ongoing interface; review patients with outstanding specialty services, scheduling and coordination through transition; obtain list of authorized and scheduled/not scheduled specialty services</td>
</tr>
<tr>
<td>Week Prior to Transition</td>
<td>Discuss hospitalized patients; conduct final transition meeting on first day of contract</td>
</tr>
</tbody>
</table>

**Ancillary Services and Medical Supplies**

*Lisa Rossics*, Centurion’s Director of Network Development and Maintenance, coordinates Centurion’s ancillary services and is responsible for sourcing local and national suppliers. Our ancillary service providers are key stakeholders in the transition process. We work very closely with them to ensure that they have the information they need to successfully transition services. Centurion will work to minimize disruption to service by determining current service providers and maintaining those services as indicated to allow for quality patient care and manage financial accountability.

We understand that the KDOC will need to approve any subcontractors that we propose. With KDOC approval, we propose utilizing several ancillary service providers including **BioReference** for laboratory services and **Institutional Eye Care** for optometry, glaucoma management and eyeglasses. We propose maintaining **CharDonnay** for continuation of onsite dialysis services. We will work closely with any new and/or incumbent ancillary service providers to ensure that onsite services and related training for staff occur prior to transition to maintain uninterrupted service delivery and patient care.

We provide below a sample of our proposed subcontractors. A more comprehensive list is included in our response to RFP Sections 4.3.25, *Specialty Services*.

- Audicus, Inc. – Audiology/hearing aids
- Airgas – Oxygen
- Agiliti – Durable medical equipment
- Aeris Consulting – Sleep studies
- CompuMed – EKG
- Stericycle – Biohazardous waste removal and medical waste –
- Propet USA – Diabetic shoes

For medical supplies, we propose partnering with McKesson, the current incumbent subcontractor, to continue providing the full range of required medical supplies. Our proposed dental supply subcontractor is Patterson, and for dental laboratory services, KS Correctional Industries. Centurion recognizes that each of these proposed subcontractors will require review and approval by the KDOC prior to Centurion entering into any subcontract arrangements.

We discuss in the transition activity table below our expected timeframe to inventory all medical and dental supplies prior to the contract start date. We provide detail regarding our plan to provide ongoing medical and dental supply inventories in our response to RFP Sections 4.18, Equipment and Supplies, and 4.19, Health Care Equipment Fund.

### Ancillary Services

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Letters of agreement developed with ancillary subcontractors for provision of routine and urgent treatment, diagnostic and testing services</td>
</tr>
<tr>
<td>First week after Contract Award and Notice off Approval to Initiate Communications</td>
<td>Notify subcontractors of contract award; discuss contract transition specifics including timelines, contracted service requirements, availability of staff training, and contact information</td>
</tr>
<tr>
<td>Third through Fourth Week</td>
<td>Discuss and determine equipment and supply needs for sites; gather information from sites requiring specific services, including current days/times of service, current equipment supplies and inventory; send information for ancillary service provider clearance information. Participate in weekly Centurion site leadership transition meetings to provide ancillary services information and discuss site issues, questions.</td>
</tr>
<tr>
<td>Fourth and Fifth Week</td>
<td>Develop facility quick reference identifying ancillary service providers and provide to site health services leadership during contract transition meeting or directly to site, process for obtaining routine and after-hours services, routine and after-hours contact information and special considerations when using services</td>
</tr>
<tr>
<td>Fifth and Sixth Week</td>
<td>Identify medical supplies required for coverage of initial two weeks of contract; coordinate ordering and delivery of necessary supplies and equipment at time of transition. Initiate McKesson accounts for site staff responsible for ordering</td>
</tr>
<tr>
<td>Sixth Week and Post Contract Start</td>
<td>Validate equipment and supplies for transitioning vendors provided and, as indicated, training/ordering/etc. processes set up with site staff</td>
</tr>
<tr>
<td>Post Contract Start</td>
<td>Follow-up with facility healthcare leadership to identify any areas of concern and work directly with ancillary provider and site to facilitate resolution; follow-up with transitioning and new ancillary providers to confirm training, equipment/supply provision completed and current operations being maintained.</td>
</tr>
</tbody>
</table>
Hospital, Emergency Services, and Specialty Care

Lisa Rossics, Director of Network Development and Maintenance, is responsible for identifying and establishing relationships with hospitals, emergency services providers, and specialty care providers. If approved by the KDOC, the hospitals that we propose working with include the following:

- Lincoln County Hospital
- Ascension Via Christi St. Francis
- Ascension Via Christi St. Joseph
- University of Kansas Health System – St. Francis Campus
- Hutchinson Regional Medical Center
- Labette Health
- Ellsworth County Medical Center
- St. John Hospital
- Providence Medical Center
- Stormont Vail Hospital
- Edwards County Hospital and Health Center

We have not identified all the specialty providers for telehealth or onsite services in our proposal as we prefer to utilize existing providers in good standing with the KDOC. Upon contract award and prior to the start date, we will provide the KDOC with additional information on specialized medical service providers.

In our other healthcare programs, we often utilize a group of specialty providers associated with community hospitals and clinics, so our memorandums of understanding are with the hospital or clinic, not specific physicians who may change over time. We are currently in discussion with the above mentioned hospitals and clinics and anticipate utilizing one or more for the provision of specialty services to KDOC correctional patients.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Contractual agreements and/or letters of intent initiated with required subcontractors for provision of emergency transport, hospitalization, and specialty services</td>
</tr>
<tr>
<td>First Week After Contract Award and Notice of Approval to initiate Communications</td>
<td>Notify subcontractors of award and verify contractual and associated service/care requirements; confirm current hospital and specialty providers</td>
</tr>
<tr>
<td>Second Week</td>
<td>Identify point of contact with hospitals and specialty providers and initiate contact to discuss coordination of scheduling service provision; obtain information from Connections concerning primary specialty providers and hospitals used; identify specialty providers with telehealth capabilities</td>
</tr>
</tbody>
</table>
Hospital, Emergency Services, and Specialty Care

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Week</td>
<td>Work to ensure eligibility information interfaces with KDOC databases and UM system; train utilization management team and hospital network on components of program</td>
</tr>
<tr>
<td>Fourth Week</td>
<td>Test interface; continue to train and communicate about process with hospital network</td>
</tr>
<tr>
<td>Fifth Week and Ongoing</td>
<td>Continue to work on obtaining contracts from each subcontracted provider</td>
</tr>
<tr>
<td>Sixth Week</td>
<td>Develop institution quick reference guide identifying emergency services and transport provider, hospitals, and specialty care providers; provide information to regional and onsite clinical, administrative and scheduling coordination staff</td>
</tr>
<tr>
<td>Contract Start Date</td>
<td>Transition teams on site to assist with trouble shooting as required</td>
</tr>
<tr>
<td>Post Contract Start</td>
<td>Confirm with facility leadership that information available is appropriate; identify any areas of concern and work to correct; follow-up with; continue to monitor specialty service and ancillary services providers for changes, additional services, etc.; verify eligibility information is being transmitted; ensure ongoing training of network and utilization management staff to ensure proper application and tracking of information</td>
</tr>
</tbody>
</table>

Information Technology and Medical Record Management

Transition of information technology (IT) related activities is essential for the ongoing capturing of data and aspects of KDOC documentation of care. Our IT department will work closely with the KDOC IT department to ensure all aspects of the information technology transition, including medical record management support are in order. We commit to providing support for arranging and managing the processes needed for information technology interfaces. Centurion is aware that this includes the establishment and ongoing maintenance of a separate healthcare information technology network.

We recognize that the KDOC having its own EHR system will greatly accelerate the medical record transition process. Should the KDOC decide to replace the NextGen system, we are prepared to assist the Department in identifying and implementing a new EHR system. We provide more detail on our EHR experience and available corporate resources in our response to RFP Section 4.20, Health Information Management.

As part of the initial transition process, we will complete the following transition activities related to the KDOC’s EHR system between contract award and the state date:

- Arrange meeting with EHR vendor/onsite manager and KDOC to review our medical record transition plan
- Review/confirm medical record version, functionality, and planned/anticipated enhancements, and any current limitations or challenges
- Review facility-specific medical record storage, including location of any hardcopy charts, and retrieval protocols
- Review NextGen’s reporting and scheduling capabilities
- Confirm medical record staffing allocations and specific duties for each KDOC facility
- Review current patient scheduled appointments in EHR system
- Provide EHR training to new healthcare staff, including review of KDOC policy and contract requirements
- Assist the KDOC in identifying additional EHR enhancements, including, but not limited to those required in the RFP

**Information Technology**

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
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<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Reviewed technology available; develop draft strategy for interface requirements and clarification required from KDOC</td>
</tr>
<tr>
<td>First Week After Contract Award and Notice of Approval to initiate Communications</td>
<td>Identify KDOC information technology contact including facility-specific contacts; perform institution review to determine current IT infrastructure, discuss infrastructure requirements and identify any potential infrastructure gaps, connectivity issues and license requirements. Assess condition of current separate healthcare IT infrastructure to determine additional network establishment requirements.</td>
</tr>
<tr>
<td>Third and Fourth Week and Ongoing</td>
<td>Identify necessary interfaces for ancillary service providers; confirm use of KDOC and/or institution secure lines by Centurion staff, including limitations; determine equipment that will not be retained as part of the contract transition and determine potential impact on service delivery. Initiate new staff trainings on EHR system</td>
</tr>
<tr>
<td>Fourth and Fifth Weeks</td>
<td>Identify telephone requirements and transition service providers and initiate a deployment timeline for Kronos time clocks and additional transition deployments</td>
</tr>
<tr>
<td>Sixth Week and Ongoing</td>
<td>Continue work with KDOC IT representative on deployment and testing of any IT equipment or software enhancement prior to contract start date</td>
</tr>
<tr>
<td>Post Contract Start</td>
<td>Monitor need for equipment and initiate discussions regarding any needed EHR enhancements</td>
</tr>
</tbody>
</table>

**Telehealth**

Centurion understands how important the development and ultimate expansion of the telehealth program is to efficient provision of services, minimizing risk associated with offsite healthcare and cost savings specific to transport and custody. We have been successful in implementing and using telehealth in our other comprehensive correctional programs to reduce transportation for offsite specialty appointments and will work with the KDOC to review, identify and expand services as indicated based on volume and availability of telehealth services/providers.

Prior to contract implementation, Centurion’s Manager of Telehealth Services, Ethan Pinkert, will obtain an inventory of telehealth equipment available at each site and confirm
the condition of peripheral equipment. We have found this is essential prior to transitioning offsite appointments for telehealth. Our team of telehealth specialists will arrange to train onsite staff in the use of the equipment if they are not familiar. We will conform our model policies and Telehealth Operations Manual to meet KDOC policy requirements and clinical service needs. We provide more detailed information on our Telehealth Plan for the KDOC in our response to RFP Section 4.3.26, Telemedicine.

### Telehealth Implementation Activities

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
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<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Work with Centurion’s Director of Network Development and Maintenance Director to identify a list of specialty providers with telehealth capabilities; identify any organizations that require presenter trainings.</td>
</tr>
<tr>
<td>First Week After Contract Award and Notice of Approval to initiate Communications</td>
<td>Determine KDOC priorities for telehealth implementation; identify KDOC contact and facility contacts for telehealth services.</td>
</tr>
<tr>
<td>Third Week</td>
<td>Perform facility review to determine available telehealth equipment and peripherals; obtain information for protocol development; analyze current utilization of equipment to facilitate scheduling; communicate with sites to identify current service provision.</td>
</tr>
<tr>
<td>Fourth and Fifth Week</td>
<td>Review availability of specialty providers with telehealth capabilities; work with specialty providers to ensure ability to communicate with KDOC telehealth network; develop protocols and share with KDOC for review.</td>
</tr>
<tr>
<td>Sixth Week and Ongoing</td>
<td>Work with transition teams to assist with any necessary trouble shooting; continue telehealth program development.</td>
</tr>
<tr>
<td>Post Contract Start</td>
<td>Continue to work on transitioning appropriate specialty consults to telehealth; work with KDOC to replace or add equipment as deemed necessary; continue to identify specialists with telehealth capabilities based on specialty and general medical and mental health care patient care requirements and volume to support.</td>
</tr>
</tbody>
</table>

### Centurion Clinical Protocols/Medical Management

As a component of our regional office, we will employ a team of trained utilization management (UM) nurses. Centurion UM staff are an integral component of the Centurion team and will have immediate knowledge of local policies, direct access to the site physicians and the regional medical director. They will build close working relationships with Centurion physician leadership and local community based hospitals, emergency departments and specialty providers. We will hire and train our UM staff prior to the start date of the contract to facilitate a smooth transition and continuity of utilization management activities for offsite and specialty care.
## Centurion Clinical Protocols/Medical Management

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Clinical infrastructure for onsite medical services, psychiatric services, and utilization management developed and reviewed</td>
</tr>
<tr>
<td>First Week After Contract Award and Notice of Approval to initiate Communications</td>
<td>Submit to KDOC for consideration of implementation: Centurion’s Clinical Guidelines, Centurion’s Disease Management Guidelines, Centurion’s Prescription Guidelines and Centurion’s Utilization Management Program Description</td>
</tr>
<tr>
<td>Second through Third Weeks</td>
<td>Identify base KDOC documents from Centurion and KDOC to use for specialty care review process as well as notification of emergency department referrals and scheduled/unscheduled inpatient stays; discuss, obtain KDOC approval and define objectives for use of Clinical Guidelines in KDOC facilities; schedule and include in employee and provider training approved guidelines, use, associated forms and processes</td>
</tr>
<tr>
<td>Third Week and Ongoing</td>
<td>Meet with designated KDOC staff to discuss, finalize written plan for UM process, reporting of information and transition of current and ongoing authorized referrals</td>
</tr>
<tr>
<td>Fourth Week and Ongoing</td>
<td>Initiate, as UM staff are hired, training related to UM processes, Centurion Business rules, UM systems for tracking/documents referral requests</td>
</tr>
<tr>
<td>Fifth Week</td>
<td>Perform collaborative review with KDOC to make final recommendations and revisions for Centurion’s Utilization Management Program and clinical protocols; finalize all Clinical Protocols with KDOC</td>
</tr>
<tr>
<td>Sixth Week and Ongoing</td>
<td>Determine current inpatients and maintain ongoing communication regarding current and new inpatient through final week prior to transition</td>
</tr>
<tr>
<td>Week of Contract Implementation</td>
<td>UM staff to work with sites and UM staff to verify process in use and operational; troubleshoot and provide additional training for UM and/or site/regional practitioner’s specific to the process.</td>
</tr>
<tr>
<td>Post Contract Start</td>
<td>Continue to communicate with Site Medical Directors/Physicians and Health Services Administrators about any concerns or issues with utilization management systems; ensure patients are accessing specialty consultations as scheduled.</td>
</tr>
</tbody>
</table>

### Additional Programs/Reporting
Maintaining and improving an effective healthcare program includes consistent monitoring and reporting in order to identify and constantly look for improvements. Centurion will work with the KDOC to develop programs to provide monitoring, reporting that are focused on improving services and care delivery.

### Centurion CQI and Bloodborne Pathogens Exposure Control Programs

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Centurion CQI and Bloodborne Pathogens Exposure Control Programs developed</td>
</tr>
<tr>
<td>First Week After Contract Award and Notice of Approval to initiate Communications</td>
<td>Submit for consideration: Centurion’s Continuous Quality Improvement Program, Centurion’s Infection Control Program specifically related to Centurion employee issues such as Bloodborne Pathogens Exposure Control Plan and tuberculosis screening</td>
</tr>
</tbody>
</table>
## Centurion CQI and Bloodborne Pathogens Exposure Control Programs

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Second and Third Week</strong></td>
<td>Identify standardized roles/responsibilities for Centurion staff in KDOC CQI and Infection Control activities; identify KDOC documents from Centurion and KDOC to use for review process; develop schedule with KDOC for submission of Centurion review and recommendations; schedule date for KDOC and Centurion final review</td>
</tr>
<tr>
<td><strong>Fourth Week</strong></td>
<td>Perform collaborative review with KDOC to make final recommendations and revisions for Centurion’s CQI Program; revise KDOC documents as indicated and submit to KDOC and Centurion Regional staff for final review and approval; submit and finalize format, method and KDOC/Centurion contact person for submission of infectious disease information, quality outcome data; review and finalize process and date for initiation for KDOC proposed outcome measures; discuss and finalize Centurion CQI program, schedule for monitoring and reporting of results</td>
</tr>
<tr>
<td><strong>Fifth Week and Ongoing</strong></td>
<td>Determine final documents and develop/discuss plan for implementation of materials, training of regional and site CQI and ID staff</td>
</tr>
<tr>
<td><strong>Post Contract Start</strong></td>
<td>Initiate implementation of Centurion CQI Program by CQI Coordinator and implementation/training of BBP for all transitioning and new employees; transition teams to utilize tool to assist in transition review and formulation of transition follow-up priorities;</td>
</tr>
</tbody>
</table>

## Reporting

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Transition Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Prior to Contract Award</td>
<td>Review current reports submitted by current medical contract and compare to contractual obligation</td>
</tr>
<tr>
<td>First Week After Contract Award and Notice of Approval to initiate Communications</td>
<td>Confirm reporting requirements as stated in RFP and discuss additional reporting and formats with KDOC health services liaison</td>
</tr>
<tr>
<td>Fourth through Fourth Weeks and Ongoing</td>
<td>Confirm with KDOC mandated reporting, data elements and identify data sources; identify key personnel responsible for reporting; discuss required clinical and administrative reporting and define format required and timeliness for method of submission of clinical and administrative data</td>
</tr>
<tr>
<td>Fifth and Sixth Weeks</td>
<td>Ensure all departments are aware of reporting requirements; formally initiate tracking for data</td>
</tr>
<tr>
<td>Week of Contract Implementation</td>
<td>Begin monitoring and collection of data</td>
</tr>
</tbody>
</table>

We provide more detail on our transition approach and priorities in our response to RFP Section 2.8, Methodology, and more high-level transition activity timeframes in our KDOC Transition Plan as Attachment E.
Methodology

2.8. Methodology

Bidders shall submit with the bid, a detailed explanation of the methodology for implementing services.

Centurion has read, understands, and will comply with the requirements and specifications in Section 2.8, Methodology, identified herein.

In this section we provide a detailed explanation of our approach and methodology for implementing healthcare services in KDOC facilities. We describe our timeline for completing these activities in our response to RFP Section 2.7, Timeline. Centurion has assumed a 60-day timeframe from contract award to start date for implementing our healthcare services transition plan.

A key component of our transition plan involves assigning transition team members to each KDOC facility throughout the transition process. Our transition team leads will initiate daily meetings with the wardens, or designees, at each facility to provide updates on the transition process and receive feedback from KDOC regarding any changed priorities or needs. We provide more detail on our transition approach later in this section.

Centurion’s Methodology for Implementing Services

Our theme during a healthcare program transition is stakeholder engagement. We keep relevant stakeholders up to date with the vital activities occurring during program service transitions. Our communication regarding these activities includes our client, transitioning employees, ancillary vendors, and operational, clinical, and functional leads. We believe this philosophy will result in a smooth transition of the service responsibility from the KDOC’s current contractor to Centurion, with no lapses in healthcare service delivery. Our commitment to transparent and responsive communication will ensure that the KDOC understands at any given time the status of transition activities and associated milestones.

Upon notice of contract award, we routinely deploy Human Resource and Clinical Operations team members to the facilities to conduct introductory meetings with facility and current healthcare staff impacted by the transition in person. Other companies simply do not have the depth of personnel and resources to dispatch large teams to be on site and highly visible at the facility level.
One purpose of our site visit is to meet KDOC leadership. Other goals of the initial site visit include the ability to discuss the startup process with facility and healthcare leadership and their staff and identify a Centurion key contact who is available to address issues and questions throughout the transition. This level of high visibility at the facility level helps to stave off false rumors, lowers anxiety among incumbent staff, and helps ensure a smooth transition with no lapses in care to inmates.

During the initial site visit, our Human Resources team members focus on prior vendor healthcare staff impacted by the award by providing an immediate point of contact. We provide incumbent healthcare staff with an in-person overview of the company, standard benefits, and specific information about how to initiate the employment process. This contact has proven helpful for reducing anxiety among staff and to facilitate current staff to begin the employment transition process. Our goal is to alleviate concerns and false rumors that are common when there is a change in contractors. Centurion has a track record of onboarding over 90% of existing staff who are in good standing with the current client, and by dispatching a large team to be on site at the facilities we expect to achieve similar positive results for the KDOC transition.

Although Centurion has assumed a 60-day timeframe for the contract transition plan, we are willing, able, and even recommend a shorter transition timeframe, if possible. Based on past experience, we know that incumbent health staff can become anxious after learning about a pending contract transition in terms of how the change might impact their employment. In some cases, if the transition is too long, some staff start to look for employment elsewhere. To reduce staff anxiety and improve incumbent healthcare staff retention for those staff the KDOC approves, we recommend that the KDOC consider a transition timeframe that is less than 60 days.

**Supervision and Monitoring of the Contract Transition**

Our corporate Clinical Operations team will work closely with our onsite Regional Vice President, Regional Medical Director, and other regional leadership to oversee and monitor the contract transition process. One focus of the team is to begin to understand the specific healthcare processes, systems, and operations of healthcare delivery at each of the KDOC facilities.

The Clinical Operations team members spend time with the onsite clinical and administrative healthcare team to review employment schedules, current recruiting challenges, medication administration and procurement, onsite healthcare services delivery, and routine/emergent specialty and community inpatient hospitalization services and coordination. Our goal is to
understand service delivery, current priorities and program challenges for the healthcare delivery team at the facility.

Centurion uses a dual concept of transition that includes an identified Operational Lead coupled with a Clinical Operations Lead. In addition, Centurion’s uses a functional lead model that requires our department leaders responsible for various startup activities to assume direct management and coordination of startup activities associated with their department. Repeatedly, this approach has proven to be effective. Our experienced transition team members are ready for the challenge of transitioning healthcare services throughout the KDOC’s nine main facilities and three satellite locations. We have completed program startups covering 176 facilities and thousands of employees over the past six years.

**Centurion’s Operational and Clinical Management Transition Team**

Centurion has the depth of clinical, operations, and management staff to implement the transition without sacrificing delivery of healthcare services or continuity of care. Our transition start-up assumes a 60-day transition based on current RFP timelines. Centurion has the depth of clinical, operations, and management staff to implement the transition without sacrificing delivery of healthcare services or continuity of care.

Centurion’s approach ensures facility administrators and incumbent healthcare staff have “live” access to Centurion resources. Centurion’s provision of accessible startup teams will ensure that we promptly address questions and concerns from facility administrators, existing healthcare staff, and other KDOC staff.

We plan our transition activities to avoid interrupting or disturbing the ongoing provision of care. Centurion recognizes that Corizon is the KDOC’s current healthcare contractor. We anticipate a cooperative transition between vendors to insure continuity of care for patients and seamless employment for transitioning employees. As noted in our response to RFP Section 2.7, *Timeline*, we have successfully transitioned a number of correctional healthcare programs from Corizon over the past several years, including statewide correctional healthcare programs for the departments of corrections in Arizona, Florida, New Mexico, Minnesota, and Tennessee.
Transition Meetings

Centurion recognizes the importance of coordinating various aspects of a transition with the incumbent health services contractor in order to ensure a smooth transition for current employees and continuous, uninterrupted, quality care for patients. Following authorization from the KDOC, we will begin meeting with Corizon staff, in conjunction with Department staff, to facilitate the transition.

The transition meetings support clarification specific to transition requirements, changes in scope of services delivery, and information sharing with transitioning team members. Our approach supports site leadership in an active role and allows them to pass critical information to transitioning onsite healthcare staff.

We will request a meeting between the KDOC and Centurion leadership upon award notification and the Department’s approval to initiate communications. The intent of the meeting is to address multiple transition issues. We will focus on confirming KDOC priorities for the transition, the timeframe of the transition, introducing the Centurion Transition Team and other essential staff, and establishing contacts with the KDOC’s designee(s) and facility administrators. In addition, we will review planned transition tasks with Corizon, initiate the retention of current staff, and confirm our recruitment plan for additional staff included in our proposal.

During the initial meeting we will submit a brief introductory written communication for the KDOC and facility administration and current vendor staff highlighting aspects of the new contract that will have an impact on facility operations and healthcare employment. The goal of the communication will be to reduce anxiety and uncertainty during the transition. The communication will be appropriate for distribution to transitioning staff and the Department’s administration team.

Following KDOC approval, Centurion will transmit our introductory letter to current healthcare leadership and facility administrators for distribution to designated staff in the facility.
During Centurion’s initial meeting with KDOC leadership, we will confirm the process for access to the facilities for our transition staff and ancillary service vendors. We will identify the process and timeframes for routine updates and communication with facility administration and transitioning healthcare staff. Centurion will collaborate with the KDOC for appropriate distribution of any additional written communications for facility administration and healthcare staff, if needed during the course of the transition.

Key Regional Office and Site Level Leadership Staff

Our plan for regional office and site level leadership is to utilize the KDOC-approved incumbent staff whenever possible. These individuals have the institutional history, relationships with custody and other stakeholders, and experience with daily operations that is irreplaceable. We respect our competitors and their staff. As a result, we recognize that it would not be appropriate for us to solicit these individuals to work for Centurion prior to contract award.

However, immediately after contract award, we will meet with the KDOC to determine which incumbent staff, including regional and site level leadership, meet the Department’s approval for continued employment with Centurion. We will interview interested incumbent staff and review their credentials to determine if continuation in their leadership positions is a good match for Centurion. For those that are a good match, we will submit their resumes to the KDOC for review and official approval before extending offers of employment.

If any incumbent staff, including site-level leaders, are either not approved by the KDOC or the individual and/or Centurion determine that continued employment in their position is not a good match, we will present candidates sourced through our recruiting efforts. If approved by the KDOC, we may identify qualified, direct-service incumbent staff interested in promotion to site-level leadership positions. Centurion recognizes that the KDOC must approve our proposed management level staff before we make offers of employment.

Corporate Transition and Leadership Team

Dmeter Dragovich, Centurion’s Regional Vice President, will lead the startup effort for Centurion in conjunction with our Kansas-based Regional Vice President of Operations. They will maintain contact with designated KDOC Central Office staff during the transition period. Our regional vice president of operations will coordinate the activities of our transition teams, functional leads, and ancillary service providers and will be on site as often as necessary to guide the transition. Contact will be as frequent as needed, up to and including daily calls if desired by KDOC healthcare leadership.
Within the initial week following contract award, we will conduct weekly meetings with identified KDOC and Centurion contacts to discuss progress and potential issues. To facilitate these discussions, Centurion contacts will provide written *Implementation Status Reports* to ensure agreement on the status of transition activities. We provide a summary of key administrative transition activities and their recommended timeframes in the following table.

Our corporate transition team is composed of the following individuals, who have decades of experience in correctional health services delivery and management. Most will provide support locally within the KDOC. A few will provide support from our corporate office:

- Dmeter Dragovich, MBA – Regional Vice President of Operations
- John May, MD – Corporate Chief Medical Officer
- Katie Wingate, RN, MSN, CCHP – Corporate Chief Nursing Officer
- Julie Buehler, BS, MPA, RRT, CCHP – Vice President of Medical Operations
- Karen Riley, RN, BSN, MBA, CPHQ – Corporate Director of Continuous Quality Improvement
- Brenda Sue Medley-Lane, RN, CCHP – Corporate Infection Prevention and Control Coordinator
- Gregg Puffenberger, PharmD – Vice President of Pharmacy
- Rebecca Luethy, MSN, RN, CNS-LNC – Director of Operations Development
- Shant Tossounian – Vice President of Information Technology
- Darren Isaak, BSN, RN – Senior Director of Utilization Management
- Gina Morris – Vice President, Recruiting
- Jennifer Tyrrell – Vice President of Human Resources
- Jim Gilliam – Director of Business Development
- Christopher Bourque, LPN, CCHP – Director, Electronic Health Records

In the table that follows, we itemize the transition activity and the Centurion contact or department responsible.
## Centurion Transition Team Responsibilities

<table>
<thead>
<tr>
<th>Transition Activity</th>
<th>Centurion Contact</th>
</tr>
</thead>
</table>
| Communication with KDOC Central Office                                              | Centurion Vice President of Operations/Regional Manager  
Dmeter Dragovich, Regional Vice President                                           |
| Meet with each site’s Superintendent or designee                                     | Transition Team Leaders                                                                                      |
| Communication with facility administration and current healthcare leadership         | Centurion Transition Teams                                                                                   |
| Staff Retention and Recruitment                                                      | Dawn Sechrest, Physician Recruitment Manager  
Mindy Halpern, Lead Allied Recruiter                                                  |
| Review/Revision/Approval of Centurion New Employee Orientation                       | Julie Buehler, Vice President of Medical Operations  
Sharen Barboza, Vice President of Clinical Operations, Mental Health  
Jennifer Tyrrell, Vice President of Human Resources                                  |
| Interface with current medical contractor                                           | Centurion Vice President of Operations/Regional Manager                                                      |
| Pharmacy transition plan; back-up pharmacies                                         | Dr. Gregg Puffenberger, Vice President of Pharmacy Operations  
PharmacCorr Representative                                                             |
| Ancillary Services                                                                   | Lisa Rossics, Director of Network Development and Maintenance                                                |
| Network Development including offsite hospitals and specialty providers               | Lisa Rossics, Director of Network Development and Maintenance                                                |
| Review and Implementation of Utilization Management Practices                        | Darren Isaak, Senior Director of Utilization Management                                                      |
| Offsite Healthcare Claim Processing and Reporting                                    | Shant Tossounian, Acting Director of Information Technology                                                  |
| Information Technology – including establishing interfaces and testing schedules for current systems | Ethan Pinkert, Manager of Telehealth Systems                                                                   |
| Telehealth Equipment and Plans                                                       | John May, MD, Chief Medical Officer                                                                             |
| Review/Revision/Approval of Centurion Clinical Practice Guidelines and Disease Management Guidelines | Sharen Barboza, Vice President of Clinical Operations                                                        |
| Review/Revision/Approval of Centurion Mental Health Clinical Guidelines and Psychiatric Treatment Guidelines | Karen Riley, Corporate Director of CQI  
Brenda Sue Medley-Lane, Corporate Infection Control Coordinator                             |
| Review/Revision/Approval of Centurion CQI/Infection Control Approach                 | Centurion Vice President of Operations/Regional Manager                                                        |
| Reporting                                                                           | Grant Palmer, Sr. Vice President of Finance                                                                   |
| Finance; rebate/discount/revenue calculation methodology                              |                                                                                                              |
KDOC Key Healthcare Transition Activities

In this section we highlight some of the key healthcare program transition activities. In addition to establishing transparent and frequent communication with our correctional partners, we consider continuity of staffing and quality programming to be other priorities when transitioning to new correctional program. As such, we have included our approach to these areas separately in this section. We provide more details on other transition priorities and their respective activity timelines in our response to RFP Section 2.7, Timeline.

Plan for Integrating Current Vendor’s Staff

During the initial site visit, our Human Resources team members focus on prior vendor healthcare staff impacted by the award by providing an immediate point of contact. We understand that prior to offering any current vendor staff employment, including statewide and facility-level management staff, we first need the approval of the KDOC. This will be one of our first and highest priorities upon contract award.

As a result, we propose meeting with the KDOC to review our plan for determining which current vendor staff are eligible for continued employment through Centurion. If approved by the Department we propose having conversations with the KDOC, as well as wardens, or designees, to assure that we have conducted due diligence in determining which current vendor staff we can offer employment.

Once we know who is eligible, we will request permission to review staff files, including credentials, training, performance evaluations, and any disciplinary or corrective actions. After an initial screening process, we decide which staff to interview for employment. For leadership and other key positions, we meet individually with incumbent staff and determine his or her interest in working with Centurion, and whether the individual is a good match for our operations.

For those we plan to hire, we provide incumbent healthcare staff with an overview of the company, standard benefits, and specific information about how to initiate the employment process. As noted previously, we will then forward the resumes and credential information to KDOC for final review and approval before making offers of employment.

This human resources contact has proven helpful for current staff to begin the employment transition process. Our goal is to alleviate concerns and false rumors that are common when there is a change in contractors. Centurion has a track record of onboarding over 90% of existing staff who are in good standing with the current client. Similar to the KDOC
requirements, we were not able to retain some incumbent staff as they did not all receive approval from our correctional partners.

**Plan for Recruiting New Staff**

If incumbent staff decline Centurion positions, or the KDOC deems any staff unsatisfactory, Centurion will recruit and provide those personnel members. We have an extensive recruitment department to support this effort. These individuals will have the required background, education and experience to fulfill each designated position. Once we have narrowed down the final candidates, we will submit their names/credentials to the KDOC for consideration prior to making an employment offer.

For Centurion, it is extremely important to fill these positions with individuals whom the KDOC values and trusts. If any senior program leadership positions are vacant or should become vacant upon contract award, our goal is to have experienced onsite senior program leadership hired and in place at the time of start-up. For the transition, we have a team of corporate professionals with extensive experience in correctional healthcare to serve during the transition phase. They will work with and train onsite senior leadership.

In an effort to maintain continuity of care and services, if the “right” people are not immediately in place, our skilled transition team will serve in these positions until appropriate permanent staff are oriented and placed. Because of our financial strength, we are able to maintain a strong “bench” of experienced correctional healthcare managers and clinical leaders who can be on-the-ground at our new contract startups for extended periods of time serving in local leadership positions while we hire, orient, and train qualified permanent candidates. As a growing company, we constantly anticipate new contracts coming online in our future, and we constantly source and groom a database of strong correctional healthcare candidates, both from our internal ranks of career-minded staff who seek new leadership opportunities in our new contracts, as well as leaders in the open marketplace.

We emphasize “qualified” to indicate that we will take the time necessary to find the “right” candidates for each key position and not simply rush to hire the first candidate that surfaces. In our experience, this approach has resulted in more stable operations during the first year of a new contract with lower turnover. The quality and experience of our transition team affords us the ability to be methodical and thoughtful. Our transition team will hire, train, and appropriately support our onsite senior leadership team so there are no lapses in care.

Centurion has established similar transition activity timeframe tables for other key activities as well. As noted previously, we provide more high level transition timeframe information for other transition categories in our response to RFP Section 2.7, *Timelines.*
NCCHC and ACA Accreditation Audit Preparation

We appreciate that the KDOC has obtained ACA medical accreditation and requires services to meet NCCHC standards. In our other healthcare programs, we have similar dual and/or mixed accreditation standard arrangements for facilities within the same correctional system.

We are very pleased to announce that, in October 2019, Tracey Titus, RN, CCHP-RN, CCHP-A, immediate past NCCHC Vice President of Accreditation, joined our Clinical Operations department as Corporate Director of Policy and Accreditation. Ms. Titus will lead Centurion’s commitment to achieving and maintaining ACA accreditation and supporting NCCHC accreditation if that becomes a KDOC goal at each facility. Centurion is privileged to bring Ms. Titus’ unmatched expertise and national prominence to support the quality of our healthcare programs. This level of expertise is not available from any of our competitors.

During transition, our first objective for accreditation continuity is to meet with KDOC and Corizon leadership to determine the current accreditation status of each KDOC facility, including most recent accreditation dates and currently scheduled accreditation survey visits. This will take place within the first week of final contract award negotiations.

During this initial meeting, Centurion will request to have access to all reports, records, and other documentation related to both accreditation and other internal and external stakeholder audits. Other external stakeholder audit reports might include PREA audits, or reviews by the National Institute of Corrections. Helpful internal reports would include findings from KDOC contract compliance review audits and the statewide and facility-level CQI committee audits. In addition to any internal and external reports, we would respectfully request access to any corrective action plans.

We believe it is important to review other report findings, besides those specific to accreditation, for a number of reasons. First, accreditation standards often overlap with
other internal and external stakeholder audits. Second, NCCHC, in particular, determines accreditation compliance in part on how well we respond to identified areas for improvement from other stakeholders. Third, we train and equip our healthcare staff to not only meet national standards, but also contract requirements, PREA requirements, Centurion’s clinical guidelines, and other expectations that support our mission of delivering quality care to correctional patients. Our goal is not simply national accreditation, but continuously improving healthcare service delivery and positive patient outcomes.

We will assign our site-level transition team lead, and our assigned health services administrators (HSAs) with the task of reviewing the above mentioned information to ensure that each facility’s HSA is familiar with the current accreditation and contract compliance status of their facilities. Equally important, review of this information will allow each HSA to become familiar with any recent healthcare service audit concerns or corrective actions currently in place to ensure uninterrupted follow-up. The corporate Transition Team lead and the HSA will complete their review of accreditation and other report findings within the first four weeks from contract award.

With the support of our clinical operations team, each facility’s HSA will then schedule internal mock accreditation audits to determine the current status of each facility’s ability to meet accreditation requirements. Our corporate office has a number of ACA and NCCHC specific audit tools our HSAs can utilize to support the accreditation preparation process.

The site level HSA will frequently report his or her progress with the accreditation preparation process to both our regional vice president, and KDOC leadership, including the respective wardens. Our assigned HSAs will complete the ACA accreditation documentation review and preparation process, including scheduling facility mock accreditation surveys, by the contract start date.
2.9. References

List all contracts within the last three (3) years, including any that are no longer active and/or operated under prior ownership or management. For each contract provide:

(a) Full contract/customer organization name.
(b) Customer contact name for verification, to include address, telephone number, and email address. Each contact person shall have first-hand knowledge regarding the specific work of the vendor.
(c) Specify if the contract is active or inactive.
(d) Specify contract dates, to include all renewal options. If the contract was terminated prior to the contract end date, provide the termination date and the contract end date.
(e) Specify the annual average daily population for each year of the contract.
(f) Approximate revenue in the most recent year of the contract.
(g) List of services provided (mental health, dental, medical, substance abuse treatment, sex offender treatment, pharmacy, telehealth, etc.).
(h) If the contract is inactive, provide full and complete disclosure of the reason(s) why the contract was ended (terminated, not renewed, not awarded through competitive bidding, etc.).

Centurion has read, understands, and will comply with the requirements and specifications in Section 2.9, References, identified herein.

References for Centurion’s Active Contracts

In the table that follows, we have provided a listing of Centurion contracts that have been active over the past three years. In addition to basic information (location, facilities, accreditation) about each contract, the table includes the following information:

- Contract / organization name
- Customer contact
- Contract active/inactive status
- Contract dates, including all renewal options
- Annual average daily population for each year of the contract
- Approximate revenue of most recent year
- List of services
- Information regarding why contract terminated for all inactive contracts

We have also provided basic information (location, facilities, accreditation) about each contract for the KDOC’s reference.

Centurion maintains strong partnerships with all of our clients and we encourage the evaluation committee to feel free to contact any of our references. Obviously, companies responding to this procurement will steer the evaluation committee to their “best” clients. Centurion, on the other hand, is confident all of our clients will speak highly of our capabilities and our management teams, and we encourage the evaluation committee to contact any of our clients and to take a more random selection approach to contacting references of all companies responding to this solicitation to obtain more candid feedback on the performance of bidders.

### Centurion Active Correctional Contracts

<table>
<thead>
<tr>
<th>Client: Arizona Department of Corrections</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contract Basics</strong></td>
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<tr>
<td><strong>Reference Contact Information</strong></td>
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<tr>
<td><strong>Active / Inactive</strong></td>
</tr>
<tr>
<td><strong>Contract Term (including available renewal options)</strong></td>
</tr>
<tr>
<td><strong>Average Annual ADP</strong></td>
</tr>
<tr>
<td><strong>2018 Revenue</strong></td>
</tr>
<tr>
<td><strong>Services provided</strong></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Client: Arizona – Pima County Department of Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contract Basics</strong></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>
### Centurion Active Correctional Contracts

| Reference Contact Information | Paula Perrera, JD, Deputy Director, Pima County Behavioral Health Health Care Services
|                             | P: 520-724-7958  
|                             | E: Paula.Perrera@Pima.gov  
| Mark Napier, Sheriff, Pima County Sheriff’s Office  
|                             | P: 520-351-4701  
|                             | E: Mark.Napier@sheriff.pima.gov  
| **Active / Inactive**        | Active  
| **Contract Term**            | 07/01/2018 – 06/30/2022  
| **Average Annual ADP**       | 2019: 2,200  
|                             | 2018: 2,200  
| **2018 Revenue**             | $15.7M  
| **Services Provided**        | Comprehensive healthcare services for four facilities operated by Pima County Sheriff’s Department, including the Pima County Adult Detention Complex, Pima County Juvenile Detention Center, and Mission Minimum Security Facility in the Tucson, AZ area  

#### Client: Florida – Florida Department of Corrections

| Location and Other Basic Information | Location: Statewide  
|                                     | Facilities: 72  
|                                     | Accreditation: ACA  
| Reference Contact Information       | Thomas Reimers, Director Health Services Administration  
|                                     | P: 850-491-9050 (c) 850-717-3266 (w)  
|                                     | E: reimers.thomas@mail.dc.state.fl.us  
| **Active / Inactive**               | Active  
| **Contract Term (including available renewal options)** | 02/01/2016 – 06/30/2022 (re-awarded in a competitive procurement)  
| **Average Annual ADP**              | 88,000  
| **2018 Revenue**                    | $418.8M  
| **Services Provided**               | Comprehensive medical, mental health, and dental services, and restoration to competency services throughout all four regions of the FDC prison system statewide  

#### Client: Florida – Volusia County Division of Corrections

| Contract Basics                  | Location: Volusia County - DeLand, FL  
|                                  | Facilities: 2  
|                                  | Accreditation: NCCHC, FMJS  
| Reference Contact Information    | Mark Flowers, PhD, CCE, Corrections Director  
|                                  | P: 386-254-1568  
|                                  | E: mflowers@volusia.org  
| **Active / Inactive**            | Active  
| **Contract Term (including available renewal options)** | 12/29/2018 – 9/30/2024  
| **Average Annual ADP**           | 1,400  

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Page 3
## Centurion Active Correctional Contracts

<table>
<thead>
<tr>
<th>2018 Revenue</th>
<th>$8.1M</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services Provided</strong></td>
<td>Offender medical, dental and mental health services for the Volusia County Division of Corrections at the Volusia County Branch Jail and Volusia County Corrections Facility</td>
</tr>
</tbody>
</table>

### Client: Georgia – DeKalb County Jail (Atlanta, GA)

| **Contract Basics** | Location: Decatur, GA  
Facilities: 1  
Accreditation: NCCHC and ACA |
| **Reference Contact Information** | Gail Harris, Health Services Manager  
P: 404-298-8100  
E: geharris1@dekalbcountyga.gov |
| **Active / Inactive** | Active |
| **Contract Term (including available renewal options)** | 08/19/2001 – 12/31/2021 (re-awarded in competitive procurements) |
| **Average Annual ADP** | 1,750 |
| **2018 Revenue** | $2.9M |
| **Services Provided** | Comprehensive mental health services program for large urban jail in Atlanta, GA |

### Client: Georgia – Georgia Department of Corrections

| **Contract Basics** | Location: Statewide  
Facilities: 37  
Accreditation: Medical Association of Georgia |
| **Reference Contact Information** | Jack Randall Sauls, MBA, FACHE, Assistant Commissioner  
P: 478-992-5879  
E: randy.sauls@gdc.ga.gov |
| **Active / Inactive** | Active |
| **Contract Term (including available renewal options)** | 10/01/1997– 06/30/2029 (re-awarded in competitive procurements) |
| **Average Annual ADP** | 2019: 36,0000  
2018 Revenue | $44.2M |
| **Type of Project** | Mental health staffing and services statewide |

### Client: Maryland – Maryland Department of Public Safety & Correctional Services

*Includes the Baltimore Central Booking & Intake Center and other Baltimore pre-trial facilities*

| **Contract Basics** | Location: Statewide  
Facilities: 34  
Accreditation: ACA and/or NCCHC (not all facilities) |
| **Contact Name, Title and Contact Information** | Randall Nero, Ph.D., Director of Behavioral Health Services  
P: 410-585-3725  
E: rnero@dpscs.state.md.us |
| **Active / Inactive** | Active |
# Centurion Active Correctional Contracts

## Client: Minnesota – Minnesota Department of Corrections

<table>
<thead>
<tr>
<th>Contract Term (including available renewal options)</th>
<th>07/01/2005 – 12/31/2023 (re-awarded in competitive procurements)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Annual ADP</td>
<td>27,000</td>
</tr>
<tr>
<td>2018 Revenue</td>
<td>$23.2M</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Comprehensive outpatient and inpatient psychiatric and mental health services, including services for the pre-trial and sentenced adult populations and juveniles charged as adults</td>
</tr>
</tbody>
</table>

**Contract Basics**
- Location: Statewide
- Facilities: 9
- Accreditation: ACA (not all facilities)

**Reference Contact Information**
- Name: Mike Hermerding, State Program Administrative Manager-Principal
- P: 651-361-7287
- E: mike.hermerding@state.mn.us

**Active / Inactive**
- Active

## Client: Minnesota – Hennepin County Department of Community Corrections and Rehabilitation

<table>
<thead>
<tr>
<th>Contract Term</th>
<th>11/15/2019 – 10/31/2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Basics</td>
<td>Location: Hennepin County, Minnesota</td>
</tr>
<tr>
<td></td>
<td>Facilities: 4</td>
</tr>
<tr>
<td></td>
<td>Accreditation: NCCHC</td>
</tr>
</tbody>
</table>

**Reference Contact Information**
- Name: Karen S. Kuglar, Director, Hennepin County Department of Community Corrections and Rehabilitation
- Address: 300 6th Street South, Minneapolis, MN 55487
- Phone: 612-348-6180
- Email: karen.kuglar@hennepin.us

**Active / Inactive**
- Active

<table>
<thead>
<tr>
<th>Contract Term (including available renewal options)</th>
<th>11/15/2019 – 10/31/22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Annual ADP</td>
<td>600</td>
</tr>
<tr>
<td>2018 Revenue</td>
<td>n/a - Centurion just began services on November 15, 2019.</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Medical, dental, MAT, and mental health care services at the Juvenile Detention Center (JDC), the Adult Correctional Facility (ACF), the County Home School (Home School), and staffing services to the Mental Health Court. Hennepin County Department of Community Corrections and Rehabilitation’s goals and objectives are the provision of quality services to patients to enhance community safety, promote community restoration, and reduce the risk of re-offense.</td>
</tr>
</tbody>
</table>
## Centurion Active Correctional Contracts

### Client: Mississippi – Mississippi Department of Corrections

<table>
<thead>
<tr>
<th>Location and Other Basic Information</th>
<th>Location: Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Facilities: 37</td>
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<tr>
<td></td>
<td>Accreditation: NCCHC or ACA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference Contact Information</th>
<th>Dr. Gloria Perry, Medical Director/Health Services Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>601-359-5162</td>
</tr>
<tr>
<td>E:</td>
<td><a href="mailto:gperry@mdoc.state.ms.us">gperry@mdoc.state.ms.us</a></td>
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<tr>
<th>Active / Inactive</th>
<th>Active</th>
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<table>
<thead>
<tr>
<th>Contract Term (including available renewal options)</th>
<th>07/01/2015 – 06/30/2020 (re-awarded in competitive procurements)</th>
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<table>
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<tr>
<th>Average Annual ADP</th>
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<table>
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<tr>
<th>2018 Revenue</th>
<th>$55M</th>
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<thead>
<tr>
<th>Services Provided</th>
<th>Comprehensive medical, mental health, and dental services statewide that integrates state-run institutions with privately-run institutions</th>
</tr>
</thead>
</table>

### Client: New Hampshire – New Hampshire Department of Corrections

<table>
<thead>
<tr>
<th>Contract Basics</th>
<th>Location: Statewide</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Facilities: 8</td>
</tr>
<tr>
<td></td>
<td>Accreditation: n/a</td>
</tr>
</tbody>
</table>

*This partnership, originally held by Centurion’s co-founder company, MHM, since 2009, was awarded to Centurion during the 2018 procurement cycle.*

<table>
<thead>
<tr>
<th>Reference Contact Information</th>
<th>Helen Hanks, Commissioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>P:</td>
<td>603-271-5600</td>
</tr>
<tr>
<td>E:</td>
<td><a href="mailto:info@nhdoc.state.nh.us">info@nhdoc.state.nh.us</a>/ <a href="mailto:feedback@doc.nh.gov">feedback@doc.nh.gov</a></td>
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<table>
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<tr>
<th>Contract Term (including available renewal options)</th>
<th>07/01/2018 – 06/30/2022 (re-awarded in competitive procurements)</th>
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<table>
<thead>
<tr>
<th>Average Annual ADP</th>
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<table>
<thead>
<tr>
<th>2018 Revenue</th>
<th>$3.4M</th>
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</table>

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Medical staffing, UM, and program management</th>
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</table>

### Client: New Mexico - New Mexico Corrections Department

<table>
<thead>
<tr>
<th>Location and Other Basic Information</th>
<th>Location: Grants, NM and Springer, NM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Facilities: 2</td>
</tr>
<tr>
<td></td>
<td>Accreditation: n/a</td>
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<table>
<thead>
<tr>
<th>Reference Contact Information</th>
<th>Dr. Wendy Price, Behavioral Health Bureau Chief</th>
</tr>
</thead>
<tbody>
<tr>
<td>A:</td>
<td>111 Gold Ave SE, Albuquerque, NM 87102</td>
</tr>
<tr>
<td>P:</td>
<td>505.827.8850</td>
</tr>
<tr>
<td>E:</td>
<td><a href="mailto:Windy.Price@state.nm.us">Windy.Price@state.nm.us</a></td>
</tr>
</tbody>
</table>

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<th>Active / Inactive</th>
<th>Active</th>
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<table>
<thead>
<tr>
<th>Contract Term (including available renewal options)</th>
<th>07/01/2016 – 06/30/2020</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Average Annual ADP</th>
<th>600</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2018 Revenue</th>
<th>$2.1M</th>
</tr>
</thead>
</table>
Centurion Active Correctional Contracts

**Services Provided**: Behavioral health and substance use services to female inmates. Please note that this contract was held by our predecessor company, MHM services, continuously from 2008 until Centurion assumed responsibility for the services. In the prior contract, MHM was a subcontractor to a private prison company. In 2016, the NMCD sought to transition female prisoners from a private facility to two state prison facilities and awarded a separate new contract to Centurion for women’s mental health services at the two state prison facilities.

**Client: New Mexico – Bernalillo County Detention Center**

| Contract Basics | Location: Bernalillo, NM  
| Facilities: 2  
| Accreditation: NCCHC |
| Reference Contact Information | Rosanne Otero, Director of Administrative Services, MDC  
| P: 505-839-8959  
| E: rotero@bernco.gov |
| Active / Inactive | Active |
| Contract Term (including available renewal options) | 02/01/2019 – 01/31/2023 |
| Average Annual ADP | 1,500 |
| 2018 Revenue | $12M |
| Services Provided | Comprehensive medical, dental, mental health, and psychiatric services to offenders at the Bernalillo County Metropolitan Detention Center (MDC) |

**Client: Pennsylvania – Pennsylvania Department of Corrections**

| Contract Basics | Location: Statewide  
| Facilities: 25  
| Accreditation: ACA |
| Reference Contact Information | John Wetzel, Secretary  
| P: 717-728-4109  
| E: jowetzel@pa.gov |
| Active / Inactive | Active |
| Contract Term (including available renewal options) | 09/01/2003 – 08/31/2020 (re-awarded in competitive procurements) |
| Average Annual ADP | 46,500 |
| 2018 Revenue | $24.1M |
| Services Provided | Psychiatric services statewide and inpatient mental health services |

**Client: Pennsylvania – Philadelphia Department of Prisons**

| Contract Basics | Location: Philadelphia, PA  
| Facilities: 4  
| Accreditation: NCCHC |
| Reference Contact Information | Bruce W. Herdman, PhD, Deputy Commissioner, Medical & Behavioral Health  
| P: 215-685-7804  
| E: bruce.herdman@prisons.phila.gov |
| Active / Inactive | Active |
| Contract Term (including available renewal options) | 09/01/2004 – 06/30/2021 (re-awarded in competitive procurements) |
Centurion Active Correctional Contracts

<table>
<thead>
<tr>
<th>Average Annual ADP</th>
<th>4,700</th>
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<tbody>
<tr>
<td>2018 Revenue</td>
<td>$16.3M</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Comprehensive inpatient and outpatient psychiatric and behavioral health services to large urban jail system across four sites</td>
</tr>
</tbody>
</table>

**Client: Tennessee – Tennessee Department of Correction**

<table>
<thead>
<tr>
<th>Location and Other Basic Information</th>
<th>Location: Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Facilities: 11</td>
</tr>
<tr>
<td></td>
<td>Accreditation: ACA</td>
</tr>
<tr>
<td>Reference Contact Information</td>
<td>Kenneth Williams, <em>Chief Medical Officer</em></td>
</tr>
<tr>
<td></td>
<td>P: 615-979-5631</td>
</tr>
<tr>
<td></td>
<td>E: <a href="mailto:kenneth.williams@tn.gov">kenneth.williams@tn.gov</a></td>
</tr>
<tr>
<td>Active / Inactive</td>
<td>Active</td>
</tr>
<tr>
<td>Contract Term (including available renewal options)</td>
<td>09/09/2013-06/30/2023 (re-awarded in competitive procurement)</td>
</tr>
<tr>
<td>Average Annual ADP</td>
<td>22,000</td>
</tr>
<tr>
<td>2018 Revenue</td>
<td>$99.7M</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Comprehensive medical, dental, specialty, pharmacy, and utilization management services statewide</td>
</tr>
</tbody>
</table>

**Client: Vermont - Vermont Department of Corrections**

<table>
<thead>
<tr>
<th>Location and Other Basic Information</th>
<th>Location: Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Facilities: 6</td>
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<tr>
<td></td>
<td>Accreditation: NCCHC</td>
</tr>
<tr>
<td>Reference Contact Information</td>
<td>Max Titus, MLS, MHC, <em>Interim Director of Health Services</em></td>
</tr>
<tr>
<td></td>
<td>P: 802-917-1009</td>
</tr>
<tr>
<td></td>
<td>E: <a href="mailto:max.titus@vermont.gov">max.titus@vermont.gov</a></td>
</tr>
<tr>
<td>Active / Inactive</td>
<td>Active</td>
</tr>
<tr>
<td>Contract Term (including available renewal options)</td>
<td>02/01/2015-06/30/2020 (currently in competitive rebid process)</td>
</tr>
<tr>
<td>Average Annual ADP</td>
<td>1,500</td>
</tr>
<tr>
<td>2018 Revenue</td>
<td>$25.6M</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Comprehensive medical, mental health, and dental services statewide; Statewide system which combines all jail and prison services</td>
</tr>
</tbody>
</table>

**References for Prior Completed Projects**

Centurion and its founding company, MHM Services, enjoy long-standing, successful contract relationships with our client agencies, routinely retaining contracts repeatedly in competitively bid renewals. In fact, it was the high turnover of other correctional healthcare companies in the marketplace that we observed in our early years in corrections that motivated our expansion from a mental health company to a full-scale correctional
healthcare company in order to offer a more stable solution for inmate healthcare services. While other companies seemed to only be able to retain clients for one contract term, we experienced repeated contract renewals, extensions, and successful retention of our contracts when they were re-bid.

Some of our contract relationships span two decades and encompass multiple re-awards through successive competitive procurement cycles. For instance, we are in our 22nd year with the Georgia Department of Corrections and in our 19th year with DeKalb County Jail in Atlanta. We also witnessed high turnover of senior leadership within other correctional companies, while our leadership team remains stable. **Centurion has never had a contract terminated early by a client agency for non-performance or any other similar negative reasons.**

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**Note to Evaluation Committee:** Centurion routinely reviews proposals submitted by our competitors in procurements in other states. We obtain copies of competitor proposals through the public information process. In reviewing proposals of competitors, we routinely see misleading information provided by competitors in response to RFP questions regarding lost contracts. Most often, competitors attempt to diminish the reasoning for lost contracts, particularly in instances where a department of corrections terminated the competitor for failed performance as well as instances where the competitor abandoned or vacated a contract early. Our recent contract wins with the Florida Department of Corrections is an example of where the contractor either vacated the contract early (Corizon) or terminated early for non-performance (Wexford). We encourage the evaluation committee to diligently review the particulars behind the lost contracts of ALL companies responding to this procurement.

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The table that follows includes the requested information for the last three years (2017 through 2019) regarding each of our inactive contracts. For the sake of completeness, we have included information regarding our predecessor company’s (MHM’s) previous mental health contract with the Alabama Department of Corrections.
## Centurion Inactive Projects Over the Last Three Years

### Client: Alabama Department of Corrections

| Reference Contact Information          | Ruth Naglich  
|                                      | Associate Commissioner  
|                                      | Inmate Health Services  
| P:                                    | 334-353-4049  
| E:                                    | Ruth.naglich@doc.alabama.gov  
| Active / Inactive                    | Inactive  
| Contract Term (including available renewal options) | 11/03/2003 – 9/30/2018  
| Average Annual ADP                   | 2018: 20,000  
| Final Year Revenue                   | $13.3M  
| Services provided                    | Mental Health Services in 26 DOC facilities and primary care medical services to inpatients at Bullock and Tutwiler prisons  
| Reason for Ending                    | MHM successfully operated the mental health program for 15 years. In the most recent procurement in 2018, the state combined their previously separate contracts for mental health and medical services under a single contract. The medical contract thus absorbed mental health services. ADOC awarded this combined contract to another vendor in the 2018 procurement.  

### Client: Massachusetts Department of Correction

| Reference Contact Information          | Carol Mici  
|                                      | Deputy Commissioner of Clinical Services and Re-entry  
| P:                                    | 508-422-3301  
| E:                                    | carol.mici@massmail.state.ma.us  
| Active / Inactive                    | Inactive  
| Contract Term (including available renewal options) | 07/01/2013-06/30/2018  
| Average Annual ADP                   | 2018: 9,000  
| Final Year Revenue                   | $97M  
| Services provided                    | Comprehensive medical, mental health, and dental services in 15 DOC facilities, plus separate, smaller contracts for sex offender evaluation services and sex offender treatment services.  
| Reason for Ending                    | The Commonwealth consolidated these contracts in a new procurement and award to another vendor during in 2018  

### Client: New Mexico – New Mexico Corrections Department

| Location and Other Basic Information | Location: Statewide  
|                                    | Facilities: 11  
|                                    | Accreditation: ACA  
| Reference Contact Information      | Jerry Roark, Director, Adult Prisons Division  
| P:                                  | 505-827-7867  
| E:                                  | jerry.roark@state.nm.us  
| Active / Inactive                  | Inactive – in protest  
| Contract Term (including available renewal options) | 06/01/2016 – 11/25/2019  
| Average Annual ADP                 | 2019: 7,000  
| 2018 Revenue                       | $51.2M  


## Centurion Inactive Projects Over the Last Three Years

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Comprehensive healthcare services including medical, psychiatry, and dental services statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Contract Ending</td>
<td>Centurion successfully completed all contractual agreements for services with the NMCD. In the 2019 re-bid of the contract, the state awarded the contract to a presumably lower-priced contractor. However, Centurion noted a calculation error by the evaluation committee that demonstrates the other vendor’s price is actually higher than Centurion’s price, and therefore Centurion filed and is working through an active protest with merit.</td>
</tr>
</tbody>
</table>
2.10. Bidder Contracts

Bidders must include with their RFP response, a copy of any contracts, agreements, licenses, warranties, etc. that the bidder would propose to incorporate into the contract generated from this Bid Event. (State of Kansas form DA-146a remains a mandatory requirement in all contracts.)

Centurion has read, understands, and will comply with the requirements and specifications in Section 2.10, Bidder Contracts, identified herein.

Centurion does not have any full contracts, agreements, licenses, warranties, etc. that we propose to incorporate into the contract generated from this Bid Event.
3.58 Human Trafficking

Centurion is pleased to learn that the KDOC is interested in incorporating healthcare provider initiatives that discourage human trafficking. We are aware that this problem has grown significantly in the United States in recent years and is only recently receiving the attention that it deserves in both the healthcare and correctional systems. As the KDOC is likely aware, there is strong link between human trafficking, particularly sex trafficking, and corrections. Many of the victim vulnerabilities that traffickers look for are abundantly available in correctional populations, and offender information is relatively easy to access.

We have designed our proposed human trafficking initiatives to not only discourage human trafficking but also provide needed supports, treatment, and referrals for identified victims. Centurion looks forward to collaborating with the KDOC to provide a multi-agency and multidisciplinary approach to this problem in order to enhance the effectiveness of our combined interventions.

In our response to this RFP, we have included several interventions for the KDOC’s review and consideration. These include the following:

- Model human trafficking policies – adult and juvenile
- Human Trafficking training curriculum
- Patient handout on human trafficking provided during the intake process
- Human trafficking poster that include an 800 number for victims to call for help

Each of these proposed initiatives will benefit from KDOC feedback to ensure that our initiatives are consistent with KDOC requirements and operational needs, and ultimately reflect a unified, multi-agency approach to this problem.

Centurion initiated our response to human trafficking in the spring of 2019 when Centurion staff member Tom Serridge, MSW, LSW, CCHP-MH, CPHQ, made a company-wide presentation on this topic based on volunteer work he was doing in his community to
Mr. Serridge co-founded a small coffee company in the greater Philadelphia area for the express purpose of raising funds to support both global and local efforts to combat human trafficking and help restore its victims. One hundred percent (100%) of the net-profits from the coffee company support agencies whose mission is to rescue trafficking victims and/or provide “safe” homes for women survivors of trafficking or violent abuse in the local Philadelphia area.

In his company-wide presentation, he pointed out the strong connection between trafficking and correctional systems and challenged listeners to consider how we as a company can get involved in discouraging trafficking and assisting survivors in our correctional healthcare context. As a result of this presentation and the interest of other staff on this topic, this past summer Centurion provided an introductory training and discussion on this topic in one of our monthly company-wide *Treating Women in Corrections* conference calls. *Treating Women in Corrections* is one of many monthly company-wide conference calls that we utilize to educate and provide support to our staff with shared program duties or a shared service population.

Growing interest in this topic and the clear need to do more led to the involvement of John May, MD, FACP, our Chief Medical Officer, Tracey Titus, RN, CCHP-RN, CCHP-A, Director of Policy and Accreditation, Tom Serridge, and John Wilson, PhD, CCHP-MH, CPHQ, Vice President of Clinical Development, to formulate a company-wide policy and other interventions. Together with input from other staff and departments, this group formulated a comprehensive adult and juvenile policy on human trafficking that serves as the foundation for staff education and training on this important topic. We have included both our adult and juvenile policies on this topic as *Attachments H* and *I*, respectively, and our staff training outline as *Attachment J*.

Our human trafficking policy and training equips our staff to discourage human trafficking and intervene to support survivors in a number of ways. Some of these ways include:

- Understanding the scope of human trafficking and its link to corrections
- Human trafficking identification and assessment
  - Asking questions during the intake process to help identify victims
  - Looking for signs or indicators of trafficking
  - Questions to ask potential victims in order to complete an assessment
- Attending to the immediate medical needs of victims
- Addressing when and how to include other disciplines

**Patient education**
- Individual written pamphlet provided during the intake process
- Posting human trafficking in custody-approved locations

**Referral**
- Referral to a hospital if treatment needs are beyond what is available onsite
- If a potential victim is identified, notifying the health services administrator or designee
- Following institutional policies for reporting to appropriate custody officials
- Refer to local and state requirements for mandatory reporting
- Provide potential victims with local victim advocacy information

**Programming**
- Trauma-informed programming
- Targeted discharge/re-entry planning
- Diversion programs, if available

In addition to providing the KDOC with our model human trafficking policy and training curriculum, we provide our patient education handout as Attachment K, respectively. Centurion looks forward to discussing our material with the KDOC, as well as reviewing any material or policies that the KDOC may have on this topic.

If not already in place, we recommend providing training on this topic for all staff and volunteers who work with or interact with KDOC offenders, not just custody and healthcare staff. Centurion is prepared to develop separate or combined audience trainings on human trafficking at all KDOC facilities. We look forward to working collaborating with the KDOC to meet its objective of discouraging human trafficking in all Department facilities and supporting survivors with appropriate interventions and referrals.
4.1. Scope

4.1.1. The Kansas Department of Corrections (KDOC) is soliciting bids for the provision of comprehensive health care services to include medical, dental, behavioral health, and related support services for offenders in the custody of the Secretary of Corrections. The provision of services is primarily provided on-site at nine (9) facilities and three (3) satellite facilities identified in Appendix A. Specialized services may be provided through agreements with area providers such as hospitals, clinics, medical specialists, laboratories and other specialized services. The Contract resulting from this RFP is a full-risk contract. The Contractor will be held responsible for the provision of healthcare as described herein, and to absorb costs through the duration of the Contract and any renewal periods. The Contractor is responsible for any and all agreements with local healthcare providers, pharmacies, specialists, etc., and for developing efficiencies and controlling costs.

4.1.2. The objective of this contract is to secure a qualified Contractor who can manage and operate a comprehensive health care services program for KDOC offenders and in a cost-effective manner by delivering high quality health care services that meets community standards. Contractor shall comply with and maintain ACA and NCCHC standards as well as maintain ACA and/or NCCHC accreditation status; implement a written health care work plan with clear objectives; develop and implement policies and procedures; comply with all state licensure, requirements and standards regarding delivery of health care; maintain full reporting and accountability to the KDOC; and maintain an open, collaborative relationship with the administration and staff of KDOC and the individual facilities. It is the expectation that the offenders in the KDOC correctional facilities receive appropriate and necessary health care in the least restrictive environment while conserving resources and costs. Services shall be provided in a manner that promotes maintenance of safety in the facility and in the community.

4.1.3. KDOC serves a current population of approximately 10,000 adult inmates and 165 juvenile offenders. Most facilities have several separate housing units that require separate clinic operations. A description of the clinic locations and populations served by each clinic is identified in the Facility Population, Infirmary, and Acuity Report (Appendix B).

4.1.4. A list of definitions with respect to terms utilized in this RFP is provided in the document Definitions (Appendix C).

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.1, Scope, and all accompanying subsections identified herein.

Commitment to Required Services

Centurion is pleased to submit our proposal to enter into a full-risk contract to provide comprehensive healthcare services, including medical, dental, behavioral health, and
related support services, for KDOC offenders located in the following nine facilities and three satellite facilities:

**Kansas DOC Facilities**

![Diagram of Kansas DOC Facilities]

We will provide services within these facilities based on established standards of care, KDOC policies, and NCCHC and ACA standards. We will assume responsibility for providing the scope of services noted in the RFP, including ensuring that we have the required staff, policies and procedures, guidelines and protocols, technical and operational resources, and agreements with providers and external entities to provide patients with access to timely routine and specialty care. We will utilize our experience, expertise, innovative solutions, and capabilities, noted below, to achieve cost efficiencies for the KDOC during the initial contract period and any subsequent renewals.

We recognize the full-risk financial model of the contract and we present some discussion on this issue in our price proposal as well as some options for the Department’s review and consideration that could result in lower costs to the Department.
Centurion’s Competencies to Provide High-quality Healthcare Services

KDOC is seeking a vendor who can manage and operate a comprehensive, cost effective, high quality healthcare program for offenders. The most effective partner for the Department is an organization that has the experience and competency to:

- Ensure timely offender access to medically necessary healthcare services
- Deliver healthcare services with integrity and exceptional quality
- Serve as a productive and innovative partner for KDOC
- Achieve cost and process efficiencies for KDOC

**Centurion is that organization.** In addition to working collaboratively and closely with KDOC and facility administrators and staff in managing the program, the competencies that allow us to achieve KDOC’s goals include the following:

- Evidence-based, NCCHC and ACA-compliant, timely onsite and offsite services provided in the least restrictive environment
- Ability to maintain NCCHC and ACA accreditation
- Ability to comply with all federal, state, and local regulations and guidelines
- Use of customized, compliant, and evidence-based clinical criteria, and policies and procedures
- Use of a detailed and customized written work plan
- Utilization management services focused on ensuring the medical necessity of services and providing ongoing coordination of care for hospitalized patients
- Use of onsite specialty care and chronic care clinics to provide timely patient access to routine, urgent, or chronic health needs while decreasing cost of care
- Comprehensive suicide prevention and risk management programs
- Well-defined infectious disease prevention and control process and protocols
- Experienced and trained medical, behavioral health, dental, and administrative staff dedicated to providing high-quality health care services
- Proven recruitment and retention services that includes education and training
- Continuous quality improvement program and processes which require that every clinical position participate in CQI programming
● Gender-responsive, culturally sensitive, and trauma-informed care
● Coordination of care to support offender reentry
● An expansive electronic health record that includes comprehensive capabilities
● Established processes to manage third party reimbursement for patients under the Patient Protection and Affordable Care Act
● Access to Centene’s Medicaid and healthcare network in Kansas through Sunflower Health Plan, which will enable us to better support inmate discharge planning efforts
● Focus on social responsibility, community involvement, and supporting the broader needs of Kansas communities
● Detailed, timely, and useful data mining, reporting, and analytics services

Centurion’s capabilities also include a pharmacy management program that provides patients with accurate and timely medications, discovers ways to lower costs, and provides education to providers on the latest advances and trends in pharmacology and efficient prescribing habits. We will work with Clinical Solutions Pharmacy (CSP) to provide these services. Centurion partners with CSP in our current program with the Tennessee Department of Correction.

The KDOC will also benefit from our robust technical, clinical, operational, and human resources infrastructure, our unmatched stability in senior management, Centurion’s strong financial status, and our ability to innovate and evolve with the KDOC. As just one example of these abilities, we have provided a response to the Department’s request, in RFP Section 3.58, Human Trafficking, for infrastructure addressing human trafficking as a public health problem that requires systematic attention in correctional healthcare. This information is provided within our proposal tab marked “3.58, Human Trafficking.”

Our proposal provides detailed information on Centurion’s competencies and our ability to meet the requirements set forth in the KDOC RFP. The Department will find that Centurion has the human resources, clinical, technical, financial and operational infrastructure, and capabilities to provide the KDOC with best-in-class correctional healthcare services for its offender population.
Understanding the KDOC Population

Centurion looks forward to supporting the healthcare needs of the 10,000 adult and 165 juvenile offenders housed in KDOC facilities. This includes offenders in separate housing units that require separate clinic operations as noted in the RFP.

Not every patient will present with the same need. It is, therefore, important that the KDOC partner with an organization that has experience with and understanding of the unique and diverse needs with which patients present. In addition to ensuring that all patients receive timely and medically necessary care, Centurion will identify and provide additional supports and services for patients with special needs. These include pregnant substance using female offenders, juvenile offenders, those requiring withdrawal management services, and those with uncontrolled chronic and infectious diseases. To address the needs of these and other patients, we will provide services that respond to the distinct needs of each patient, taking into consideration medical, behavioral health, cultural and other factors that impact the patient’s ability to participate in and benefit from treatment.

Centurion has carefully reviewed the information set forth in RFP Appendix B, Facility Population, Infirmary, and Acuity Report. We developed our proposed solutions based upon this information, the RFP requirements, the Department’s site tours, and the Department’s answers to bidders’ questions.

Following the Department’s Definitions

Centurion has read, understands, and will comply with the definitions set forth in RFP Appendix C, Definitions. We appreciate the clarity and thought that attended the Department’s development of Appendix C.
4.2 Access to Health Care Services

4.2.1. All offenders, regardless of status, shall have unimpeded access to correctional health care services. Contractor’s health care staff shall ensure that offenders have access to a level of care commensurate with the severity of the presenting symptoms. If the needed level of care is not available at the facility of residence, timely referral shall be made to another KDOC facility or outside provider in which the necessary care is available.

4.2.2. The Contractor shall describe how they intend to provide unimpeded access to care that meets the offender’s necessary medical, dental, and behavioral health needs.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.2, Access to Health Care Services, and all accompanying subsections identified herein.

We understand the importance of ensuring that all KDOC offenders have timely access to healthcare services. This applies to the full scope of medical, dental, and behavioral health care services provided directly by our staff, referred by our staff for offsite specialized services, and urgent patient care requiring emergency department and/or inpatient hospitalization.

Commitment to Offender Access to Healthcare

Centurion recognizes that unimpeded access to healthcare services for KDOC offenders is a constitutional right, KDOC policy requirement, and an essential national standard expectation for the NCCHC and ACA. We will ensure that all offenders have ongoing access to healthcare, regardless of disciplinary status or assigned housing. In practical terms, this means that offenders have the daily opportunity to request healthcare assistance and to receive timely appropriate care. Our commitment to supporting offender access to care will benefit the KDOC by ensuring equity in healthcare commensurate with community standards, reducing frivolous complaints, grievances, litigations, and avoiding unnecessary complications in offender conditions by treating the patient early, proactively, and well.
At a minimum, our comprehensive healthcare services program will include, but not be limited to the following KDOC requirements listed in Policy 10-122D, *Access to and Availability of Health Care Services*:

- Offender orientation to available health care services, verbally and in writing
- Receiving screening and periodic health examinations
- Health education and offender self-care/personal hygiene
- Management of serious and infectious diseases
- First aid
- Emergency care services
- Infirmary care and hospitalization services
- Sick call and physician’s clinic
- Dental care services
- Pregnancy management
- Special needs services, including chronic/convalescent care/sheltered living
- Behavioral health services
- Diagnostic healthcare services
- Referral to community resources and hospitalization
- End-of-life program (palliative and hospice care)
- Dialysis

We understand and agree to make available the full scope of healthcare services to KDOC offenders regardless of custody status or other factors.

**Ensuring Offender Access to Services**

Throughout our response to each of the individual sections in this RFP, we provide detail on how we provide each of the above required services. For each service requirement we demonstrate our understanding of relevant KDOC polices, knowledge of NCCHC and ACA national standards, expertise in developing program-specific polices and clinical guidelines, and our experience with providing the full range of services required in this procurement.

Because potential barriers to accessing services can arise in most correctional systems, Centurion has developed an escalation policy to support patient access to care. Unlike community healthcare, correctional healthcare requires an effective partnership among the providers, facility administrators, and security staff. We know that the quality of this partnership directly impacts the delivery of healthcare to patients. In each KDOC facility, we will work to achieve optimal patient outcomes by way of building strong working alliances and quality communication with the KDOC, particularly on the front lines. Centurion’s
proprietary Model Policy P-A-01c, *Escalation*, is one example of how seriously we view our obligation to building quality relationships and ensuring access to care. This obligation is not just an abstract philosophy or promise. It is embedded in our policy and embodied in our day-to-day practices. We provide our escalation model policy as Attachment L. This model is confidential and proprietary to Centurion.

Centurion will provide KDOC offenders with unimpeded access to care that meets the full scope of their healthcare needs through the provision of qualified and trained healthcare staff, with support from strong clinical leadership. We maintain a high fill rate in our correctional programs by ensuring that our staff have the appropriate training for their assigned positions, as well as opportunities for professional growth and advancement. Centurion ensures that clinical leadership have at their disposal a number of support mechanisms to ensure that our staff actually provide the full range of contracted services.

Our plan for providing unimpeded access to all required healthcare that meets KDOC offenders’ necessary medical, dental, and behavioral health needs includes, but is not limited to, the following practices and support mechanisms:

- Recruiting and retaining appropriately licensed, credentialed and otherwise qualified healthcare and support staff
- Ongoing training of healthcare and support staff on relevant KDOC policies, contracted healthcare requirements, NCCHC and ACA standards, Centurion’s evidence-based clinical guidelines, best-practice community standards, and escalation policy
- Aggregate tracking, monitoring, and auditing through our Continuous Quality Improvement (CQI) program of staff performance relevant to healthcare access performance standards
- Regular CQI and other healthcare staff meetings where barriers to timely patient access to care are reviewed and corrective action plans initiated, including use of root cause analysis and other relevant CQI process and system analysis tools
- Establishment of ongoing collaborative meetings with KDOC healthcare and security leadership related to any found barriers to patient access to care, in addition to other relevant healthcare and security related topics
- Initiation of multidisciplinary and multi-agency medical administrative meeting meetings that include security and other staff to report and discuss healthcare utilization data and any found barriers to patient access to care
• Ongoing supervision of individual healthcare staff, including utilization of performance improvement plans for any individual staff falling below expected standards of care

• Annual staff performance evaluations and supervisory feedback

• Corporate contract reviews with program improvement recommendations

• Transparent cooperation and support of the KDOC’s contract monitoring process

• Case record reviews – review of patient healthcare records focusing on areas identified through the CQI or contract monitoring process

• Utilization of an ongoing and targeted peer review process to ensure timely improvement in any areas found deficient in terms of individual staff’s clinical performance

• Ongoing collection, analysis, and reporting of healthcare services utilization data that include performance indicators related to timely access to the full range of medical, dental, and behavioral health services

• Regular review and analysis of healthcare grievances to uncover any trends that may reveal opportunities for improved patient access to and delivery of healthcare services

We utilize a host of CQI process tools, including root cause analysis and brainstorming activities, to identify the primary cause(s) of failure to provide timely and effective patient care. Once we identify the primary cause(s), we develop corrective action plans based on SMART goals and objectives, as described in more detail in our response to RFP Section 4.10, Quality Improvement.
4.3 Comprehensive Medical Services

4.3.1. Medical Oversight – Responsible Health Authority. The Contractor shall provide a full range of health care services under the supervision of a physician licensed by the Kansas Board of Healing Arts. Administration of the entire KDOC program does not have to be limited to one health care professional. When this authority is other than a licensed physician, clinical judgment rests with a single designated responsible health care practitioner (HCP). The Contractor shall include a copy of the company’s organizational chart identifying clinical oversight.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3, Medical Oversight – Responsible Health Authority, identified herein.

Medical oversight ensures that the services we provide to offenders are integrated, evidence-based, culturally competent, and meet NCCHC and ACA standards and the KDOC IMPPs. The statewide medical director and health care practitioners (HCP) will provide medical oversight for the program and at each facility, respectively.

Unique to Centurion is the:

- Support from our corporate clinical operations department to our clinical staff
- Capacity of our utilization management and analytics and informatics departments to provide the KDOC program with Kansas-specific data and trends to support transparent and effective oversight
- Flexibility and freedom that those with decision-making authority have in making offender healthcare decisions

Patients will benefit from access to appropriate and effective healthcare services. The KDOC will benefit from cost efficiencies related to better healthcare outcomes, decreased liability, proactive management of healthcare challenges, and focus on continuously evaluating and enhancing the service delivery system.
Experienced and Effective Medical Oversight

Centurion will provide the full range of healthcare services to KDOC offenders under the supervision of a physician licensed by the Kansas State Board of Healing Arts (KSBHA).

Through employees of Centurion, the primary obligation and loyalty of our regional medical director and, by extension, all of our healthcare staff is to the offenders we serve. As with all of our other programs, our healthcare staff, under the direction of the regional medical director, will have the freedom, mandate, and responsibility to provide healthcare services to offenders based on the highest standards of care and without undue influence by Centurion or other entities. This is an important distinction for Centurion and one that reflects the KDOC’s focus on the delivery of appropriate and exceptional healthcare services to its offender population.

The regional medical director will be responsible for:

- Ensuring the delivery of appropriate, evidence-based, timely, and integrated healthcare services to offenders in all the KDOC facilities in compliance with NCCHC and ACA standards and Department guidelines
- Providing clinical direction and leadership on all aspects of the service delivery process, including utilization management, quality, pharmacy, medical records, and infection control
- Providing supervision, consultation, and oversight to Clinical Directors, including training and performance management efforts
- Participating in training opportunities for Clinical Directors and other medical staff
- Working collaboratively with the KDOC in developing, evaluating, and continuously enhancing healthcare services provided to offenders
- Ensuring compliance with NCCHC and ACA standards, the KDOC policies and procedures, and all federal, state, and local healthcare guidelines
- Collaborating with Centurion clinical operations department to ensure program access to corporate resources

In addition to the above, the regional medical director will work closely with the University of Kansas Medical Center’s Office of Health Care Compliance (OHCC) to demonstrate that our services meet all required federal, state, and local mandates. We applaud the Department for the development of its partnership with the OHCC and
commitment to objective, transparent measurement of service delivery and outcomes. Throughout our service delivery, medical oversight, and continuous quality improvement efforts, we will welcome with the OHCC’s expert guidance and hold ourselves accountable to the OHCC and KDOC. The ability to partner with the OHCC in maintaining and improving quality of care is one of the key features that attracts us to working with the Department.

The regional medical director will work closely with our associate regional medical director, a Kansas-licensed and Kansas-based physician who will have primary responsibility for the utilization management functions in the program.

The regional medical director will also work closely with the regional dental director, the regional psychiatric director, and the regional director of nursing in delivering high-quality and timely services to the KDOC offenders. This team will meet routinely to ensure full integration of all aspects of the healthcare program, availability of necessary health, mental health, dental resources and services, continued use of evidence-based practices, and collaboration with the Department’s personnel.

The focus on integration throughout the program and in each facility is an important component of our service delivery process. Our staff will use multidisciplinary team meetings and treatment plans to ensure that medical, behavioral and dental services are fully integrated. Centurion’s technology, use of the EHR, availability of telehealth technology, and other resources allows our staff to collaborate across facilities and healthcare locations, making the process of providing integrated care more efficient and beneficial to patients.

In addition to the regional medical director, the key personnel for the Kansas program are:

- Regional Vice President
- Regional Dental Director
- Regional Psychiatric Director
- Regional Director of Nursing
- Regional Behavioral Health Director

We include job descriptions for our regional management positions as Attachment G. These job descriptions are provided as samples. We will ensure all job descriptions conform to KDOC expectations prior to finalization. Centurion is happy to provide job descriptions upon request and/or contract negotiations for all FTE positions, if we should be fortunate to provide services in Kansas.
Impactful Facility-Based Healthcare Services

Each facility will also have a full-time regional medical director who will have ultimate responsibility for healthcare decisions within the said facility. This individual will report directly to the regional medical director and will oversee the delivery of healthcare services according to NCCHC and ACA standards, KDOC requirements, and Centurion’s clinical guidelines. These professionals will be involved in quality management processes, provide training to healthcare staff, support site emergency and crisis, ensure the delivery of integrated services, participate in chronic care clinics, manage complex healthcare needs, and work closely with the facility administrative and healthcare staff to deliver best in class services to KDOC offenders.

In the absence of the medical director, a licensed and experienced healthcare professional will assume this responsibility at each facility. Centurion defines an HCP as a physician, physician assistant, nurse practitioner, or registered nurse with the required training, licensure, and experience to make appropriate healthcare decisions for offenders using identified clinical guidelines and industry standards.

In the table that follows, we have provided the qualifications for these positions.

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<th>Healthcare Practitioner Qualifications</th>
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<td><strong>Position</strong></td>
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<td>Physician</td>
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<td>Nurse Practitioner / Physician Assistant</td>
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Healthcare Practitioner Qualifications

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<tr>
<th>Position</th>
<th>Qualifications</th>
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<tbody>
<tr>
<td>Registered Nurse</td>
<td>▪ Must hold valid RN license from Kansas Nursing Board</td>
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<td>▪ Must show current tuberculosis documentation and active CPR certification</td>
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<td>▪ Must be able to pass background investigation and obtain Department security clearance where applicable</td>
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<td>▪ Prior experience providing nursing care and working with a high degree of autonomy required</td>
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<td>▪ Experience working in a correctional environment preferred</td>
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Clinical Oversight Organizational Chart

An organizational chart of the clinical operations for the KDOC program follows.
4.3 Comprehensive Medical Services

4.3.2. Reserved.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.2, Reserved, identified herein.

We understand from the Department’s answers to questions in Amendment 3 that this area is left blank and reserved for any possible future language requirements.
4.3 Comprehensive Medical Services

4.3.3. Standards of Care. The Contractor shall provide services in accordance with the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) standards, Performance Based Medical Standards (PBMS) for juvenile offenders, and prevailing professional practices. The performance of the Contractor’s personnel and administration must meet or exceed standards established by ACA and NCCHC as they currently exist and/or may be amended. In addition, the Contractor shall comply with all established policies outlined in the KDOC Internal Management Policies and Procedures (IMPPs) Manuals as they currently exist and/or may be amended. The Contractor shall identify the clinical criteria utilized to determine necessity for health care and treatment that at a minimum meet the NCCHC Clinical Practice Guidelines (i.e. Internally developed or other national criteria such as the American Academy of Family Physicians Guidelines).

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.3, Standards of Care, identified herein.

We appreciate the Department’s answer to question 25 in RFP Amendment 3, indicating that the successful bidder will be responsible for providing medical practices that meet national clinical guidelines and are consistent with community and correctional standards of care. Centurion will meet these requirements.

Providing services in accordance with established standards of care ensures that offenders have access to services that meet updated industry and community requirements for best practices, appropriate clinical guidelines, and federal, state, and local mandates. Unique to Centurion is the full incorporation of NCCHC and ACA standards into our policies and procedures, extensive training for healthcare professionals on applying these standards, and availability of NCCHC and ACA expert staff to conduct training and evaluate consistent use of these standards across Centurion. Patients will benefit because they receive services that are appropriate, mandated, and consistent. Centurion staff will realize
efficiencies in service delivery and confidence in meeting patient needs according to established processes. The KDOC will benefit from cost efficiencies resulting from better patient outcomes, continuous accreditation readiness, appropriate use of policies, procedures, and guidelines, protection from frivolous litigation, and compliance with mandated requirements.

Centurion’s healthcare services comply with National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA) national standards, as well as Occupational Safety and Health Administration (OSHA), American Society of Addiction Medicine (ASAM), Center for Disease Control (CDC), U.S. Immigration and Customs Enforcement (ICE), and Drug Enforcement Agency (DEA) guidelines.

In Kansas, our services will also comply with established KDOC Internal Management Policies and Procedures (IMPPs) for adults and juveniles, the Health Insurance Portability and Accountability Act (HIPAA), Prison Rape Elimination Act (PREA) standards, and performance-based standards for juveniles.

Because standards for accreditation continue to evolve over time, Centurion devotes significant resources to ensure our policies, procedures, protocols, guidelines, training, and other clinical infrastructure are consistent with the latest versions of the accreditation standards. For example, we promptly revised all of our policies and procedures to ensure they conform to the 2018 ACA performance-based standards for adult correctional institutions and the 2018 NCCHC standards for prisons and jails.

All healthcare staff providing services to KDOC offenders will meet or exceed these standards.
Meeting NCCHC and ACA Requirements

Centurion’s healthcare services fully meet and/or exceed both NCCHC and ACA national standards. We incorporated these standards directly into our policies and procedures, clinical guidelines, and program services. In addition to conforming our clinical infrastructure to these national standards, we provide extensive staff training to ensure compliance with these standards at the site level. Centurion ensures that we meet national standards both in principle, through written policies and guidelines, and in practice, through our delivered services. As we have done with each prior revision of NCCHC and ACA standards, we will make necessary modifications to comply with any revisions or updates provided by NCCHC and ACA during the course of the contract.

As described in detail in our response to RFP Section 4.21, Training, staff training in NCCHC and ACA standards and accreditation will begin during new employee orientation and continue throughout employment. On-the-job training following policies and procedures ensures that staff can “translate” the standards into daily practice. We provide staff training modules focused specifically on educating staff on the NCCHC accreditation process. Furthermore, Centurion will provide employees with access to the ACA, NCCHC, KDOC, and PbS standards (where applicable) at KDOC facilities for easy reference.

Meeting KDOC Standards

Centurion has reviewed IMPPs posted on KDOC’s website. We will comply with all standards and directives, policies and procedures and any mandates as directed by the KDOC, including those enumerated under Chapter 10: Programs and Services related to the delivery of medical, dental, and behavioral health services. As we have done for NCCHC and ACA standards, we have addressed applicable KDOC standards throughout our RFP responses.

During the transition process, we will work with the Department to review these standards and define any changes or modifications that may be necessary to incorporate KDOC
guidelines and court mandates into our healthcare delivery process. Members of our healthcare and clinical operations teams will work with the KDOC throughout the course of the contract to ensure our ongoing compliance with these requirements.

Meeting Performance-based Standards Requirements

Centurion commends KDOC’s use of Performance-based Standards (PbS) for juvenile services and the inclusion of these standards at the juvenile facility, Kansas Juvenile Correctional Complex (KJCC). We look forward to building on these standards and supporting KDOC in enhancing their use. We appreciate that KJCC was a recipient of the prestigious 2018 PbS Barbara Allen-Hagen Award. The Department can be confident Centurion will continue the significant progress already achieved at KJCC.

PbS provides national standards and outcomes measures to help juvenile justice agencies and facilities identify, monitor, and improve conditions for incarcerated youth offenders. Under this voluntary program, the KDOC, in collaboration with Centurion, will collect, analyze, and report on performance outcomes with the goal of continuously enhancing the service delivery process for youth offenders incarcerated in KDOC facilities. Centurion is familiar with PbS and their implications for the delivery of healthcare services to youth. In partnership with the Department, we will meet or exceed PbS requirements.

PbS requirements have parallels to ACA and NCCHC standards. For example, PbS standards on isolation state:

PbS Standards on Isolation State

Isolating or confining a youth to his/her room should be used only to protect the youth from harming himself or others and if used, should be brief and supervised. Any time a youth is alone for 15 minutes or more is a reportable PbS event and is documented...Isolation...should not be used as punishment.

In comparison, ACA standards limit disciplinary room confinement to five days with visual checks by staff every 15 minutes, protective custody isolation to no more than 72 hours without the approval of the facility administrator, and review of isolation for special management of high risk youth who cannot control their behavior within 72 hours. NCCHC mental health standards issued in 2015 allow isolation or seclusion only for juveniles
“exhibiting behavior dangerous to self or others as a result of medical or mental illness.” In such cases, healthcare or childcare staff must monitor the youth “irregularly,” at randomly staggered intervals, but not less than every 15 minutes.

Compliance with PbS is an important differentiator for Centurion and KDOC. We applaud KJCC’s receipt of the **2018 Barbara Allen-Hagen Award**, the highest of its kind given by PbS, for the success of its program “reducing the number of female offenders requiring interventions for suicidal or self-harming behavior.” This significantly decreased the amount of time youth are on watch or in isolation, increased juvenile offenders’ ability to adjust to incarceration, and helped prepare the offenders for life in the community. This focus on minimizing use of isolation as an intervention for self-injurious behavior is fully in line with NCCHC’s *Position Statement on Solitary Confinement (Isolation)* and Centurion process, which indicate that juveniles should be excluded from solitary confinement of any duration.

As Centurion’s policies and procedures fully comply with NCCHC and ACA guidelines, we are confident that our policies also comply with PbS standards. Upon contract award, we will review all policies for juvenile offenders and compare the requirements set forth under PbS, NCCHC, and ACA. We will work with the KDOC to ensure that our policies and practices meet the requirements of these guidelines. We will make any changes needed to comply fully with KDOC’s mandate regarding the use of these guidelines. We will provide appropriate training to all our staff on the use of PbS guidelines.

**Using Nationally Recognized Clinical Criteria**

Centurion provides healthcare in accordance with national clinical practice guidelines and evidence-based standards endorsed by NCCHC and ACA. Our services are consistent with accepted clinical guidelines and evidence-based standards including those endorsed by NCCHC, ACA, and the **American Academy of Family Physicians (AAFP)**.

**Ensuring Services are Medically Necessary and Appropriate**

In delivering clinical services, our goal is to provide medically necessary services for offenders.
We follow NCCHC’s definition of medical necessity:

**NCCHC’s Definition of Medical Necessity**

A clinical decision by a qualified health practitioner based on clinical judgment in keeping with current community standards of practice to meet a serious health need of the individual in question.

This means that we will make sure that a qualified HCP evaluates each request and renders treatment decisions using evidence-based standards of care. It also means that clinical staff follow-up on the effectiveness of intervention in high acuity cases and document all services in a timely manner in the patient’s electronic health record.

Centurion’s clinical criteria help our staff avoid unnecessary care, such as:

- Widespread testing, not medically indicated
- Use of invasive procedures and treatment prior to exhausting all non-invasive procedures
- Use of offsite specialty or hospital care when alternative onsite treatment meets community and evidence-based standards of care
- Elective and experimental procedures
- Procedures required solely for cosmetic reasons
- Special footwear that is not medically necessary
- Electrical bone growth stimulator, unless medically indicated for long bones
- Refractive eye surgery
- Surgical or dental procedures to correct congenital or developmental abnormalities unless medically/psychiatric necessary
- Sterilization, investigation of or treatment for infertility, reversal of sterilization, artificial insemination, or in vitro fertilization

In making clinical decisions, we propose to use Centurion’s *Clinical Guidelines* for a range of diagnostic and treatment interventions, disease management guidelines for chronic and/or infectious diseases, prescribing guidelines for specialized medical conditions, psychiatric
treatment guidelines for mental disorders, and, as described below, McKesson’s InterQual® criteria for specialty and hospital care. Upon contract award, we will submit Centurion’s guidelines to the KDOC for review and approval.

Centurion’s clinical and prescribing guidelines address screening, assessment, tests, special procedures, new symptoms, patient requests, and other aspects of ambulatory care. The scope of our guidelines is comprehensive. Centurion Clinical Guidelines as of January 2020 include:

Centurion Clinical Guidelines as of January 2020

- General Practice Guidelines
- General Reference Guidelines
- Preventive Screenings
- Diagnostics
- Therapeutic Interventions
- Surgical Interventions
- Patient Specific Durable Medical Equipment
- Vaccinations
- Additional Clinical Guidelines

Centurion Clinical Guidelines are comprised of the following components:

**Centurion Clinical Guideline Components**

<table>
<thead>
<tr>
<th>General Practice Guidelines</th>
<th>General Reference Guidelines</th>
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<tbody>
<tr>
<td>- Conflict of Interest</td>
<td>- Recommendations from Offsite and Onsite Specialty Providers</td>
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<tr>
<td>- Electronic Communication</td>
<td>- Provider Self-Referrals</td>
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<tr>
<td>- Recommendations for Offsite Mental Health Interventions</td>
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<tr>
<th>Preventive Screenings</th>
<th>Diagnostics</th>
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<td>- Abdominal Aortic Aneurysm Screening</td>
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<td>- Cervical Cancer Screening</td>
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<td>- Colorectal Cancer Screening</td>
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<td>- Health Assessment – Annual</td>
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<td>- Lung Cancer Screening</td>
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<td>- Mammograms</td>
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<td>- Osteoporosis Screening</td>
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<td>- Prostate Cancer Screening</td>
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<td>- Bacterial Endocarditis Evaluation and Treatment</td>
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<td>- Computed Tomography (CT) Scan Following Head Injury</td>
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<td>- Electrocardiogram (EKGs)</td>
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<td>- Nasal Injuries</td>
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<td>- Post Endoscopy Follow-Up</td>
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<td>- Sleep Study</td>
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<td>- Testicular Ultrasound in the Diagnosis of Testicular Cancer</td>
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<td>- Transplant Evaluations</td>
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## Centurion Clinical Guideline Components

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<tr>
<th>Therapeutic Interventions</th>
<th>Surgical Interventions</th>
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<tr>
<td>- Anterior Cruciate Ligament (ACL) Injuries</td>
<td>- Breast Reconstruction Following Mastectomy</td>
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<td>- Benign Prostatic Hypertrophy</td>
<td>- Cataract Surgery</td>
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<td>- Body Packing</td>
<td>- Hernias</td>
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<td>- Hyperbaric Oxygen Therapy (HBOT)</td>
<td>- Septoplasty</td>
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<td>- Irritable Bowel Syndrome</td>
<td>- Spinal Cord Stimulators</td>
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<td>- Keloids and Hypertrophic Scars</td>
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<td>- Laceration Repair</td>
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<td>- Menopause</td>
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<td>- Nutrition – Supplemental</td>
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<td>- Osteoporosis Treatment</td>
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<td>- Pterygium</td>
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<td>- Restless Leg Syndrome</td>
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<td>- Scabies</td>
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<td>- Scrotal Cysts: Hydroceles, Spermatoceles, and Varicoceles</td>
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<td>- Swallowed Foreign Bodies</td>
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<th>Patient-Specific Durable Medical Equipment</th>
<th>Vaccinations</th>
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<tr>
<td>- Contact Lenses</td>
<td>- Hepatitis A Vaccination</td>
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<td>- Dentures or Other Dental Prosthetics</td>
<td>- Hepatitis B Vaccination</td>
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<tr>
<td>- Eyeglasses</td>
<td>- Influenza Vaccination</td>
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<tr>
<td>- Footwear – Orthotic</td>
<td>- Measles-Mumps-Rubella (MMR) Vaccination</td>
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<tr>
<td>- Footwear – Specialized</td>
<td>- Meningococcal Vaccination</td>
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<tr>
<td>- Hearing Deficit</td>
<td>- Pneumococcal (PCV-13 &amp; PPSV-23) Vaccination</td>
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<tr>
<td>- Prosthetic Eyes</td>
<td>- Tetanus-Diphtheria-Pertussis Vaccination</td>
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<td>- Human Papilloma Virus (HPV) Vaccine</td>
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<td></td>
<td>- Varicella Zoster (Shingles) Vaccine</td>
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<th>Additional Clinical Guidelines</th>
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<td>- Acute Amphetamine Delirium</td>
<td>- Lipoma and Soft Tissue Masses</td>
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<td>- Alcohol Withdrawal</td>
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<td>- Benzodiazepine Withdrawal</td>
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<td>- Chest Pain Risk Stratification</td>
<td>- Mosquito Borne Viral Illnesses: Zika, Chikungunya and Dengue Fever</td>
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<td>- Chronic Back Pain</td>
<td>- MRSA</td>
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<td>- Diabetes Nutrition Therapy</td>
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<td>- Offender Exposure to Bloodborne Pathogens</td>
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<td>- Opioid Withdrawal</td>
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<td>- Physical Examination</td>
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<td>- Holter Monitors</td>
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<td>- Influenza</td>
<td>- Pregnancy Management</td>
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<td>- Kidney Disease – Chronic</td>
<td>- Seizure Assessment and Management</td>
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<tr>
<td>- Laboratory Testing Formulary</td>
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Centurion’s *Prescribing Guidelines* as of January 2020 include the following:

![Prescribing Guidelines as of January 2020](image)

Our *Disease Management Guidelines* directly support chronic care services. These Guidelines are consistent with recognized national clinical practice guidelines, such as the American Academy of Family Physicians, including type and frequency of diagnostic testing by disease category.

![Centurion’s Disease Management Guidelines Developed as of January 2020](image)
We will tailor these guidelines to the needs of the KDOC population. As required by RFP Section 4.3.12, *Special Needs Clinics/Chronic Care/Special Needs Treatment Planning*, we have included our proprietary *Disease Management Guidelines* as **Attachment M** to our proposal.

Each guideline includes guidance on diagnosis, screening/clinical evaluation/testing, treatment goals, indicators for level of disease control or severity, medication recommendations, frequency of follow-up based on level of disease control, and references. We updated our disease management guidelines at the end of 2019 to ensure continued compliance with community standards of care. We expect Centurion providers and healthcare staff to follow the disease management guidelines, except in special clinical circumstances. When a Centurion provider chooses to treat the patient outside of approved guidelines, we require the provider to document the rationale for the variance in the patient’s medical record. Centurion reviews and updates these guidelines when there are changes in nationally accepted practices or on an annual basis.

Similarly, we continuously update and refine Centurion’s psychiatric treatment guidelines, initially developed in 2006 based on the guidelines of national organizations, including the **American Psychiatric Association** and the **Texas Algorithm Project**. We completed our most recent revisions in 2019. We have modified them based on the evolving standards of correctional mental health services, new developments in the pharmaceutical industry, peer-reviewed research, clinical experience in correctional settings, and our national network of psychiatric clinicians, pharmacists, and psychologists working with incarcerated patients.

Centurion’s multi-tiered *Psychiatric Treatment Guidelines* as of January 2020 include the list on the following page.
Centurion has also developed Mental Health Guidelines to assist nursing staff in structuring the assessment and interventions in emergency mental health situations. Our Mental Health Guidelines address the following emergency mental health conditions:

- Attention Deficit Hyperactivity Disorder Guideline
- Anticholinergic Medication Guideline
- Anxiety Disorders Treatment Guideline
- Bipolar Disorder Treatment Guideline
- Dementia Disorders Treatment Guideline
- Depressive Disorders Treatment Guideline
- Insomnia Disorder Treatment Guideline
- Laboratory Testing Guideline
- Psychotic Disorders Treatment Guideline
- Posttraumatic Stress Disorder Treatment Guideline
- Tardive Dyskinesia Treatment Guideline

We will submit all guidelines and clinical criteria to KDOC for approval as part of the implementation process.

**Interqual® Ensuring Access to Timely Specialty and Hospital Care**

The incidence of undiagnosed and/or under-treated healthcare conditions that result in fatalities and/or litigation are plentiful in correctional healthcare. The KDOC has had its
share of such misdiagnosis and unnecessary litigations over the past few years. Not only do these issues result in patient death or disability, they also impact families who must live with the aftermath of these situations and decrease the trust with which the community holds the KDOC.

At Centurion, we are adamant about making sure that patients receive appropriate and medical necessary services when they need it and by appropriate providers. This is especially true for patients who present with specialty care or hospital needs. Centurion uses McKesson’s InterQual® criteria in making decisions regarding specialty care services. These criteria, which include both medical and behavioral health criteria that take into consideration severity of illness, comorbidities, complications, and intensity of services needed.

We appreciate that the KDOC requires that a Kansas-licensed regional medical director makes utilization decisions, and we will meet this requirement. Our reliance on InterQual® criteria assist our staff in making sure that patients receive care, onsite or offsite, at the right level of care, avoiding recent healthcare crisis experienced by KDOC patients. We provide a detailed description of our proposed utilization management services in our response to RFP Section 4.12, Utilization Management Program.
4.3 Comprehensive Medical Services

4.3.4. Nursing Clinical Guidelines.

4.3.4.1. Currently our electronic health records system (EHR) has built into its program a specific set of nursing treatment guidelines or algorithms (Appendix D). The EHR system has the flexibility to accommodate changes to the Guidelines as improvements are made.

4.3.4.2. Include in the response samples of the following nursing clinical guidelines utilized for these basic nursing encounters:

(a) General Musculoskeletal pain
(b) Ectoparasites
(c) Influenza-like Illness
(d) Dental Pain
(e) Ear, Nose, and Throat
(f) MRSA

4.3.4.3. Include in the response the following emergent nursing clinical guidelines that include standing orders for emergency medications and or treatments:

(a) Trauma
(b) Head Injury
(c) Intoxication and Withdrawal
(d) Chest Pain (guideline must include EKG with interpretation (over-read) by a cardiologist within 30 minutes from the time the EKG was sent to the cardiology provider)
(e) Hypoglycemia
(f) Seizure/Status Epilepticus
(g) Emergent Allergic Reaction/Anaphylaxis
(h) Respiratory Distress
(i) Suspected Overdose (include the use of Narcan)
(j) Heat-related Illness
(k) Post-exposure prophylaxis
(l) PREA

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.4, Nursing Clinical Guidelines, identified herein.
Centurion’s use of nursing protocols, guidelines and/or algorithms, consistent with ACA and NCCHC standards, will comply with KDOC policies and procedures. KDOC-authorized nursing protocols will be current and maintained in the EHR.

Centurion’s written nursing protocols provide guidance for nursing staff to deliver first aid and medically necessary interventions that promote, maintain, or improve KDOC patients’ optimal health status. Benefits to the KDOC include the following:

- Assurance that our Centurion medical director and director of nursing have annually reviewed and approved nursing guidelines for use with KDOC patients, a step that ensures the guidelines are current and consistent with evidence-based practices
- Assurance that Centurion nursing staff practice within the scope of their licenses and receive training and competency verification prior to using nursing guidelines

**BENEFIT TO THE DEPARTMENT**

**Physician-approved guidelines direct nursing care.**

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**Centurion Guidelines and Nursing Protocols**

Centurion is committed to meeting the RFP requirement for our nursing staff to utilize nursing protocols, guidelines, or algorithms for basic nursing encounters and in treating emergent conditions. We recognize that the KDOC has an electronic health records system (EHR) with built in sets of specific nursing treatment guidelines, protocols or algorithms with the current list of 27 included in Appendix D. Upon contract award, we will review all 27 and work with the KDOC to optimize and finalize, as we additionally understand that the EHR system can accommodate updates and improvements made.

Centurion *Nursing Guidelines* address routine, urgent and/or emergent and behavioral health complaints. In addition to those nursing guidelines submitted with our proposal in accordance with the requirements of RFP Subsections 4.3.4.2 and 4.3.4.3, we developed the following nursing guidelines and will provide these to the OHCC and KDOC for review and authorization following contract award.
We demonstrate Centurion’s commitment to supporting our nursing staff with evidence-based guidelines, protocols or algorithms through our development of written nursing protocols, which we describe here and reference as guidelines for simplicity of terminology. We will submit all of our nursing protocols, guidelines and algorithms to the KDOC following contract award, upon request, for review and implementation.

Our Nursing Guidelines, more commonly referred to in the correctional healthcare environment as “Nursing Protocols,” are consistent with the Kansas Board of Nursing requirements for scope of practice. These guidelines provide basic information about the common healthcare complaint, emergent and/or urgent healthcare problem, or behavioral health presenting issue and outline the steps licensed nursing staff to take in providing first aid, interventions and follow-up.

Each guideline includes a handout for the patient that provides education, self-care instructions, and reminders for follow-up. Each set of guidelines also includes a relevant documentation form in SOAP format appropriate to use as a template or guide for entering the information into the EHR. The form supports use of the Centurion Guidelines and helps nursing staff assess, document, and implement the guidelines consistently based on patient complaint.

Our guidelines specify permitted use of approved over-the-counter medications. Our emergent nursing clinical guidelines also include standing orders, as appropriate, for emergency medications and/or treatments.
Centurion Nursing Guidelines include the following:

- Guidelines for Common Healthcare Problems
- Guidelines for Potentially Urgent Emergent Problems
- Guidelines for Behavioral Health

The Centurion Guidelines for Common Health Problems. We include samples of our following proprietary and confidential nursing clinical guidelines for common healthcare problems as Attachment N per the RFP requirement:

- General musculoskeletal pain
- Ectoparasites
- Influenza-like illness
- Dental pain
- Ear, nose, and throat
- MRSA

The Centurion Guidelines for Potentially Urgent Emergent Problems. We include our following proprietary and confidential emergent nursing clinical guidelines, including clinically indicated standing orders for emergency medications and/or treatments, as Attachment O, per the RFP requirement:

- Trauma
- Head injury
- Intoxication and withdrawal
- Chest pain
- Hypoglycemia
- Seizure/static epilepticus
- Emergent allergic reaction/anaphylaxis
- Respiratory distress
- Suspected overdose
- Heat-related illness
- Post-exposure prophylaxis
- PREA

Centurion Nursing Behavioral Health Guidelines. Centurion has developed Nursing Behavioral Health Guidelines to assist nursing staff in structuring the assessment and interventions to address behavioral health situations. Centurion's Nursing Behavioral Health Guidelines cover the following behavioral health conditions:
- De-Escalation
- Extrapyramidal Syndrome (EPS)
- Mania
- Neuroleptic Malignant Syndrome (NMS)
- Polydipsia – Hyponatremia
- Psychosis
- Therapeutic Restraints
- Withdrawal

We provide one example of our proprietary and confidential behavioral health nursing guideline for neuroleptic malignant syndrome as Attachment P.

Upon contract award and request, Centurion will submit our comprehensive Nursing Guidelines for common health problems, for potentially urgent/emergent problems, and for behavioral health problems to the KDOC for review and/or authorization. We will ensure inclusion of approved protocols, guidelines, or algorithms in our orientation and competency review for nursing staff. We will also work to ensure inclusion of our guidelines in the EHR.
4.3 Comprehensive Medical Services

4.3.5. Consent to Treat/Right to Refuse. The Contractor shall obtain appropriate consent to treat prior to performance of treatment. The Contractor shall acknowledge the offender’s right to refuse treatment as described by the NCCHC standards. Juveniles have specific rules and regulations regarding consent to treat and right to refuse. All bidders shall confirm they understand the juvenile’s rights and parental consent.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.5, Consent to Treat/Right to Refuse, identified herein.

While offenders have a constitutional right to medically necessary healthcare, they also have a constitutional right to refuse medically necessary healthcare absent certain emergent and legal exceptions. The informed consent process ensures that offenders are active participants in their own healthcare, and thorough documentation of this process protects the KDOC and healthcare providers from litigious claims that treatment is arbitrary, involuntary, or conducted without adequate patient understanding of the purpose, benefits, risks, potential side effects, and alternatives.

We recognize and appreciate that offenders have the right to consent to or refuse treatment, as described in ACA Standards 5-6C-4397, 1-HC-3A-05, and 4-JCF-4C-44, Informed Consent, and NCCHC Standards P-G-05, Informed Consent and Right to Refuse, and Y-I-04, Informed Consent and Right to Refuse. We will obtain appropriate informed consent to treat from KDOC offenders prior to performing any medical, dental, or behavioral health treatment in accordance with KDOC Policy 10-127D, Consent to or Refusal of Medical Treatment.

Our healthcare staff will routinely obtain consent to treat KDOC offenders during the initial intake screening and/or physical exam process. For adults, we will document offenders’ consent to be treated on the KDOC-approved form and place the signed form in the offender’s health record. If the offender refuses treatment, we will document the refusal on the Refusal to Submit to Treatment form and have the offender and healthcare staff sign the form before placing in the health record. If the offender refuses to sign the form, we will write “offender refused to sign” in place of his/her signature, sign the form, and have another healthcare staff member who witnessed the offender’s refusal also sign the form.

We understand that offenders do not have the right to give a blanket refusal to all medical services. Centurion will give offenders the opportunity to receive subsequent medical
services or treatment, even if they previously refused treatment and have documentation in their record to that effect.

For juveniles under age 16, we will obtain consent from the offender’s legal parent or guardian prior to treatment, in writing, when possible. If we receive the consent verbally or through another means such as email or fax, we will document the consent in the health record. We will follow up the verbal consent with a letter to the parent or guardian the content of which includes the procedure for which we received consent, as well as other pertinent medical information conveyed during the conversation or written communication. If the juvenile is 16 or older, we understand that K.S.A. 38-2347 allows the juvenile to give consent when no parent or guardian is immediately available.

We recognize, of course, that offenders may initially consent to treatment but then withdraw consent later. If an offender refuses treatment, we will obtain the offender’s signature on the KDOC-approved refusal form and maintain the signed form in the offender’s medical record.

Centurion appreciates that while offenders have the right to refuse routine treatment, they do not automatically have the right to refuse the decision of custody or the site medical director to refuse placement in an infirmary or other housing assignments designed to accommodate their healthcare needs. We understand that offenders can sign a refusal form designed by the site medical director indicating the offender’s desire to leave the infirmary. However, if the offender is allowed to leave the infirmary, it does not necessarily follow that custody will send the offender to general population housing. We understand that custody and medical staff will assign the patient to other housing areas designed to meet the patient’s healthcare needs.

**Involuntary Treatment**

We recognize that Kansas, similar to most states, does provide a mechanism, in very limited circumstances, for involuntary treatment in situations where an offender is likely to cause serious harm to self or others. In those circumstances, we understand that the KDOC’s legal counsel will be consulted and make recommendations. Upon contract award, we look forward to reviewing KDOC’s policy on involuntary treatment and incorporating the Department’s requirements into our treatment polices and protocols. We have extensive experience with both judicial and administrative proceedings to support access to necessary care as well as protection of offender rights.

**Telehealth Consent**

In addition to offender informed consent for general treatment, Centurion obtains separate informed consent from offenders prior to our use of telehealth services. Prior to the start of
a telehealth encounter, the provider will inform and educate the patient of pertinent information such as the nature of videoconferencing (technical issues), the use of data images in consultation, storage, and confidentiality. We will obtain offender consent for telehealth treatment according to KDOC requirements, as well as the American Telemedicine Association (ATA) guidelines. We provide more information regarding our telehealth services program in our response to RFP Section 4.3.26, *Telemedicine*.
4.3 Comprehensive Medical Services

4.3.6 Receiving Screening.

4.3.6.1 Nursing staff shall perform receiving and transfer screenings that include both visual and chart reviews on all offenders upon their arrival at each facility and at each unit within a facility if the offender transfer results in a transfer of oversight from one clinic to another. Receiving and transfer screenings are to be performed in compliance with NCCHC and/or ACA current standards for screening. Describe in the proposal the Contractor’s plan to meet the criteria in this section.

4.3.6.2 In the case of transfers to facilities with less than 24-hour nursing coverage, the main clinic staff, through chart review on the EHR system, shall complete the transfer screening form. The form shall be reviewed and the offender assessed at the next day nursing staff on site.

4.3.6.3 Health care professionals shall refer offenders exhibiting signs of acute mental illness, psychological distress, or danger of harm to self or others to the behavioral health professional staff for further evaluation.

4.3.6.4 Health care professionals shall refer offenders presenting with significant clinical findings during the health screening process to the HCP as necessary.

4.3.6.5 If an offender is shown to be stable on medications upon admission, the use of formulary exceptions to continue the medications prescribed to offenders prior to admission shall be considered.

4.3.6.6 Contractor shall ensure communication occurs between site health care staff regarding patients with complex medical or mental health conditions prior to transfer. Such communication shall be documented in the EHR.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.6, Receiving Screening, identified herein. Centurion will comply with KDOC Policy 10-114D, Availability of Emergency Medical, Dental, and Behavioral Health Services, as well as ACA and NCCHC standards.

Centurion provides care to 300,000 offenders across more than 300 facilities. This underscores our extensive experience providing receiving and transfer screening services in our prison programs. We understand the importance of maintaining a strong receiving process. Many individuals admitted to correctional facilities have often not had access to, or have chosen not to access, adequate healthcare services in the community.

We understand that KDOC receiving and transfer screenings are unique in that an assessment is necessary when a patient is transferred from one clinic to another, which may not include a transfer of facility and instead include a transfer between units within a facility.
All receiving and transfer screenings will include a review of the patient health record, face-to-face assessment, and appropriate documentation in the EHR including the KDOC transfer screening form.

Our receiving screening process addresses all aspects of health and is targeted for rapid identification and early treatment of acute and chronic conditions that require immediate, short-term, and long-term interventions. Our attentive receiving screening process will benefit offenders and KDOC through early results that decrease patient risk from missed, potentially costly, diagnoses.

**Approach to Receiving and Transfer Screenings**

We know it is imperative that receiving healthcare staff have experience and training in obtaining an accurate health history and observing and identifying signs and symptoms of active health conditions. The receiving screening will identify acute and chronic illness both medical and mental health oriented, drug and alcohol withdrawal potential, and other acute or communicable disease conditions at minimum.

The regional medical director will collaborate with KDOC to ensure that all aspects of training and the receiving screening meet State and KDOC requirements. Nursing staff will be trained and evaluated using Centurion nursing competencies to ensure the necessary knowledge and skills related to the receiving screening are appropriate. This includes training on integrated care and appropriate identification and timely referral of medical, dental, and behavioral health conditions. We provide more detail on competency-based training in our response to RFP Section 4.21, *Training*.

KDOC offenders will benefit from Centurion’s receiving screening process through the achievement of five primary goals. The receiving screening:

- Identifies urgent and emergent health needs of offenders that require treatment
- Identifies known or easily identifiable health needs for treatment intervention
- Identifies, contains, and treats potentially contagious conditions
- Provides an opportunity to obtain a signed release of information so that the healthcare staff can obtain community health records to ensure continuity of care
Provides an opportunity for patient education and orientation to access healthcare services

Centurion’s trained nursing staff will complete all receiving screenings. Centurion’s staffing plan is sufficient to complete the receiving medical screening promptly and in accordance with the requirements of ACA, NCCHC, and the KDOC. We understand that facilities that do not have 24/7 nursing coverage will be required to have the main clinic complete an EHR patient review, including completion of the transfer screening form, until the face-to-face screening may be completed during the next healthcare shift.

Specifically, our healthcare receiving screening will include:

- **Inquiry into:**
  - Any history of infections or communicable illnesses, any treatment or symptoms that are suggestive of such illnesses
  - Current illnesses and health problems, including communicable diseases
  - Dental problems
  - Use of alcohol and other drugs, including types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any problems that may have occurred after ceasing use
  - For female offenders, the possibility of pregnancy and history of ob-gyn and other health problems
  - Behavioral health history and treatment
  - Suicidal ideation or intent
  - Medications, other special needs (e.g., disabilities, chronic illnesses)
  - History of victimization or predation
  - History of human trafficking, including labor and sex trafficking consideration
  - Specialty diet

- **Observation of the following:**
  - Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating (e.g., alert, disoriented, responsive, lethargic, disorderly, insensible, appropriate)
  - Possibility of mental status alteration due to the ingestion of drugs or alcohol
  - Body deformities, ease of movement (gait)
Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, infestation, suspicious tattoos or branding, exposure wounds, and needle marks or other indications of drug abuse

Evidence of musculoskeletal and ergonomic injuries

Evidence of malnutrition and/or dehydration

Evidence of sexual trauma, including history or detection of STIs, UTIs and pregnancies and/or abortions

Evidence of self-harm behaviors or physical abuse

Breathing (e.g. persistent cough, hyperventilation)

Vital signs including weight

Visual inspection of the mouth including teeth and gums

As part of the receiving screening, the nurse will offer the patient the option of being tested for HIV and HCV, provide a TB Mantoux test, and obtain a urine sample for drug and pregnancy screening as appropriate. Patient immunization history will be reviewed and during flu season, the receiving nurse will offer the patient the option of receiving the influenza vaccine if appropriate.

For juvenile offenders, we will collaborate with KDOC staff on completing a vulnerability assessment and will assist with expediting any medical or mental health needs identified during the receiving screening process. Juveniles who enter the department on psychiatric medication, are identified as needing a mental health assessment, or who request to see a mental health provider will be seen in a timely manner. Aspects of the receiving and transfer screening for juvenile offenders will comply with ACA performance based healthcare standards and NCCHC standards Y-E-02, Receiving Screening, and Y-E-03, Transfer Screening.

**Medication Management**

As part of the screening process, our nursing staff will verify medications, when possible, and document verification in the medical record. Nursing staff will obtain a provider’s order to continue medications identified as medically indicated for acute or chronic conditions or infectious disease until a provider can fully evaluate the patient.

For patients who present as stable on confirmed non-formulary medication, Centurion will review and consider the continuation of the non-formulary medication. Findings will be documented in the patient's health record. Centurion's process to request non-formulary
medication is well defined and empowers providers with clinical decision making in the best interest of the patient. We provide more detail on our approach to formulary management in RFP Sections 4.7, Pharmacy Services, and 6.6.19.2, Psychiatric Services and Psychotropic Medication.

**Patient Education**

During the receiving screening, patients will be provided an orientation to medical services. An orientation manual will be provided to the patient for future reference. Patients will receive educational materials on personal care and wellness, access to emergency and non-emergency care, smoking cessation, and the grievance process at minimum.

Centurion’s patient education related to human trafficking awareness and services will be provided in the health services orientation manual. Additionally, with KDOC review and approval, educational posters will be provided for display within the health services unit or additional locations as permitted by facility leadership. Within our proposal tab marked, “3.58, Human Trafficking,” we provide our clinical infrastructure addressing human trafficking. We view human trafficking as a public health problem that requires systematic attention in correctional healthcare.

Our receiving nurses will review any disabilities with which the patient presents or reports, educate the patient on access to the Americans with Disabilities Act (ADA) process, and determine if the patient would like to request an ADA accommodation. Patient education will be tailored to KDOC policies and protocols related to ADA services.

**Withdrawal Management**

Centurion appreciates the critical nature of identifying offenders at intake and throughout incarceration who are at risk of withdrawal syndromes, latent medical conditions associated with drug use, and increased risk of suicidality. KDOC offenders will receive medically compassionate withdrawal management services when clinically appropriate regardless of admission, security, or housing status at the time of assessment.

Persons entering KDOC facilities at risk for withdrawal are identified through the receiving screening and enrolled in a system of monitoring by nurses using the Clinical Opiate Withdrawal Scale (COWS), the Clinical Institute Withdrawal Assessment-Alcohol Revised (CIWA-AR) or our combined CIWA-COWS withdrawal tool. Patients scoring beyond the
established threshold on the CIWA-ARs and/or COWS scale are brought to the attention of the provider for treatment plan coordination and medication orders.

Centurion has developed a robust set of clinical guidelines for the assessment and treatment of alcohol withdrawal, benzodiazepine withdrawal, opioid withdrawal, acute amphetamine toxicity, and bacterial endocarditis. We will train our nurses and providers to use these guidelines and identify:

- Signs and symptoms of withdrawal syndromes
- Signs and symptoms of medical conditions associated with intravenous and other substance use
- Risk factors for self-harm and suicide
- Risk factors for pregnant females

Our withdrawal management protocols require nursing staff to inquire about suicidal ideation twice a day during the withdrawal period. Healthcare staff will provide evidence-based multidisciplinary interventions for these high-risk conditions.

**Mental Health Screening**

Centurion places a high priority on identifying and managing mental health, behavioral health, and developmental problems as early as possible. As part of the receiving process, Centurion nurses will assess the patient’s mental health status. Patients in need of further mental health evaluation or immediate mental health intervention will be referred accordingly.

We provide more detail on the mental health screening process in our response to RFP Section 4.6.2, *Mental Health Screening*.

**Transfer Screenings**

Centurion will meet KDOC, ACA, and NCCHC standards for conducting transfer screenings when the Department moves offenders between facilities. Upon notification of a pending transfer, Centurion nursing staff at the sending facility will review the health record of the
transferring patient and obtain information needed to complete the KDOC transfer form. Nursing staff will ensure that EHR entries are up to date to include enrollment in necessary chronic care clinics, current medication administration records, pending appointments, discharge summaries from specialized treatment units, and active treatment plans.

Nursing staff will prepare and send copies of necessary medical records to the receiving facility before or at the time of transfer. Patient healthcare information will be communicated to the receiving facility and documented in the EHR that such communication occurred.

Receiving facilities will assess newly arrived offenders as soon as possible, to include review of the patient’s health record. Juvenile offenders will be assessed within 12 hours or arrival. In keeping with national standards, Centurion nursing staff at the receiving facility will complete the transfer screening to include, at a minimum:

Medical record review and verbal inquiry into:

- If the patient is treated for a medical, dental, or behavioral health problem
- If the patient presently prescribed medication
  - If the patient is currently prescribed medication, were medications received and reviewed with the patient
- If the patient has a current medical, dental, or behavioral health complaint

Face-to-face observation of:

- General appearance and behavior
- Physical deformities
- Any evidence of abuse or trauma

Disposition:

- Provide patient with orientation to the healthcare services at the receiving facility
- Enrollment in necessary chronic care clinics
- Verification of pending appointments, including scheduled specialty clinics
- Emergency referral to mental health staff for:
  - Urgent psychiatric or behavioral health needs, including altered mental status
  - Patients released from suicide precautions within the past 30 days
  - Juveniles adjudicated as adults who move to an adult facility for the first time
- Patient expressing current thoughts to harm self or others, or symptoms of psychosis, anxiety, depression, or aggression
- Routine referral to mental health staff if the patient is receiving psychotropic medications, currently on the mental health caseload, has a history of suicide attempt, or expressed non-urgent mental health complaints
- Dental referral if the patient has dental complaints, outstanding dental appointments, lack of current dental examination, or complaints of swelling or pain
- Follow-up appointment if the patient does not have a current health assessment, if there are signs of recent abuse or trauma, or if medication orders will expire within 14 days

Newly arrived offenders will be provided with a health services orientation manual and review of access to healthcare services for the facility, including sick call protocols.

If the patient requires chronic care follow-up, the Centurion provider will review the patient’s EHR to identify the level of disease control, including:

- Recent laboratory and diagnostic test results
- Pending laboratory and diagnostic tests
- Current medications
- Medication compliance
- Pending chronic care and specialty appointments

The provider’s review will result in a determination of whether the chronic care patient needs services on an emergent, urgent, or routine basis. The patient will be added to the chronic care database and scheduled accordingly for a chronic care appointment.
4.3 Comprehensive Medical Services

4.3.7 Initial Health Assessment.

4.3.7.1 An initial health assessment shall be completed by a qualified health care professional within seven (7) days of admission to a KDOC facility.

4.3.7.2 Nurses conducting health assessments must be trained and certified by an HCP. The certification may be a certificate of completion issued by the Contractor upon successful completion of training. The Contractor must submit the training curriculum to KDOC for approval prior to implementing. Nurses conducting dental screening/oral cavity screening must be trained and certified by a dentist. The Contractor must submit the training curriculum to KDOC prior to implementing. The Contractor shall describe in the proposal the health assessment plan to include compliance with NCCHC, ACA standards, and the American Academy of Family Physicians Guidelines on Health Assessments, and should include at a minimum:

(a) Review of the receiving screening.

(b) Complete history and physical examination.

(c) Taking and recording vital signs (including height, weight, pulse, temperature, BMI).

(d) Dental screening/oral cavity screening by nursing staff as trained by the dental staff.

(e) Vision and hearing screening.

(f) Laboratory tests including VDRL, TB Mantoux test, and TB blood test for all positive Mantoux and immune suppressed offenders. The Contractor shall utilize free services offered by the Kansas Department of Health and Environment (KDHE) when available.

(g) Gonorrhea and chlamydia testing will be done on all offenders.

(h) Pregnancy testing for females under the age of 60.

(i) Hepatitis C opt out testing will be offered to all offenders at admission and at the offender’s periodic health assessment.

(j) HIV opt-in/out testing will be offered to all offenders. The Contractor shall utilize free services offered by KDHE when available.

(k) Other tests and examinations as clinically indicated or required by the Regional Medical Director.

(l) Review of the results of the health assessment by a physician if a registered nurse completed the health assessment.

(m) A plan for follow up and initiation of therapy when indicated.

(n) A plan for compliance with NCCHC and/or ACA standards on parole and condition violator health assessments.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.7, *Initial Health Assessment*, identified herein. Centurion will comply with KDOC Policy 10-114D, *Availability of Emergency Medical, Dental and Behavioral Health Services*.

Centurion trained and experienced nurses or providers will conduct health assessments on all offenders, following the receiving screening, within seven days of the offender’s arrival at a KDOC facility. Our health assessments, guided by *Centurion Clinical Guidelines and Model Policies*, comply with NCCHC and ACA standards, are consistent with *American Academy of Family Physicians Guidelines on Health Assessments*, and will align with KDOC mandates and requirements before the contract start date.

The initial health assessment is an introduction to the offender’s correctional healthcare experience. KDOC’s partnership with the *Kansas Department of Health and Environment (KDHE)* and thoughtful health assessment requirements demonstrate the depth of understanding the Department has for the importance of a quality health assessment.

Below we detail the specific elements of our health assessment, understanding that the goal is to identify, treat, and stabilize offenders within KDOC custody. Offenders will benefit from the training, oversight, and quality improvement practices of the Centurion healthcare program, as evidenced by the accurate diagnosis and development of appropriate treatment plans during the health assessment, providing offenders with the right care at the right time.
Initial Health Assessments

In addition to a complete head to toe examination, the health assessment will include the following:

- Review of the initial healthcare receiving screening, including pregnancy screens for women under 60
- Repeat pregnancy screens as appropriate
- Complete history including review of all available medical records, all medications and care received prior to intake or at previous outpatient/inpatient community health and/or mental health facilities
- Attempt to communicate and coordinate with community providers who treated the offender prior to incarceration, including request for prior records
- Immunization history and administration, when appropriate
- Complete physical examination
- Recording of vital signs, height, weight, and BMI
- Screening for signs and symptoms of chronic medical or mental illness
- Screening for signs and symptoms of special medical or mental health needs
- Screening for evidence of ectoparasites
- Oral health screening
- Vision and hearing screening
- Review of tuberculosis skin test (PPD) results
- Laboratory tests including VDRL, pap smears, TB blood test for all positive Mantoux and immune suppressed offenders, and other tests as clinically indicated
- Gonorrhea and chlamydia screening
- Provision of opportunity for Hepatitis C screening
- Provision of opportunity for HIV testing and brief counseling
- BMI, Growth Chart Plotting, and Updated Immunization Review and Administration for all juvenile offenders
As part of the health assessment, the Centurion healthcare staff conducting the assessment will:

- Identify and document if the patient has acute healthcare needs requiring more immediate assessment and short/long-term monitoring
- Rule out any urgent or emergent health needs, including any mental health needs
- Identify and refer the patient for any specialized medical care provided at the time of intake/identified as part of the health assessment
- Identify whether the patient has any physical condition that would prevent or restrict housing in general population
- Identify and document whether the patient is on a prescribed medication, the details of the prescribed medications, and the need for specialized housing to effectively manage medication delivery
- Make a determination regarding the patient’s physical capability to participate in an onsite work program or specialized work camp program
- Make a determination regarding the patient’s specialized housing needs, if any

Upon completion of the assessment, the healthcare staff will initiate a healthcare problem list, develop a patient specific treatment plan based on the level of acuity, and refer the patient for appropriate healthcare services as appropriate. The healthcare staff member will enroll patients who present with a chronic condition or special need in the chronic care program. The patient will be educated about the development of their individualized treatment plan.

Patient education materials provided during the receiving screen will be reviewed for patient concerns. Patient orientation educational materials include, but are not limited to personal care and wellness, access to emergency and non-emergency care, smoking cessation, and the grievance process.

Centurion appreciates and will collaborate with the KDHE to utilize available laboratory and diagnostic services for offenders. We understand that KDHE services primarily include the diagnosis and monitoring of communicable diseases, such as tuberculosis (TB) and HIV. Based on the Department’s Answer 53 to bidders’ questions in RFP Amendment 3, we understand that the KDHE will supply medications for TB treatment. Centurion will coordinate TB treatment with the KDHE and facilitate the KDHE’s continued coverage of the costs for TB medications. We look forward to developing a strong partnership with KDHE and meeting State reporting requirements.
RN-Conducted Health Assessments and RN Training

Centurion appreciates KDOC’s authorization that both providers and nursing staff can conduct healthcare assessments. Physician-designated Centurion registered nurses who have been appropriately trained to perform history and physical examinations will do so within the seven day required timeframe. A mid-level provider or physician will complete the health assessment when no designated registered nurse is available.

If during the health assessment, the patient is determined to have acute healthcare needs or significant findings beyond the scope of service of the nurse, the patient will be referred for a mid-level or higher provider assessment within a clinically appropriate timeframe. Providers will see critical needs immediately, acute problems on the same day, and non-acute issues at the first regularly scheduled provider clinic following the referral.

Registered Nurse Training and Oversight

The director of nursing supervises registered nurses performing health assessments. In addition to the director of nursing supervision, the mid-level or higher medical provider who reviews health assessments and sees patients with immediate, acute, or significant findings closely monitors the registered nurse’s assessment skills. Both the medical provider and the Director of Nursing ensure that the registered nurses chosen to complete health assessments are competent and consistent.

Our health assessment training is a hands-on training completed by a physician or designated mid-level provider. The training requires return demonstration of abilities and competencies in performing head to toe assessments. Additionally, we ensure that a Dentist provides the necessary oral health assessment training and certification.

An outline of Centurion’s Registered Nurse Health Assessment Training is included on the following pages and will be provided to the OHCC and KDOC, in its entirety, for review and approval prior to implementation.
Health Assessment Training for Registered Nurses

**Goal of Training**
Health Assessment training will be taught by a physician. It is designed to sharpen the registered nurses' assessment skills.

**Training Objectives**
- Discuss importance of health assessments
- Describe components of health assessment
- Identify supplies needed to complete a health assessment
- Discuss health assessment techniques
- Demonstrate health assessment of the body systems

**Training Outline**
- Health Risk Factors
- Social/Work History
- Family History
- Surgeries and Hospitalizations
- Physical Examination

**Physical Assessment Techniques**
- **Inspection**: Requires detail observation
- **Palpation**: Involves touching the patient
- **Percussion**: Consist of tapping fingers or hands against body surfaces
- **Auscultation**: Last step, includes listening for various sounds

**Physical Assessment Review of Systems Order**
- The following review of systems will be covered:
  - General Appearance
  - Skin, Hair and Nails
  - HEENT
    - Head - Inspection and Palpation
    - Eyes - Visual acuity: Snellen for distance
      - Visual fields: Assess peripheral vision
      - Pupil response to light and accommodation
  - Respiratory
    - Breath Sounds
    - Respiratory Warning Signs
  - Cardiac
    - Auscultatory Landmarks
Health Assessment Training for Registered Nurses

Training Outline:
Participants: Registered Nurses
Presentation Time: 60 – 90 minutes

Training Format:
- Lecture with PowerPoint Presentation
- Health Assessment Video
- Hands-On Assessment Return Demonstration
- Training Post-Test

Supplies Needed:
- Visual Acuity Chart
- Measuring Tape/Penlight
- Otoscope/Ophthalmoscope
- Stethoscope/Sphygmomanometer
- Thermometer/Scale

- GI/GU
  - Abdominal Landmarks
  - Bowel Sounds
- Muscle-Joint
  - Inspection/Palpation
  - Range of Motion
- Neurological
  - Mental Status
  - Reflexes
- Lower extremities
  - Inspection of legs and feet

- Review Health Assessment Video
- Practice Session Return Demonstration
- Complete Post-Test
We will provide our registered nurses with certification following completion of the training curriculum and successful demonstration of the necessary competencies to effectively complete the health assessment. Centurion will maintain certification documentation and provide evidence to the KDOC upon request.
**4.3 Comprehensive Medical Services**

**4.3.8 Periodic Health Assessments.** Contractor shall identify conditions that set the frequency of periodic health assessments as outlined and described in 4.3.7 of this RFP, to include a plan for health assessments annually for offenders with special needs, chronic care, juvenile offenders, and offenders over age 50. At a minimum, health assessments for healthy offenders under age 39 shall be completed every five (5) years, and age 39 to 50 every three (3) years. A computer-generated listing of all adult offenders by birthday month is available at each facility clinic through the OMIS system. A computer-generated listing of all juvenile offenders by birthday month is available at the facility clinic through the JCFS system. A periodic health assessment will not be due if an offender’s birth month occurs within 30 days of his initial health assessment.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.8, *Periodic Health Assessments*, identified herein.

Centurion will comply with KDOC Policy 10-114D, *Availability of Emergency Medical, Dental and Behavioral Health Services*.

Our evidence-based health assessments, guided by *Centurion Clinical Guidelines and Model Policies*, comply with NCCHC and ACA standards, are consistent with American Academy of Family Physicians *Guidelines on Health Assessments*, and will align with KDOC mandates and requirements before the contract start date.

A healthcare provider needs the opportunity to periodically meet and discuss a patient’s treatment plan in the absence of an acute medical concern. The periodic health assessment provides an opportunity for the provider and patient to review the current treatment goals, identify new treatment goals, and modify the individualized treatment plan. This ensures that quality comprehensive care is being provided.

Centurion uses the periodic health assessments as an opportunity to provide education on health promotion including healthy lifestyles, the risks of smoking and communicable diseases including tuberculosis, Hepatitis A, Hepatitis B, Hepatitis C, HIV/AIDS, and other sexually transmitted diseases. We also offer health education promoting self-awareness of the benefits of testicular or breast self-examination. Centurion views health education to male and female patients as a vital part of the periodic health assessment process.
Through the RFP requirements, KDOC has committed to providing quality care to the offenders in its custody. Centurion’s approach to quality healthcare aligns with KDOC’s healthcare objectives. Offenders will benefit from our healthcare program that is based on respect, attentiveness and ensuring that the right care is provided at the right time. The periodic health assessment is more than just a requirement. The health assessment is an opportunity to connect the patient to his/her sense of wellness. By engaging the patient in healthcare discussions and decision making, we build personal awareness and accountability for long-term health. Centurion believes that correctional healthcare is about public health and we are committed to improving health outcomes across the lifespan of our patients.

**Periodic Health Assessments**

Centurion’s periodic health assessment will review healthcare aspects found in RFP Section 4.3.7, *Initial Health Assessment*, including but not limited to the following:

- Interval health, mental health, and substance use history
- Patient’s report of medical issues
- Vital signs
- Blood pressure
- Body Mass Index (BMI)
- Age-appropriate physical exam
- Preventive screenings as recommended by DOC Guidelines for Preventive Screenings
- Vaccinations as recommended by DOC Vaccination Schedule
- Healthy lifestyle counseling

Centurion will conduct periodic health assessments based on the offender’s age and as clarified in KDOC answer to question number 91 in RFP Amendment 3.
Barring specialized risk factors, our proposed frequencies for period health assessments are noted in the table below:

**Periodic Health Assessments Frequency**

<table>
<thead>
<tr>
<th>Age</th>
<th>Minimum Frequency – Adjusted Based on Identified Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 and below</td>
<td>Annually</td>
</tr>
<tr>
<td>22-38</td>
<td>Every five years</td>
</tr>
<tr>
<td>30-50</td>
<td>Every three years</td>
</tr>
<tr>
<td>51 and above</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Patients with specialized risk factors or conditions may require more frequent health assessment. Special needs patients include, but are not limited to, those who are diagnosed with one of the following conditions or receive one of the following services:

- Chronic illness (diabetes, asthma, heart disease, seizure disorder, etc.)
- Communicable diseases (TB, HIV, etc.)
- Physical disabilities
- Frail and/or elderly
- Terminal illness
- Special mental health needs
- Developmental disabilities
- Pregnancy
- Dialysis treatment
- Medication-assisted treatment (MAT) services

We will adjust the frequency of a periodic health assessment to address acute risk factors and degree of control of chronic care/disease management, as established in NCCHC Standard P-F-01, *Patients with Chronic Disease and Other Special Needs*, and Y-E-04, *Health Assessment*. NCCHC standards require that care is “adapted as needed to the patient and circumstances.” The periodic health assessment does not replace regularly scheduled follow-up for a patient’s chronic disease.
4.3 Comprehensive Medical Services

4.3.9 Medical Classification System.

4.3.9.1 KDOC currently uses the PULHEX classification system to describe the medical and mental health status of the adult offenders. Youth utilize a separate classification. Copies of these forms are provided in Appendix E.

4.3.9.2 KDOC will consider the offender’s medical and mental health condition when determining housing and facility assignment, consistent with KDOC’s mission. All decisions regarding facility and housing assignment shall remain with KDOC.

4.3.9.3 The Contractor and KDOC shall share the offender's security classification, medical information and other areas of special care issues on a need-to-know basis as it relates to the medical/mental health status that impact work and housing assignments.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.9, *Medical Classification System*, identified herein.

Centurion appreciates the importance of medical classification for the management of KDOC offender populations and delivery of healthcare services. Accurate medical classification helps ensure patients receive appropriate housing placements and appropriate levels of healthcare services given the treatment needs reflected in the classification. In many respects, medical and mental health classification is as fundamental to good offender management as security classification.

Medical classification enables the Department and the healthcare contractor to assess population trends and determine the overall acuity of offender populations within a given facility or unit. When medical and mental health classifications are combined, they enable the OHCC and healthcare contractor to identify subpopulations of high acuity, high complexity patients who require holistic, integrated care. When offender and population profiles are developed using agreed-upon classification systems, KDOC and healthcare resources can be matched to assessed need. As such, the medical and mental health classification process is essential to utilization management efforts.

Centurion will meet each of the KDOC requirements for medical classification. We will train our healthcare staff in the use of the Department’s PULHE-X medical classification tool for adult offenders and the ADA Questionnaire for juvenile offenders, as provided in RFP.
Appendix E, Medical Classification Form. We appreciate that both medical classification tools are carefully operationalized and comprehensive. For adult offenders, we appreciate the PULHE classification process involves rating each offender on a scale from 1 to 6 for physical capability and stamina and a scale from 1 to 5 for upper extremities, lower extremities, hearing, and eyes. Higher numerical ratings equate to higher levels of medical acuity or physical impairment.

Based on review, we understand that the Department currently uses the following medical classification for adult offenders:

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-1:</td>
<td>Good to excellent physical condition, capable of handling all work and housing</td>
</tr>
<tr>
<td>M-2:</td>
<td>Average to good physical condition, can exert sustained effort over long periods, is physically capable of most work assignments, and any disability will not be jeopardized by general assignment</td>
</tr>
<tr>
<td>M-3:</td>
<td>Fair to average physical condition, can exert sustained effort for only moderate periods, and has limitations that may affect some aspect of work or housing assignment considerations</td>
</tr>
<tr>
<td>M-4:</td>
<td>Poor to fair physical condition, limited physical capacity or stamina, can exert sustained effort for short periods only, and has limitations that may require special consideration</td>
</tr>
<tr>
<td>M-5:</td>
<td>Poor physical condition, with severely limited physical capacity or stamina, requires physician authorization for any work assignment, and may require special housing considerations</td>
</tr>
<tr>
<td>M-6:</td>
<td>Requires Mental Health Coordinator input into appropriate housing before transfer</td>
</tr>
</tbody>
</table>

As noted, we understand that adult offenders with a medical classification code of M-6 must have input from the mental health coordinator regarding appropriate housing recommendations prior to transferring. RFP Appendix E indicates that the regional medical director must provide clearance for each transfer involving adult offenders with medical classification codes of M-2 through M-5.

Given the anticipated volume of such transfers, we look forward to clarifying with the KDOC and/or OHCC how these transfer clearances are determined and whether the regional medical director can delegate some or all of the clearance responsibilities to healthcare staff based on the Offender Management and Information System (OMIS) Medical Classification Report. We will meet agreed-upon requirements for medical clearance to transfer.

For juvenile offenders, we understand the ADA Questionnaire is used to assess the offenders’ medical condition and needs and results in one of three medical needs scores:
KDOC Juvenile Offender Medical Classification Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Code Description</th>
</tr>
</thead>
</table>
| M-1  | - Able to handle any housing, school, or program assignment  
      | - No treatment needs  
      | - No physical limitation or acute medical needs  
      | - Not enrolled in chronic care clinic |
| M-2  | - Chronic condition that may need to be considered for work, programs, or school  
      | - Stable hypertension, diabetes, seizure disorder, asthma, or other chronic illness  
      | - Limitation may affect some aspect of youth’s work, programs, or school |
| M-3  | - Significant clinical needs  
      | - Requires placement at a facility that can accommodate close medical observation |

The ADA Questionnaire also permits patient-specific indicators for special needs and restrictions related to mobility, transfer coordination, activities, perceptual abilities, and special conditions that require alerts, such as need for a rescue inhaler or proneness to seizures. Centurion will train our healthcare staff at KJCC to fidelity in using the KDOC medical classification for juveniles.

We will assess each adult and juvenile offender to determine medical classification and appreciate that such classification must take into account and can impact housing and placement needs, employability limitations, and functional ability limitations. We recognize that medical and mental health considerations may interact to determine the overall medical classification score for particular offenders.

We appreciate the need to share both medical and mental health classification information with the Department for purposes of institutional operations, population management, and ensuring access to and delivery of necessary healthcare. Centurion will comply with HIPAA privacy and confidentiality requirements with respect to protected health information, but we recognize there are significant exceptions to these requirements when the information is needed for institutional operations and patient care. We will ensure our medical classification reports, developed from the approved EHR, interface with and populate or update the OMIS/JJIS systems. We recognize that the KDOC reserves final authority on decisions regarding offender housing assignments and facility placement.
4.3 Comprehensive Medical Services

4.3.10 Non-Emergency Health Care Services/Sick Call.

4.3.10.1 The Contractor shall identify a plan that meets NCCHC and/or ACA standards and is responsible to meet the criteria for this section. KDOC has two (2) primary systems for offender access to routine health care.

(a) Open sick call allows offenders to report at a specific time to be evaluated for health care concerns without waiting for a scheduled appointment. Open sick call is restricted to specific time frames and then closed outside of those time frames until open sick call time the next business day.

(b) Closed sick call allows offenders to submit written health requests that are picked up and then health care appointments are scheduled at a specific time. Qualified health care professionals must gather, review, and prioritize (triage) health requests daily (7 days per week including holidays) at all facilities.

4.3.10.2 Offender requests for health care must be triaged daily. Secure Boxes for the purpose of collecting written health requests are in place.

4.3.10.3 A face to face encounter for a health request must be conducted for triage purposes by a qualified health care professional or trained health care liaison (when applicable) within 24 hours of receipt of the request. A nursing sick call appointment/assessment, if not done at the face to face encounter, shall occur in a timely manner and in accordance with the patient’s clinical status. The sick call appointment shall within 72 of the initial face to face triage encounter.

4.3.10.4 Wichita Work Release Facility and Stockton Correctional Facility (NCF – East Unit) do not have health care staff on weekends. A trained health liaison must be available to pick and review requests in the absence of a qualified healthcare professional in a continuous 24-hour period. The health liaison shall arrange access to health care as directed by and coordinated with qualified health care professionals at the parent facilities.

4.3.10.5 Guidelines for triaging health complaints must be established by the Contractor’s health authority and all healthcare staff must be trained in the use of those guidelines.

4.3.10.6 Nursing sick call shall be conducted five (5) days per week at all facilities except for adults in restricted housing and juvenile offenders at Kansas Juvenile Correctional Complex.

4.3.10.7 Nursing sick call must be held seven (7) days per week for offenders in restrictive housing and for juvenile offenders at Kansas Juvenile Correctional Complex.

4.3.10.8 Sick call appointments/assessments for offenders in restrictive housing shall occur within 24 hours of the request in order to minimize the number of transports out of high security areas.
4.3.10.9 Daily sick call shall not occur except in an emergency during normal sleep hours of the offenders between 11:00 PM and 3:30 AM.

4.3.10.10 Nursing staff must refer offenders to the HCP when an offender presents with the same medical complaint more than twice and has not seen the HCP. However, offenders shall be scheduled at any time prior to two (2) nursing visits when clinically indicated.

4.3.10.11 Urgent needs shall be addressed by immediate evaluation and referral to a HCP.

4.3.10.12 Nursing clinical encounters shall be conducted in a clinical setting regardless of the offender’s housing location. Nursing assessments and treatments will not be done cell-side in restrictive housing.

4.3.10.13 HCP clinics shall be on-site, seeing patients a minimum of four (4) hours per week per 100 offenders.

4.3.10.14 Facilities with more than 1,000 offenders shall be required to have health care practitioner clinics five (5) days per week.

4.3.10.15 Referral to the HCP shall be completed within seven (7) calendar days of the nursing sick call encounter.

4.3.10.16 HCP clinics will not be held during the offenders’ normal sleep hours between 11:00 PM and 3:30 AM unless emergent.

4.3.10.17 HCP sick call shall be held in an appropriate clinical setting. Some facilities have multiple clinical areas in various housing and restricted housing units in order to reduce risks associated with transporting offenders to the main clinics. It is expected that HCP sick call will be done in the assigned clinical areas in restricted housing.

4.3.10.18 HCP sick call shall be available regardless of the offenders housing status.

4.3.10.19 KDOC has an established co-pay program for adult offenders. There is no co-pay program for juvenile offenders. Per Kansas Administrative Regulation 44-5-115(c), each inmate shall be charged a fee of $2.00 for each primary visit initiated by the inmate to sick call. A primary visit shall be the initial visit for a specific complain or condition. Inmates shall not be charged for the following:

(a) Medical visits initiated by medical or mental health staff.

(b) Institution intake screenings.

(c) Routinely scheduled physical examinations.

(d) Clinical services reports, including reports or evaluations requested by any service provider in connection with participation in the reentry program.

(e) Evaluations requested by the Prisoner Review Board.

(f) Referrals to a consultant physician.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.10, *Non-Emergency Health Care Services*, identified herein.

Non-emergent healthcare services will meet or exceed ACA and NCCHC standards and KDOC Policy 10-122D, *Access to the Availability of Health Care Services*.

**Non-Emergency Health Care Services (Sick Call)**

We appreciate the care and detail KDOC has invested in its requirements for the sick call process. Centurion healthcare staff will recognize and support patients’ constitutional right to receive necessary healthcare and will provide patients with access to timely and effective assessments, evaluations and treatment.

Sick call clinics provide important access to care for offenders, and when done well, contribute to positive rapport with healthcare staff. Sick call clinics support early detection, treatment, and follow up care. Proactive healthcare assists in disease progression and prevention decreasing the need for onsite specialty consultation, emergency department trips, and hospitalization. Sick call clinics provide our healthcare staff with the opportunity to be proactive. Sick call also provides the opportunity for patient education and encourages patients’ engagement in their own wellness.
KDOC offenders will benefit from Centurion’s approach to sick call services due to our extensive staff training. We provide our staff with cross training to ensure that sick call encounters are an integrated care experience, identifying medical, dental, and behavioral health factors that may be contributing to a patient’s symptoms or complaint. Our nursing guidelines empower nurses to treat common healthcare problems with the over the counter medications and routine treatments without a provider’s order. This allows our providers more availability to treat more critical patient complaints. Centurion nursing staff are trained and encouraged to seek out a higher level of care during the sick call clinic and avoid a delay in care. This includes access to medical, dental, and mental health providers as appropriate.

Additionally, KDOC will benefit from our advanced data collection and reporting capabilities. Through our Informatics and Analytics department, Centurion is able to provide dashboards reflecting the efficacy of the sick call process. We provide more detail on these capabilities in our response to RFP Section 4.13, Reports and Manuals. Below, we provide a sample of a sick call dashboard to illustrate our approach:

**Sick Call Compliance Dashboard Report Sample**

![Sick Call Compliance Dashboard Report Sample](image)

Centurion has the ability to track and trend sick call requests, response, and outcomes effectively and will provide KDOC with ample data to evaluate the open and closed sick call clinic process.
Open and closed sick call clinics will be provided in all KDOC facilities. We are familiar with and experienced in providing both types of sick call services. We will adhere to KDOC facility schedules, security requirements, and KDOC Internal Management Policies and Procedures (IMPPs) related to non-emergent healthcare operations. Collaboration with facility leadership and security is paramount to ensuring that patients receive adequate access to care.

As part of the receiving process, offenders will receive an orientation and reference information on how to access healthcare services through open and closed sick call. Healthcare staff will assist offenders who require support, like those with special needs, when appropriate. A Centurion healthcare staff member, or KDOC liaison, will collect sick call forms daily. Offenders who live in a restrictive housing unit will give sick call requests to the healthcare staff during daily rounds. We will honor verbal sick call requests. In such cases, a nurse will document the request on the sick call form, indicating the date and time of the communication with the offender.

KDOC offenders will recognize a difference in Centurion’s sick call process due to our patient-centered approach. Our nursing training and guidelines empower healthcare staff to meet the needs of the offenders efficiently, limiting the need for unnecessary repeat visits. We provide more detail on our nursing guidelines and protocols, along with copies of guidelines, in our response to RFP Section 4.3.4, Nursing Clinical Guidelines.

Additionally, our commitment to meet NCCHC Standard P-E-07, Nonemergency Health Care Requests and Services, permitting daily access to sick call, regardless of housing status, is a commitment to patient-centered care. We are committed to a successful partnership with facility leadership to ensure access to care that results in a healthier offender population. Centurion’s Escalation Policy and Procedure was designed to provide healthcare staff with the necessary guidance to establish and maintain positive communication practices with security staff while ensuring successful access to care for offenders. We include a copy of the proprietary model policy for escalation as Attachment L.

Upon OHCC/KDOC approval, Centurion’s proprietary model policy, Non-Emergency Healthcare Requests and Services, will guide the sick call operations, including triage of sick call requests. Like all of our policies, this policy allows for customization to KDOC requirements, further building on a system of communication and partnership. We provide a copy of the proprietary model policy for adult offenders as Attachment Q and for juvenile offenders as Attachment R.
The graphic below depicts an overview of our closed sick call process:

**Non-emergent Sick Call**

Offender submits a sick call request according to approved methods which may include written, verbal, walk-in, staff referral, or electronic methods such as email or tablets where available. Offender access to sick call is detailed in the healthcare orientation manual for on-going reference.

Sick call requests are collected daily by a healthcare delegate. Specialty and restrictive housing sick call requests will be collected during daily healthcare rounds.

Collected sick call requests are date and time stamped, and entered on to a sick call tracking log.

A trained nurse will triage collected sick call requests for:

**Response:**
- Administrative – Void of acute symptom or treatment request
- Clinical – Evidence of acute symptom or treatment request

**Acuity:**
- Emergent – immediate nursing response
- Urgent – within four hours of triage
- Routine – within 24 hours of triage

**Provider:**
- Medical – follow up by a registered nurse, mid-level provider, or physician
- Mental Health – follow-up by a psychiatric or mental health professional
- Dental – follow up by a dentist or a physician in the absence of a dentist

*Patient complaints that have been treated twice through nursing protocols will be referred for provider assessment*

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**Clinical Response:**
Open or Closed Sick Call Clinic

- Clinic with nursing and provider assessment, resulting in treatment, education, and patient follow-up based on a provider’s order

- No Shows: Escalation policy implemented
- Routine follow-up based on the provider’s order
- PRN follow-up based on patient request or treatment plan

- Clinic with nursing assessment, treatment, and education based on nursing guidelines

- Emergent/urgent referrals to provider; patient remains on healthcare unit for observation until provider assessment

- Administrative Response
- Offender sick call concern is investigated by a qualified healthcare professional or manager
- Communication with the offender is documented, including findings and follow-up treatment plan

- Routine provider follows up within 7 days of nursing referral
We will conduct open sick call using KDOC facility-specific procedures for offender access. Open sick call will include registered nurses to triage and see only those patients who are clearly in need of minimal, lower-tier services, as detailed in our nursing guidelines. For patients who need a provider the registered nurse takes the initial vitals and gathers subjective and objective data for the provider contact. Following the provider contact, if the patient needs a simple procedure or additional education, the provider may send the patient back to the registered nurse to maximize their patient contact time. This team approach, where the registered nurse and the provider are performing sick call in tandem will:

- Assure the appropriate level of care is given to the patient the first time they request services at sick call
- Assure the patient of professional medical judgement during sick call
- Focus provider time on those patients who are more acutely ill/injured
- Create systems efficiencies, as patients are not called from their housing unit multiple times for the same complaint
- Decreased number of emergency department send outs, due to increased provider access at sick call

Upon completion of sick call contacts Centurion healthcare staff will document the disposition of the sick call encounter on the request form and details of the sick call contact in the patient’s health record. Documentation will occur on the same day of assessment and include:
Facilities with seven days per week healthcare staffing will have access to daily sick call, based on the needs of the offender population. We understand that KDOC facilities require sick call at a minimum rate of four hours per week per 100 offenders, or five days per week per 1000 offenders, by facility.

We will schedule non-emergent sick call during a time that is convenient to the facility, avoiding periods that create an undue burden to security and the offenders.

We understand that juvenile offenders and those in restrictive housing require daily sick call services. We provide more detail on this in our response to RFP Sections 4.3.11, Restrictive Housing Medical Services, and 4.6.17, Restrictive Housing Services. We also acknowledge that facilities such as Wichita Work Release Facility and Stockton Correctional Facility require a health liaison for daily collection of sick call requests when healthcare staff are not assigned to be on site. We appreciate that KDOC Answers 60 and 82 to bidders’ questions in RFP Amendment 3 confirms that the health liaison is a KDOC staff member.

We understand that general population sick demands vary by facility. Based on the Healthcare Statistical Report provided as RFP Appendix M, we recognize that the following sick call contact occurred system wide:

<table>
<thead>
<tr>
<th>Population</th>
<th>Approximate Annual Contacts</th>
<th>Approximate Daily Contacts</th>
<th>Response Ratio: Nursing-to-Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Assessment (24 hours)</td>
<td>38,000</td>
<td>100</td>
<td>N/A</td>
</tr>
<tr>
<td>General Population</td>
<td>49,000</td>
<td>140</td>
<td>3:1</td>
</tr>
<tr>
<td>Segregation</td>
<td>14,000</td>
<td>35</td>
<td>7:1</td>
</tr>
<tr>
<td>Juveniles Initial Assessment</td>
<td>6,000</td>
<td>174</td>
<td>13:1</td>
</tr>
<tr>
<td>Juveniles</td>
<td>5,200</td>
<td>433</td>
<td>10:1</td>
</tr>
</tbody>
</table>

As evidenced by these numbers, sick call presents a tremendous demand on KDOC healthcare resources and must be done well, and in some facilities, may need to be done better to realize efficiency and quality through proactive healthcare initiatives and systems.

Additionally, we understand the importance of treating high security offenders and we will conduct sick call clinics on special housing units such as restrictive housing. Restrictive housing sick call clinics will be conducted in a manner that limits unnecessary security risk. This includes sick call clinic being on the housing unit with a nurse, provider, and mental
health presence, when possible, and addressing multiple patient concerns at one contact as necessary.

Centurion is confident that we will exceed KDOC’s expectation for service delivery of sick call clinics, assisting to improve patient care and lower demands on the healthcare system overall. We will transparently communicate and collaborate with KDOC to ensure that sick call clinics are delivered without sacrificing safety or negatively impacting operations.

Co-Payments
We will ensure that offenders are advised of the guidelines for the co-pay program during the healthcare orientation. During the intake process, we will orient offenders in writing regarding the co-pay process and mechanism to appeal a charge. Co-payments will not be used as a deterrent to seeking out healthcare and will be applied per visit, not per complaint or condition. Juveniles will not be charged co-pays.

Centurion Model Policy, Co-Payment for Healthcare Services, meets or exceeds NCCHC and ACA standards. Upon contract award, we will review our model policy with the OHCC and KDOC and make any needed modifications to meet the specific co-payment procedures for each facility where applicable.

Centurion will comply with KDOC policy regarding appropriate fees for healthcare services, however, Centurion does not charge co-payments for healthcare services related to mental health, diagnostics or laboratory tests, emergency services, infirmary care, perinatal care, assessment of a contagious disease, regularly scheduled healthcare appointments, or medication administration. We will waive co-payments when healthcare staff initiate appointments or services, or if the sick call is within 14 days of a prior assessment. Offenders will not be denied healthcare services based on an inability to pay co-payments.

Healthcare staff will not participate in the direct collection of patient co-pays. Our Health Services Administrators will provide the KDOC with weekly reports for offender use of sick call services that are subject to a co-pay. We look forward to working with the department to learn preferred methods for managing and reporting adult offender co-payments. We are confident that our active participation in the medical co-pay system will meet KDOC expectations.
Centurion recognizes that most respondents to this RFP will provide the same baseline level of non-emergent healthcare services in accordance with NCCHC and ACA standards. We are uniquely offering KDOC a partnership that goes beyond routine sick call and supports a collaborative partnership, based in communication and patient-centered integrated healthcare. Our approach proactively treats health conditions and contributes to the positive morale of the offender population. We believe KDOC will recognize a difference in partnering with Centurion and that our approach will exceed department expectations.
**4.3 Comprehensive Medical Services**

**4.3.11 Restrictive Housing Medical Services**

4.3.11.1 The Contractor shall conduct nursing sick call for restricted housing offenders seven (7) days per week.

4.3.11.2 If an offender’s custody status precludes attendance at a sick call sessions in the main clinic, arrangements must be made to provide sick call services in designated restrictive housing sick call rooms.

4.3.11.3 Referral to the HCP shall be completed within seven (7) calendar days from sick call appointment when a referral is warranted.

4.3.11.4 HCP sick call shall be held in special clinic rooms in restrictive housing to reduce risks associated with transporting restrictive housing offenders to the main clinic areas.

4.3.11.5 Restrictive housing rounds shall be made by qualified health care professionals daily at all restrictive housing units and for all restrictive housing offenders.

4.3.11.6 Restrictive housing sick call and other services shall not occur during routine sleep hours of 11:00 pm to 3:30 am unless emergent.

4.3.11.7 The Contractor shall develop and implement nursing documentation templates in the EHR to document each offender’s status as observed/assessed during daily restrictive housing rounds.

4.3.11.8 Upon KDOC notifying healthcare staff that an offender is being placed on restricted housing status, a qualified health professional shall immediately review the health record and will assess the offender within four (4) hours of placement. Healthcare staff will notify appropriate KDOC staff if the offender has health needs that require accommodation.

4.3.11.9 The Contractor will maintain Restrictive Housing Clearance templates in the EHR so that documentation meets current ACA and/or NCCHC standards.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.11, *Restrictive Housing Medical Services*, identified herein.


We provide more detail on restrictive housing mental health services in our response to RFP.
Section 4.6.17, Comprehensive Behavioral Health Services: Restrictive Housing Services. The healthcare services that follow, while directed at medical care, are not mutually exclusive of behavioral health services. Overlap between medical and behavioral health services will occur within our restrictive housing and throughout our service delivery.

Restrictive Housing Medical Services

Centurion fully supports the current trend throughout the country to reduce and, when possible, eliminate the use of segregated housing. Until this goal is realized, we recognize that there continues to be a need for quality healthcare services and in-cell programming for individuals placed in this level of confinement. We are well aware of the NCCHC’s 2016 Position Statement on Solitary Confinement (Isolation) and the United Nations’ 2015 Standard Minimum Rules for the Treatment of Prisons, also known as The Mandela Rules. These standards invoke curtailment of the use of restrictive housing, including limitations on the use of restrictive housing not only for patients with Serious Mental Illness (SMI) but also for offenders who do not suffer from SMI.

Centurion will collaborate with KDOC to identify and implement strategies that minimize the use of unnecessary restrictive housing placements while continuing to meet the healthcare needs of offenders placed on this status.

Healthcare objectives for offenders in restricted housing units (RHUs) is intended to identify medical and mental health conditions that may negatively impact prolonged placement in isolation and offer recommendations for accommodations or alternatives. Further, healthcare services in RHUs assist to monitor for decompensation of an offender and provide medically necessary interventions as appropriate.

KDOC and offenders in RHUs will benefit from Centurion’s commitment that healthcare services will not be restricted due to housing placement or security status. Our healthcare staff are trained to communicate and collaborate with facility leadership and security staff to ensure the necessary access to offenders in need of healthcare services pre- and post-placement. Additionally, our staff are trained to assess and respond proactively, addressing risk factors for decompensation.

Juveniles on Room Confinement/Isolation/Restrictive Housing Status
Consistent with national practices, Centurion will support efforts to minimize the use of
restrictive housing status for juveniles. NCCHC’s 2016 *Position Statement on Solitary Confinement* asserts the principle that juveniles should be excluded from solitary confinement of any duration. The Position Statement cites a 2012 report from the U.S. Attorney General Office, which states:

**NCCHC Position Statement on Solitary Confinement**

*Nowhere is the damaging impact of incarceration on vulnerable children more obvious than when it involves solitary confinement...Juveniles experience symptoms of paranoia, anxiety, and depression after very short periods of isolation. Confined youth who spend extended periods isolated are among the most likely to attempt or actually commit suicide...*

At Centurion, we know that juveniles thrive when integrated into the population and housed in the least restrictive and most socialized environment possible. Our experience is that room confinement rarely needs to extend longer than a few hours for most juveniles and NCCHC standards indicate that *prolonged segregation more than two to five hours is not used except under documented exceptional circumstances.* Most juvenile facilities in the country limit segregation lengths of stay to three days, however, juveniles who remain in prolonged segregation will be seen, at minimum, weekly by a qualified mental health provider and daily for healthcare rounds.

Juvenile patients that exhibit *out-of-control behavior*, lasting more than 24 hours, will be assessed for a high level of care such as mental health watch or psychiatric hospitalization. Additionally, a psychiatric provider will assess the juvenile for evidence of contraindications to continued isolation and consideration of additional medical interventions.

**RHU Placement Assessment**

Centurion will train healthcare staff to adhere to four steps when assessing and monitoring patients for RHU placement. The steps are included on the following page.
Centurion will work closely with facility leadership and security staff to develop effective notification protocols that communicate when an offender is being considered for placement in an RHU. When notified by security, a qualified nurse will review the patient’s health record to better understand the patient’s conditions and target the RHU assessment accordingly.

Nursing staff will conduct a face-to-face RHU placement assessment, ideally before each offender’s placement in restrictive housing, but not longer than four hours from the time of notification to determine:

- Whether the offender suffers from symptoms of a serious medical condition
- Whether the offender suffers from symptoms a serious mental illness
- Whether there are immediate medical or mental health contraindications to placement in an RHU
- Possible alternatives to RHU to accommodate for identified conditions

If nursing staff identify any medical or mental health conditions that may impact placement in an RHU, we will take action to notify security and facility leadership and collaborate to identify accommodations and alternatives to serve as protective measures.

**Ongoing Assessment.** Following admission to the restrictive housing unit, healthcare staff will complete daily rounds and routine follow-up RHU placement assessments. Offenders
with identified medical or mental health conditions will receive follow-up assessments at 30 day intervals throughout the RHU placement. Offenders without identified medical or mental health concerns will receive follow-up assessment for RHU placement at day 30 and 90 day intervals thereafter. All offenders will be reassessed as needed based on referral or clinical indications.

**Documentation and Communication.** We will document each contact with an offender, on an individual patient record for inclusion in the EHR. Healthcare staff will document all pertinent information, including accommodations and recommendations for protective measures identified during the initial placement, daily rounds, and routine follow-up assessments.

Documentation will comply with NCCHC and ACA standards and KDOC policy. Documentation will include the date and time of the contact, signature or initials and credentials of the staff member conducting rounds, and any significant findings from the contact. Included in the documentation plan will be notification of security and facility leadership of any acute concerns that require immediate or urgent attention.

**Staff Training for Meaningful Rounds**

Centurion is acutely aware of the importance of monitoring offenders who are in RHUs for changes in medical or mental status. Nationally, a disproportionate percentage of completed suicides and serious self-injurious episodes occur in RHUs. Medical and mental health rounds are a critical element of our suicide and self-injury prevention program. RHU rounds will comply with NCCHC and ACA standards.

Centurion nurses will make daily rounds on all restrictive housing units. Our mental health professionals will provide mental health rounds, in addition to nursing rounds for all offenders regardless of their mental health classification status.

Our goal is to identify offenders’ healthcare needs before they become crises. In addition to providing needed healthcare services, a primary goal of rounds is to identify offenders having difficulty in the restricted environment who may require intervention.

Healthcare staff are trained that rounds will consist of brief visual and verbal contact with each confined offender, inquiry into any problematic offender behaviors observed by security staff, and referrals for mental health or other assistance upon offender request or nursing assessment.
The cell-front encounter will include but not be limited to:

- Making verbal and visual contact with the offender and reporting to security when there is an obstructed view of the offender and cell
- Assessing the offender’s presentation to include mood, affect, compliance with treatment, personal hygiene, and level of functioning
- Making recommendations whether an offender should receive a further out-of-cell evaluation following segregation rounds

Consultation with security and facility staff assigned to RHUs is a routine part of conducting rounds. We recognize that KDOC staff are an excellent resource, having oversight of offenders 24 hours a day, seven days a week, they provide necessary information and insight for healthcare assessment and referrals.

We appreciate KDOC’s commitment to meaningful rounds. Because completion of rounds is a process unique to the correctional environment, Centurion has developed a set of *Clinical Guidelines for Conducting Mental Health Rounds in Segregation* and a training module to assist staff in completing rounds in accordance with NCCHC standards. These resources apply to both nursing and mental health staff conducting RHU rounds.

Centurion’s clinical guidelines for conducting segregation rounds cover the following topics:

- Recommended staff experience and training
- Consulting and collaborating with security staff
- Conducting cell-front contact, including
  - Introduction and orientation
  - Screening an offender’s mental status and assessing the offender’s coping
  - Assessing the offender’s activities of daily living
  - Identifying suicide risk factors
  - Reminding the offender of healthcare services, including behavioral health,
and how to access them

- Clinical judgments and recommendations
- Documentation
- Safety and communication

Our staff training module on conducting RHU rounds provides important information regarding the risks of boundary violations when segregated offenders request special favors, the importance of professionalism, and the role of segregation rounds in suicide prevention and access to care. Training objectives include:

- To become familiar with the concept of segregation unit rounds
- To become familiar with the reasons that healthcare staff conduct segregation rounds
- To understand the key elements required for completing segregation rounds
- To support professional boundaries and safety in working with offenders in segregation
- To ensure documentation requirements are clear and complete
- To ensure intervention is provided when clinically indicated

**Sick Call**

Nursing staff will provide an opportunity for offenders in RHUs to submit sick call requests daily. Based on KDOC answer to question number four in RFP Amendment 4, we understand that the current sick call request system is manual involving requests submitted in paper rather than through kiosks or other electronic means. In coordination with daily rounds, nursing staff will distribute and accept patient sick call requests. We will honor verbal sick call requests. In such cases, a nurse will document the request on the sick call form, indicating the date and time of collection. We assume that nursing rounds will be supervised by security staff and that the exchange of sick call requests will meet necessary KDOC security requirements.

Upon collection, nursing staff will triage collected sick call slips before terminating rounds. Patient’s requests that appear urgent will be addressed immediately. All other requests will abide by routine sick call protocols and be scheduled accordingly. Sick call clinics will be provided daily on RHUs. We provide more detail on sick call services in our response to RFP Section 4.3.10, *Non-Emergency Health Care Services*. 
Nursing staff will conduct a daily sick call clinic on RHUs to address requests received in the prior 24 hours. Centurion will conduct sick call clinics in RHUs in a manner that limits unnecessary security risk, during an agreed upon time that is convenient to operations and avoids periods that create an undue burden to the offender such as nighttime hours intended for sleep. Sick call contacts will not be conducted cell-side. Sick call contacts will occur in a location agreed upon with facility leadership that is appropriate for clinical services.

When possible, sick call clinics will include nursing and provider staff, limiting any delay in care, minimizing unnecessary offender movement, and avoiding excess appointments that require additional security escorts. When a provider is not available during sick call clinic, offenders that require referral to a provider for follow-up care will be scheduled as soon as possible but no longer than seven calendar days.

Access to care issues that may arise will be addressed through the multidisciplinary continuous quality improvement program. Additionally, offenders in restrictive housing will maintain full access to healthcare grievance protocols. We provide more detail regarding our CQI program and grievance protocols in our responses to RFP Sections 4.10, Quality Improvement Program, and 4.15, Offender Grievance Mechanism.
4.3 Comprehensive Medical Services

4.3.12 Special Needs Clinics/Chronic Care/Special Needs Treatment Planning

4.3.12.1 The Contractor shall include a plan for patients with special needs who require close medical supervision and/or multi-disciplinary care, to include Hyperlipidemia, GERD, Diabetes, HIV, Cardiac/HTN, Seizure, Asthma/COPD, Hepatitis C, cancer patients, frail offenders, pregnant offenders, dialysis offenders, and other cases as outlined in NCCHC and/or ACA standards. Chronic care visits will occur every 90 days although the HCP will see the patient more frequently when clinically indicated. Documentation of the frequency and type of visits, labs, and follow-up shall be entered into the offender health care record on a special needs treatment plan. Any deviation from the chronic care clinical guidelines for the special needs type of patient shall be justified in the health care record.

4.3.12.2 Special needs treatment plans shall be developed by a HCP and updated at each HCP chronic care/special needs visit. The proposal shall include, as an attachment, a copy of the Contractor's chronic care manual for KDOC’s evaluation. KDOC must approve the Contractor’s chronic care guidelines. KDOC may require additional guidelines that need to be developed and implemented depending on the comprehensiveness of the manual. During the lifetime of the contract, addition chronic diseases may be identified by professional healthcare organizations. It is the expectation of the KDOC that the Contractor will develop/implement appropriate guidelines to treat newly recognized diseases.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.12, Special Needs Clinics/Chronic Care/Special Needs Treatment Planning, identified herein.

Chronic Care and Special Needs Program

Centurion chronic care and special needs services will comply with ACA Standards 5-6A-4359, 1-HC-1A-16, and 4-JCF-4C-17, Chronic Care, NCCHC Standard P-F-01, Patients with Chronic Disease and Other Special Needs, and NCCHC Standard Y-G-01, Chronic Disease Services. Centurion will conduct chronic care or special needs clinics at each facility as determined by the needs of the facility population and in accordance with all related policies outlined in the KDOC Internal Management Policies and Procedures (IMPPs) Manuals and with relevant Performance-based Standards (PbS) for juvenile offenders.
We recognize that special needs patients may fall under multiple categories of health conditions including, but not limited to the following:

- Diabetes
- HIV
- Hepatitis C
- Cardiovascular or Hypertension
- Seizure
- Asthma or COPD
- Hyperlipidemia
- Hypertension
- Cancer
- Renal or other conditions requiring dialysis
- Pregnancy
- Frail or elderly geriatric conditions

Centurion providers will see patients with chronic care conditions in accordance with national clinical practice guidelines and evidence-based standards endorsed by NCCHC and ACA. Our chronic care program is consistent with accepted clinical guidelines and evidence-based standards including those endorsed by NCCHC, ACA, and the American Academy of Family Physicians (AAFP).

Centurion providers will see patients with chronic care conditions initially within the first 45 days of admission to the facility to complete the chronic care clinic evaluation and establish a special needs treatment plan. Centurion recognizes that the RFP requires patients with chronic care conditions be seen every 90 days, a point reiterated in the KDOC’s response to question four in RFP Amendment 3.

At Centurion, we strive to provide evidence-based care that meets ACA and NCCHC Standards and is tailored to the individual patient’s specific needs for treatment and disease management. Frequency of follow-up for specific chronic care conditions is thus predicated on the subsequent degree of control of the condition. We recommend that patients with conditions in poor control have follow-up within 30 days. We propose that patients with conditions in fair control receive follow-up within 60 days. Our experience confirms that patients with conditions in good control can receive follow-up, determined by the stability and type of condition, at 90 days, 180 days, or annually. Patients with special needs requiring close medical supervision and/or multidisciplinary care will receive healthcare services in accordance with their special needs treatment plans. We look forward to
discussing our approach to chronic care follow-up with the Department during negotiations and upon contract award.

The diagram on the following page provides an overview of Centurion’s disease management chronic care model to identify and manage chronic disease.
Centurion’s Disease Management Chronic Care Model Process

- **Referral for Chronic Care Clinic from:**
  - Intake health screening
  - Initial health appraisal
  - Periodic medical assessment
  - Sick call encounter

- **Schedule for initial Chronic Care Clinic visit**

- **Perform initial Chronic Care evaluation**
  - May be completed during initial health appraisal

- **Is patient appropriate for Chronic Care Clinic?**
  - YES: Patient assigned to Chronic Care Clinic
  - NO: Patient followed through routine sick call process

- **Chronic Care plan developed:**
  - Clinic(s) assigned
  - Acuity assigned
  - Plan of Care completed
  - Medications prescribed
  - Schedule for frequency of follow-up encounters, laboratory testing, etc.

- **Chronic Care Coordinator initiates tracking log to include:**
  - Clinic(s) assigned
  - Schedules of follow-up encounters, laboratory testing, etc.

- **Schedule Chronic Care Clinic encounter**

- **Prior to scheduled visit:**
  - Verify labs ordered available
  - Verify other testing results available
  - MAR available

- **Patient remains in institution**
  - YES: Patient available
  - NO: Transferred to different institution
    - Complete transfer summary, provide copies of medical record information, care continued at new institution
    - Released from correctional system
      - Cancel all pending labs, tests, and appointments

- **Chronic Care Encounter with Patient**
  - Vitals, lab tests, MAR, and diagnosis reviewed
  - ROS and assessment completed
  - Information reviewed with patient
  - Patient education and medication counseling provided
  - Chronic Care documentation form completed
  - Plan of Care and Acuity level updated
  - Follow-up ordered as clinically indicated

- **Patient maintained in Chronic Care Clinic**

- **Patient discharged from Chronic Care Clinic**

- **Scheduled for next Chronic Care Clinic encounter**

- **Outstanding follow-up appointments, laboratory testing and encounters canceled as ordered**

- **Patient followed through sick call process**
Developing Individualized Treatment Plans

Chronic care and special needs patients will be identified during the intake health screening process or at other times during incarceration. Centurion’s staffing plan and resources will ensure provision of evidence-based care for chronic, special needs and acute medical conditions at each facility. Centurion has established clinical treatment protocols for the identification and management of chronic diseases or other special needs consistent with national clinical practice guidelines.

The Centurion responsible healthcare provider (HCP) on site, in collaboration with the patient and other multidisciplinary staff, will develop the patient’s individualized treatment plan tailored to the patient’s treatment needs upon identification of the condition. The provider will update the patient’s chronic care or special needs treatment plan at each follow-up contact. Treatment plans will conform to KDOC policies and function as a “road map” for providing the care needed to restore and maintain health or stabilize acute, special needs and chronic conditions.

Our staff will collaborate in multidisciplinary treatment teams to develop and implement patients' plans of care. Our plans will involve medical, psychiatric, behavioral health, and allied health services staff such as physical therapy, as clinically indicated to promote optimal outcomes. We will include healthcare and correctional staff in treatment planning because treatment plans benefit from the valuable input of correctional staff working with chronic care or special needs patients. Multidisciplinary collaboration supports the treatment team’s ability to address treatment-relevant issues such as housing needs, supervision, treatment compliance, and patient behaviors or symptom presentations.

Centurion will work closely with KDOC staff and facility administration to assist in the management and treatment of chronic care patients. When the patient’s medical status change calls for immediate action with regard to housing, work assignment, program assignment, disciplinary actions, or transfers, Centurion staff will inform classification about the patient’s relevant medical status. We discuss this area further in our response to RFP Section 4.3.9, Medical Classification System. Our collaborative efforts with security will ensure that each chronic care or special needs patient’s categorization, based on both medical and security concerns, results in optimal housing placement.

Development of the individualized treatment plan will integrate findings from the patient assessment and physical exam, review of current diagnostic testing, evaluation of response
to previous and current treatment, and collaboration with other treatment team members. The Centurion healthcare team will collaborate with our behavioral health staff in development of treatment plans for patients with co-occurring mental health or substance use disorders to ensure that we address all aspects of the patient healthcare needs. We provide more information about services to patients with behavioral health disorders in our response to RFP Section 4.6, Comprehensive Behavioral Health Services.

We will ensure inclusion of special needs treatment plans in the patient’s health record. Centurion's chronic care and special needs patient treatment plans will contain, at a minimum:

- Individualized disease management and treatment goals
- Frequency of follow-up for medical or psychiatric evaluation
- Patient health education and self-management strategies addressing preventive care, disease management, and comorbid or co-occurring disorder interactions
- Clinically indicated adjustments in treatment modalities
- Types and frequencies of diagnostic or laboratory testing and therapeutic regimens or interventions
- As indicated, instructions for diet, exercise, and medication
- Adaptations to the correctional environment and/or special accommodations when applicable

We will ensure that juvenile patients with special needs (i.e., chronically ill, physically or developmentally disabled, pregnant, suicidal, or mentally ill) have written treatment plans that also include the following:

- Diet (based on child nutrition)
- Exercise
- Medication
- Diagnostic Monitoring
- Frequency of Medical Evaluation
- Adaptation to Correctional Setting
- Areas of Modification

Each patient’s treatment plan will reflect revision at each follow-up contact based on the current degree of control of the chronic condition and severity of the illness. Our providers
utilize disease-specific indicators for level of control to establish treatment goals and guide the type and frequency of interventions.

Centurion healthcare staff will list chronic and special needs conditions on the patient’s master problem list. Patients will be followed in chronic care or special needs disease management clinics as designated by the patient’s treatment plan.

**Chronic Care or Special Needs Clinics**

Centurion qualified healthcare providers will evaluate chronic care or special needs patients at regularly scheduled intervals as clinically indicated. At the time of the chronic care or special needs visit, the provider will evaluate the patient’s medication regimen and continue or modify the regimen as needed.

Patient medications will be ordered with sufficient renewals to last until the next chronic care visit occurs. Centurion providers and nursing staff will work with our proposed pharmacy partner, **Clinical Solutions Pharmacy**, to ensure no lapse of medication occurs for the patient while awaiting a chronic care or special needs appointment.

When follow-up appointments indicate that treatment needs are becoming more complex or acute, the provider will review and adjust interventions, referring the patient for a higher level of care or specialty consultation when clinically indicated. Patients with illnesses in poor or fair control will be seen more frequently than patients with illnesses in good control. We found the more frequent the visits, the better off the outcome when a condition is unstable, and the greater chance of reducing the number of inpatient days and emergency runs due to chronic care issues.

**Above and Beyond: Centurion’s Disease and Lifestyle Management Service.** Centurion can support chronic care patient health and behavior change through our **Envolve™** Focus On Wellness disease and lifestyle management service which supports chronic care services for patients with complex and/or difficult to manage conditions. The Envolve Focus on Wellness program provides patient-specific, customized support programs for wellness, disease management, episodic or catastrophic care management consultation, life resource information, education and training materials, and consultation.

Centurion will address health-challenging behavioral patterns of patients with chronic medical conditions using three-way scheduled telephone or telehealth interactions with
Centurion’s onsite nursing staff, the patient, and an Envolve specialist. The service specifically addresses the needs of patients with inadequate clinical knowledge, life-style barriers, and lack of behavioral motivation to develop effective health-promoting self-management skills. Through the Envolve program, Centurion incorporates a combination of disease management experts and motivational interviewing techniques with educational resources and tools. We have successfully implemented the Envolve Focus on Wellness program in our correctional healthcare partnerships including with the Minnesota, Mississippi, New Mexico, and Tennessee Departments of Corrections. In the second half of 2019, we began to implement the program in the Florida Department of Corrections.

Among our diabetic patients in both of these contracts, we have seen patients’ HbgA1cs (a disease-specific indicator for level of control) improve significantly following patients’ participation in our Focus on Wellness program, the telephonic/telehealth disease and lifestyle management service offered through our Envolve program. The program successfully addressed patients whose diabetes was poorly controlled due to challenges in treatment engagement, treatment adherence, and understanding of the disease process.

During calendar 2018, 257 patients across 32 facilities in four state correctional programs participated in this program, with an average reduction in HbgA1c values of 2.4 points. These changes represent clinically significant reductions in the severity and risks associated with the patients’ diabetes.

In our partnership with the Tennessee Department of Correction (TDOC) program in Tennessee, TDOC patients achieved an average A1C reduction of 3.4 points over a year’s time through 539 completed Focus on Wellness calls with patients and healthcare teams located in 11 participating facilities. Moreover, satisfaction surveys completed by participating patients confirmed a 90% program satisfaction rate.

We welcome additional comments:

Ms. Christina was an amazing health coach. I learned so much about my condition and was able to apply it to my everyday life and with the help from her, my A1C is down from an 8.7 to a 6.5 and my weight from 374 to 325 so thanks for the motivation, knowledge and the extra push I needed. This program is amazing!

In our partnership with the Minnesota Department of Corrections program, one of our Focus on Wellness certified diabetes educator notes her interactions with a patient using this unique program.
We propose to integrate this specialized program with routine onsite correctional healthcare staff interventions. For patients with poorly controlled diabetes, our Focus on Wellness program is a proven and effective supplement to routine onsite interventions. Goals of the program include helping patients to:

- Improve healthcare literacy
- Be compliant and cooperative with the recommended treatment plan
- Be proactive and effective partners in their care
- Understand the appropriate use of resources needed for their care
- Identify precipitating factors and appropriate responses before more acute intervention is required

**Delivering Efficient Healthcare Services.** Centurion nursing staff will schedule patients for chronic care or special needs clinics and utilize a computerized tracking system for chronic care patients. We will use the database to track care to facilitate proactive interventions with the goal of reducing the complexity and severity of disease processes.

To achieve efficiency in our chronic care and special needs clinics, Centurion nurses will coordinate directly with providers and run the clinics. Our nurses will manage laboratory results, orders, EKGs and other testing needed, leaving providers to focus directly on patient care.

Centurion healthcare staff will support continuity of care when a chronic care or special needs patient transfers between KDOC facilities. Our nursing and provider staff at the transferring facility will coordinate patient care with our nursing and provider staff at the

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“I spoke with a patient yesterday whose A1c was at a 10.6 and since participating in our coaching program he’s brought it down to a 5.6%! At this time, he has only had 3 calls with us. In speaking with him, he reported that his motivation was seeing the decrease in his blood sugars and his A1c and this has really encouraged him to continue making changes. He’s been consistent with his nutrition, reducing his carb intake, maintaining his medication doses and has maintained a stable weight. He was really excited about his progress and I wanted to share that good news with you!

Thank you for allowing me the opportunity to participate in such a life-changing program! It is so inspiring to see patients rise above their present circumstances to make healthy changes for themselves.”

- Erica G., Certified Diabetes Educator
receiving facility. They will ensure that the patient’s health record contains current information about the patient’s level of disease control, any recent laboratory or diagnostic test results, current prescribed medications, treatment compliance, and pending appointments or orders.

At the time of each scheduled chronic care clinic, a Centurion provider will conduct a focused physical examination, review pertinent blood work and diagnostic testing results as well as provide patient education, and assess the patient. The provider will document the results of the chronic care encounter for each condition in the patient’s medical record.

Centurion providers use multiple tools and resources to improve patient health, including:

- Centurion Disease Management Guidelines, Clinical Guidelines, and Prescribing Guidelines
- Centurion disease-specific educational patient handouts
- Centurion health-promoting educational patient handouts
- Centurion’s Guideline in Integrated Treatment Planning for Co-Occurring Disorders
- Clinical consultation through Centurion’s regional medical director
- Online access to UpToDate
- Infectious disease consultations
- Pharmacotherapy consultations through Centurion’s Pharmacy Management team
- Pharmacy management reports
- RubiconMD for telephone consultation when specialty care referrals are under consideration but criteria are uncertain or a second opinion in care from a specialist is desirable
- Centurion’s utilization management process when chronic care services result in referrals for specialty care
- Advanced Medical Reviews consultation, through our regional and/or associate medical director, when chronic care services result in identification of complex cases requiring specialty second opinion

Our HCPs regularly consult with other members of the treatment team, including consultation between medical and psychiatric providers for shared patients with complex treatment needs.
Providing Evidence-based Treatment. Centurion providers will follow evidence-based Disease Management guidelines for chronic and/or infectious diseases, Clinical Guidelines for a range of diagnostic and treatment interventions, and Prescribing Guidelines for specialized medical conditions. While the Clinical and Prescribing Guidelines will address screening, assessment, tests, special procedures, new symptoms and patient requests in addition to other aspects of ambulatory care, our Disease Management Guidelines directly support chronic care services.

These Guidelines are consistent with recognized national clinical practice guidelines, such as the AAFP, including type and frequency of diagnostic testing by disease category.

Centurion’s Disease Management Guidelines developed as of mid-2019:

- Asthma Disease Management Guidelines
- Diabetes Type 1 Disease Management Guidelines
- Diabetes Type 2 Disease Management Guidelines
- Hepatitis C Disease Management Guidelines
- HIV Disease Management Guidelines
- Hypertension Disease Management Guidelines
- Lipid Disease Management Guidelines
- Seizure Disease Management Guidelines
- Sickle Cell Disease Management Guidelines
- Tuberculosis Disease Management Guidelines

In providing chronic care consistent with current evidence-based treatment guidelines, Centurion will strive to minimize the disease burden, medication burden, and service delivery burden on patients. A well-controlled chronic condition with risk factors for exacerbations and comorbidities addressed through education, self-management skills, and lifestyle changes minimizes the disease burden for the patient. Careful selection of medications, ongoing review to reduce polypharmacy, and dosing protocols that ensure adequate trials on adequate doses before adding or switching medications minimizes the medication burden for the patient. The patient will access effective care from a team of healthcare professionals who understand the complexities of comorbid and co-occurring
conditions. Through proactive treatment before a condition becomes complex, this care will reduce the service delivery burden.

Centurion will follow the latest guidelines for each condition and provide the patient with the right services at the right time to prevent disease progression and the need for higher levels of care. We will support education efforts that maximize engagement and encouragement of patients to improve self-management and decrease reliance on health services.

Centurion will aim to provide intervention at the lowest level of care to achieve the desired health outcome. We will provide effective chronic care services to improve disease control and prevent the need for offsite specialty consultation, emergency department trips, and hospitalization. Reduction of preventable exacerbations of disease will be a major goal of our chronic care and special needs services.

Our providers will comply with KDOC policies and rely on Centurion’s Disease Management Guidelines with related Chronic Care Flow Sheets. The latest evidence-based treatment guidelines for each chronic condition informs Centurion’s guidelines and processes. Centurion’s medical leadership has developed and continually revises Centurion’s Disease Management Guidelines based on review of evolving community standards and expert medical organizations’ guidelines.

Relying upon Expert Medical Organizations. Centurion’s medical leadership stays up to date on current treatment protocols available from expert medical organizations for each respective medical specialty area. They revise or update Centurion practices accordingly, in a timely manner, to provide guidance for our providers. Centurion follows and draws from treatment recommendations including but not limited to the following expert medical organizations and resources:

- American Academy of Family Physicians
- American Association for the Study of Liver Diseases
- American Cancer Society
- American College of Cardiology
- American Diabetes Association
- American Psychiatric Association
- American Dental Association
- American Heart Association
- American Society of Internal Medicine
- Center for Disease Control
- HIV Medicine Association
- Infectious Diseases Society of America
- National Heart, Lung, and Blood Institute
- National Institutes of Allergy and Infectious Diseases
- National Institute of Health
- UpToDate
- World Health Organization

Each Disease Management Guideline includes guidance on diagnosis, screening, clinical evaluation, testing, treatment goals, indicators for level of disease control or severity, medication recommendations, frequency of follow-up based on level of disease control, and references to the associated expert medical organizations.

We will expect our providers to follow the Disease Management Guidelines except in special clinical circumstances. When a Centurion provider chooses to treat the patient outside of approved guidelines, we require the provider to document the rationale for the variance in the patient’s medical record. Centurion providers will follow patients with special needs on a continuous basis, with assessments on a periodic basis as determined by the patient’s treatment plan.

In compliance with the RFP requirement to provide a copy of our chronic care manual detailing our chronic care guidelines, we have included copies of our guidelines as Attachment M. We note that all materials included within Attachment M are confidential and proprietary to Centurion.

We understand that the KDOC will evaluate and approve Centurion’s chronic care guidelines for use with patients served under the KDOC. We acknowledge that the KDOC may require development and implementation of additional guidelines depending on the comprehensiveness of Centurion guidelines. We further understand that during the lifetime of the contract, additional chronic diseases identified by professional healthcare organizations will require the development and implementation of new guidelines to treat newly recognized diseases.

**Emphasizing Patient Education.** Centurion patient education and self-management tools will support patient engagement in the treatment process and promote healthy behaviors. Tools used will cover topics such as exercise, healthy eating, oral hygiene, personal hygiene and cleanliness, self-monitoring for health, sleep hygiene, smoking cessation, stress management, and specific chronic care conditions. For each chronic care condition, several tools are available to healthcare staff to address patient-specific issues succinctly.
Examples of Centurion patient education and self-management tools for select chronic medical conditions include:

**Diabetes**
- Diabetes: Basic Information
- Diabetes: Caring for Your Body
- Diabetes: Foot Care
- Diabetes: Health Eating Tips
- Diabetes: High and Low Blood Sugar Symptoms
- Diabetes: Inspecting Your Feet
- Diabetes: Understanding Carbohydrates, Fats, and Protein

**Hypertension**
- Controlling High Blood Pressure
- Hypertension: What Is High Blood Pressure?
- Your High Blood Pressure Risk Factors
- High Blood Pressure and Kidney Disease

**Hyperlipidemia**
- Cholesterol Basics
- Dyslipidemia Basics
- Patient Fact Sheet on High Cholesterol
- Weight Control Information for Patients

**Asthma**
- Asthma: General Information
- Proper Use of Inhaler
- Understanding Asthma

**Seizures**
- Information about Seizures

**Monitoring and Compliance in Continuous Quality Improvement (CQI)**
Centurion’s CQI program monitors chronic care clinics through both outcome and process studies. Centurion measures the overall effectiveness of chronic care services through the following indicators:

- Improved clinical condition and disease control
- Increased patient self-management and understanding
- Improved patient adherence with medications and care regimens
- Degree of wellness, assessed through case management scores
- Decreased offsite service utilization
- Decreased polypharmacy

**Chronic Care/Special Needs Clinical Performance Guarantees**

Centurion will comply with all the performance requirements for chronic care and special needs clinics as noted in the RFP including Section 4.25, *Clinical Performance Guarantees*. We have assumed that clinic encounters that could not be completed due to security reasons outside of our control, such as limited correctional officer presence that prevents
offender movement, performance guarantees will not be imposed. In the unlikely event that we do not conduct chronic care and special needs clinics as required, we understand that:

- If performance falls below 90% of agreed-upon contractual requirements under this RFP Section, we will, in place of actual damages, pay to Department, as fixed, agreed, and performance guarantees, $100.00 times the number of noncompliant occurrences identified during the review period.

- Any subsequent review resulting in performance falling below 90% of our agreed-upon contractual requirements within six months of the latest review requiring performance guarantees shall be considered a lack of resolution to the substandard performance. This will result in performance guarantees of $125.00 times the number of noncompliant occurrences.

- A third substandard performance lower than 90% within six months of the latest review requiring performance guarantees shall be taken at $150.00 per occurrence, with any continued substandard findings within the subsequent six month period resulting in further penalties in increases of $25.00 per occurrence, i.e., $175, $200, $225, etc., until Centurion resolves the substandard performance.

- If Centurion’s performance remains above a 90% compliance threshold for a period of six consecutive months without penalty, following an imposition of a penalty, then any substandard performance will begin a new penalty cycle.

Centurion is confident that we will meet or exceed agency expectations related to chronic care and special needs services. Internal review of our systems for chronic care will be conducted through our continuous quality improvement program. Any penalty resulting from non-compliance of performance standards will be reviewed and a corrective action plan developed.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.13, *Hepatitis C*, identified herein.

We recognize that the Department is proud to be taking an aggressive approach to the treatment of Hepatitis C in the offender population. Providing Hepatitis C (HCV) services in accordance with established standards of care ensures that offenders have equitable access to this treatment. Patients will benefit because they receive treatment consistent with community standards. The Department will benefit because Centurion will be addressing and treating offender HCV, helping to insulate the KDOC from litigation that has burdened other correctional and state agencies. The State of Kansas will benefit through this public health initiative, reducing the rates of infection and transmission of this disease.

**Hepatitis C Treatment Protocols**

Centurion understands the importance of monitoring and treating patients with Hepatitis C (HCV). We are committed to providing appropriate and evidence-driven HCV treatment for the KDOC. We believe our approach to HCV services will meet or exceed the expectations of the Department.

With prior Department approval, we will provide HCV services in the following manner:

- All new arrivals are offered HCV testing during initial evaluations. We understand the KDOC offers opt-out testing at admission.
- Patients who test positive for HCV-Ab have a reflex serum HCV-RNA quantification ("viral load") test done to confirm the presence of active disease.
- Patients with HCV infection receive education and interventions aimed at reducing liver disease progression.
Patients with HCV are provided education about how to avoid HCV transmission to others.

Each patient with HCV infection receives a clinical evaluation to screen for advanced fibrosis. Typically, we use imaging and/or noninvasive markers in order to facilitate an appropriate decision regarding HCV treatment strategy and to determine the need for additional measures for cirrhosis management, such as hepatocellular carcinoma screening.

Vaccination against Hepatitis A and Hepatitis B is provided for all susceptible patients with HCV infection. Patients with cirrhosis are more susceptible to invasive pneumococcal infection and are offered pneumococcal vaccination.

Because patients with known or suspected bridging fibrosis and cirrhosis are at increased risk of developing complications of advanced liver disease, they receive more frequent follow-up in chronic care clinics.

- They are advised to avoid hepatotoxic drugs, such as excessive acetaminophen and certain herbal supplements.
- Nephrotoxic drugs, such as nonsteroidal anti-inflammatory drugs, are minimized or avoided.
- Ongoing imaging surveillance for liver cancer and gastroesophageal varices is routinely conducted.

Patients are generally classified based upon the degree of scarring or “fibrosis” and progression to cirrhosis. Liver biopsy is generally not necessary. Centurion utilizes non-invasive methods for determining the degree of liver fibrosis such as:

- Liver-directed physical exam
- Routine blood tests (e.g., ALT, AST, albumin, bilirubin, international normalized ratio [INR], and CBC with platelet count) and simple calculations derived from routine blood tests, such as the serum AST-to-platelet ratio index (APRI) and fibrosis-4 (FIB-4)
- Serum fibrosis marker panels such as a proprietary predictive index (e.g., FibroSURE, Fibrometer™ or FibroSPECT™) to predict the fibrosis score (F0-F4)
- Liver imaging (e.g., ultrasound, or CT scan) to help identify cirrhosis or hepatocellular carcinoma, portal vein diameter, estimate echogenicity of hepatic parenchyma, measure spleen size, and assess the liver for nodularity and hepatocellular carcinoma
- Transient elastography (e.g., FibroScan), using both ultrasound and low-frequency elastic waves, to quantify liver fibrosis

- The amount of scarring is measured on the METAVIR scale:
  - F-0: inflammation, but no fibrosis
  - F-1: mild fibrosis
  - F-2: moderate fibrosis
  - F-3: severe fibrosis
  - F-4: cirrhosis

- All patients with chronic HCV infection are candidates for treatment and cure with direct acting antiviral (DAA) medication treatment provided they are likely to remain in custody for the period to complete the evaluation, course of medication and follow-up. Generally, this requires one year.

  - Centurion refers to guidelines established by the American Association for the Study of Liver Diseases (AASLD) and Infectious Diseases Society of America (IDSA) to ensure treatment is consistent with current treatment evidence.

  - The services of an infectious disease specialist are engaged for complicated cases.

- Treatment with DAA medication is determined by priority related to condition of the liver, co-existing conditions and other factors as described on the following page.
Priority Level 1: Highest Priority for Evaluation and Treatment

- Fibrosis Stage 4: Decompensated cirrhosis, including both symptomatic patients (e.g., with ascites, hepatic encephalopathy, esophageal varices, etc.) and asymptomatic patients with Child-Turcotte-Pugh scores greater than or equal to seven
- Fibrosis Stage 4: Compensated cirrhosis, with Child-Turcotte-Pugh scores greater than five and less than seven
- Liver transplant candidates or recipients in consultation with and co-managed by a transplant hepatologist
- Hepatocellular carcinoma in consultation with a hepatologist for correct timing
- Comorbid medical conditions associated with HCV, including cryoglobulinemia with renal disease or vasculitis, certain types of lymphomas, hematologic malignancies or metabolic abnormalities.
- Continuity of care for those entering custody already on treatment
- Patients taking immunosuppressant medications for a comorbid medical condition which may cause rapid progression of hepatic fibrosis
- HIV co-infection
- HBV co-infection

Priority Level 2: Intermediate Priority for Evaluation and Treatment

- Fibrosis stage 3 (F3)
- Fibrosis stage 2 (F2)
- Comorbid liver disease (e.g., autoimmune hepatitis, hemochromatosis, steatohepatitis)
- Chronic Kidney Disease with proteinuria
- Diabetes Mellitus
- Patients previously staged as F0, but who advanced in staging to F1 within 1-4 years are considered to have progressive hepatic fibrosis, and should be treated in this priority group
Our treatment strategy matches with the Department in treating all priority level 1 and 2 patients first, followed by priority level 3 patients. Based on the Department’s response to question 51 in RFP Amendment 3 and question 46 in RFP Amendment 4, we recognize that the KDOC has steadily increased the number of offenders receiving direct acting antivirals for Hepatitis C, from an average of eight each month in FY 2017 to an average of 110 per month in FY 2019. We understand total costs for Hepatitis C medications are estimated to be $8.5 million in FY 2020.

We feel confident we can meet or exceed the KDOC’s goal to treat approximately 600 patients in FY 2021 in order to eliminate the current backlog, followed by treating approximately 500 patients each year consistent with current estimates based on infection rates at RDU. We appreciate KDOC’s answer to question number 132 in RFP Amendment 3, indicating that the healthcare budget for FY 2021 includes the significant increase in costs associated with treating over 600 Hepatitis C patients. We understand that this estimated number of patients who will require treatment annually does not constitute a cap on the number of patients requiring treatment.

**340B Program**

Centurion is ready to explore a 340B medication program, supported through telehealth, for patients with HIV and/or HCV. We have successfully continued or implemented 340B medication programs in three of our correctional healthcare programs, allowing our client agencies to enjoy discounted medication prices. We are confident we can be successful in pursuing a 340B partnership for the KDOC, if desired by the department. We believe the program will enable us to provide treatment to an expanded number of HCV patients with the benefit of 340B pricing for pharmaceuticals, a cost avoidance that we will pass on directly to the Department. A letter of intent from the Ellsworth County Medical Center is included as Attachment C committing to exploring implementation of a 340B program in partnership with Centurion for the KDOC patient population.
Care Coordination for HCV/HIV Patients
Centurion will ensure, at the time of discharge that HCV/HIV patients receive appropriate follow-up care in the community. We appreciate that care coordination with community providers can be challenging for these patients due to limited availability of community services. We take every possible step to ensure continuity of care. We will partner with the Department to identify community resources to support HCV/HIV patients with needed treatment services.
4.3 Comprehensive Medical Services

4.3.14 Emergency Medical Services

4.3.20.1 Comprehensive emergency services shall be provided to all offenders. Contractor shall make provisions and be responsible for all costs for twenty-four (24) hour emergency medical, behavioral health, and dental care, including but not limited to twenty-four (24) hour on-call services.

4.3.20.2 The Contractor shall participate and be considered as part of the response team for the purpose of making on-site immediate assessments of clinical need in an emergency call. Specialized response training and activities are required. Included in the staffing plan in Appendix F are EMT positions that shall provide emergency coverage twenty-four (24) hours per day, seven (7) days per week. This staff shall be allowed to make the medical restrictive housing rounds. The Contractor will make the EMTs available for extra training in security measures as necessary to work well with the site security team. These individuals would be expected to be the first responder in any facility emergency. When not engaged in emergency activities, the EMT may make medical restrictive housing rounds and may be assigned to the clinic to assist with those duties what are within their scope of practice.

4.3.20.3 Contractor shall supply Narcan for inclusion in Fentanyl exposure kits for the correctional facilities and parole offices and administered by trained KDOC staff in the event of staff or offender exposure.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.14, Emergency Medical Services, identified herein. Centurion will comply with ACA and NCCHC standards, KDOC Policy 10-114D, Availability of Emergency Medical, Dental and Behavioral Health Services, and where applicable KDOC Policy Chapter 19, Major Emergency Response Plans.

Emergency Medical Services

In the event of a healthcare emergency, Centurion will respond and stabilize the healthcare event. We understand that partnership and communication are vital elements of an emergency response. Healthcare staff will participate in KDOC emergency event training and debriefing as directed by the department. The KDOC can expect full cooperation from the Centurion healthcare staff.

24-hour Emergency Care

We recognize that the KDOC will not be responsible for emergency healthcare costs within the first 24 hours. Centurion agrees that the cost associated with emergency services is the
responsibility of the healthcare program. Access to emergency services will not be restricted. Centurion prides itself on empowering our staff to make independent clinical decisions in the face of an emergency. We provide more detail on accountability for emergency services in our response to RFP Section 4.12, *Utilization Management Program*.

The KDOC will never have to worry that emergency services will be restricted or prematurely terminated due to financial burdens. Centurion is prepared to meet the financial obligation based on clinical demand without the influence of corporate interests.

Centurion will ensure on-call and emergency services are available at all KDOC facilities encompassed by this contract. We will develop written agreements with local hospitals and ambulance services to ensure access to community services when needed. We provide more detail on emergency medical transport in RFP Section 4.4.1, *Offsite Transportation*.

*On-call Services for 24-hour Emergency Care.* Centurion will ensure on-call access to our regional management team and facility-based physical health providers, dentists, psychiatric providers, and Health Service Administrators 24 hours a day, seven days a week. Qualified medical, psychiatric, and dental providers will be available to answer questions and assist with patient assessment after hours. The following is Centurion’s protocol for on-call services:

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**On-Call Provider Protocol**

The On-Call Provider Protocol outlines the information to be consistently provided by on-site medical staff when consulting with the on-call medical or psychiatric provider.

The staff member consulting with the on-call staff will evaluate the patient and review the patient’s medical record prior to making the call to ensure that the following information can be shared with the on-call staff:

- Patient’s name
- Presenting situation
- Patient’s current behavior
- Patient’s diagnosis
- Patient’s medication compliance
- Has the patient presented risk issue within the 90 days?
- Any known allergies
- Last date and details of medical or psychiatric review
- Patient’s current placement
- Patient’s current medications
- Patient’s current observation status (if any)

The staff member will have the medical record available when speaking with the on-call provider. The staff member will document the consultation in the patient’s medical record. Only a nurse may accept a physician’s order from the on-call provider.
Centurion’s on-call providers are expected to respond within 15 minutes of a call being placed. In the rare instances in which the on-call provider cannot be reached, the after-hours call will be routed to the Centurion regional medical director, Regional Psychiatric Director, Regional Dental Director, or designee. Centurion will collaborate closely with KDOC and facility leadership to ensure our on-call response protocols meet the clinical need and the department’s expectations.

**Emergency Medical Technicians (EMT)**

Appendix F of the RFP identifies EMT positions for Lansing, Hutchinson, and El Dorado correctional facilities. Centurion has provided the requested EMT coverage in our staffing plan. The KDOC’s practical approach to include EMTs as first responders is applauded and will be fully supported by Centurion. We understand that this includes Department training and debriefing obligations. EMT licensed staff will be made available to the KDOC as needed to ensure that emergency response is a well-rehearsed partnership.

We appreciate that EMT staff will be available during non-emergency times to support the healthcare program. The utilization of EMTs for rounds on restrictive housing units and clinic operations will prove beneficial to patient care and provider efficiency. Centurion understands that EMTs may not perform duties outside the scope of practice, as permitted by the state of Kansas. We will support our EMT healthcare staff with continuing education and training opportunities. We provide more detail on training opportunities in our response to RFP Section 4.21, *Training*.

**Narcan**

The KDOC will be supplied with Narcan for opioid exposure kits through the healthcare program. The regional medical director will be responsible for oversight of Narcan distribution across KDOC sites. The regional medical director will also designate staff to monitor the supply and replacement of Narcan at parole offices. The Health Services Administrator for each facility will be responsible for establishing a system to supply, monitor, and replace Narcan within prison facilities.

If desired by the Department, Centurion will assist in the training of KDOC staff in the use of Narcan, opioid exposure, and overdose recognition and response. We recognize that the KDOC has an established emergency response plan in place for opioid exposure. Centurion will support the department’s policies and protocols and fully participate based on the request and expectation of the department. Additionally, Centurion will ensure that healthcare staff have access to training on the use of Narcan.
We are confident that the KDOC will be satisfied with Centurion’s engagement and partnership in the delivery of emergency response across the department. We look forward to working closely with the OHCC and KDOC to ensure a collaborative and effective partnership that improves the safety of offenders and staff alike.
4.3 Comprehensive Medical Services

4.3.21 Sexual Assault

4.3.21.1 Any offender report of sexual assault to health care professionals shall be reported immediately according to KDOC’s PREA policy. Offenders who report sexual assault shall be treated for immediate stabilizing health care needs on-site and then transferred to an offsite hospital emergency room for forensic evaluation and treatment. The Contractor shall coordinate all transfers and shall be responsible for payment of all services related to the treatment and evaluation. The Contractor shall be responsible for appropriate follow up for prophylactic treatment per CDC guidelines and referral to behavioral health staff shall be completed upon return to a KDOC facility.

4.3.21.2 Annual and specialized training shall be provided for HCPs, nursing, and behavioral health staff on treatment of sexual assault victims in accordance with KDOC policy and PREA standards.

4.3.21.3 Reports of sexual assaults on juvenile offenders must be reported to authorities as outlined in KDOC’s PREA policy.

4.3.21.4 The Contractor shall have on hand a stock of enough prophylactic medications to immediately treat a patient’s exposure while waiting for the complete prescription to be obtained from the contracted pharmacy.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.21, Sexual Assault, identified herein.

We are familiar and experienced with the Prison Rape Elimination Act (PREA) of 2003, as well related NCCHC and ACA standards. As such, we have developed a staff training module that includes review of relevant policies and procedures to ensure that our staff meet these requirements. We appreciate that the KDOC has a zero tolerance policy regarding sexual abuse and harassment and will conform our policies and trainings to KDOC Policy 10-103D, Coordinated Response to Sexual Abuse and Harassment.

Centurion recognizes that there are different requirements for juveniles with regard to both pro-active education and staff response to sexual assaults. As such we have created separate model policies for adults and juveniles, both of which will be conformed to KDOC policy and contract requirements upon contract award. We have included our separate adult and juvenile proprietary model policies, both entitled Response to Sexual Abuse, as Attachments S and T, respectively.
We will follow the directives and standards promulgated by PREA, NCCHC and ACA Standards, in addition to KDOC policy requirements. In particular, our approach to PREA mandates is compliant with NCCHC Standards P-F-06, *Response to Sexual Abuse*, Y-B-05, *Federal Sexual Abuse Regulations*, and Y-B-06, *Response to Sexual Abuse*, as well as ACA Standards 5-6C-4406, 1-HC-3A-13, and 4-JCF-4C-50, *Sexual Assault*. As such, we understand that it is not the role of onsite healthcare staff to collect any physical evidence upon learning of an offender’s allegation of sexual assault, but rather to preserve any evidence while providing immediate stabilization of the patient’s healthcare needs.

We provide a flow chart overviewing our approach to responding to suspected or alleged sexual abuse below:

**Staff Training**

Centurion will ensure that our staff and partner suppliers understand PREA-related policies and their affirmative responsibilities for reporting under these policies and PREA standards. We understand that all newly hired staff, including healthcare staff, will receive a KDOC staff booklet entitled, “PREA: What Staff Need to Know.” Our clinical leadership team will ensure that staff read and are accountable for requirements in this booklet, as well as the other KDOC policy requirements related to sexual assault and harassment.
Centurion will provide annual and specialized sexual assault training for our staff, including health care practitioners (HCPs), nursing, and behavioral health staff, in accordance with KDOC policy and PREA standards. Our provided training will include, but not be limited to recognizing signs of sexual abuse or misconduct, right of and methods for offenders to report such incidents free of retaliation, and examples of harassment. The training will include how Centurion and contractor staff can report such issues.

We have developed two training modules for healthcare staff working in correctional environments. The first addresses the basics of PREA legislation and the standards as they apply to healthcare staff. The second addresses trauma-informed care and sensitivity in treating alleged victims of sexual assault.

**Offender Education**

Based on KDOC Policy 10-103D, we understand that all adult and juvenile offenders, must receive a comprehensive Offender PREA Orientation within 30 days of intake. While it is not clear from the KDOC policy who is responsible for providing this offender orientation, Centurion will be glad to provide staff to ensure that this takes place, if desired by the Department.

We understand that upon receiving the PREA Orientation, all offenders must sign an acknowledgment receipt indicating they have received the orientation. Our staff will image the signed receipt forms and submit them to each offender’s electronic record. For juveniles, we will submit their signed and imaged receipt in the offender’s master file. Centurion staff will ensure that offenders have continuous reminders of the PREA orientation material via visible posters, handbooks, or other written formats.

**Reporting of Sexual Abuse or Harassment**

Centurion staff will immediately report any knowledge or suspicion of sexual abuse or harassment to their supervisor or designee. We understand that failure to report may result in administrative or disciplinary sanctions. For juveniles, we will train our staff to make a report to the Kansas Protection Report Center 800 number as well. We understand that juvenile offenders and their families can call the same 800 number to report known or suspected incidents of sexual abuse or harassment.

**Response to Sexual Abuse**

Centurion staff will work collaboratively with KDOC custody and administrative staff to ensure that we utilize each facility’s *Coordinated Response* form to guide each disciplines respective roles and responsibilities. We will assign a registered nurse to assess offenders involved in a sexual contact for injury and trauma, determination of health needs, and
determination if the assault was recent. If the provider is not on site, the nurse will contact the on-call provider and receive orders.

Though we will take all efforts to preserve evidence, our initial focus will be on medically stabilizing any patient who has experienced trauma or injury. We will make arrangements for offsite Emergency Department treatment for patients who require care exceeding the level of care of the facility.

Our healthcare staff will collaborate with KDOC security to arrange transportation to the designated Emergency Department for assessment by a Sexual Assault Nurse Examiner (SANE) certified nurse for sexual assault and collection of forensic evidence. This includes patients who are medically stable and do not require a higher level of medical care. Centurion healthcare staff will notify the KDOC of any sexual assaults or suspected sexual assaults as soon as possible through secure and confidential communication that will be consistent with HIPPA requirements. For juvenile offenders, our healthcare staff will report any allegations of sexual assault to the authorities, as outlined in KDOC’s PREA policy.

We understand that we will be financially responsible for payment of all services related to the treatment and forensic evaluation of offenders sent offsite. Centurion will also be responsible for appropriate follow-up for prophylactic treatment per KDOC policy and CDC guidelines.

Our medical staff will then refer to the patient to our onsite behavioral health staff for evaluation, crisis intervention counseling, and any required long-term follow-up care. Per NCCHC policies, our staff will report the alleged sexual abuse incident to the KDOC correctional staff, including designated PREA officers, in order to effect a separation of the victim from the assailant in their housing assignments, if not already done.

Centurion will provide testing and prophylactic treatment for sexually transmitted diseases such as HIV, syphilis, gonorrhea, and chlamydia as part of the assessment and treatment of the patient. Our healthcare staff will immediately treat a patient’s exposure to sexually transmitted diseases by maintaining a sufficient supply of stock prophylactic medications while we await the complete prescription from our contracted pharmacy. For diseases that have an initial incubatory phase, our staff will complete follow-up tests 90 days after the encounter. We will provide information about pregnancy and access to emergency contraception for female victims of sexually abusive vaginal penetration.
PREA standards require behavioral health staff to conduct a mental health evaluation of an offender who has perpetrated substantiated sexual abuse. Centurion staff will complete such evaluations as required and offer mental health treatment when deemed appropriate. Our behavioral health staff will collaborate with designated KDOC staff to ensure that victims of sexual conduct have access to outside victim advocates and/or mental health professionals for support services related to sexual abuse. We will assist victims in identifying and procuring needed follow-up services upon their release from KDOC or transfer to another facility.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.22, *Prenatal Care/OBGYN Services*, identified herein.

We will provide evidence-based healthcare services for the KDOC female population in a manner that meets or exceeds Departmental policies, ACA Standards 5-5E-4436, *Counseling for Pregnant Inmates*, 5-6A-4353, 1-HC-1A-10, and 4-JCF-4C-19, *Pregnancy Management*, and NCCHC Standards P-F-05, *Counseling and Care of the Pregnant Inmate*, and Y-G-09, *Counseling and Care of the Pregnant and Postpartum Juvenile*. Based on KDOC Answer 60 to RFP Amendment 4, we understand there were 23 deliveries for pregnant patients during fiscal year 2019.

Centurion will promote women’s health beginning at their intake health screening and follow guidelines of the American College of Obstetricians and Gynecologists (ACOG) endorsed by ACA and NCCHC to include the following:

- A health screening to include medical history and immunization status
- Inquiry regarding:
- Sexual activity
- Contraceptive use
- Menstrual cycle to assess the need for pregnancy test
- Number of pregnancies and outcomes

- Assessment of history of medical problems, chronic illness, hospitalizations, breast disease, and gynecologic problems
- Assessment of history of domestic violence, sexual abuse, and physical abuse
- Pregnancy testing and, if clinically indicated, urine drug screening and/or screening for sexually transmitted diseases
- Pregnancy screening of all female offenders of childbearing age (premenopausal) by history, physical exam and urine pregnancy test including those under age 60
- Physical examination to include pelvic and breast exam and baseline mammography, unless contraindicated by the HCP on a case-by-case basis
- Laboratory work to assess for STIs, HIV, pregnancy, hepatitis, and tuberculosis
- Pregnancy care to include pregnancy counseling, prenatal care, perinatal care, and abortion counseling
- Any additional tests, examinations, and care based on guidelines of the ACOG

- Health education regarding
  - Chronic care and disease management
  - Lifestyle changes
  - Contraception and pregnancy
  - Tobacco, alcohol and substance use cessation
  - Parenting

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Nationally Recognized Age-specific Standards and Clinical Guidelines
To oversee the provision of female specialty care, Centurion will provide a plan to provide OB/GYN services on site at the two facilities housing female offenders: Topeka Correctional Facility (adult female offenders) and Kansas Juvenile Correctional Complex (juvenile female offenders). Centurion will engage providers specialized in women’s health to deliver services for incarcerated female patients and will ensure delivery of prenatal services to pregnant women residing in Departmental facilities.

**Providing Evidence-Based Pregnancy Care**

All confirmed pregnant offenders receive routine or high risk pregnancy management. Our patients enrolled in our pregnancy clinic will receive monitoring by the Centurion onsite provider as well as the obstetrical specialty care provider according to ACOG clinical practice guidelines. Centurion has developed comprehensive *Clinical Guidelines for Pregnancy* that cover the following areas of care listed on the next page.

**Centurion’s Women’s Health Program**

- **Health Screenings, Assessments and Exams**
  - (Pap smears, breast exams, mammograms, pregnancy tests)

- **Pre-Natal and Postpartum Care**
  - (OB/GYN trained healthcare practitioners)

- **Patient Education, Counseling, and Health Promotion**
  - (H.E.R. Program)
Following contract award and upon request, Centurion will make our Clinical Guidelines for Pregnancy available to the Department for review and approval.

As the outline of our guidelines confirms, prenatal care will follow community standards of care and include but not be limited to the following:

- Routine urine testing for proteins and ketones
- Vital signs and weight
- Assessment of fundal height and heart tone
- Dietary supplementation
- Observation for signs of toxemia
- Services as required by law and consistent with the standard of medical care in the community

Centurion will provide or ensure completion of appropriate laboratory and diagnostic testing, including ultrasounds and sonograms as ordered by the obstetrician. Depending on utilization, Centurion will coordinate the provision of certain testing on site, reducing the need and related cost of offsite transportation of patients.

Patient education related to pregnancy will include appropriate levels of activity, safety...
precautions, drug and alcohol avoidance, as well as nutritional guidance and counseling. Centurion has developed supportive educational literature for pregnant patients, which we propose to implement upon contract award with the approval of the Department.

**Body Well Baby Well**

Centene created a 16-page softcover book, *Body Well Baby Well* for their state health plans that has been adapted to corrections. The book discusses the risks of drugs, alcohol, and smoking during pregnancy in a simple and engaging manner. Acknowledged by the National Organization on Fetal Alcohol Syndrome, the book also offers resources for women after incarceration. Adapted to corrections, the book contains *My Pregnancy Log*, where patients can record clinic visit dates, blood pressure, and weight during clinic visits, fundal height, baby’s heart rate, and number of weeks’ gestation. We believe that asking each of our patients to actively stay involved in the growth and development of her unborn child will make them active partners in their baby’s health and strengthen the maternal-fetal bond as well as the maternal-baby bond.

Centurion medical and, if clinically indicated, psychiatric providers will provide pregnancy counseling and education. Centurion has developed pregnancy educational handouts to assist providers working with pregnant patients. Our medical providers will collaborate as needed with mental or behavioral health staff. Counseling may consist of assistance with temporary placement and/or adoption services.

**High-Risk Pregnancies**

Patients identified as having high-risk pregnancies will be housed in the infirmary if clinically indicated. Our onsite provider will follow these patients frequently who will receive pregnancy care as directed by the specialist obstetrician and/or hospital.

We will refer chemically addicted pregnant patients to the appropriate medical provider for assessment and treatment. Centurion will provide or coordinate services necessary to protect the patient from withdrawal and relapse including medication and drug and alcohol counseling. We will ensure that pregnant women with opiate use disorders receive the care and services most likely to assure the safety of the woman and fetus, including clinically indicated medication-assisted treatment (MAT). Centurion will ensure provision of MAT services for pregnant women.
Postpartum Care

Patients will receive recommended follow-up services after delivery supervised by a board certified obstetrician including but not limited to:

- Medical examination after delivery with timeframe determined by type of delivery and obstetric recommendation
- Intervention and treatment for any symptoms of breast engorgement and perineal or postoperative pain
- Screening for postpartum depression
- Discussion of family planning

Centurion fully endorses a multidisciplinary approach for those mothers needing intensive mental health services after delivery.

Preventive Care

Centurion provides regular female health maintenance and screening services as recommended by the United States Preventive Services Task Force (USPSTF). Consistent with USPSTF recommendations, Centurion supports routine mammography screening every two years for all female offenders between the ages of 50 and 74. Routine screening begins at age 50 and ends at age 74; however, women age 40 with certain risk factors may begin screening after an informed discussion with a Centurion qualified healthcare provider. We understand that the KDOC requires annual mammograms for female offenders over age 40 unless contraindicated by the HCP on a case-by-case basis. Upon contract award we look forward to discussing how best to meet the KDOC’s expectations. Centurion remains committed to improving patient and community health through regular screening practices.

Depending on utilization, Centurion will coordinate mammography screening onsite through a mobile resource. Diagnostic Imaging Centers will provide mobile mammography screening services. Our onsite providers will review mammography screenings and share results with the patient at the next clinic encounter following the screening. The providers will schedule timely additional appointments, evaluation or testing, or initiate referrals to offsite specialty providers as clinically indicated.

During the initial health evaluation and physical examination, Centurion providers will conduct cervical cancer screening for patients between the ages of 21 and 65 with cytology
(Pap smear) every 3 years or, for women aged 30 to 65, screening with a combination of cytology and human papillomavirus (HPV) testing every 5 years, in accordance with the CDC and USPSTF recommendations. Patients who have undergone a hysterectomy with removal of the cervix and who do not have history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer, or patients over 65 not at high risk for cervical cancer and who have had adequate prior screening, may not require further screening. We will conduct pap smears to screen juveniles under the age of 21 with a history of abnormal cervical cytology or histology.

Centurion follows the guidelines of the American Cancer Society in offering the HPV vaccine to women entering the facilities up to age 18, if not previously vaccinated. If clinically indicated, our providers may vaccinate women age 19-26.

At Centurion, we recognize the importance of viewing correctional healthcare as part of public health care. We remain committed to improving continuity of care and patient health at the time of release.

Health Promotion for Female Patients: “H.E.R.”

Health Promotion for Female Patients: “H.E.R.,” Centurion’s Innovative Program
In addition to our medical and psychiatric providers conducting primary and preventive care for female patients, Centurion will provide access to the Envolve™ Healing, Empowerment, and Resources (H.E.R.) program. The H.E.R. program promotes physical and behavioral health well-being for female patients and encourages habits that nourish their bodies and promote general well-being. The Centurion’s H.E.R. Journal received the 2018 Hermes Gold Award for Print Media/ Publications/ Book and 2018 Decision Health's Platinum Award for Outstanding Achievement in Care Coordination and Specialty Programs: Women's/Children Case Management.

H.E.R. Electronic Books/Softcover Books
The H.E.R. program includes educational offerings in both softcover and electronic book format that can be downloaded to a tablet or iPad and provided to female patients in either Spanish or English. When e-books are used, we recognize that the Department will need to approve use of the electronic tablets for H.E.R. programming. If the Department approves
e-books, we are confident that the electronic book content will meet or exceed KDOC expectations for evidence-based health education that meets community standards of care. Content was developed by Centurion’s parent company, Centene, for Medicaid populations.

**H.E.R. Journal.** Centurion has commercially created a journal prepared for patents who have children at home. The journal focuses on the recording of each patient’s children’s growth and development statistics, and parent visits. It includes expected growth and development milestones described by the Centers for Disease Control and Prevention, with correctionalized suggestions on how to interact with children at various stages to promote healthy growth and development. It also includes extensive self-reflection opportunities for the patient to record her feelings about the growth and development of her children as well as herself. Not only are these diaries helpful in maintaining mental health and wellness for our patients with children at home, we believe they will be excellent adjuncts for the patient upon release, as she endeavors to regain custody of her children.

Centurion introduced the H.E.R. journal at the Lowell Correctional Facility in Florida, one of the nation’s largest female institutions. In the first week of the program’s roll-out, over 100 journals were given to patients interested in chronicling their relationships with their children while in prison. As of this writing, over 301 journals have been distributed. A recent survey found that 100% of the participants found journaling to be helpful.

Centurion distributed over 300 journals to female offenders in Florida. A recent survey found that 100% of the participants found the journaling helpful.

**Is Your Mom Home?** A new book this year to round out our H.E.R. series of books, Alex’s Mom is Away, addresses the psychosocial impact of having a parent incarcerated. The 16-page activity book features Centene’s Darby Boingg characters as well as new characters that message the school-age child. The book includes a story, activities and two perforated pages, and discusses the challenges that children and families face when a mother or female guardian becomes incarcerated. The main characters in the story explore the impact on the mother or guardian and child regarding
environmental, emotional, economic, societal, and physical factors. A storyline delicately describes various aspects of incarceration from arrest, relationship with police officers, trauma, a description of a correctional facility and visitation with a loved one.

The book encourages communication with entrusted resources such as a school nurse, counselors and other family members. Several activities featured in the book help explore the reader's emotional journey and facilitate interaction between the child and an adult.

Upon contract award with KDOC approval, we propose to implement our health education resources as an integral part of our female specialty care services.
4.3 Comprehensive Medical Services

4.3.23 Diagnostic/Ancillary Services

4.3.23.1 Ancillary Services should be performed on-site to the fullest extent possible. Mobile units should be considered when possible. Offsite ancillary services such as laboratory and radiology shall be scheduled in advance whenever possible to allow for adequate notification of the need for transportation. The cost of all offender health-related services shall be the responsibility of the Contractor.

4.3.23.2 The Contractor shall be responsible for providing and maintaining all diagnostic services. Standard, non-complex X-Ray services are to be available on-site at each facility’s main clinic. Mammography is not on-site but may be provided via mobile services. The Contractor shall provide radiographs by a registered technician, interpretation by a board-certified radiologist and provisions for written reports of all findings and recommendations in a timely manner consistent with community standards. Basic ultrasound services will be provided onsite subject to the interpretation guidelines outlined above. Test results will be documented in the EHR. The HCP ordering the tests will provide documented acknowledgement of the results in the EHR.

4.3.23.3 The Contractor shall be responsible for providing a plan for laboratory testing services. Laboratory test results will be documented in the EHR. The HCP ordering the laboratory tests will provide documented acknowledgement of the results in the EHR.

4.3.23.4 Any CLIA waived on-site laboratory tests must be approved by KDOC and the plan for provision of such services must outline how the results will be documented in the EHR and acknowledged by ordering HCP. The Contractor is responsible for all staff education and quality measures associated with the proposed CLIA-waivered test. The Contractor is responsible for maintaining and posting a current CLIA-waiver in the medical department.

4.3.23.5 The Contractor shall be responsible for providing a plan to do stat (immediate) laboratory studies when clinically indicated. Results of these studies should be available within four (4) hours. The results shall be entered into the EHR and acknowledged by the ordering HCP.

4.3.23.6 The HCP will order laboratory studies as medically indicated. The Contractor shall provide phlebotomy services in a manner that allows for routine laboratory studies to be drawn within 72 hours of the HCP’s order.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.23, Diagnostic Ancillary Services, identified herein.

We appreciate the importance of providing laboratory tests and ancillary services onsite whenever possible. Not only do onsite ancillary services reduce the need for offsite patient transports, these services can often be completed onsite in a more timely and cost-effective manner. We continuously strive to bring not only diagnostic and ancillary services onsite or
through telehealth, but specialty medical services as well. In our other healthcare programs, we have a successful track record of finding creative ways to bring more ancillary and specialty services onsite.

Should it be necessary to provide ancillary services offsite, we will schedule these appointments in advance whenever possible. Advanced scheduling will allow sufficient time for healthcare staff to notify custody of patient needs for offsite transportation. We understand that we will be financially responsible for all offender health-related services, including those provided off site.

Centurion will be responsible for providing and maintaining all diagnostic services. We will provide standard, non-complex x-ray services at each KDOC facility’s main clinic. Centurion understands that the current healthcare vendor for KDOC does not provide stationary onsite mammography. Based on RFP Appendix M, Health Services Report for FY 2019, there were 99 “in-house” mammogram encounters in FY 2019. The current healthcare vendor most likely provided these through a mobile service. We are familiar with this type of mobile service and anticipate continuing this service in our correctional partnership with the KDOC.

We will provide radiographs by a registered technician and interpretation by a board-certified radiologist. Centurion will provide timely written reports of radiology findings and recommendations consistent with community standards. Additionally, we will provide basic ultrasound services onsite, subject to the same interpretation guidelines noted above for radiographs. We will document in the EHR the results of radiograph, ultrasound, and other diagnostic tests, including the ordering HCPs review acknowledgment.

Centurion provides our plan for laboratory testing services in what follows. Our HCPs will only order medially indicated laboratory studies. We will provide phlebotomy services such that our nursing staff will provide blood draws within 72 hours of the HCP’s order. We will ensure continuity of an electronic interface between our laboratory supplier, BioReference, and the electronic health record. We recognize we must ensure that lab results populate the Electronic Health Record (EHR). Centurion staff will document laboratory results in the EHR, including the review acknowledgement by the ordering HCP. Our plan will include how we will conduct STAT (immediate) laboratory studies when clinically indicated. The results from any STAT laboratory orders will be available within four hours of the order. Our healthcare staff will enter the results, as well as the laboratory review acknowledgement by the HCP, into the EHR.
Centurion will obtain the prior approval of KDOC for any CLIA waivered onsite laboratory test. These CLIA waivers will be necessary as we will be collecting urine, drawing blood and conducting finger sticks on site at KDOC facilities. Our healthcare staff will be responsible for all staff education and quality measures associated with our proposed CLIA-waivered test. We will maintain and post a current CLIA waiver in the medial equipment department of each KDOC facility.

Plan for Laboratory Testing Services

Centurion has developed model laboratory testing protocols and guidelines that we provide to each of our correctional partners for review and approval prior to implementation. We have included our Laboratory Testing Formulary Guidelines as Attachment U, and our Formulary Laboratory Test Requisition for BioReference as Attachment V. Our conformed guidelines for the KDOC will reflect the Department’s policies and any unique operational requirements at each KDOC facility.

Centurion will use BioReference to provide onsite laboratory services at KDOC facilities, whom we understand is the current subcontracted laboratory vendor at KDOC. BioReference is a full service clinical laboratory that complies with all national and state recommended analytical methods and procedures. Centurion and BioReference will provide phlebotomy and laboratory services including supplies, specimen pick-up and delivery, and reports seven days a week. We will provide STAT services at all times and will maintain an electronic interface with BioReference for the effective transfer of electronic reports and results.

Through BioReference, Centurion will provide the following laboratory services for KDOC patients:

- All required laboratory supplies and centrifuge equipment
- Certain onsite laboratory tests with immediate results:
  - Multiple-test dipstick urinalysis
  - Finger-stick blood glucose
  - Fecal blood, and
  - Respiratory peak flow
- Equipping Topeka Correctional Facility with supplies necessary to provide vaginal wet preps
- Pick-up and delivery on a daily basis, Monday through Friday, at consistent time of day
- Courier services for STAT lab work
- Computer to provide test results installed at each clinical site; and if by computer, the software necessary for the reports to be available in a timely manner
- Reporting capability within 24 hours

**Reviewing Laboratory Results**

A physician, nurse practitioner, or physician assistant will review and sign laboratory results within 24 hours after receipt to assess the follow-up care indicated and to screen for discrepancies between the clinical observations and laboratory results. Should the physician determine that there are discrepancies between the medical observation and laboratory results, the physician will document the clinical assessment and any necessary follow-up, which may include re-ordering the laboratory tests.

Healthcare staff will bring any abnormal results to the attention of a medical provider immediately (same day) upon receipt. The provider will review and make a notation regarding these abnormal results and a plan of care subsequent to the abnormal result. Our healthcare staff will schedule patients with abnormal laboratory test results for follow-up based on the provider’s review and plan of care.

**STAT and Critical Level Abnormal Results**

Laboratory services will include provision of STAT work and "critical level" abnormal values. BioReference will make STAT and critical level abnormal results available within six hours after the healthcare staff obtain the specimen, followed by a written report. A provider will review, initial and date STAT reports as soon as possible and routine reports within 24 hours, excluding weekends. Based on the review of results, the physician will determine the treatment process and course of action.

Centurion will endeavor to coordinate lab tests resulting from physical examinations with lab tests from chronic clinics to avoid duplication of tests. We will share laboratory results with the patient at the next possible visit (e.g., routine sick call or chronic care visit).

**CLIA Compliance**

Through BioReference, we will provide Clinical Laboratory Improvement Amendment (CLIA) compliance as required for all in-house laboratory services. BioReference is a CLIA-certified laboratory.
Centurion and BioReference will comply with national and state laws, rules, regulations, and standards regarding recommended analytical methods and procedures. In accordance with CLIA guidelines, each KDOC facility will maintain the following:

- Immunohematology reports and data - kept for five years
- Pathology reports and data - kept for ten years
- All other reports and logbooks - kept for at least two years

About BioReference Laboratories

BioReference, headquartered in Elmwood Park, New Jersey, is a leader in laboratory medicine offering laboratory services with over 30 years of laboratory service experience and is the nation's third largest clinical diagnostic laboratory. BioReference provides testing and related services to healthcare facilities, including physician offices, clinics, hospitals, and correctional institutions. In 2014, the company processed more than nine million laboratory test requisitions and this volume continues to grow at double-digit rates each year. With over 30 years of healthcare experience and 20 years working with correctional institutions, BioReference Laboratories is well versed in the needs and expectations of a variety of clients and patients. BioReference is CLIA and College of American Pathologists (CAP) certified.
4.3 Comprehensive Medical Services

4.3.24 Nutrition and Medical Diets

4.3.24.1 The Contractor shall provide nutritive supplements under the control of the Regional Medical Director (inclusive of all required and/or prescribed maintenance solutions and/or hyper-alimentation products) that are medically prescribed by a licensed physician. This shall include all medically prescribed soluble, insoluble, and other liquid or colloid preparations.

4.3.24.2 Special diet orders are required to be written by HCPs. A standard special medical diet program is established between the health care Contractor and the food service contractor. Any deviation from the special diet orders as described in IMPP 10-119D (Appendix G) shall require written authorization from the Regional Medical Director. KDOC shall be responsible for the cost of all food as prescribed under the standard special diet program outlined in KDOC policy to include those special diet forms requiring Regional Medical Director approval with the exception of those nutritive supplements described in section 4.3.24.1.

4.3.24.3 The Contractor shall provide a daily list of all offenders requiring a special medical diet to the food service manager at each facility.

4.3.24.4 In addition to the requirements above, special medical diets for juvenile offenders must comply with the federal School Lunch and School Breakfast program and Kansas State Board of Education requirements and regulations.

4.3.24.5 All medical diets must be reviewed every 90 days by the HCP for continued medical necessity. If the need for the medical diet has resolved, the HCP will discontinue the prescribed medical diet. If the need remains, the HCP will continue the diet for up to another 90 days.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.24, *Nutrition and Medical Diets*, identified herein.

We have extensive experience collaborating with food service vendors, and our correctional partners, in providing correctional patients with nutritional supplements and medically-necessary diets that ensure their optimal health and well-being. Centurion will provide nutritive supplements, including all required and/or prescribed maintenance solutions and/or hyper-alimentation products that our licensed physicians order. We understand that this includes all soluble, insoluble, and other liquid or colloid preparations delivered intravenously or by other medically prescribed oral, nasal, and/or percutaneous methods.

Our health care practitioner (HCP) staff will write all special diet orders. We will provide a daily list to the food service manager at each KDOC facility indicating the names of
offenders who are to receive medical diets and the type of medical diets they are to receive. Based on KDOC Answer 6 to bidders’ questions in RFP Amendment 4, we understand that it is possible to run EHR reports for a list of medical diets that can be faxed to the food service manager. At a minimum, Centurion will continue this practice to ensure timely notification to food services.

Our state-wide special medical diet program will include collaboration with the food service contractor, and each facility-specific medical diet policy, as required by NCCHC, will be tailored to the specific operational protocols of each KDOC facility. We recognize that any deviation from the special diet orders, as described in KDOC’s Policy 10-119D, *Medical and Religious Diets and Vegetarian Alternative Diet* (RFP Appendix G) will require written authorization from our regional medical director.

Our HCP staff will be trained to utilize the KDOC-approved diet codes that correspond to approved diets in the KDOC policy. We will honor patient requests to refuse diets utilizing the *Refusal to Submit to Treatment by Medical Diet Form*, following KDOC policy requirements, including the notification of the offender’s parent or legal guardian, if the offender is a juvenile.

We understand and appreciate that the KDOC will be responsible for the cost of all food as prescribed under the standard special diet program outlined in KDOC policy. This includes special diets forms requiring regional medical director approval. Centurion recognizes that there are some exceptions to KDOC payment for special diets and that these exceptions, described in RFP Section 4.3.24.1, include maintenance solutions and/or hyperalimentation products, including soluable, insoluable, and other liquid or colloid preparations.

Centurion has extensive experience with ordering and coordinating special medical diets and nutritive supplements with correctional and food service departments in our other correctional healthcare programs. One of our model policies, *Medical Diets*, directly addresses this topic. We designed this policy to conform to both NCCHC and ACA national standards. Upon contract award, we will ensure that our policy complies with KDOC requirements, as well as the specific operational and food service procedures of each KDOC facility. We understand that the KDOC will need to review and approve each of our conformed policies prior to implementation. Our proprietary model medical diet policy for adult offenders is included in our RFP response as Attachment W.

Our special medical diets for juvenile offenders will comply with the federal School Lunch and School Breakfast programs, in addition to meeting the other special diet requirements noted previously. Centurion’s HCPs will order special medical diets and nutritional
supplements that comply with Kansas State Department of Education requirements and regulations as well.

Centurion will ensure that our HCPs review their ordered medical diets every 90 days to determine if their ordered diets for KDOC patients remain medically necessary. If a review determines that a specialized diet for a patient is no longer medically necessary, our HCP will discontinue the prescribed diet. After review, if the special diet remains medically necessary, our HCP will continue the diet for up to another 90 days.
4.3 Comprehensive Medical Services

4.3.25 Specialty Services

4.3.25.1 The Contractor shall provide all medical specialty services required to meet the health care needs of the offender population. The Contractor must list services to be provided through on-site specialty service clinics. At a minimum, the contractor shall provide the on-site services outlined in Appendix H. Bidders are encouraged to list any additional recommended services they can provide on-site.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.25, Specialty Services, identified herein.

Centurion will directly provide or obtain all medical specialty services required to meet the comprehensive healthcare needs of the offender population at each KDOC facility. We understand the importance of providing KDOC patients with as many medical specialty services onsite as possible. Providing all possible medical services on site, or via telehealth, minimizes offsite transportation and security supervision costs, enhances public safety, improves timeliness and continuity of patient care, and can often reduce medical costs.

Centurion will provide all specialty services required to meet the healthcare needs of the offender population through either onsite clinics, mobile services, telehealth, or offsite referrals. We will list in this section the services we plan to provide through onsite service clinics and, where possible, their expected frequency. When onsite provision of specialty services is not feasible, we will coordinate with KDOC institutional staff to arrange offsite appointments. We also propose the provision of select specialty services through telehealth. We discuss this option later in this section.

We understand that we will be responsible for paying for all onsite and offsite specialty medical services for KDOC offenders. We will make referral arrangements according to our utilization management plan for offsite specialty treatment and care for those offenders whose health condition warrants these services, or for issues that extend beyond the capabilities of our onsite healthcare provider.

Centurion will coordinate all offsite healthcare referrals with KDOC institutional staff. Centurion understands the importance of minimizing offsite transportation costs and related impacts on security operations. As such, we will consolidate the scheduling of appointments and services for offenders with community physicians, hospitals, and other providers.
Anticipated Onsite Specialty Services

At a minimum, our provided onsite specialty care services will meet the requirements noted in RFP Appendix H, *Onsite Specialty Services per facility*. Although required onsite services vary by KDOC facility, taken together these minimum onsite service or specialty provider requirements include the following:

- Dialysis services
- Ultrasound services
- Optometry
- Oral surgery
- Physical Therapy
- Ophthalmology
- Colposcopy
- OB/GYN services
- Loop Electrosurgical Excision Procedure (LEEP)
- Chemotherapy/Oncology Infusion Nurse
- Oncology physician
- Mobile radiology

Based on KDOC’s response to vendor questions, we understand that the statewide service volumes that correspond to these onsite services for fiscal year 2019 were as follows:

- OB/GYN services – 23 deliveries, with unknown number of visits
- Optometry/ophthalmology – 3,591
- Cardiology – 12
- Physical therapy – 1,068
- Oral surgery – 1,624
- Orthopedics – 52
- Mammograms – 99
- Dialysis – 98
- Chemotherapy – 42

As we have done in our other correctional healthcare programs, we are confident that we can greatly reduce the number of specialty consultations currently provided offsite in KDOC facilities. We will accomplish this by providing additional specialty services onsite, and/or by expanding the use of telehealth services to include more specialty medical services.

We provide below a list of additional onsite specialty services where we either already have
an identified provider, or anticipate obtaining these services, beyond the minimum requirements noted previously. We will adjust the frequency of each of these onsite specialty services to match patient volume needs for each KDOC facility.

- Audiology
- Electrocardiogram (EKG)
- Mammography
- Orthotics & Prosthetics
- Sleep studies

In addition to the above, we provide below a list potential onsite specialty services contingent on utilization patterns and a cost-benefit analysis at each KDOC facility.

- Orthopedic medicine
- Cardiology/Pulmonary
- Dermatology
- Immunology/endocrinology
- ENT/Allergy/rheumatology

**Other Planned Onsite Medical Services**

In the table below we provide a list of other planned onsite medical services for KDOC correctional patients, as well as our proposed subcontractors. We understand that each of these service providers will require prior approval by KDOC before we finalize any contracts.

<table>
<thead>
<tr>
<th>Specialty Medical Service</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology/hearing aids</td>
<td>Audicus, Inc.</td>
</tr>
<tr>
<td>Biohazardous waste removal</td>
<td>Stericycle</td>
</tr>
<tr>
<td>Dental laboratory</td>
<td>KS Correctional Industries</td>
</tr>
<tr>
<td>Dental supplies</td>
<td>Patterson Dental</td>
</tr>
<tr>
<td>Dialysis</td>
<td>CharDonnay</td>
</tr>
<tr>
<td>Diabetic Shoes</td>
<td>Propet USA</td>
</tr>
<tr>
<td>Durable medical equipment rentals</td>
<td>Agiliti</td>
</tr>
<tr>
<td>EKG</td>
<td>CompuMed</td>
</tr>
<tr>
<td>Endoscopy and colonoscopy services (El Dorado)</td>
<td>Onsite Endo</td>
</tr>
<tr>
<td>Laboratory services</td>
<td>BioReference</td>
</tr>
<tr>
<td>Mammography, mobile</td>
<td>Diagnostic Imaging Centers, P.A.</td>
</tr>
<tr>
<td>Medical supplies and equipment</td>
<td>McKesson</td>
</tr>
</tbody>
</table>
Planned Onsite Medical Service Suppliers

<table>
<thead>
<tr>
<th>Specialty Medical Service</th>
<th>Supplier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephrology (Topeka/Lansing)</td>
<td>KU Nephrology Group (used by CharDonnay)</td>
</tr>
<tr>
<td>Nephrologists</td>
<td>Drs. Tuffaha, Windlhofer, McCarthy, Yarlagadda</td>
</tr>
<tr>
<td>Negative pressure wound therapy (NPWT)</td>
<td>Progressive Medical</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Airgas</td>
</tr>
<tr>
<td>Optometry/eyeglasses/onsite ocular management</td>
<td>Institutional Eye Care</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Clinical Solutions Pharmacy</td>
</tr>
<tr>
<td>Sleep studies</td>
<td>Aeris Consulting</td>
</tr>
<tr>
<td>Wound care</td>
<td>MyWoundDoctor</td>
</tr>
<tr>
<td>X-ray and ultrasound</td>
<td>Centurion Staff</td>
</tr>
</tbody>
</table>

We include Letters of Intent from most suppliers as Attachment C. Centurion will identify other specialty service providers upon contract award.

Utilization Management for Specialty Services

A key component of Centurion’s integrated care model is our utilization management (UM) program, which ensures patients have access to medically necessary onsite and offsite specialty services and emergency/inpatient care. Our UM program includes pre-authorization, concurrent review, discharge planning from hospital to facility, case management, appeals, and retrospective review. We utilize scientific, evidence-based criteria reviews and oversight to ensure the delivery of timely and appropriate services in the right setting.

Goals of our UM program include improving patients’ health status, increasing participation in wellness and quality of life within the jail environment, ensuring access to quality healthcare, and actively managing cost and trends. Using physician-directed nursing protocols, our UM nurses work in tandem with security staff, emergency room providers, and inpatient services to make sure that patients have access to needed services in a timely manner. Our UM nurses work closely with our specialty providers to provide patients with onsite and/or offsite specialty care services that are medically appropriate.

Nurses with over 30 years of UM experience lead our utilization management program. Our specialty services UM program uses a prospective review process to ensure that both onsite and offsite specialty services, procedures, and testing are medically necessary, provided
timely, and performed in the most appropriate healthcare setting. We provide more detail on our UM program in our response to RFP Section 4.12, *Utilization Management Program*.

**Specialty Care Referrals**

When an onsite provider determines, based on a thorough clinical examination, that a patient requires a specialty service, the provider generates a request for specialty services. When determining the medical necessity of a specialty service referral, onsite providers have access to the online medical resource **UpToDate** that provides them with the most recent information on assessment and treatment of medical conditions.

Onsite providers will have access to board certified specialists through the **RubiconMD** web-based eConsult system. As described elsewhere in our proposal, RubiconMD empowers correctional medical providers to receive key clinical insights at the point of care by connecting providers to external specialists. These consultations increase onsite providers’ ability to make clinically informed decisions, improve patient care plans, and avoid unnecessary transportation and outside costs.

After the onsite provider determines that the patient requires a specialty service, the provider generates and submits a request for the specialty service to the UM staff. We expect our providers to initiate requests for specialty services in a timely manner. Extended delay between the date of the clinical examination indicating need for specialty services and submission of the referral is not acceptable.

When there is an urgent need for the specialty service, the provider will indicate the urgency on the referral request and advise the UM department of the referral. The UM staff process the request based on the urgency of the requested follow-up. As noted, we provide more information regarding our UM process for specialty and offsite care in our response to RFP Section 4.12, *Utilization Management Program*.

**Alternatives to Offsite Healthcare Services**

With the approval of the KDOC, Centurion will evaluate the cost and volumes of each specialty service conducted off site to identify which of these we can cost-effectively provide onsite. In addition, we will look at specialties where the use of telehealth could be an option. We appreciate that the KDOC has high expectations for providing specialty medical services through telehealth.
In particular, we understand that we will need to provide the following specialty services with 90-days of the contract start date:

- Endocrinology
- Rheumatology
- Hematology
- Infectious disease
- Dermatology
- Wound care
- Cardiology
- Pulmonology
- Immunology

Based on the KDOC’s response to vendor questions, we understand that, if needed, we can utilize Kansas-licensed providers who may not have Kansas hospital or clinic credentials but who are otherwise appropriately credentialed. We believe that having this option will support timely provision of these specialty providers for the KDOC. As required, we will ensure appropriate license and credential verification for each of our telehealth providers, as we do for each of our onsite providers.

In Appendix M of the RFP, we appreciate that the Department has provided offsite medical service volumes for KDOC offenders across all correctional facilities in FY 2019. We understand that the total number of approved referral requests for offsite medical service volume was 4,842 in FY 2019 and that the total number of offsite transports greater than 35 miles away was 843. During the same time period, the total number of telemedicine contacts was only 64, consisting of 12 cardiology and 52 orthopedic encounters. As noted previously, Centurion is confident that the alternatives to offsite specialty care that we propose will significantly reduce the number of offsite specialty consultations, without compromising care, and achieve cost savings for the KDOC.

**Experience with Expanding Alternatives to Offsite Specialty Services**

In our partnership with the [Tennessee Department of Correction (TDOC)](https://www.tn.gov/correction/), we currently provide the following healthcare specialties via telehealth:

- Cardiology
- Gastroenterology
- Oncology
- Infectious Diseases
- Ear, Nose, and Throat
- Nephrology
- Pulmonology
- Allergy/Immunology
- Endocrinology

The following graph shows the percentage of specialty care services provided via telehealth versus face-to-face encounter. The graph reflects aggregated distributions based on services provided in two of our contracts. Results show that the percentage of ENT services provided via telehealth is relatively low at approximately 7%. On the other hand, we complete almost all infectious disease services via telehealth with 93% of these appointments occurring via this method.

In our program with the Georgia Department of Corrections (GDC) alone, the mental health services we provide through telehealth saves our client approximately $40,000 in transportation costs each month.

In our Georgia program alone, utilizing telehealth for mental health services saved approximately $40,000 in transportation costs each month.

We look forward to working with the KDOC to determine which specialty areas would be the highest priority for transitioning from off site to on site and/or telehealth services. Centurion provides more detail on telehealth services in our response to RFP Section 4.3.26,
Telemedicine.

Decreasing Offsite Specialty Care Costs
Centurion will continuously assess and expand onsite specialty services. We recognize that, regardless of our efforts, some KDOC patients will require offsite transportation for certain specialty care services. The costs associated with security and transportation services for offenders needing these services can be high. Often, these costs are in terms of officer overtime, but we recognize the “security” costs are ultimately healthcare costs for the Department.

As our program matures, we will use our telehealth capabilities to provide many of these offsite services on site, thus decreasing the financial and human resources burden of offsite services while ensuring that patients have access to needed services in a timely manner.

We will work with the KDOC to enhance existing telehealth services and maximize this resource. We will identify and procure services, using community networks, so that we can provide telehealth services as soon as possible, following contract award. We are confident that our experience will directly benefit the KDOC both in terms of cost-savings and in terms of implementation timelines.

Coordination with KDOC Staff
Centurion healthcare staff will work collaboratively with KDOC transportation and security personnel to coordinate transportation of offenders, as needed, to outside healthcare providers. We recognize the importance of minimizing the impact of offsite transportation on KDOC personnel when scheduling offsite healthcare appointments for offenders. As such, where possible, we will consolidate the scheduling of patient consultative offsite appointments with hospitals and other healthcare providers.

We are confident that through appropriate management of patient appointments, including utilization of telehealth services, we can consolidate and effectively minimize the number of separate trips required by custody to meet patient specialty medical service needs.

Continuous Quality Improvement Support for Specialty Services
We have experience with keeping an active log of offsite healthcare consultations and appointments in our other correctional healthcare partnerships. In addition to maintaining a log, we will provide the KDOC with regular data reports related to offsite services and track our compliance with any reporting requirements as part of our CQI process.
Centurion’s health service administrator or designee will ensure that onsite healthcare staff provide appropriate follow-up concerning hospital or other community provider’s discharge summaries and other medical recommendations. To support this effort, our CQI program will include periodic audits aimed at monitoring and reporting on compliance with this requirement.
4.3 Comprehensive Medical Services

4.3.26 Telemedicine

4.3.26.1 Contractor shall employ or subcontract with qualified health care providers to provide telemedicine services telemedicine program that is in accordance with NCCHC and/or ACA Standards. These providers will need to be licensed in the State of Kansas and credentialed through a State of Kansas hospital or clinic. One (1) telemedicine unit shall be available for specialty services and general care at KDOC facility main units. The maintenance and the upkeep of the telemedicine hardware and software and equipment shall be the responsibility of the Contractor. The Contractor will be responsible for any software licensing associated with use of telehealth equipment with ownership transferred to KDOC at the termination of the contract. Replacement of telemedicine hardware and software will be done at the expense of the Contractor at replacement rate of 25% per year.

(a) Within thirty (30) calendar days of the contract award date, the Contractor shall submit to the Department a telemedicine plan designed to provide telemedicine services over the term of this contract as appropriate, to improve the efficiency and effectiveness of healthcare service delivery to the inmate population in all KDOC locations. This plan is subject to approval by the Department. The Contractor shall review the plan semi-annually and revise the plan as needed based on analysis of utilization trends and the telemedicine program’s goals. A report of the analysis and plan revisions shall be submitted to the Department as requested. Any revision to the Contractor’s plan is subject to Department approval.

4.3.26.2 The Contractor shall be responsible for the installation of a separate secure network infrastructure for all telehealth and telepsychiatry, telephone fees related to telemedicine, and the installation and maintenance of the functioning secure network meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations. The Contractor shall also be responsible for fees associated with regular telephone line services. The Contractor shall be responsible for the operation and functionality of the network with up time of no less than 99.9%.

4.3.26.3 The KDOC also seeks to establish a virtual multi-specialty outpatient clinic with the following provider services:

(a) Endocrinology, rheumatology, hematology, infectious disease, dermatology, wound care, cardiology, pulmonology, and immunology.

(b) The vendor shall submit a list of contracted telehealth providers, and their respective specialty who either have a Kansas license or a will make a good faith effort to obtain a Kansas license with their proposal. The contractor will provide a plan to implement these telehealth services within 90 days of the contract start-up. 4.3.26.4 The KDOC also seeks a tele-health technology platform and desires pricing that reflects a provided infrastructure.

4.3.26.4 The KDOC also seeks a tele-health technology platform and desires pricing that reflects a provided infrastructure.
4.3.26.5 The vendor physician shall maintain responsible for the patient while the patient is in the clinic and the contracted tele-health provider shall assume responsibility for the patient.

4.3.26.6 Utilizing the existing Electronic Health Record for viewing documentation and order entry is required.

4.3.26.7 Expectation is for completion of all documentation in a timely manner and in keeping with the policies and procedures of the KDOC and NCCHC and/or ACA standards.

4.3.26.8 Meet provider or programmatic quality metrics such as: diagnosis accuracy, accepting provider satisfaction with telemedicine services provided, efficient use of time, integration into workflow, patient presentation skills, proper video etiquette and overall patient satisfaction with telemedicine services.

4.3.26.9 Proposals should address how the offeror will meet and expand the requirements of this Statement of Work as well as detail on:

(a) Description of type of device and integration to provide services, online workflow, payments, and health device integration.

(b) Training and implementation support detail, including whether training is live, or online, individual or group sessions, or online webinars. Also provide detail on training manuals, customizable quick guides, etc.

(c) Address support protocol, as well as typical support problems, and experienced downtime. Provide how responses are provided (phone, email, text), and response time (assuming one (1) hour is industry standard).

(d) Experience in implementation of telehealth procedures relative to customization of clinical templates, order sets, documentation templates, medication regimes, etc. as required for cohesive patient and clinician engagement.

(e) List current or potential barriers to implementing and expanding telemedicine services within any of the KDOC locations.

(f) Upon reviewing the proposals KDOC may request on site demonstrations of two to three of the top ranked bidders. On-site demonstrations include view patient and clinician engagement workflows, demonstrations of acute environment workflows, scheduled workflows with patient and clinician engagement, and workflows for physician provider to physician consultant engagement.

4.3.26.10 A report on the effectiveness of the telemedicine program goals shall be submitted to the Department annually and shall include an assessment of the program’s efficiency, quality, and inmate satisfaction.

4.3.26.11 The Contractor shall maintain an electronic log documenting the use of telemedicine equipment to include, but not be limited to, the following:
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.26, *Telemedicine*, identified herein.

We have extensive experience and expertise in establishing, maintaining, and expanding, telehealth services in our other correctional programs. As we describe in detail later, we have a dedicated telehealth department that is responsible for ensuring that each of our correctional telehealth programs is compliant with NCCHC and ACA national standards, as well as the standards set by the American Telemedicine Association.

In our response to this section, we use the broader term “telehealth” when referring to all telehealth services that include telemedicine, telepsychiatry, and other specialty telehealth services. This term more easily applies to the many other functions for which telehealth care can be utilized beyond direct care services, such as multidisciplinary treatment planning, case consultations, case management, and discharge-planning/aftercare services. We explain our experience and recommendations for the KDOC around these additional telehealth support functions later in this section.

In collaboration with our onsite Telehealth Champion, our telehealth department customizes our telehealth services to meet the unique needs of each of our correctional partners. Each of our telehealth programs receives a comprehensive *Telehealth Operational Manual* that includes model policies and procedures, equipment descriptions, operational guides,
maintenance schedules, and telehealth training curricula. For the KDOC, our designated onsite telehealth coordinator, in collaboration with our clinical leadership team, will customize our manual to conform to the Department’s policies and contract requirements.

Our comprehensive telehealth program supplements and enhances the healthcare services that we provide directly onsite. Telehealth allows us to leverage both primary and specialized resources beyond those available onsite in order to fill in or minimize any gaps in onsite provider coverage and minimize the need for offsite transports for specialty services. The purpose of our telehealth services is to support the timely and cost-effective delivery of quality healthcare services for our correctional partners. We describe later in this section examples of our success in achieving this objective.

Understanding of Telehealth Requirements
Centurion will only utilize Kansas-licensed telehealth healthcare providers in our provision of comprehensive telehealth services for the KDOC. This includes telemedicine, tele-psychiatry and any other telehealth specialty services. We appreciate the Department’s recent clarification regarding telehealth provider credentialing through Kansas hospitals or clinics. Based on the KDOC’s response, we understand that our Kansas-licensed telehealth providers do not also need Kansas hospital or clinic credentials, provided that we provide appropriate credential verification and ongoing monitoring through our own department.

At a minimum, we will provide one telemedicine unit for specialty services and general care at each KDOC facility main units. Centurion will be responsible for the maintenance and upkeep of the telemedicine hardware, software, and related equipment. This includes ensuring ongoing current software licensing and transfer of ownership to the KDOC should our partnership with the Department come to an end. Upon contract award, we will be financially and operationally responsible for replacing telemedicine hardware and software at a replacement rate of 25% per year.

Telehealth plan
Centurion will submit to the KDOC our telehealth plan within 30 calendar days of the contract award. We understand that our submitted plan is subject to the approval of the KDOC prior to implementation. Centurion agrees with the Department that the purpose of our provided telehealth services program is to improve the efficacy and effectiveness of healthcare service delivery to the offender population across all 12 KDOC facilities covered under this procurement.

We will review our telehealth plan semi-annually and revise the plan, as needed, based on our analysis of telehealth healthcare utilization trends and our program’s KDOC-approved
goals. Centurion will provide the KDOC with a report showing our analysis of our telehealth plan and understand that any proposed revisions to our plan will require Department approval.

**Provision of a Separate Network Infrastructure**
Upon contract award, we will be responsible for installing a separate and secure network infrastructure for all telehealth services, including telepsychiatry. Based on the KDOC’s response to vendor questions, we understand and appreciate that the existing telehealth network infrastructure will be available for the next vendor’s use. We will be responsible for the telephone fees associated with our provision of telehealth services, as well as the installation and maintenance of our functioning secure healthcare network. Our network will meet National Institute of Standards and Technology (NIST), Criminal Justice Information Services (CJIS), Kansas Information Technology Executive Council (ITEC), Health Resources and Services Administration (HRSA) rules and regulations, as well as KDOC policy requirements.

Our provided telehealth services will be operational and functioning within the required up time requirement of 99.9%. Centurion’s submitted pricing for our comprehensive telehealth program will include the Department’s desired telehealth technology platform that includes our separately provided network infrastructure.

**Telehealth Specialty Medical Services**
Similar to our other correctional healthcare programs, Centurion will establish an extensive virtual multi-specialty outpatient clinic for KDOC offenders. These specialty services will include, but not be limited to the following:

- Endocrinology
- Rheumatology
- Hematology
- Infectious disease
- Dermatology
- Would care
- Cardiology
- Pulmonology
- Immunology

Centurion will identify the specific providers for these and other telehealth specialty services upon contract award. We agree to provide each of these specialty services via telehealth within 90 days of the contract start date.
In addition to the required specialties noted above, we will explore the feasibility of providing the following additional medical specialty services through telehealth, all of which we have provided at one or more of our other correctional programs:

- Ear, nose and Throat (ENT)
- General surgery
- Gastroenterology
- Oncology
- Nephrology
- Neurology
- Orthopedic surgery
- Urology
- Optometry
- Psychiatry

We will include in our telehealth plan how we intend to provide these specialty services. Centurion will provide this plan within 30 days of the contract award date.

**Telehealth Provider Requirements**

We will provide comprehensive training and supervisory oversight to our telehealth providers to ensure that they meet all Centurion and KDOC policy and contract requirements, particularly as they relate to the unique requirements related to telehealth service delivery. At a minimum, our telehealth providers will complete the following requirements:

- While our onsite healthcare providers will maintain overall responsibility for KDOC patients, our telehealth providers will be responsible for patients while providing treatment.
- Our telehealth providers will use the existing electronic health record to view patient healthcare documentation and to make order entries.
- Our telehealth providers will complete all required healthcare documentation in a timely manner in keeping with KDOC policies and applicable NCCHC and/or ACA standards.

**Program Metric Requirements**

Our telehealth program will meet provider and programmatic quality metrics. These metrics include, but are not limited to the following:

- Diagnosis accuracy and continuity
- Provider satisfaction with provided telehealth services
Preliminary Plan for Telehealth Requirements

As required by the RFP, in what follows we present our preliminary plan for meeting the KDOC scope of work requirements in this RFP. We recognize that our preliminary plan is subject to change, depending upon the details of the finalized contract and that our required telehealth plan is due to the KDOC within 30 days of contract award. Our preliminary telehealth plan addresses the following RFP requirements:

- Description of type of device and integration to provide services, online workflow, payments, and health device integration
- Training and implementation support detail, including whether training is live, or online, individual or group sessions, or online webinars. Details on training manuals, customizable quick guides, etc.
- Description of support protocol, as well as typical support problems, and experienced downtime, as well as how we provide responses (phone, email, text), and response time
- Experience in implementation of telehealth procedures relative to customization of clinical templates, order sets, documentation templates, medication regimens, etc., as required for cohesive patient and clinician engagement
- List of current or potential barriers to implementing and expanding telemedicine services within any of the KDOC facilities

We recognize that the KDOC may require onsite telehealth demonstrations as part of its vetting process. Centurion looks forward to demonstrating our telehealth capabilities and expertise to the KDOC. We understand these onsite demonstrations may include the following:

- Patient and clinician engagement workflows
- Demonstrations of acute environment workflows
- Scheduled workflows with patient and clinician engagement
- Workflows for physician provider to physician consultation engagement
Telehealth Reporting Requirements

Centurion has extensive experience with monitoring and reporting on a wide range of telehealth related metrics. We will provide the KDOC with a report on the effectiveness of our telehealth program at least annually, or more frequently, if desired. The report will include an assessment of our telehealth program’s efficiency, quality, and patient satisfaction.

Additionally, we will maintain an electronic log documenting the use of our telehealth equipment. The log will include, but not be limited to the following:

- Physical location of the healthcare practitioner providing the telehealth service
- Date and time of service
- Reason for equipment’s use, including the specific medical service (e.g., dermatology consult, in-service, etc.)
- Patient name and KDOC offender number
- Healthcare staff participants

Centurion’s Preliminary Telehealth Plan for KDOC

This section of our response outlines our approach and preliminary plan for implementing telehealth for KDOC facilities across the state. We have included our proprietary model policy for telehealth entitled, *Telehealth Policies and Procedures*, as Attachment X. Our model policy is consistent with relevant NCCHC and ACA national standards, as well as the *Core Operational Guidelines for Telehealth Services* published by the American Telemedicine Association. Upon contract award, we will conform our model policy to the KDOC’s policies and procedures as well.

In addition to our model policy on telehealth, we have created a comprehensive *Telehealth Operations Manual*. As with our model policies, we conform this manual to the unique

Centurion’s model telehealth policies are consistent with the American Telemedicine Association guidelines.
program services and operational process in place for each of our correctional program’s where we provide telehealth services.

The manual serves as the one-stop resource for Centurion and client telehealth related polices, as well as relevant state and local regulations. The manual includes step-by-step instructions for healthcare staff and telehealth facilitators on how to utilize and maintain the specific telehealth equipment and software in place at each covered system and facility. Due to its comprehensive nature and ongoing updates, our proprietary *Telehealth Operations Manual* serves as the foundational resource for all telehealth staff trainings. Upon contract award, we will make this manual available to the KDOC for review and approval prior to implementation.

We are excited to learn of the KDOC’s interest in maximizing the use of telehealth, particularly for specialty medical services. Centurion has extensive experience with planning, implementing, and expanding telehealth services for our clients in order to improve the efficiency and effectiveness of healthcare service delivery, as well as to help contain costs. We are particularly successful in utilizing telehealth services to bring healthcare services directly to correctional patients while they remain onsite, thereby minimizing offsite transports. We bring this experience and expertise to the KDOC partnership.

**Meeting and Expanding Scope of Work Requirements**

Centurion is confident that our telehealth program services will meet or exceed KDOC scope of work requirements. In the space below, we provide detail on how we plan to meet or exceed the specific requirements in RFP Section 4.3.26.9.

**Telehealth Devices and Integration**

Many of the specialty medical services that the KDOC desires to have provided through telemedicine will require telemedicine carts and specialized peripheral equipment. Most of the peripheral telehealth equipment that we utilize is from American Well and includes access to their full line of JEDMED products. These include items such as digital scope systems, as well as their digital and electronic stethoscopes. Prior to purchase and implementation, our corporate telehealth team collaborates with our onsite telehealth coordinator to ensure that all telehealth equipment and peripherals meet safety, privacy, quality and interface compatibility requirements.

Once purchased, we provide training to our staff, including, if needed, offsite specialist, regarding appropriate utilization of the device, including detailed written directions in our program-specific *Telehealth Operations Manual*. Our comprehensive manual will include details on our online workflow, operational and clinical protocols, and KDOC-approved
forms. If we need to collect billing and payment information as a result of any provided telehealth services, we address this through our Utilization Management and billing departments.

**Training and Implementation Support**

Centurion will train at least one healthcare staff at each KDOC facility to be our onsite telehealth champion to facilitate onsite telehealth services. These trainings are live and in-person. We typically assign a licensed or trained professional as the onsite facilitator or champion when we offer specialty medical services. We will train onsite telehealth medical champions to understand how to complete physical assessments using any required peripheral equipment. We utilize our comprehensive *Telehealth Operations Manual* as the primary source for our facilitator and provider trainings.

Once we conduct facilitator trainings, our experience is that community specialists are more willing to conduct consultations using telehealth equipment because we provide them with information in a more professional and clinically appropriate manner. We maintain evidence of initial and ongoing telehealth training in our employee credential files.

Training for our telehealth providers is conducted onsite and in-person, when feasible. However, we videotape our training for provider staff and make these available on our corporate portal. Providers can then view the training anytime, as needed, to ensure understanding.

**Telehealth Support Protocols - Centurion’s Telehealth Management Team**

Centurion uses a team from our corporate office dedicated to telehealth to address each aspect of telehealth implementation and management, including the clinical, operational, and technical processes that are required for effective telehealth programming. We will provide KDOC facilities with corporate and local expertise on an ongoing basis to ensure an effective, growth-oriented telehealth program. **Ethan Pinkert**, Telehealth Systems Manager, and **Norman Knippen**, Director of Operational Development for Telehealth Systems, lead our corporate telehealth team.

After we launch a telehealth program, Centurion’s telehealth management team continuously monitors telehealth utilization and works with our onsite providers and program...
management to determine new and innovative ways of using the telehealth technology. In addition to our corporate telehealth management team, we identify *Telehealth Champions* in each of our programs to help develop our network and manage the day-to-day telehealth operations. Centurion’s telehealth champions regularly collaborate with each other. The benefit is a company-wide multidisciplinary team that can develop creative and highly effective methodology to address complex problems, as well as implement proactive strategies to prevent potential problems from occurring.

For the KDOC, the first layer of technical support will be our trained onsite telehealth champions or facilitators. If any technical difficulties arise, our trained facilitators have access to trouble-shooting protocols located in our program-specific *Telehealth Operational Manual*. If the onsite facilitator is unable to rectify the problem, that individual will contact our identified telehealth coordinator or our information technology generalist. If onsite staff are unable to resolve a technical problem related to telehealth services, our *Telehealth Operations Manual* includes the phone number and email address for our corporate telehealth support team. Our dedicated telehealth department staff are available to respond to calls or emails within one hour, often less. Technical support will be available to staff seven days a week during the day and evenings, when telehealth services are in operation.

**Centurion’s Experience with Implementing Telehealth Procedures**

We will use the same evidence-based practice guidelines that direct in-person provision of healthcare and will utilize our established comprehensive telehealth protocols. To ensure the intricacies of each partnership and facility, we will develop site-specific protocols to guide day-to-day telehealth operations. We will ensure that healthcare staff who are involved in the use of telehealth receive training concerning the protocols.

Our clinical templates, order sets, documentation templates, medication regimens, and other clinical forms or documentation required for cohesive patient and clinical engagement for telehealth services will match what we utilize for onsite, face-to-face clinical encounters. This practice helps facilitate continuity of patient care across providers and facilities.

Centurion will gladly provide our own customized clinical forms and documentation for telehealth and onsite services or will utilize existing KDOC forms, whichever is preferable to the Department. Regardless of where the form originates, we train our staff to utilize only KDOC-approved forms and documentation protocols. We include copies of approved forms in our *Telehealth Operations Manual* and review approved forms and protocols as part of our telehealth facilitator and provider training requirements.
The only exception to the use of standardized clinical documentation is when offsite providers associated with hospitals, clinics, or other separately managed agencies see KDOC patients. This is true whether offsite providers see KDOC patients via telehealth or through offsite encounters. If offsite providers are unwilling or unable to utilize KDOC-approved forms, we will review and ensure that offsite provider clinical protocols, forms, and documentation meet KDOC and Centurion policy requirements. We will document agreed upon clinical forms and documentation protocols in our memorandums of understanding (MOUs) with offsite providers. If separate forms are used, our onsite telehealth facilitator will scan received forms into the KDOC patient’s medical record.

**Current or Potential Barriers for Expanding Telehealth Services at KDOC**

Centurion does not anticipate any significant barriers or challenges with regard to the technical aspects of providing or expanding telehealth services for KDOC facilities. We have experience with providing our own dedicated network and understand why this might be preferable to the KDOC and Centurion. A dedicated healthcare network will eliminate potential bandwidth limitations which will make it easier to determine who is responsible for any technical difficulties. A separate network will likely facilitate faster and more efficient telehealth and EHR system operations as well.

Additionally, Centurion does not anticipate any challenges with regard to purchasing, implementing, and maintaining all telehealth related equipment and software.

**Onsite Telehealth Demonstrations**

As noted previously, we recognize that the KDOC may require onsite telehealth demonstrations as part of the vetting process for this procurement. Centurion looks forward to demonstrating our telehealth capabilities and expertise to the KDOC. We understand these onsite demonstrations may include the following:

- Patient and clinician engagement workflows
- Demonstrations of acute environment workflows
- Scheduled workflows with patient and clinician engagement
- Workflows for physician provider to physician consultation engagement

We have embedded our approach and plan to meet the remaining telehealth requirements in the space below.
Telehealth Experience

Centurion offers innovative solutions that take full advantage of telehealth technology. Our correctional telehealth services have led to improved healthcare service delivery access, efficiency of operations, and avoided offsite medical transportation costs. Centurion’s telehealth program meets national standards for the provision of healthcare, is HIPAA compliant, and includes a team of qualified, interested, and available providers for both onsite and telehealth coverage support.

Centurion currently uses telehealth services to provide specialty care, consultations, psychiatric services, staff training, case conferences, and multidisciplinary treatment and transition planning. As of October 2019, we now complete over 14,000 telehealth encounters monthly in our correctional programs. Nationwide, we have 14 programs utilizing telehealth on a regular basis.

Telehealth for Psychiatric and Mental Health Services

Centurion believes that telehealth for psychiatric and mental health services provide wide benefits to correctional mental health programming, including the ability to provide early and immediate assessment at intake and during the mental health sick call process. We have unmatched expertise in building strong, effective telehealth services. Our programs have experienced a 20% to 30% increase in psychiatric productivity through telehealth. Community agencies that provide care to correctional patients appreciate not having to manage the security aspects of these patient visits. We are eager to collaborate with the KDOC to explore the most reasonable and sensible use of tele-psychiatry and tele-mental health services.

We understand that the KDOC is particularly interested in expanding the availability of onsite healthcare via telehealth to reduce offsite transports. While telehealth for psychiatry is the most frequently occurring telehealth service provided in our combined partnerships, telehealth for specialty consultations and chronic care follow-up appointments have steadily increased in our programs. We are eager to bring these services to the KDOC facilities.

The graph below shows Centurion’s sharp upward trend in total monthly medical encounters from July 2018 through October 2019. Over the past year we have increased the number of...
medical telehealth encounters companywide from 500 per month at the beginning of this year to approximately 2,500 per month in October 2019.

**Telemedicine.** Specialty consultations currently provided by telehealth in Centurion programs include the following:

- Cardiology
- Dermatology
- Endocrinology
- ENT
- General Surgery
- Gastroenterology
- Hematology/Oncology
- Wound care
- Infectious disease
- Nephrology
- Neurology
- Orthopedic surgery
- Rheumatology
- Urology
- Optometry
- Psychiatry

Centurion programs provide between 7% to as high as 93% of the following specialty medical services via telehealth versus face-to-face.
In our Georgia Department of Corrections (GDC) facilities, the telehealth services we provide for mental health encounters save our client approximately $40,000 in transportation costs each month. In the GDC, we provide approximately 2,500 telehealth encounters for mental health services each month at 27 correctional institutions. We accomplish transportation cost savings by providing mental health evaluations through telehealth for patients in satellite facilities with no onsite mental health services. Without telehealth services, these patients require transportation to other GDC facilities where onsite mental health services are available.

Through telehealth services, we have our clients over $1.9 M in transportation costs between 2015 and 2018.
We are confident that we will achieve similar results for the Department’s correctional system. Centurion looks forward to working collaboratively with KDOC staff to establish a strategic-plan for implementing targeted telehealth services in a timeframe that meets the unique needs and goals of the Department.

**Telehealth Support for Discharge and Reentry Planning.** Centurion is excited to propose expanding telehealth services to include discharge/re-entry planning. We have helped establish connectivity with community agencies for state and county correctional systems. We have found that the ability to conduct re-entry videoconferencing has multiple benefits.

For many patients, the ability to make visual contact with future community providers can make re-entry planning concrete and specific for them. This connection can provide a significant boost in motivation and commitment to comply with treatment and keep the initial appointment following release.

For community service providers, videoconferencing can help prepare the community organization to receive the patient. The connection enables community service providers to consult directly with Centurion medical and behavioral health staff regarding the patient’s history, current treatment regimen, and ongoing treatment needs. The collaboration that takes place through this process helps cement community linkages.

**Pursuit of Telehealth Accreditation**

Our corporate telehealth management team is currently in the process of obtaining the highest level of telehealth accreditation in our industry through the **ClearHealth Quality Institute (CHQI)**. The prime directive for the CHQI Telemedicine Accreditation Program (TAP) is to promote access to safe, quality, and competent healthcare regardless of the telemedicine model or modality deployed, or the type of clinical services provided to patients. CHQI’s TAP is the only telehealth accreditation certification endorsed by the ATA. The ATA is a nationally recognized non-profit organization that promotes access to medical care for consumers and health professionals via telecommunications technology.

We believe that the KDOC and other correctional partners will benefit from our telehealth accreditation as it provides our clients with reassurance that our equipment, software, policies, and guidelines for telehealth services meet or exceed the industry’s highest standards. These standards are relevant for patients, as well as correctional systems, as it provides assurance that our telehealth services meet strict privacy, security, provider credentials, staff training, and video quality standards. To our knowledge, we are the only correctional healthcare company that is in the process of receiving TAP accreditation.
Telehealth Policies

Centurion has developed model telehealth policies and procedures follows as well as site-specific protocols to guide day-to-day operations. Site-specific protocols ensure that we account for the intricacies of each agency and facility in the provision of telehealth services. As noted previously, we maintain a comprehensive *Telehealth Operations Manual*. The manual includes clinical protocols identified for each provided service type, as well as the clinical, administrative, and technical components of telehealth services.

Healthcare services delivered through our telehealth program will comply with standards established by national correctional accreditation programs, the American Telemedicine Association, and other professional organizations that have provided guidance with use of telehealth services. These include the American Medical Association, the American Psychiatry Association, the American College of Physicians, and the Federation of State Medical Boards. Our telehealth corporate team is actively involved in shaping national telehealth standards as evidenced by our representation on the ClearHealth Quality Institute/ATA accreditation standards committee. Centurion procedural requirements for telehealth include the following:

**Care that Qualifies for Provision by Telehealth.** Our healthcare clinical leadership team is responsible for maintaining and monitoring discipline-specific clinical practice guidelines to guide the delivery of care in the telehealth setting, recognizing the need for certain modifications to accommodate specific circumstances.

We complete modifications to clinical practice standards for telehealth services under the direction and supervision of a designated physician or psychiatrist to ensure maintenance of clinical requirements specific to the discipline. The inclusion or exclusion of cases or services provided by telehealth must be consistent with onsite policy. The determination to provide services through telehealth includes consideration of security and safety and the ability to perform required healthcare assessments and interventions. Contraindications for telehealth are determined on an individual basis and consistent with site policy.

Centurion will respect a patient’s request for face-to-face services whenever feasible. When we use telehealth for urgent or emergency purposes, we will have a process for referring to an offsite emergency provider if the patient’s condition requires.

**Patient Consent.** Prior to the start of a telemedicine encounter, the provider will inform and educate the patient of pertinent information such as information specific to the nature of videoconferencing (technical issues), the use of data images in consultation, storage, and
confidentiality. We will obtain patient informed consent for treatment through telehealth according to KDOC requirements.

**Licensure and Other Requirements for Telehealth Providers.** We ensure appropriate provider licensing before we initiate telehealth services. This includes licensing in the state where the patient receives services, and, if the provider is located in another state, in the state where the provider is located. These providers are responsible for maintaining licensure, necessary training, and education. Our providers will perform telehealth encounters consistent with applicable state laws and clinical guidelines. Healthcare staff performing telehealth services will maintain required liability and malpractice insurance for state(s) in which they are providing services.

**Medical Records.** We send our telehealth providers baseline information from the medical record prior to the patient telehealth encounter. Transmission of the information may be through verbal report, facsimile, shadow file, or EHR. We are hopeful the KDOC will permit our healthcare staff to access the EHR remotely to facilitate efficient record review and documentation of the telehealth encounter. The telehealth provider will review and request additional information, if required, prior to the scheduled encounter. Unless the planned encounter is an emergency, we expect our telehealth providers to discontinue or delay the encounter if required healthcare information is unavailable.

Telehealth providers generate a written entry into the EHR to include, at a minimum, the diagnosis and/or differential diagnosis, a summary of findings, and recommended treatment. The telehealth provider submits their completed documentation electronically or by facsimile, mail or e-mail to the site where the patient received services. We then file the documentation in the patient’s health record. We recognize that all aspects of HIPAA and State privacy requirements apply to the telehealth encounter and transmission of health record information.

**Centurion’s Approach to Developing a Telehealth Program at KDOC Facilities**

The initial step in our plan for the development of a comprehensive telehealth program will be to conduct a thorough onsite infrastructure assessment at each of the KDOC facilities. This involves conducting a technical assessment of telehealth and connectivity capabilities during the transition period prior to the contract start date.

Centurion accepts responsibility for purchasing and installing all required equipment for telehealth services, including repair and replacement throughout the term of contract. We understand that this includes installation of a separate secure network infrastructure for telehealth, inclusive of all specialties and tele-mental health.
We appreciate the KDOC’s clarifying answers in response to vendor questions regarding telehealth equipment and infrastructure. Based on the KDOC’s answers, we understand that the existing telehealth infrastructure will be available for any new healthcare vendor. This includes one telehealth hardware set up at each KDOC facility. We appreciate that most of the existing telehealth equipment belongs to the KDOC and will be available as well. This includes one telehealth cart at each KDOC facility and unspecified peripheral telehealth equipment as well.

Our secure network infrastructure will meet NIST, CJIS, ITEC, and HRSA rules and regulations, as well as KDOC policy requirements. Centurion will be responsible for all telephone fees related to telehealth services.

We recognize that the KDOC is currently utilizing telehealth and/or tele-psychiatry services at many of its facilities. However, we recognize that the current vendor may own some of telehealth equipment and software and that Centurion will need to provide some equipment and software upon contract award. In addition to the telehealth carts already in place at KDOC facilities, we plan to purchase two more telehealth carts at the beginning of the new contract. Additionally, we plan to purchase all new telehealth equipment for behavioral health services.

**Plan for Implementing Telemedicine/Teleconferencing for Specialties**

We appreciate that the KDOC is committed to expanding telehealth and already has dedicated space for telehealth units at KDOC facility main units. Our telehealth staff will work collaboratively with our onsite clinical staff to assess the clinical needs of each facility’s patient population. Telehealth peripheral equipment needs will be determined to maximize specialization opportunities. The final number of recommended telehealth units will depend upon the findings of our infrastructure and clinical needs assessment process.

With the approval of the KDOC, Centurion will evaluate the cost and volumes of each specialty service conducted offsite to identify which of these we can cost-effectively provide onsite. In addition, we will look at specialties where the use of telehealth could be an option.

Within 90 days of the contract start-up we will begin implementation of the telemedicine specialty services required in this RFP. We anticipate being able to provide additional medical specialty services beyond those required by the KDOC, as we have in our other correctional programs. We appreciate having the option to utilize qualified, Kansas-licensed specialty providers not credentialed through a state of Kansas hospital or clinic as this will greatly accelerate the success of this effort.
Plan for Implementing Telehealth for Mental Health Services at KDOC Facilities

Centurion proposes the establishment of separate tele-psychiatry/tele-mental health units for each of the 12 KDOC facilities where we provide psychiatric and mental health services, consisting of hub equipment/provider stations. Based on the KDOC’s response to vendor questions, we recognize that the Department wishes to keep all direct psychiatry services at Lansing, El Dorado, Hutchinson, Topeka, and the Kansas Juvenile Correctional Complex in-person. We will comply with this expectation and only utilize the equipment at those sites for purposes noted below, if approved by the KDOC.

We appreciate that for most facilities, telehealth for psychiatric and mental health services are not to replace onsite, face-to-face, primary psychiatric and mental health services. In our other programs, we have found tele-psychiatry services to serve important functions for consultation, treatment planning, case consultation, after-hours behavioral crises, and coverage when a provider is away from her/his primary site. Due to the geographical spread of the KDOC’s many facilities, we believe telehealth will enable our multidisciplinary behavioral health treatment teams to provide better continuity of care, and better access to care, for KDOC patients.

Anticipated Telehealth Infrastructure and Equipment

We utilize state-of-the-art telehealth equipment in each of our correctional programs. Centurion employs the best available telehealth endpoints, based upon our client’s needs, from Polycom, Cisco, and American Well, each of which will meet HIPAA and HITECH requirements. These systems can provide secure telehealth over both low and high bandwidth connectivity, depending upon on client needs and available resources. Centurion has a history of successfully working with our client IT departments to develop systems jointly and to ensure we meet technical, policy, and budgetary requirements.

Centurion anticipates that hospitals and specialty care providers may not have telehealth capabilities. We recognize that some specialty care clinics such as cardiology and dermatology require specialized “peripherals,” or telehealth equipment that allows the provider to assess the patient. Centurion will collaborate with hospital and specialty providers to assist in developing telehealth capabilities. In our other telehealth programs, we have purchased specialized peripherals to support the provision of specialty telehealth clinics.
4.3 Comprehensive Medical Services

4.3.27 Health Education

4.3.27.1 The Contractor shall identify and provide patient education through use of materials such as written pamphlets, drug profile information, internet information, and videos. These materials shall be utilized by nursing during routine health related contacts. Annual wellness fairs shall occur at each facility for offenders. The KDOC reserves the right to request the Contractor develop and implement new offender education materials to address needs that arise during the life of the contract.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.27, Health Education, identified herein.

Centurion’s health education program for incarcerated patients is unmatched in the industry. We will provide evidence-based health education and training in self-care skills to KDOC offenders in a variety of mediums. Centurion is aware that many offenders have not had access to regular medical care and health education opportunities prior to incarceration. We believe that providing our patients with a wide range of health education resources and self-care skills not only reduces the likelihood of contracting or escalating chronic health conditions, but also greatly increases their buy-in when and if treatment becomes necessary.

Our nursing and other healthcare staff will utilize our health education materials during routine health related contacts. Common health education topic categories that we provide include, but are not limited to the following:

- Personal hygiene
- Nutrition
- Physical fitness
- Methods for self-examination and disease prevention
- Chemical dependency
- Sexually transmitted diseases
- Stress management
- Prenatal care
- Chronic disease education
Centurion appreciates that the KDOC has approved a number of health education distribution and communication methods, including, but not limited to the following:

- Written pamphlets
- Drug profile information (informed consent)
- Internet information
- Videos
- Annual wellness fairs

In addition to the methods noted above, with KDOC approval, we propose offering health and psychoeducational groups at facilities, based on the number of patients with certain chronic conditions at each facility. These targeted groups will be in addition to the patient-specific health education that patients receive during each healthcare encounter. Depending upon the topic, our nursing and/or behavioral health staff will lead these groups using material that we describe later in this section. Our healthcare staff will document individual and group education opportunities in each patient’s healthcare record.

In our other healthcare programs, Centurion frequently recommends and develops new health education training topics in response to emerging healthcare service trends and individual patient needs. We understand that the KDOC reserves the right to request that we develop and implement new offender education materials to address healthcare needs that may arise during the life of the contract. Centurion looks forward to collaborating with the KDOC and OHCC to develop relevant healthcare education and healthy life-style promotion materials.

**Plan for Health Education and Healthy Lifestyle Promotion**

Our healthy lifestyle promotion information for offenders extends well beyond the requirements listed in the RFP. Centurion will support the development and maintenance of patient skills for managing and minimizing the effects of a disease and maximizing health and wellness. At a minimum, all patient encounters with healthcare staff include patient-specific health education which we document in the patient’s medical records.

Centurion offers a holistic approach to healthcare and the promotion of healthy lifestyles, disease prevention, and management of chronic illness. We understand that unhealthy lifestyles and poor management of chronic disease results in poorer outcomes for the patient, increased hospitalizations, and increased costs. We believe that a patient who understands and participates in his/her plan of care has the best clinical outcomes. We are
committed to promoting healthy lifestyles and disease prevention and management through patient education and timely, appropriate clinical intervention.

**Centurion Health Educators**

Centurion will assign a nurse at each KDOC facility to assume responsibility for the implementation of Centurion’s patient health education program for that site. The nurse designated as our health educator consults with the facility health services administrator (HSA) or director of nursing (DON) and medical directors as needed for direction and clarification in implementing the health education program.

While these staff will have responsibility for the overall direction of the patient health education program, we believe that education and health promotion is the responsibility of every healthcare staff member. Support of patient self-management and health skills is a multidisciplinary task that requires active participation from each member of the treatment team.

Centurion will collaborate with KDOC staff in the provision of health education programming. We will ensure that our medical and psychiatric providers prioritize provision of health and wellness self-management skills as well as disease management skills during routine clinic appointments. Nursing staff provide patient education during health assessments, sick call visits, and upon offenders’ return from offsite and emergency department visits.

At a minimum, the duties of our facility-based health educators will include the following:

- Development of facility-based educational classes/groups on a monthly basis for offenders with chronic care conditions such as diabetes and hepatitis C
  - With the approval of the facility Warden or designee, we will post notices of educational classes at medication administration lines, housing units, and health services units.
- Medication education for patients on psychotropic medications
- Development of bulletin boards with appropriate educational material
- Educational handouts at a 6th grade reading level or below (in English and Spanish) provided to patients during health encounters
- Follow-up instructions for incarcerated patients returning from the hospital, emergency department, or specialty consults
Annual Wellness Fairs

Centurion will provide an annual wellness fair at each of the KDOC facilities. In our other healthcare programs, we use these occasions to provide offenders with helpful wellness information regarding diet, exercise, smoking cessation, healthy sexual behaviors, and other wellness-promoting lifestyle choices.

With the approval of the KDOC, we anticipate collaborating with the Centers for Disease Control, the Kansas Department of Health and Environment, as well as other public or private healthcare agencies to provide wellness-related material and other support. We will coordinate the schedule and location for these wellness fairs with the wardens or superintendents at each KDOC facility.

Monthly Health Education Classes/Groups

With KDOC approval and available healthcare staffing, we will offer health education classes or groups at least once a month for patients receiving chronic care. Each class or group will include health education handouts that are appropriate for the offender population and available in English and Spanish. We will offer the following topics, depending upon chronic care patient needs at each KDOC facility:

- Chronic medical conditions, including but not limited to:
  - Asthma
  - Cholesterol and lipid abnormalities
  - Diabetes
  - Hepatitis
  - Hypertension
  - Obesity
  - Pain syndromes

- Communicating with your doctor
- Exercise
- Heat-related syndromes with medications
- Oral hygiene
- Medication education
- Nutrition and healthy eating
- Personal hygiene
- Prevention of infectious disease
- Prevention of sexually transmitted diseases
- Reproductive health
- Stress management
- Smoking cessation

We will post notices of these classes at medication lines, housing units, the healthcare unit, and other common areas to encourage participation. Additionally, we will provide patients with information on these classes and encourage them to participate during chronic care encounters.

In order to manage classroom size, Centurion typically posts a class sign-up sheet in a common area identified by our health educator in collaboration with KDOC facility administrators. We ask patients to sign-up by the day prior to the class, and notices will indicate the class size limit. When patient interest in the class/group exceeds the group size, we attempt to schedule a second class, if staffing levels and security support permit.

We typically provide chronic care patients with individual education for those who are unable to attend health education classes/groups due to disability or security/housing status. We document all health education provided individually or in group/classroom settings in the patient’s medical record.

**Psychotropic Medication Education**

Centurion appreciates the need for medication education when patients are receiving psychotropic medications. Our psychiatric providers and nursing staff will meet or exceed the KDOC’s requirements for health education in this area.

We require completion of an informed consent process before psychotropic medications are ordered. The informed consent process initiates patient health education about the psychotropic medications, including risks, benefits, side effects, alternatives, and monitoring requirements. Centurion psychiatric providers continue to provide education about the medications and monitoring required during routine follow-up appointments.

When patients are noncompliant with psychotropic medications, they receive education and counseling from our Centurion nursing staff. If this education does not resolve the medication compliance issue, we refer the patient to the psychiatric provider. Psychiatric follow-up will include education regarding the medication(s) and psychiatric disorder(s) as needed.

Centurion psychiatric providers and nursing staff educate patients with prescribed psychotropic medication about the risks involved with elevated temperatures and direct sunlight. Patients will be encouraged to wear protective clothing and sunscreen when under
direct sunlight, avoid excessive exhausting activities in elevated temperatures, and maintain an adequate intake of fluid to avoid dehydration.

**Health Education Bulletin Boards**

Centurion’s health educators will be responsible for developing health education bulletin boards at each KDOC facility. We will collaborate with the KDOC’s facility administration to identify the placement and ensure the security of health education bulletin boards. We typically place health education bulletin boards and information in the following areas, depending upon security approval at each facility:

- Medical units and waiting areas
- Dental department units
- Housing units
- Mental health units

**Health Education Handouts**

Centurion has developed and made available to our providers and nursing staff a library of health education handouts for use with patients during health encounters. Our handouts cover medical and behavioral health conditions as well as health-promoting behaviors. We provide a list of Centurion-developed patient education handouts for chronic medical conditions in our response to RFP Section 4.3.12, Special Needs Clinics/Chronic Care/Special Needs Treatment Planning. The patient education handouts for behavioral health conditions developed as of January 2020 include the following:

**ANGER**
- Anger: Friend or Enemy
- Anger Cues
- Anger Freeing Thoughts
- Anger is an Emotion: The Basics
- Anger Management Skills
- Anger Management: The Anger Process
- Anger Trifold Brochure

**ANXIETY**
- Anxiety Problems in Corrections
- Challenging Anxiety
- How Do You Cope
- Ten Reminders for Coping with Panic
- Understanding Your Fears
- Using Grounding to Reduce Emotional Pain

**DEPRESSION**
- Confronting Depression
- Experiences of Shame
- Grief – Developing a Personal Care Plan
- Grief – Steps in Reconciliation
- Grief and Acceptance in the Cycles of Grief
- Sadness Trifold Brochure
- What is Sadness All About?

**POOR SELF-ESTEEM**
- How to Tell a Winner from a Loser
- How Do You See Yourself
- How to Think Positively about Yourself
- I Am Me
- If I Could Write a Book About Me
- Importance of Forgiveness Trifold Brochure
- Rules for Being Human
- Self-Esteem Building in Prison
- Some Common Effects of Low Self Esteem
- The Importance of High Self Esteem
- Why Should I Think About My Self-Esteem?

**SUBSTANCE USE DISORDERS**
- Addiction and Recovery: The Jellinek Curve
- Stress, Vulnerability, and Substance Abuse
- Ways Alcohol and Drugs Can Cause Problems
Patient education handouts for promoting health and coping skills developed as of January 2020 include the following:

**DEALING WITH INCARCERATION**
- Tips for Copying with Prison

**EFFECTIVE SOCIAL COMMUNICATION**
- Assertive Communication
- Assertiveness Skills
- Blocks to Listening
- Characteristics of Bad Communication
- Conversational Skills
- Establishing Friendships
- Fair Fighting Rules
- Health Relationships
- How to be Quietly Powerful during Conflict
- Positive Parenting: Building Your Child’s Self Worth
- Steps to Conflict Resolution
- Ten Attitudes that Prevent You from Listening
- Ten Rules for a Good Argument
- Three Styles of Interaction
- Using and Remembering Names
- Using Nonverbal Communication

**EXERCISE**
- Excuses for Not Exercising
- Exercise Trifold Brochure
- Exercise: Walking and Stretching Techniques
- Stretching Exercises
- What’s Good about Exercise?

**HEALTHY EATING**
- Avoiding Food Traps
- Eating Healthy with Food Serving Size Chart
- Nutrition and Exercise
- The Food Plate – The Food Groups

**HYGIENE AND CLEANLINESS HANDOUTS**
- Cleaning Your Personal Living Space
- Grooming Skills I
- Grooming Skills II
- How I can Improve My Self-Care
- Personal Cleanliness Plan
- Taking Care of the Skin You’re In

**LIFESTYLE CHANGES**
- Begin Living Now: Stop and Go
- Considering Change: Some Points to Ponder
- Healthy Choices: Putting it All Together
- Stages of Change: Where are You?
- The Awakening – A Moment of Clarity
- What Really Works Trifold Brochure

**ORAL HYGIENE**
- How I Can Improve Care of My Teeth and Mouth
- Oral Hygiene

**SLEEP HYGIENE**
- 12 Steps to Better Sleep
- Helping You Sleep
- I Can’t Sleep Trifold Brochure
- Identifying Bad Sleep Habits
- Insomnia: What We Know
- Insomnia Sleep Education Sheet
- Sleep Log
- Time to Help You Have a Good Night’s Sleep
- What is Sleep? The Sleep Cycle

**SMOKING CESSION**
- Benefits of Living Smoke-Free
- Coping with Smoking Withdrawal
- For Teens – Know the Risks of Smoking
- For Teens – What You Should Know about Smoking
- Health Effects of Smoking
- How Smoking Affects Pregnancy

**STRESS MANAGEMENT**
- Coping Skills for Worrying
- Creating a Safe Place to Rest
- Easy to Use Stress Reducing Techniques
- Learning to Relax through Deep Breathing
- Learning to Relax through Progressive Muscle Relaxation
- Mindfulness and Meditation
- Principles of Stress
- Progressive Muscle Relaxation
- Relaxation Through Breathing
- Resting Your Mind: Circles of Awareness

**THINKING STYLES**
- A B C D Model of Negative Thinking
- Affirmations
- Challenging my Negative Self-Talk
- Challenging Core Beliefs
- Challenging Mistaken Beliefs
- Cognitive Skills – Triple Column Technique
- Connection between Thinking and Attitudes
- Correcting Automatic Negative Thoughts
- Denial
- Five Kinds of Negative Self-Talk
- Healthy and Not So Healthy “Shoulds” Mistaken Beliefs
- My Attitude
- My Thinking
- Positive Self Talk
- Self-Defeating Thoughts
- Self-Talk
- STOP Your Negative Self-Talk
- Ten Cognitive Distortions
- Thoughts and Thinking
- Understanding Your Fears
- Working Problems with Emotions
These resources will be available to the KDOC and healthcare staff following contract award.

We provide Centurion’s health education handouts in English and Spanish to patients during healthcare encounters as needed. Our nursing staff are able to use these handouts to support health education. We maintain copies of Centurion’s patient health education materials in the offender library to enable offenders who do not use sick call services to review the materials. We will continue to expand and revise our health education handouts as needed.

We are aware of the need to ensure that the education handouts and other materials made available to offenders is accessible in terms of reading level, length, and word choices. Most of our handouts are at or below the 6th grade reading level.

**Health Education Following Hospital/Specialty Care**

Centurion is committed to supporting continuity of care and patient understanding of treatment throughout all care transitions, including when patients are returning from an inpatient hospital stay, emergency department visit, or specialty consultation.

We evaluate patients returning from community hospital visits, including emergency department visits, in the healthcare unit before staff make housing dispositions. Our onsite provider or nursing staff make these evaluations in consultation with the on-call provider. During this encounter, the patient receives education regarding their hospital provided care, the interventions that are pending, and the self-care steps that the patients must follow.

Similarly, when patients undergo offsite specialty consultations, Centurion nursing and provider staff educate the patients regarding the consultation provided, test results as applicable, and care plan developed as a result of the specialty consultation.

**Nutritional Information**

Centurion will collaborate with the KDOC in developing handouts listing the caloric content of routinely available food items, particularly the commissary. If approved by the KDOC, we propose to review commissary food items and develop a menu of healthy alternatives that are available as incentives for patient compliance with healthy behaviors.

**Human Trafficking Information**

As part of the intake screening process, Centurion will provide written information to offenders regarding access to healthcare services. Included in this written packet is information about the signs or indicators of sex or labor trafficking and who to contact for
help. Some offenders may not realize they are victims of trafficking as most trafficking victims also experienced abusive and/or controlling relationships during childhood. Victims with past trauma histories may think that having similar abusive and controlling relationships is normal, or unavoidable in order to have their basic physical needs met.

Our one page handout provided during the intake process identifies common victim indicators and provides the National Human Trafficking Hotline number. With KDOC approval, we will post our human trafficking information posters that contain similar information regarding common signs or indications of trafficking victims and the number to call for information or help. Within our proposal tab marked, “3.58, Human Trafficking,” of we provide our clinical infrastructure addressing human trafficking. We view human trafficking as a public health problem that requires systematic attention in correctional healthcare.

**OSHA Training for Offender Workers**

Centurion will provide OSHA biohazardous and infection control and prevention training to offenders assigned to work in the medical unit or laundry.

**Value Added Service - Centurion Programs Supporting Healthy Lifestyles**

Harnessing Centene’s KanCare managed care program expertise and resources, Centurion will provide the KDOC with a unique program that supports patient health literacy, healthy behaviors, and health status.

**Envolve PeopleCare™**, a health and lifestyle management company that focuses on transforming the health of individuals through education and empowerment, has partnered with Centurion to provide health coaching services to patients in correctional facilities. This coaching program, **Focus On Wellness**, helps patients with diabetes by providing telephonic education and support to promote medication compliance, adherence to treatment guidelines, healthy behaviors, and improved health outcomes. **Focus On Wellness** complements the care that Centurion’s onsite chronic care teams already provide.

**Focus On Wellness** health coaches support the patient's treatment plan by providing guidance on how the patient can gain control of and improve his or her health. The health coaches are an additional resource for onsite chronic care teams when it comes to educating patients on self-monitoring and helping them set and reach their health goals.
To enroll in this program, the participant must have a diagnosis consistent with diabetes. Once he or she consents to participate, the patient has an initial coaching call to identify clinical risk and educational needs. The program assigns patients to a certified diabetes educator health coach who is either a registered nurse or registered dietitian. Additionally, participants have the opportunity to consult with specialty health coaches if the patient is at high risk for, or currently diagnosed with, co-morbid conditions, such as asthma or heart disease.

The health coach will complete an initial assessment and develop an individualized care plan based on the patient’s knowledge of their condition, their lifestyle behaviors, and their readiness to change. Components of the program include, but are not limited to the following:

- How the participant’s medication works and how to take it correctly
- The meaning of test results and biometric values
- How to recognize signs and symptoms
- How to eat better, exercise, and stay at a healthy weight
- How to manage blood pressure and cholesterol
- How to use special education materials to enhance understanding

*Focus on Wellness* is a voluntary program. The program ensures that participants are aware of their rights and responsibilities prior to the start of the program and have signed a participant consent form that includes patient expectations. These include:

- Be active in the coaching process.
- Follow your healthcare provider’s orders and our coaches’ advice.
- Give us true information about your health.
- Tell us about any changes to your health or treatment.
- Notify healthcare staff if you cannot keep the coaching appointment through the currently established facility process.
- Conduct yourself with dignity and respect.

Coaching calls typically occur every four to six weeks under the supervision of an assigned healthcare staff member. Healthcare staff will coordinate the date and time of the calls and schedule accordingly. Within 24 hours of each call, the health coach will send a Patient Progress Note to the designated contact at the facility. The health coach may also note recent labs that were completed and request new labs as needed.
Recent quotes from participants in this program from our other healthcare partnerships include the following:

I wish I had this program when I found out that I was diabetic. I think this program should be mandatory for all diabetics.

I believe this program really works, especially for us men dealing with incarceration and the dietary issues we face.

Ms. Christina was an amazing health coach. I learned so much about my condition and was able to apply it to my everyday life. With the help from her, my A1C is down from 8.7 to 6.5 and my weight from 374 to 325 lbs. So Thanks for the motivation, knowledge, and the extra push I needed. This program is amazing!

**Other Resources That Support Healthy Lifestyles**

In addition to more traditional written resources, we provide our staff with access to online resources in order to serve them and their patients during healthcare encounters. These resources not only sharpen the clinical skills of our staff, but also serve as an additional resource for healthcare education support to their patients.
Some of these include:

- **Krames Library** – an online library with up-to-date information on a broad range of healthcare related topics. Staff access these resources as needed for patients in their care. This valuable resource provides healthcare information on over 4,000 topics in both English and Spanish.

- **UpToDate** – an evidenced-based, physician-authored clinical decision support resource. While not directly accessed by patients, the information retrieved by healthcare staff is shareable with patients as part of the patient education component of each healthcare encounter.

- **RubiconMD** – a web-based eConsult system. This resource provides our medical providers quick access to clinical specialists, who provide consultation at the point of care and increase our ability to make clinically informed decisions. Our health care practitioners (HCPs) often share the results with their patients as part of the patient care and education process.
4.3 Comprehensive Medical Services

4.3.28 Food Service Screenings

4.3.28.1 The Contractor, upon request, shall provide authorized KDOC personnel information concerning the health status of prospective food service workers and shall conduct health clearance examinations for such offenders. The Contractor shall complete periodic food service clearances for food service workers in compliance with ACA and/or NCCHC standards.

4.3.28.2 The Contractor shall perform clearances for contract food service staff via a cursory screening questionnaire. The screenings shall be completed in accordance with NCCHC and/or ACA.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.28, *Food Service Screenings*, identified herein.

We will comply with KDOC Policy 10-124D, *Health Screening, Sanitation, and Hygiene Requirements for Food Service Workers*. All examinations and disclosures will be compliant with HIPAA, ACA, and NCCHC standards.

KDOC personnel will receive need-to-know information concerning the health status of prospective offenders working in food service locations. Potential food service workers will receive a timely health clearance examination, within seven days of initial employment, following a referral by the department. Subsequent assessments will occur annually or based on symptoms that require referral.

Centurion has a model policy related to this requirement entitled, *Medical Surveillance of Inmate Workers*, including an *Inmate Food Service Worker Clearance form*. Upon contract award, we will make our policy available for review to ensure conformity with KDOC requirements and documentation preferences.

Additionally, as requested by KDOC, staff food service employees will be issued a screening questionnaire. Questionnaire findings will be shared with identified KDOC leadership in a pass/fail format and comply with HIPAA requirements.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.29, **Dialysis Services**, identified herein.

**Dialysis Services**

Upon contract award, Centurion will assume full responsibility for all staffing, supplies, and equipment related to dialysis services for KDOC offenders. Onsite and offsite dialysis services for peritoneal and hemodialysis services will be available to patients based on medical necessity.

We appreciate that KDOC will transport male patients who require treatment or assessment by the nephrologist to Lansing Correction Facility. When transport is needed, the Health Services Administrator will coordinate with the facility transportation supervisor following facility protocols.

Centurion will partner with CharDonnay Dialysis, Inc. (CharDonnay) in providing dialysis services for KDOC male offenders at Lansing Correctional Facility and female offenders at Topeka Correctional Facility. CharDonnay is the current dialysis provider to KDOC dialysis patients. We appreciate that demand for dialysis is fluid and may require adjustments in staffing and clinic hours to meet treatment needs.
Centurion is familiar with CharDonnay's services and personnel. We currently partner with CharDonnay in our Arizona, Missouri, Tennessee, and Vermont programs. CharDonnay’s services include onsite dialysis services performed by qualified, trained professionals, dialysis supplies, equipment and maintenance, customized policies and procedures specific to the KDOC program and patient services, compliance with all regulatory agencies, and comprehensive quality assurance monitoring.

CharDonnay services are compliant with the standards of Centers for Medicare and Medicaid Services (CMS), Occupational Safety and Health Administration (OSHA), regulatory agencies, and applicable laws and regulations.

Centurion, in partnership with CharDonnay, will provide the following equipment, supplies, and support for the two KDOC dialysis units, totaling five dialysis stations:

- Staff, medications, biologicals, surgical dressings, supplies, blood, and intravenous related dialysis fluids
- Diagnostic studies related to the provision of dialysis procedures
- All necessary equipment including replacement, back-up power source, or special units as required
- Preventive equipment maintenance and/or replacement as needed
- Medical waste removal

As the current provider of dialysis services for KDOC, upon contract award, there will be no interruption of care to dialysis patients. Utilizing the network available to CharDonnay, through a partnership with the University of Kansas Medical Center Nephrology Group, Centurion will ensure an onsite Board Certified Nephrologist for patient assessment at least every six weeks. If approved by KDOC, for continuity of care, we intend to retain the current nephrologists, Dr. Ahmad Tuffaha, Dr. Franz Winklhofer, Dr. Ellen McCarthy, and Dr. Sri Yarlagadda.

Because CharDonnay has experience providing dialysis services in correctional environments, they understand the need to maintain adequate qualified nursing and technical staff to flex as the number of patients requiring dialysis varies. We understand that on average 85 dialysis appointments, treating approximately five unique patients, per month occurs within the healthcare program. Based on KDOC Answer 51 to bidders’ questions in
RFP Amendment 4, we recognize that Lansing Correctional Facility has had an average of seven unique patients per month, while Topeka Correctional Facility has had only one on an intermittent basis. Based on site tours and KDOC Answer 50 to bidders’ questions in RFP Amendment 4, we understand that four dialysis chairs are planned for the new dialysis suite. CharDonnay will continue to maintain replacement staff, readily available in the event of emergencies and unplanned events at either location, to ensure no disruption to patient care.

Centurion medical providers in collaboration with CharDonnay staff will develop individualized treatment plans for each patient receiving dialysis. The integrated biopsychosocial plan of care will be reviewed by the nephrologist at least semi-annually if the patient is stable and monthly or more frequently if the patient is not.

**Quality Improvement and Infection Control**
CharDonnay takes pride in its clinical quality and has robust infection control and quality (QI) improvement programs, each of which complies with all regulations that govern End Stage Renal Disease (ESRD), including those contained in 42 C.F.R. (Code of Federal Regulations), 494.30.42.

The following areas are addressed under CharDonnay’s comprehensive infection control program: standard precautions, personal protective equipment, environmental testing, housekeeping, laundry, and blood and body fluid exposures. Monthly infection control reports will be done and provided to Centurion.

CharDonnay will continue to develop and follow policies and procedures for the provision of water and dialysate which are consistent with the **Association for the Advancement of Medical Instrumentation (AAMI)**. Dialysis machines and water treatment systems will have regular, scheduled bacteriological and endotoxin testing. Results will be available at the dialysis facilities for review at any time. CharDonnay policies for specific water treatment and machine repair are consistent with current AAMI guidelines. Water testing and results will be available for review at the dialysis facilities for review at any time.

CharDonnay’s QI program complies with all regulations that govern ESRD. QI audits have been developed specifically to ensure compliance with the following aspects of care:

- Documentation of treatment goals and achievement of treatment goals
- Nursing process and patient education
- Medication administration and infection control
- Treatment complications and management
- Monthly dialysate, water culture, and endotoxin reports
- Patient satisfaction with dialysis services

Results of CharDonnay’s infection control and QI efforts will be directly monitored by Centurion’s QI Coordinator and be available for review by Centurion leadership, the KDOC, and the OHCC upon request.

**Dialysis Equipment, Supplies, and Process Monitoring.** CharDonnay follows a systematic pattern of dialysis equipment, supplies, outputs, and process monitoring. Their monthly schedule includes the following components:

- Water systems and loop are disinfected
- Collected water samples are collected and sent to an outside laboratory for 48 hour cultures
- Endotoxins are completed on each of the following:
  - Post RO
  - Feed water used for mixing bicarbonate
  - 10% of machines in the rinse mode and at least one machine that is in conductivity mode will have a dialysate culture and endotoxin. This sample is rotated so a different machine is sampled each month.

**Annual and Semi-Annual Preventive Maintenance.** Each dialysis machine has a scheduled annual and semi-annual preventive maintenance procedure completed. An up-to-date maintenance schedule is maintained at each facility. Procedures are documented on the equipment manufacturer’s recommended forms and are also kept on site. Machine hours are documented on each preventive maintenance checklist and again at audits.

Annually, a tap and a product water sample are sent to an outside laboratory for a complete analysis panel and semi-annually the same procedure is completed on another product sample. These results will be maintained at each of the two dialysis sites.

Technical audits are conducted semi-annually. These audits include checking technical daily operational logs, equipment disinfection, water sample results, physical plant issues that staff may be experiencing that impact dialysis services and anything else that is relevant to daily dialysis operations.
All documentation is reviewed for completion and to assure that all aspects of the dialysis equipment testing and monitoring process are on schedule for the following:

- Preventive maintenance
- Water samples
- Water equipment and loop disinfection
- Daily water checks
- Bicarbonate tank and jug disinfection logs
- Bicarbonate mixing logs
- Conductivity meter verification logs
- Daily machine disinfection

To monitor compliance between the onsite audit visits, all of the above mentioned documentation is forwarded to the CharDonnay leadership team monthly for compliance review.

**Sharps Control and Bio-waste Management.** CharDonnay will comply with facility specific procedures in place for sharps control and bio-waste management. We provide more detail on this in our response to RFP Section 4.16, *Infectious Disease Control*. The Health Services Administrator or designee will be responsible for oversight and compliance of approved safety protocols by CharDonnay staff while onsite.

Centurion's experience and partnership history with CharDonnay will prove to be a benefit to KDOC. The Department can be confident of a seamless transition of services for dialysis patients.
4.3 Comprehensive Medical Services

4.3.30 Infirmary Services

4.3.30.1 The Contractor shall include in the proposal a detailed plan for infirmary services. The acuity level and description can be found in Appendix B. In operating the infirmaries, the following shall be used as a minimum guideline:

(a) HCP on call twenty-four (24) hours per day, seven (7) days per week, for infirmary consultation.

(b) HCP documented on-site rounds daily (5 days per week) on each patient in the occupied infirmary. Smaller minimum facilities may use telehealth.

(c) Supervision of the infirmary shall be by a registered nurse on duty on-site twenty-four (24) hours per day, seven (7) days per week.

(d) A minimum of one (1) registered nurse is staffed in the occupied infirmary twenty-four (24) hours per day, seven (7) days per week.

(e) Documented nursing infirmary rounds are completed at a minimum of once per shift.

(f) One licensed nurse in the infirmary at all times for every ten (10) patients. If the acuity of the patient load requires more staffing the Contractor must add the staffing as needed.

(g) A patient may be placed in the infirmary by a RN for nursing observation for a period of time up to 23 hours. If the patient is stable and the issue resolved at the end of 23 hours, the nurse may release the patient back to his regular housing assignment. If the patient is not stable or the issue is unresolved, the RN will contact the HCP for further orders.

(h) A patient may be admitted to the infirmary only by an HCP. If the HCP admits a patient to the infirmary, an admission note and treatment plan/orders will be entered in the EHR. The admission note will clearly document the reason/diagnosis for the admission. The completed physical examination does not replace the admission note.

(i) An HCP shall complete a physical examination of all offenders admitted to any infirmary within twenty-four (24) hours of the offender’s admission to the infirmary (during weekdays, 72 hours on the weekend). The medical history and physical evaluation shall be documented in the EHR system.

(j) All infirmary patients must be within sight or sound of a staff person (call lights and sound monitors are in place).

(k) When a patient’s health care issue has been resolved, the patient will be discharged by the order of the HCP. The HCP will enter a discharge note that includes but is not limited to the summary of care provided, disposition of the patient upon release, and a discharge diagnosis. A follow-up visit will be scheduled with the HCP to occur within seven (7) calendar days.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.30, *Infirmary Services*, identified herein.

Centurion will provide infirmary services in compliance with ACA Standards 5-6A-4352, 1-HC-1A-09, and 4-JCF-4C-21, *Infirmary Care*, ACA Standards 5-6A-4359, 1-HC-1A-16, and 4-JCF-4C-17, *Chronic Care*, and NCCHC Standards P-F-01, *Patients with Chronic Disease and Other Special Health Needs*, P-F-02, *Infirmary-level Care*, P-F-07, *Care for the Terminally Ill*, Y-G-01, *Chronic Disease Services*, Y-G-03, *Infirmary Care*, and Y-G-11, *Care for the Terminally Ill*.

We appreciate KDOC’s inclusion of RFP Appendix B, *Facility Population, Infirmary, and Acuity Report*, and will include the census and services identified in our preparation for infirmary services to the department. Based on RFP Appendix B, we understand that there are 15 negative airflow isolation rooms and 102 infirmary beds across the department, located at the following:

<table>
<thead>
<tr>
<th>KDOC Facilities</th>
<th>Infirmary Beds</th>
<th>Negative Airflow Isolation Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado Correctional Facility</td>
<td>22 – Central Unit</td>
<td>4 – Central Unit</td>
</tr>
<tr>
<td></td>
<td>2 - Oswego</td>
<td></td>
</tr>
<tr>
<td>Ellsworth Correctional Facility</td>
<td>6 – Central Unit</td>
<td>2 – Central Unit</td>
</tr>
<tr>
<td>Hutchinson Correctional Facility</td>
<td>10 – Central Unit</td>
<td>2 – Central Unit</td>
</tr>
<tr>
<td></td>
<td>3 – East Unit</td>
<td></td>
</tr>
<tr>
<td>Kansas Juvenile Correctional Complex</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Lansing Correctional Facility</td>
<td>40 – Central Unit</td>
<td>5 – Central Unit*</td>
</tr>
</tbody>
</table>
KDOC Negative Airflow Isolation Rooms and Infirmary Beds

<table>
<thead>
<tr>
<th>KDOC Facilities</th>
<th>Infirmary Beds</th>
<th>Negative Airflow Isolation Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larned Correctional Facility</td>
<td>5 – Central Unit</td>
<td>0</td>
</tr>
<tr>
<td>Norton Correctional Facility</td>
<td>4 – Central Unit</td>
<td>1 – Central Unit</td>
</tr>
<tr>
<td>Topeka Correctional Facility</td>
<td>6 – Central Unit</td>
<td>1 – Central Unit</td>
</tr>
<tr>
<td>Winfield Correctional Facility</td>
<td>2 – Central Unit</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Patient Beds</strong></td>
<td><strong>102</strong></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

* We note that KDOC Answer 40 in RFP Amendment 4 indicates that Lansing has four, not five, negative airflow isolation rooms. We have assumed Answer 40 reflects current status rather than the new plan for the new facility, and look forward to clarifying this point following contract award.

Centurion’s Approach to Infirmary Services

An infirmary is expressly set up and operated to care for patients who need skilled nursing care but do not require hospitalization or placement in a licensed nursing facility and whose care cannot be managed safely in an outpatient setting. As indicated in the discussion section of NCCHC Standard /P-F-02, *Infirmary-Level Care*, "It is not a physical location that defines infirmary-level care…but the scope of care provided." Infirmary care is care provided to patients with an illness or diagnosis that requires daily monitoring, medication and/or therapy, or assistance with activities of daily living at a level needing skilled nursing intervention.

Centurion uses infirmary and specialized medical housing for a range of services from acute to convalescent care. Infirmary-level care can support recovery from serious illness, surgery, or injury. Services provided in specialized medical units include medical, nursing or skilled care, and/or assistance with activities of daily living. The primary goal of infirmaries and specialized medical units is to manage the acute, sub-acute, and/or post-acute phase of the patient’s medical care with onsite medical, nursing, and nurse extender staff.
The optimal use of these resources minimizes the use of offsite hospitalizations and specialty care. Centurion's infirmary services provide individualized care for illness or medical conditions requiring medical observation or management without admission to an offsite hospital. We appreciate that these services are critical for managing care and avoiding unnecessary associated costs.

To provide clarity and definition between the varying levels of care, Centurion developed a proprietary *Infirmary Housing Recommendations Manual*, which we will conform to KDOC/OHCC requirements and provide upon request following contract award. Our infirmary manual complies with the 2018 ACA and NCCHC standards. Centurion designed the manual to define the types of service delivery based on the designated level of care, recommendations for physician and nursing monitoring and documentation, and forms for use in documenting the provision of care to patients housed in an infirmary or specialized medical housing unit.

If authorized by KDOC, the conformed infirmary manual will be available for implementation across all KDOC infirmary units. Centurion will collaborate with KDOC to tailor operations to meet KDOC expectations and policies as necessary. In collaboration with KDOC, the infirmary manual will be reviewed at least annually for clinical and policy updates. Updates will not be made to the infirmary manual without first being reviewed and approved by the OHCC and KDOC.

**Infirmary Services**

A registered nurse and facility physician will direct the services provided in the infirmary. Qualified medical staff will be on site 24 hours a day, seven days a week including a supervising registered nurse and licensed healthcare staff. Healthcare staff will be trained in basic life support and AED. A patient-to-staff ratio will be based on acuity and will not exceed 1:10 at any time. Centurion healthcare providers will be available 24 hours a day, seven days a week, either in person or on-call for infirmary consultation.

*Patient Admission to the Infirmary.* Admission to and discharge from the infirmary will only be possible by orders of a physician, psychiatrist, dentist, nurse practitioner, or physician assistant. We appreciate that KDOC will permit the registered nurse to admit patients to an observation status for no more than 23 hours before a provider's order is required. Patients placed on medical observation will be triaged with an attending provider as soon as possible following placement. The admitting provider will be responsible for an admission note and admission orders, for patient placements longer than 24 hours, to include:

- Admitting diagnosis and status
- Medication orders
The admission order will define the patient’s infirmary status, which we propose as one of the following:

### Centurion’s Proposed Infirmary Care Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation Status</td>
<td>Patient has been placed in the Infirmary for skilled nursing observation only. Infirmary observation status and discharge from observation status is by order of a provider. Observation status is temporary and should not exceed 24 hours. Examples of conditions commonly seen for observation are: post-seizure, complaints of nausea and vomiting, neurological checks for head injuries, post same day surgery/outpatient procedures, NPO/preparation for scheduled procedures.</td>
</tr>
<tr>
<td>Level 1 Status</td>
<td>Patient has been admitted to the Infirmary for acute skilled nursing care. Admission and discharge are by order of provider.</td>
</tr>
<tr>
<td>Level 2 Status</td>
<td>Patient has been admitted to the Infirmary for less frequent skilled nursing care. Examples of Level 2 status patients include long-term IV antibiotic therapy, diabetic monitoring, sports injury convalescence, and post-surgical convalescence.</td>
</tr>
<tr>
<td>Chronic Care Status</td>
<td>Patient has been admitted to the Infirmary for skilled nursing care on a less frequent basis than the Level 2 patient. Patients admitted to the Infirmary frequently have chronic conditions that make them not suitable for general population housing and require periodic skilled nursing attention. Examples of the patient admitted as Chronic Care status include paraplegics, patients with ostomies, difficulty with COPD, or dementia. Admission and discharge to the Infirmary for chronic care is by order of a provider.</td>
</tr>
<tr>
<td>Mental Health Status</td>
<td>Infirmary placement for psychiatric/mental health therapeutic intervention. These services are supervised by psychiatric and/or mental health staff.</td>
</tr>
<tr>
<td>Sheltered Housing Status</td>
<td>Patient is admitted to the infirmary on sheltered housing status by a provider, to provide a sheltered environment or when the patient requires equipment that makes them not suited for general population housing. Examples of conditions appropriate for sheltered housing are patients needed a CPAP, walker, or other assistive devices but not in need of skilled nursing services. Admission and discharge from sheltered housing status is by order of a provider. Nursing staff document sheltered housing status daily. Access to healthcare, monitoring, and documentation requirements are the same as for the patient that been discharged to general population.</td>
</tr>
<tr>
<td>Security Housing Status</td>
<td>If offenders are housed in the Infirmary by security or institutional management staff for special housing needs or have been discharged from infirmary status and are awaiting placement in general population or a special housing area or segregation, access to healthcare and the monitoring and documentation requirements are the same as the requirements for the type of placement to which the offender is to be transferred.</td>
</tr>
</tbody>
</table>
Within 24 hours of the patient’s admission to the infirmary, a healthcare provider will complete a physical examination and evaluation of the patient. We appreciate that KDOC will permit up to 72 hours for completion of the physical examination during weekends. The provider will document the results of the assessment and plans for the patient’s care in the EHR. In addition, the nursing staff will complete a nursing assessment and initial plan of care on an infirmary admission form or in SOAP format in the EHR.

Patients who require less than 24 hours of observation status may be discharged by the supervising registered nurse unless otherwise ordered by the consulting provider.

**Access to Healthcare Staff through Visual or Auditory Signals.** Consistent with the 2018 NCCHC and ACA standards, infirmary patients will be within sight or hearing of facility staff, and qualified healthcare staff will be able to respond in a timely manner. *Within sight or hearing* means that the patient can gain the staff member’s attention through visual or auditory signals. We will work with facility administration to ensure that all infirmary beds have the appropriate access to facility and healthcare staff.

**Provider and Nursing Rounds for Infirmary Services.** Daily rounds, nursing and provider assessments, completion of a specialized treatment plan, and patient stabilization will determine patient placement and status. Infirmary placement is fluid and based solely on a patient’s acute healthcare needs.

Nursing staff will conduct and document nursing rounds at least once per shift. Additional documentation, such as nursing flow sheets, can supplement but not replace provider and nursing documentation.

Providers will make clinical rounds in the infirmary each business day. The provider performing the rounds will document the condition of each patient, update the plan of care, if appropriate, and document the patient’s status in the EHR. We appreciate that KDOC will permit provider rounding by telehealth for minimum facilities that do not require five days a week provider coverage. When necessary, providers may conduct rounds telephonically on weekends and holidays, with the infirmary nurse documenting the report and any associated telephone order in the EHR.

Centurion understands that based on patient acuity, it may be necessary for a provider to be onsite during non-business days. The facility medical director and regional medical director will discuss patient acuity and ensure appropriate provider coverage is available 24 hours a day, seven days a week as clinically indicated.
Infirmary Records. The infirmary healthcare staff will maintain an infirmary record that is easily integrated into the general patient health record. Patient infirmary records will be part of the EHR for each admission. Access to the entire health record will be available throughout the patient’s infirmary stay. To further support the infirmary process, we developed Centurion model forms aligned to support quality infirmary-level services. With prior KDOC approval, we propose to integrate these forms into the EHR and require our healthcare staff to utilize them when documenting patient status. Centurion’s infirmary-level forms include but are not limited to:

- Infirmary Nursing Admission Record (INF-001)
- Infirmary Log (INF-002)
- Infirmary Withdrawal Flow Sheet (INF-003)
- Medically Supervised Withdrawal Orders (INF-004)
- Infirmary Provider Discharge Summary (INF-005)
- Infirmary Nursing Discharge Record (IN-006)
- Infirmary Provider Admission (INF-007)
- Fall Risk Assessment (INF-008)
- Infirmary Intake & Output (INF-009)
- Infirmary Admission Order Sheet (INF-010)
- Consent for Palliative Care (INF-011)
- Infirmary Nursing Flowsheet (INF-012)
- Neurological Status Assessment (INF-013)
- Mental Health Infirmary Admission Assessment (INF-015)
- Diet Order Form
- Housing Change Notification Form
- Special Needs Form (permission for cane, walker, brace, special shoes, etc.)
- Use of Restraint forms

Patient Discharge from the Infirmary. For all admissions, providers will decide on the appropriateness of a patient’s discharge from the infirmary. When discharge from the infirmary is appropriate, discharge documentation will include the following:

- Discharge note and discharge orders for continuing care from the discharging infirmary provider
- Discharge note from the healthcare staff that summarizes the infirmary care provided and addresses the patient’s status at the time of discharge
- Instructions for follow-up self-care and medications given to the patient
- Instruction for patient follow-up with the primary care provider within seven days of discharge
Discharge documentation will be found within the infirmary record of the EHR. Recommendations for infirmary discharge will be reviewed by the primary care provider for integration into the patient’s on-going treatment plan.

**Difficult to Discharge Patients.** Centurion has the expertise to support KDOC in providing needs assessments and treatment for difficult to discharge patients such as those with dementia (now termed major neurocognitive disorder in the *DSM-5*), head injuries, personality disorders characterized by acting-out behaviors, and other conditions of aging. These patients often languish in acute care infirmary beds, with insufficient services to treat a chronic condition. Following contract award, we will collaborate with the OHCC to conduct a needs assessment and determine the desired approach for meeting the treatment needs of these patient populations without unnecessary infirmary bed utilization.

**Negative Airflow Rooms**
Centurion will utilize negative airflow isolation rooms to protect patients who are vulnerable to airborne infections, including immune-compromised patients. We are familiar with using and maintaining these rooms in compliance with best practice and according to the Center for Disease Control guidelines. Trained nursing staff will perform operational compliance checks each shift on all occupied negative airflow rooms and daily checks on all unoccupied rooms. We appreciate that KDOC will also complete quarterly compliance checks and routine maintenance of all negative airflow isolation rooms.

If a negative airflow room is not operating properly, patients will be immediately relocated to an operational negative airflow room, and the Health Services Administrator will notify KDOC immediately in writing and verbally as requested. We understand that KDOC may require up to 72 hours to complete repairs. Centurion will identify a professional vendor to repair negative airflow rooms in the event that KDOC is unable to complete the necessary repairs within 72 hours. We appreciate that KDOC will reimburse Centurion for the cost associated with a professional vendor for the repair of negative airflow rooms.
4.3 Comprehensive Medical Services

4.3.20 Off-site Hospital Care

4.3.20.1 The Contractor shall obtain routine outpatient/inpatient hospitalization services from health care providers who meet the health care requirements of the offender. When off-site hospitalization and/or specialty hospital services for an offender is required, Contractor shall be responsible for the arrangement and payment of all hospital care and related health care expenses within 120 days of service.

4.3.20.2 The Contractor shall review the health care status of offenders admitted to outside hospitals daily to ensure that the duration of the hospitalization is no longer than medically indicated. Contractor shall provide each facility warden and the Director of Health Care Compliance with a weekly health status report of all hospitalized offenders from that facility. Contractor shall provide the health care compliance office with a daily health status report of all hospitalized offenders from all KDOC facilities. This may be done via conference call.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.20, *Off-site Hospital Care*, identified herein.

Centurion developed processes and procedures for managing the delivery of offsite services for patients that includes access to hospital level care. Access to services and our model policies that support offsite care comply with ACA and NCCHC national standards.

**Offsite Hospital Care**

An important component of our offsite services is developing and maintaining working relationships and agreements with local providers and facilities that can provide specialty, emergency, and inpatient services for KDOC offenders. Centurion has a dedicated network development team, led by Lisa Rossics, Director of Network Development, that has over 35 years of combined experience in developing provider networks for correctional clients.

We use a broad range of research and data to determine market environments and rates in order to build cost-effective and high quality provider networks. While we have the infrastructure to support high-volume provider networks, we also pride ourselves in delivering hands-on management of our valued provider communities in order to foster long-standing, mutually beneficial relationships that serve our clients and patients well.
Centurion has started conversations with specialists, hospitals, and facilities throughout Kansas and will enter into memorandums of agreement, or similar written commitments, to provide services for KDOC patients. These MOUs will detail coordination of care procedures and sharing of information between Centurion and the relevant agencies as well as compliance with quality and industry standards. Our network agreements will include signatures from representatives from both parties.

Since 2013, Centene’s presence in Kansas as Sunflower Health Plan has established three corporate offices located in Lenoxa, Topeka, and Wichita that employs 478 local employees, working directly with a network of 225 hospitals, 265 specialty clinics, and 6,769 specialty providers. Centurion has access to the Sunflower Health employees and provider network to identify the best possible partners for KDOC. No other company will be able to offer KDOC a network development experience like Centurion. We will ensure that KDOC has access to the most appropriate facilities and providers within the state.

Our network development office has started conversations with the following Kansas hospitals in pursuit of MOUs for healthcare services to KDOC facilities:

### Primary and Secondary Hospital Facilities for the KDOC Program

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Primary Hospital/Emergency Room</th>
<th>Secondary Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado Correctional Facility</td>
<td>Susan B. Allen Memorial</td>
<td>Kansas Medical Center</td>
</tr>
<tr>
<td>Ellsworth Correctional Facility</td>
<td>Ellsworth County Med Ctr</td>
<td>Lincoln Co Hospital</td>
</tr>
<tr>
<td>Hutchinson Correctional Facility</td>
<td>Hutchinson RMC</td>
<td>Summit Surgical Hospital</td>
</tr>
<tr>
<td>Kansas Juvenile Correctional Complex</td>
<td>Univ. of KS Health System St. Francis Campus</td>
<td>Stormont Vail Hospital</td>
</tr>
<tr>
<td>Lansing Correctional Facility</td>
<td>St. John Hospital</td>
<td>St. Luke’s Cushing Memorial Hospital</td>
</tr>
<tr>
<td>Lamar Correctional Mental Health Facility</td>
<td>Pawnee Valley Community Hospital</td>
<td>Edwards County Hospital and Healthcare Center</td>
</tr>
<tr>
<td>Norton Correctional Facility</td>
<td>Rooks County Health Center</td>
<td>Graham County Hospital</td>
</tr>
<tr>
<td>Topeka Correctional Facility</td>
<td>Univ. of KS Health System St. Francis Campus</td>
<td>Stormont Vail Hospital</td>
</tr>
<tr>
<td>Winfield Correctional Facility</td>
<td>William Newton Hospital</td>
<td>South Central Kansas RMC</td>
</tr>
</tbody>
</table>

Centurion will ensure that our hospital network meets the clinical needs of the KDOC offender population, including emergency, inpatient, outpatient, and specialty services. We provide more detail on our specialty services network in our response to RFP Section 4.3.25, Specialty Services.
As part of the implementation phase, we will provide KDOC with a final hospital affiliation and emergency transportation plan for each KDOC facility. Our network development department will continue to seek out resources for KDOC patients, now and throughout the contract, to ensure that all types and levels of healthcare services are available to patients as needed. We look forward to updating the department as we continue to identify and secure our healthcare network throughout Kansas. We are confident that Centurion will meet or exceed KDOC expectations.

Hospital Claims Processing
Centurion recognizes that our network providers depend on timely and accurate payments to meet their internal business needs and keep their practices and facilities running smoothly. Centurion utilizes the largest and most technologically advanced claims processing enterprises serving corrections. As a major managed care provider to state Medicaid and commercial insurance programs, Centene ensures that all claims processing is carried out according to the highest standards.

Our claims processing systems support standards-based transactions and file interfaces that exceed industry standards. Our middleware immediately loads all claims passing pre-adjudication edits into AMISYS Advance, which assigns each a unique control number incorporating the Julian time stamp we affix to all claims upon receipt. This "date stamp" is part of the control number used to identify each unique claim, allowing us to link together all available information surrounding a claim and to track our adherence to claims processing timeliness standards.

Our internal expectation is to pay all claims within 15 days of receipt. With automation and our providers’ increased willingness to use electronic submission means, we have been able to exceed our internal goal. In what follows, we provide Centurion’s average turnaround time on claims over the last 15 months:

### Centurion’s Payment of Claims Over Last 15 Months

<table>
<thead>
<tr>
<th>Month</th>
<th>Average Turnaround in Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/18</td>
<td>9.78</td>
</tr>
<tr>
<td>09/18</td>
<td>9.29</td>
</tr>
</tbody>
</table>
Centurion’s Payment of Claims Over Last 15 Months

<table>
<thead>
<tr>
<th>Month</th>
<th>Average Turnaround in Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/18</td>
<td>9.91</td>
</tr>
<tr>
<td>11/18</td>
<td>9.67</td>
</tr>
<tr>
<td>12/18</td>
<td>9.63</td>
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<td>01/19</td>
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<td>07/19</td>
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<tr>
<td>08/19</td>
<td>10.26</td>
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<tr>
<td>09/19</td>
<td>9.04</td>
</tr>
<tr>
<td>10/19</td>
<td>9.26</td>
</tr>
</tbody>
</table>

Average Days to Payment 9.55

Centurion is confident that our claims processing system will exceed KDOC expectations of 120 days for payment of hospital care and related expenses. Upon request, we are happy to provide KDOC with more detail on our claims processing system.

Concurrent Reviews

Centurion’s utilization management (UM) protocols for medically necessary care uses InterQual® criteria for determining the appropriateness of a patient’s level of care. The concurrent review process, a daily triage by the UM Coordinator and a hospital representative, discussing multifactorial considerations, for the patient’s on-going need for inpatient hospital care will occur. We provide more detail on the UM and concurrent review process in our response to RFP Section 4.12, Utilization Management Program. Through concurrent review, the patient receives the right level of care at the right time, avoiding both costly extended hospital stays and premature discharge back to the correctional facility.

Centurion will provide KDOC with a daily facility and system wide inpatient hospital placement health services report. The UM Coordinator will be responsible for tracking all inpatient hospital patients across the program and communicating with facility Health
Services Administrators to ensure the healthcare coordination of a patient's status at the regional and facility level.

The UM Coordinator will provide the KDOC health care compliance office with a daily health status report of hospitalized patients for all KDOC facilities. A weekly hospitalization summary report will be provided to KDOC facility wardens and the Director of Health Care Compliance, designated by facility. The daily and weekly inpatient hospitalization reports will be delivered according to the preferences of the KDOC health care compliance department.

Through our Informatics and Analytics department, Centurion is able to provide KDOC with dashboard reports for emergency send outs, hospitalizations, and provider claims. Below we provide an example of one provider claims dashboard:
We provide more detail on dashboards and informatics in our response to RFP Section 4.13, *Manuals and Reports*. In addition to our ability to efficiently provide KDOC with post event data, Centurion uses predictive modeling for risk management. In what follows, we provide additional information on *Impact Pro*, a predictive modeling system available through partnership with Centurion:

**Added Value – Impact Pro**

Centurion is excited to introduce our predictive modeling system, Impact Pro, to KDOC. We currently use Impact Pro to identify, stratify, and track offenders with healthcare issues.

Through *Impact Pro*, we utilize clinically-appropriate evidence-based tools to stratify healthcare risk and track changes in healthcare risk for individual patients. *Impact Pro* uses a patient’s demographics, health history, and consistently updates this information with available:

- Laboratory testing results
- Pharmacy information
- Use of specialty services, emergency room services, and inpatient hospitalizations based on claims processing data

*Impact Pro* information provides our staff with a comprehensive view of a patient’s healthcare status and response to treatment. For example, results of key laboratory values for many chronic diseases are important indicators of patient response to and outcome of self-care and treatment regimens. Similarly, pharmacological review assesses appropriateness of medication regimens and instances of polypharmacy, a particularly important step for patients with complicated co-morbidities. By using *Impact Pro*, we have been able to track healthcare outcomes for patients. This process has helped us identify and target patients with unique risk characteristics who would benefit from specific disease and care management programs.

Impact Pro will allow Centurion and KDOC to identify and proactively treat patients with elevated risks for medical complications.
We have also been using *Impact Pro* to identify patients proactively who may not yet have a diagnosis or identified condition that would trigger assessment for disease management but who are at risk for significant future medical utilization. Early identification combined with appropriate management and monitoring can prevent, delay, or reduce the disease process. *Impact Pro* helps us ensure these patients have access to appropriate preventive and primary care services and supports.

*Impact Pro* uses a mix of rigorous proprietary algorithms to stratify health risks. It identifies adverse trends and care gaps and combines these algorithms with evidence-based medical guidelines to identify care opportunities. The combination of these steps allows us to focus medical management resources on improving health outcomes.

We currently use the following steps to identify patients and measure their risk for potential chronic diseases:

1. **Identify individual patient clinical risk markers:** Clinical risk markers describe the patient’s clinical conditions and their use of healthcare services in the context of those conditions. *Impact Pro* risk markers are important in defining a patient’s clinical profile and how that clinical profile can be used in differentiating his/her risk versus the risk of other patients.

2. **Assign risk weights to each clinical risk marker.** The risk weights describe the incremental contribution to risk of having a clinical marker. A risk weight is assigned to each marker of risk for the patient.

3. **Calculate patient risk score.** A patient’s risk score for an outcome is the sum of the risk weights for all their markers of risk observed. Scores for predicted risk identify:
   - **High Risk Patients:** Patients with high predicted risk for hospitalization, higher than expected utilization of onsite healthcare services, poor outcomes, multiple multi-morbidity, and/or special healthcare needs
   - **Moderate Risk Patients:** Patients with a single chronic condition such as asthma, chronic obstructive pulmonary disease, diabetes, and coronary artery disease
   - **Low Risk Patients:** Patients with no chronic condition or with a well-managed condition
Patients identified at one level of risk may be moved to a more or less intensive level of risk based on changes in the acuity of their condition. For example, a patient currently categorized as low risk may be moved to high risk if condition-related utilization of acute care services suddenly increases or a new co-morbid condition is identified.

Predictive modeling allows us to maximize the impact of healthcare resources for the KDOC offender population collectively, while providing the most appropriate level of services for individual patients. These can range from patients with poorly controlled or multiple co-morbid chronic conditions to maximizing preventive services for those patients with no current chronic condition and a favorable health status.

An Impact Pro risk summary for one of Centurion’s programs is provided in the following table and graph. In the table and graph that follow, the term Big 5 refers to the five most prevalent chronic medical conditions:

- Diabetes
- Asthma or chronic obstructive pulmonary disease
- Cancer
- Obesity
- Cardiovascular disease

### Impact Pro Risk Profile Summary for Another Centurion Program

<table>
<thead>
<tr>
<th>Risk and Treatment Need Category</th>
<th>Number of Incarcerated Patients</th>
<th>Percentage of Incarcerated Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy</td>
<td>5,608</td>
<td>62.09%</td>
</tr>
<tr>
<td>Healthy: At Risk</td>
<td>2,020</td>
<td>22.36%</td>
</tr>
</tbody>
</table>
### Impact Pro Risk Profile Summary for Another Centurion Program

<table>
<thead>
<tr>
<th>Risk and Treatment Need Category</th>
<th>Number of Incarcerated Patients</th>
<th>Percentage of Incarcerated Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Primary: Interventional</td>
<td>335</td>
<td>3.71%</td>
</tr>
<tr>
<td>Chronic, Other Conditions: Interventional</td>
<td>285</td>
<td>3.16%</td>
</tr>
<tr>
<td>Acute Episodic</td>
<td>284</td>
<td>3.14%</td>
</tr>
<tr>
<td>Behavioral Health Primary: Stable</td>
<td>201</td>
<td>2.23%</td>
</tr>
<tr>
<td>Chronic, Big 5: Interventional</td>
<td>129</td>
<td>1.43%</td>
</tr>
<tr>
<td>Chronic High Risk</td>
<td>91</td>
<td>1.01%</td>
</tr>
<tr>
<td>Catastrophic: Active Cancer</td>
<td>24</td>
<td>0.27%</td>
</tr>
<tr>
<td>Chronic, Other Condition: Stable</td>
<td>20</td>
<td>0.22%</td>
</tr>
<tr>
<td>End of Life</td>
<td>13</td>
<td>0.14%</td>
</tr>
<tr>
<td>Rare High Cost Condition</td>
<td>12</td>
<td>0.13%</td>
</tr>
<tr>
<td>Catastrophic: Dialysis</td>
<td>7</td>
<td>0.08%</td>
</tr>
<tr>
<td>Chronic, Big 5: Stable</td>
<td>2</td>
<td>0.02%</td>
</tr>
<tr>
<td>Dementia</td>
<td>1</td>
<td>0.01%</td>
</tr>
</tbody>
</table>

### Estimated Future Cost per Patient

![Estimated Future Cost per Patient chart](chart.png)
Centurion was the first correctional healthcare contractor to bring Impact Pro to correctional environment. We look forward to demonstrating Impact Pro to KDOC and discussing its use and benefits within the healthcare program further.

**Vant4gePoint**

Centurion’s second proposal for predictive modeling and risk management involves the provision of technology-enabled programming through electronic tablets made accessible to designated offenders, combined with pre- and post-test evaluations and monitoring of offender progress in programming through Vant4gePoint. While Impact Pro provides evidence-based data mining for medical risk management, Vant4gePoint can provide evidence-based data mining for behavioral risk management.

**Vant4gePoint** is the result of decades of experience integrating and using data to inform decisions at all levels, with the ultimate goals of reducing recidivism, fiscal savings, and safer institutions and communities. We are currently working with Vant4gePoint in our Pennsylvania and Tennessee Department of Corrections programs to bring digital solutions to intake and restrictive housing service delivery. Vant4gePoint provides access to digital programming using electronic tablets. Through Vant4gePoint, we are able to offer a proprietary criminogenic pathways program and a usage agreement to access Breaking Free Online, a substance use disorder treatment program. The system has the ability to upload KDOC program and/or Centurion patient education materials.

Moreover, Vant4gePoint embeds logic around pre- and post-programming measures, including evidence-based self-assessments. Program component sequencing and recommendations that target identified needs for a particular patient are also built in. The Vant4gePoint system is designed to address risk factors for recidivism, reduce the need for institutional or residential treatment, and coordinate treatment continuation upon return to the community.

Vant4gePoint can be configured to support current and future goals for data sharing. While we recommend piloting only a small portion of Vant4gePoint’s potential during the first year of a new contact, there are multiple opportunities for expansion. For example, if desired by KDOC, Vant4gePoint has the capacity to provide a coordinated system of care, through a technology-based platform that has the capacity to connect supervisors, care providers, and...
services providers to the participant, both within and outside the prison walls, as appropriate. This means that the program can follow the individual upon release to the community, when community supervision is required.

Vant4gePoint has the ability to integrate criminal history records, institutional case and program records, and mental health and medical treatment plans. Multidisciplinary case plans can be shared to enhance reentry service planning. With KDOC approval, system integration between Vant4ge Point, the Offender Management and Information System (OMIS), and the EHR is possible. Such integration can support the assessment of patient treatment engagement and outcomes.
4.3 Comprehensive Medical Services

4.3.21 Assisted Daily Living Unit (ADL unit). The KDOC currently houses special needs patients requiring some form of ADL assistance in the infirmary and throughout all KDOC facilities in housing units equipped to handle the offender’s needs.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.21, Assisted Daily Living Unit (ADL unit), identified herein.

We recognize that some offenders need the assistance and support of others in order to complete basic activities of daily living (ADL). These activities typically include movement, dressing, eating, bathing, and toileting. However, ADLs can include basic communication and socialization skills that may be lacking and therefore prevent offenders from being able to effectively communicate or interact with others, even at a minimal level.

Centurion has experience working with offenders who present with these limitations in our other correctional healthcare programs. We will assign properly trained nursing and/or other healthcare staff to assist offenders with these types of physical and/or behavioral limitations. In addition, we have been successful in providing ADL training to qualified offenders who serve as peer assistants to provide ADL support to other offenders.

We appreciate that the KDOC has set aside ADL units in housing units throughout the KDOC facilities to meet the special needs of these offenders. We look forward to collaborating with the KDOC to learn more about the number and characteristics of the populations who reside in these units so we can tailor our staff assignments and training to meet the needs of these offenders.
4.3 Comprehensive Medical Services

4.3.22 End of Life Program

4.3.22.1 Offenders diagnosed with an illness in an advanced stage, where curative therapy is no longer indicated, shall be eligible for the end-of-life program. The Contractor shall provide a comprehensive end-of-life program that includes:

(a) Medically directed care.
(b) Interdisciplinary plan of care development.
(c) Family involvement.
(d) Training and use of offender volunteers.
(e) Treatment of pain and non-pain symptoms.
(f) Patient education.
(g) Counseling.
(h) Alternative housing.
(i) End-of-life program is a certified program based on established hospice correctional guidelines.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.22, *End of Life Program*, identified herein.

We recognize that while the need for end-of-life care can occur at any age, the vast majority of KDOC offenders in need of such care will be elderly. Centurion appreciates that the KDOC is encouraging the establishment of a thoughtful and thorough end-of-life programming plan. We offer a number of helpful programming options for the KDOC to consider. Our experience confirms that these interventions effectively address offenders in need of end-of-life programming, including palliative care. At a minimum, our end-of-life program will include the following:

- Medically directed care
- Interdisciplinary plan of care development
- Family involvement
- Training and use of offender volunteers
- Treatment of pain and non-pain symptoms
- Patient education
End-of-Life Programming Approach and Plan

With the aging of many offender populations and increased disease burden of older KDOC patients, we recognize the need for a structured program that meets the needs of these patients. We appreciate the important role an end-of-life and palliative care program plays in a comprehensive healthcare program. Provision of services through this program is consistent with the focus on elderly patients and geriatric care required in the community and in other correctional systems, with a lifespan approach to healthcare, and with national standards of care for palliative care and hospice patients. We appreciate that offender access to end-of-life care is an essential component of the spectrum of services that must be delivered.

Centurion has developed a comprehensive policy and set of procedures to support end-of-life decision-making and palliative care. We have included two proprietary and confidential versions of our policy, Care for the Terminally Ill, one for adults, the other for juveniles, as Attachments Y and Z, respectively. Although end-of-life programming needs are rare for juveniles, we are aware that there are unique requirements for youth populations, particularly related to consents and notifications, and that these requirements can vary significantly by jurisdiction. Upon contract award, we will conform our end-of-life policies to KDOC policy and contract requirements.

Centurion’s hospice and palliative care program will be consistent with the National Hospice and Palliative Care Organization’s Standards of Practice for Hospice Programs, and Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings. Additionally, we incorporate guidelines from the National Consensus Project’s Clinical Practice Guidelines for Quality Palliative Care. Our end-of-life and palliative care program will meet relevant state regulations and the standards of ACA, NCCHC, and the National Institute of Corrections for end-of-life care.

We look forward to clarifying the KDOC’s expectations for program certification. Centurion will support individual professionals in obtaining certification through our employee education program. For example, we support CCHP and CPHQ certification. Moreover, we have never failed to obtain program certification when our clients have requested this. For example, we have achieved certification and licensure for the onsite inpatient psychiatric
hospitals in two separate contracts in Pennsylvania, one for the Department of Corrections, the other for the Philadelphia Department of Prisons.

Centurion is a strong advocate for bringing the professionalism and rigor that come with certification. We appreciate that certification enables us to deliver community standards of care and includes invited transparency and external review to ensure the integrity and fidelity of our programming.

**Multidisciplinary Team Approach**

Centurion will use a team approach to providing end-of-life and palliative care services to the full extent that KDOC offenders need these services. Our healthcare staff will work with KDOC security and administrative staff and spiritual professionals to meet the medical, psychological, and spiritual needs of the dying patient. Our regional medical director will work in collaboration with the treatment team to provide guidance and medical supervision of the care delivered consistent with the objectives of the program. We understand that end-of-life issues for male and female patients may differ and will make sure that we tailor each patient’s individual treatment plan to meet patient-specific needs. We will address the following:

- Pain management
- Patient mental status, particularly as it impacts healthcare decision-making abilities
- End-of-life decisions
- Durable medical equipment
- Provisions of patient advance directives in accordance with state statutes and KDOC policy

Healthcare staff will explain each of these elements to the patient and will develop the treatment plan in collaboration with the patient and those who may be involved in providing care and support to the patient.

**Advance Directives**

As part of our palliative care services, we recommend an advanced directive process that includes guidance to the patient on making decisions regarding specific interventions, including:

- Cardiopulmonary resuscitation
- Intubation
- Artificially administered nutrition
- DNR orders

It is Centurion’s position that a patient’s advance directive will not apply in the event of a life-threatening condition brought about by a suicide attempt, hunger strike, or other self-injurious behavior. In these cases, the healthcare staff will provide emergency medical interventions.

We will provide KDOC patients access to general information about the palliative and hospice care program. Patients with chronic and progressive diseases will receive specific information on palliative care, hospice care, and advance directives as a part of their care plans.

**Centurion Clinical Guidelines**

To support patient rights to participate in healthcare decisions, Centurion has developed *Clinical Guidelines for Behavioral Health Assessment of a Patient’s Ability to Make Informed Medical Decisions*. The guideline outlines the steps used in a specialized evaluation of a patient’s healthcare decision-making process based on the patient’s medical and behavioral health condition and the nature of the decision under question. Centurion appreciates the importance of assessing patient medical decision-making abilities when patients are engaged in making end-of-life decisions.

Centurion’s *Clinical Guidelines for Behavioral Health Assessment of a Patient’s Ability to Make Informed Medical Decisions* include the following elements:

- Determination of the need for an assessment
- Sources of information
- Medical decision-making assessment
- Documentation

While these assessments may be most critical for patients with mental illness and terminal conditions, we recognize that many medical conditions can compromise cognitive functioning and medical decision-making processes. For this reason, we believe it is important to conduct formal assessments of patients enrolled in the program. If desired, we will provide these guidelines to the KDOC for consideration and authorization and train our medical providers in their use.
Long-Term Services and Support

An important issue in managing the needs of the elderly and some end-of-life patients at KDOC will be the need for long-term skilled nursing (i.e., nursing home) services for offenders who have reached the end of their prison sentence but KDOC cannot discharge them due to their need for nursing home placement.

Our partnership with Centene allows us to enjoy the data, personnel, and success of Centene’s Long Term Services and Support (LTSS) efforts in four states. Today, Centurion is in discussions with three states regarding creation of LTSS services for inmate populations as a solution for affordable skilled nursing services. This provision of LTSS through capitated Medicaid managed care programs has great applicability to state departments of corrections across the nation. The provision of LTSS to aged, ill, and fragile offenders outside the walls and in nursing facilities makes sense and will save dollars and bed space for the prisons. Centurion would be pleased to provide the KDOC with more information about these efforts as they evolve.
4.4 Comprehensive Medical Services

4.3.23 Outpatient Surgery/Ambulatory Services. The offsite health care services are a necessary part of the offender health care services. These processes include, but are not limited to, specialty ambulatory clinics, outpatient one (1) day surgeries, and specialist offsite procedures and diagnostic testing.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.3.23, Outpatient Surgery/Ambulatory Services, identified herein.

We recognize that sometimes KDOC patients will require outpatient surgery or other offsite ambulatory services to ensure that we meet the full scope of their healthcare needs. However, as we noted in our response to RFP Section 4.3.25, Specialty Services, our goal is to maximize the utility of our onsite healthcare staff, contracted onsite specialty service providers, and community providers through telehealth.

Our offsite specialty services and model policies comply with NCCHC and ACA national standards. These specialty services include, but are not limited to specialty ambulatory clinics, outpatient one day surgeries, and specialist offsite procedures and diagnostic testing. Following contract award, we will customize our policies to conform to KDOC policy and facility-specific operational requirements and will submit them to KDOC Director of Health Care Compliance, or designee, for review and approval prior to implementation.

We will establish healthcare provider networks through memorandums of understanding (MOUs), or similar written commitments, for offenders who require outpatient surgery or other offsite ambulatory services. These MOUs will detail coordination of care procedures and sharing of information between Centurion and the relevant agencies as well as compliance with quality and industry standards.

Kansas Provider Network Affiliations

Since 2013, Centurion’s parent company, Centene, has had a presence in Kansas through the Sunflower Health Plan (Medicaid). Our Centene health plan covers 152,100 individuals across the state of Kansas and employs 478 staff members located in three offices: Lenexa, Topeka, and Wichita. Our Sunflower Health Plan:

- Contributed $112 million to the Kansas economy in 2017
In partnership with Sunflower Health employees, contributed $141,520 to community-based organizations in Kansas since 2017

Grew to a statewide provider network consisting of 30,383 providers and 225 hospitals
  - Includes primary care physicians and specialists
  - Includes other providers delivering LTSS services

Went live with new insurance products in 2018:
  - Ambetter health plans, offered through the Health Insurance Marketplace
  - Allwell, a Medicare Advantage Prescription Drug plan, with a Dual Special Needs Plan launched in 2019

As part of Centene, Centurion has access to a network of 30,383 providers throughout Kansas, including, but not limited to, the following:

**Kansas Provider Networks**

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Kansas Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>2,309</td>
</tr>
<tr>
<td>Specialty Clinics</td>
<td>265</td>
</tr>
<tr>
<td>Dental</td>
<td>725</td>
</tr>
<tr>
<td>Hospitals</td>
<td>225</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>594</td>
</tr>
<tr>
<td>Primary Care</td>
<td>2,240</td>
</tr>
<tr>
<td>Specialists</td>
<td>6,769</td>
</tr>
<tr>
<td>Vision</td>
<td>1,040</td>
</tr>
</tbody>
</table>

Upon contract award, we will immediately begin to identify which of these providers are good candidates to offer any required supplemental healthcare services for KDOC offenders. If we identify the need for additional specialty providers outside of this network, we will pursue those connections and establish new networks, contracts, or MOUs to ensure that KDOC patients have access to required outpatient surgery and other offsite ambulatory services.
Collaboration with KDOC Security and Transportation

Centurion healthcare staff will work collaboratively with KDOC transportation and security personnel to coordinate transportation of inmates, as needed, to outside healthcare providers. We recognize the importance of minimizing the impact of offsite transportation on KDOC personnel when scheduling offsite healthcare appointments for inmates. As such, where possible, we will consolidate the scheduling of patient consultative offsite appointments with hospitals and other healthcare providers.

The KDOC’s Health Services Report for FY 2019, Appendix M of the RFP, indicates that there were 425 one-day outpatient surgeries and 2,257 offsite office visits. In the same fiscal year, there were an additional 379 office visits that included medical procedures. We are confident that through appropriate management of patient appointments, including utilization of telehealth services, we can consolidate and effectively minimize the number of separate trips required by custody to meet patient specialty medical service needs.

Monitoring, Reporting, and Follow Up

Centurion will keeping an active log of all offsite healthcare consultations and appointments in our other correctional contracts. We will include the KDOC consultations and appointments in this log. In addition to maintaining a log, we will provide the KDOC with regular data reports related to offsite services and track our compliance with any reporting requirements as part of our CQI process.

Centurion’s Health Service Administrator or designee will ensure that onsite healthcare staff provide appropriate follow-up concerning hospital or other community provider’s discharge summaries and other medical recommendations. To support this effort, our CQI program will include periodic audits aimed at monitoring and reporting on compliance with this requirement.

Utilization Management for Specialty Services

Centurion recognizes that the optimal approach for managing medical care related to inpatient hospitalization, specialty care coordination, and emergency services is through a medical management program that includes a utilization review process. Nurses with over 30 years of utilization management (UM) experience lead our utilization management program.

Our specialty services UM program uses a prospective review process to ensure that both
onsite and offsite specialty services, procedures, and testing are medically necessary, provided timely, and performed in the most appropriate healthcare setting. We provide more detail on the role of our UM program in monitoring and minimizing offsite specialty services in our response to RFP Section 4.12, *Utilization Management*.

**Specialty Care Referrals**
When an onsite provider determines, based on a thorough clinical examination, that a patient requires a specialty service, the provider generates a request for specialty services. When determining the medical necessity of a specialty service referral, onsite providers have access to the on-line medical resource *Up-to-Date* that provides them with the most recent information on assessment and treatment of medical conditions.

Onsite providers have access to board certified specialists through the RubiconMD web-based eConsult system. By connecting correctional medical providers to external specialists, RubiconMD empowers providers to receive key clinical insights at the point of care, increasing their ability to make clinically informed decisions, improving patient care plans, and avoiding unnecessary transportation and outside costs.

RubiconMD consultations have helped avoid offsite referrals that would have been unnecessary in a number of cases. In other cases, the consultation resulted in an improvement of the referral process. For example, RubiconMD can assist providers in requesting the most appropriate specialty service and in completing a more thorough workup to avoid duplicated labs and studies as well as multiple visits to specialists.

Between 2015 and 2019, Centurion has submitted 1,878 eConsults by approximately 200 clinicians. In the diagram below, we display the types of specialty services.

<table>
<thead>
<tr>
<th>eConsults at Centurion 2015-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1,878</strong> eConsults submitted by &gt;200 Centurion clinicians</td>
</tr>
<tr>
<td><strong>&lt;2 hours</strong> Median time around for a specialist response</td>
</tr>
<tr>
<td><strong>4.8</strong> Star rating on the quality of specialist response (out of 5)</td>
</tr>
<tr>
<td><strong>65%</strong> eConsults improved a care plan</td>
</tr>
<tr>
<td><strong>61%</strong> eConsults were educational (~250 eConsults claimed for CME credit)</td>
</tr>
<tr>
<td><strong>48%</strong> eConsults avoided a service (referral, dx, px)</td>
</tr>
</tbody>
</table>
After the onsite provider determines that the patient requires a specialty service, the provider generates and submits a request for the specialty service to the UM staff. We expect our providers to initiate requests for specialty services in a timely manner. Extended delay between the date of the clinical examination indicating need for specialty services and submission of the referral is not acceptable.

When there is an urgent need for the specialty service, the provider will indicate the urgency on the referral request and advise the UM department of the referral. The UM staff process the request based on the urgency of the requested follow-up. We provide more detail on our UM program in our response to RFP Section 4.12, Utilization Management.

**Alternatives to Offsite Healthcare Services**

With the approval of the KDOC, Centurion will evaluate the cost and volumes of each specialty service conducted offsite to identify which of these we can cost-effectively provide onsite. In addition, we will look at specialties where the use of telehealth could be an option.

In our partnership with the Tennessee Department of Correction (TDOC), we currently provide the following healthcare specialties on site at the Lois M. DeBerry Special Needs Facility (DSNF) in Nashville through Meharry Medical Group. If not already in place, we propose providing or exploring similar onsite services at KDOC facilities.
Onsite Clinics:

- Cardiology
- Obstetrics/Gynecology
- Audiology
- Ear, Nose and Throat (ENT)
- General surgery
- Orthopedics
- Urology
- Vascular

Services provided via telehealth:

- Cardiology
- Gastroenterology
- Oncology
- Infectious Diseases
- Ear, Nose, and Throat
- Nephrology
- Pulmonology
- Allergy/Immunology
- Endocrinology

We look forward to working with the KDOC to determine which specialty areas would be the highest priority for transitioning from offsite to onsite and/or telehealth services. Centurion provides more information on telehealth services in our response to RFP Section 4.3.26, *Telemedicine*. 
4.4 Transportation and Security

4.4.1 Off-site Transportation

4.4.1.1 Transportation of offenders for off-site services or transfer to another KDOC facility shall be the responsibility of the KDOC, except when transportation requires travel by emergency vehicle. The Contractor shall provide a documented emergency transportation services plan. Such ambulance and/or advanced life services shall be by pre-arranged agreement. All costs related to these specialty transportation services are the responsibility of the Contractor.

4.4.1.2 Offenders considered for functional incapacitation or parole release requiring ambulance services will remain the transport responsibility of the Contractor until they arrive at the specialized facility designated for their ongoing care. The Contractor shall be responsible for the cost of any medical transport vehicle costs for functionally incapacitated offenders needing transport.

4.4.1.3 The Contractor shall be responsible for health care services to those offenders in transit between facilities and throughout the state while under the supervision of the KDOC. This includes services to offenders being transported to and from a facility work release or private industry employment location.

4.4.1.4 The Contractor shall coordinate the scheduling of off-site services from KDOC facilities to community providers with the facility transportation supervisor as designated by the warden.

4.4.1.5 When deemed necessary by the Secretary of Corrections for the safety and orderly operation of KDOC facilities, KDOC may place offenders in contract beds both within the state of Kansas and out-of-state. Contractor shall screen those individuals being considered for contract bed placement for chronic or other medical conditions that might preclude the safe housing of the offender in a contract facility and provide a summary of that documentation to the KDOC contract bed coordinator so that appropriate decisions can be made regarding placement. Any onsite care the contract facility provides to its own offenders will be provided to the KDOC offenders. Any offsite care required for the health of a KDOC offender housed in a contract facility shall be coordinated with Contractor and the Contractor will be responsible for the costs of such care, including emergent care, unless otherwise covered by the contract between KDOC and the contract facility. For medically necessary offsite care that is not emergent, the Contractor may request the KDOC to return the offender in need of care back to an appropriate KDOC facility so that they can assess the need for and arrange the offsite care as clinically indicated.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.4.1, Off-site Transportation, identified herein. Where applicable, Centurion will comply with KDOC Policy 11-903, Inter-Facility Transfers.

Centurion appreciates that KDOC provides offender transportation for non-emergency medical purposes. Our site Health Services Administrator will ensure effective
communication with the facility transportation supervisor and compliance with KDOC policy, including the use of the *Inmate Transfer Order Instructions* when appropriate. Centurion understands that offender care, even during periods of direct supervision by KDOC for transport, remains our responsibility. We acknowledge that such transport may be local or statewide and for a variety of purposes.

We understand that KDOC will not be responsible for emergency medical transportation. Centurion will coordinate emergency medical transportation services using local or a Department preferred service. KDOC will be provided with detailed information related to emergency transport services, as well as emergency service plans for each facility, for review and approval within 30 days of contract award.

Centurion acknowledges that the cost associated with medical transportation, outside of that provided by KDOC, will not be the responsibility of KDOC. Centurion acknowledges and agrees that incapacitated offenders who require medical transportation to an alternative facility, outside of KDOC custody, will remain our financial responsibility.

**Offsite Medical Trips**

Our Health Services Administrators will coordinate offsite, non-emergency, medical trips with the facility transportation supervisor as directed by the Warden. We will comply with facility specific policy and procedure when requesting offsite transport. We will collaborate with the facility transportation supervisor to minimize operational hardships, without creating barriers to medically necessary healthcare. When possible, we will consolidate offsite medical trips to minimize the number of trips required by custody.

Centurion will provide KDOC, facility Wardens, and facility transportation supervisors, with the necessary information to safely transport offenders to offsite medical appointments. Offsite medical trips will be considered need-to-know and will not be shared with the offender, unnecessary healthcare staff, or security staff prior to transport.

**Patients Transferred to Contract Bed**

Centurion acknowledges KDOC’s ability to transfer offenders to “contract beds.” Centurion will complete assessment and medical recommendations for offenders being considered for contract bed placement in accordance with KDOC policy. Facility Health Services Administrators will collaborate with facility administrators to ensure that communication regarding such offenders is timely and complete.

To the extent possible, offenders with medical conditions that are anticipating transfer will have outstanding medical appointments completed prior to transfer. Centurion nursing staff
will adhere to policy directing patient transfer, including communication with the receiving facility and preparations of healthcare records. We provide more detail on this in our response to RFP Section 4.3.6, *Receiving Screening*.

Centurion acknowledges and agrees that healthcare costs, beyond that negotiated by KDOC with the placement agency, for the care of offenders will be our responsibility. We understand that this may include emergency and offsite care. Centurion will collaborate with the placement agency to ensure that there is no delay in patient care. We appreciate the opportunity, when necessary, to request that a patient be returned for assessment and treatment following Centurion clinical guidelines and utilization management practices.
4.4 Transportation and Security

4.4.2 Security

4.4.2.1 KDOC shall provide security and security procedures to protect the Contractor’s equipment as well as KDOC medical equipment. The Contractor shall ensure that the Contractor’s staff adheres to all policies and procedures regarding transportation, security, custody, and control of offenders.

4.4.2.2 KDOC shall provide security escorts to and from clinic appointments whenever necessary as determined by security regulations and procedures outlined in KDOC policy.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.4.2, Security, identified herein.

Centurion appreciates that the KDOC will provide security and security procedures aimed to protect medical equipment. Centurion healthcare staff will adhere to KDOC security procedures. We will ensure that healthcare staff receive appropriate training to comply with KDOC security policy and procedures including, but not limited to, transportation, security, custody, and control of offenders. We will collaborate with the KDOC to ensure that our security procedures training is sufficient and cooperate with the department should concern arise related to compliance with security procedures.

KDOC offender escorts, for healthcare services, are greatly appreciated. Healthcare staff will communicate cooperatively with security staff to confirm that escorts do not negatively impact facility operations and to safeguard access to care for all offenders. We understand that all escorts will be conducted in compliance with KDOC policy and procedure.
4.5 Comprehensive Dental Services

4.5.1 General Dental Services

4.5.1.1 The Contractor shall identify, plan and provide for all on-site general dental services. The Contractor shall also provide on-site oral surgery services. The Contractor shall be responsible for dental emergencies per established medical protocol.

4.5.1.2 The Regional Dental Director shall be responsible for providing clinical oversight regarding off-site dental referral services.

4.5.1.3 Dental screenings shall be conducted by nursing staff upon arrival on admission to KDOC as compliant with NCCHC and/or ACA standards.

4.5.1.4 Parole violators and conditional release violators shall be provided a dental examination by a dentist within thirty (30) days of admission if the last examination was completed more than one year from re-admission date.

4.5.1.5 Contractor shall provide dental examination and instruction in oral hygiene within thirty (30) days of admission for all newly admitted offenders to KDOC in compliance with NCCHC and ACA standards.

4.5.1.6 Contractor shall provide dental examination and instruction in oral hygiene during the birthday month for all offenders every two (2) years unless required more frequently by NCCHC and/or ACA standards for dental care.

4.5.1.7 Contractor shall provide dental treatment, not limited to extractions, in accordance with a treatment plan based upon established priorities that in the dentist’s judgment are necessary for maintaining the offender’s health status.

4.5.1.8 Referral to dental specialists are to be provided as needed.

4.5.1.9 Contractor shall provide emergency dental care.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.5.1, General Dental Services, identified herein.

We will provide dental oral care services to offenders housed in KDOC facilities with onsite dental capabilities in accordance with ACA Standards 5-6A-4360, 1-HC-1A-17, and 4-JCF-4C-15, Dental Care, and NCCHC Standards Y/P-E-06, Oral Care. Dental services will be under the direction and supervision of a dentist licensed by the State of Kansas and in accordance with all related policies outlined in the KDOC Internal Management Policies and Procedures (IMPPs) Manuals. Centurion adheres to evidence-based clinical practice guidelines for dental services and American Dental Association (ADA) Standards.
Centurion’s dental services focus on supporting the patient’s overall healthcare through maintenance of oral healthcare including identification and treatment of emergent, urgent, and routine dental needs, maintenance of necessary mastication, and screening for oral cancers.

For the KDOC and its offenders, Centurion strives to improve and/or maintain the oral health of incarcerated patients, many of whom will release into the community, in order to then positively affect the health of the broader community. We will meet and often exceed a community standard of dental care through comprehensive dental assessment, treatment planning, and timeliness of services performed primarily onsite using properly acquired and maintained dental equipment and supplies. We excel in supporting dental training processes including “hands on” skill building opportunities for select licensed dentists to improve individually and master procedures, including oral surgery, within their scope of practice, competencies, and level of qualification.

Our routine and emergency dental services will include the following:

- Emergency dental care provisions per established medical protocol
- Reception oral screening for offenders upon admission to a KDOC facility by nursing staff trained by a dentist or by a dental professional:
  - Oral screening will include visual observation of the teeth and gums with notation of any obvious or gross abnormalities requiring immediate referral to a dentist
- Instruction in oral hygiene and preventive oral disease education and self-care instruction within 30 days of admission by trained dental personnel for adult offenders and within 14 days of admission for juvenile patients
- Oral examination by a dentist within 30 days of admission (for parole violators and conditional release violators, the dentist will provide dental examination if the last examination occurred more than one year from the readmission date)
- Oral biennial dental examination and instruction in oral hygiene during the birthday month for all offenders every two years
- Dental treatment plan creation

Centurion Dental Program Services

- Instruction in Oral Hygiene
- Emergency Dental Care
- Dental Screenings
- Referrals to Dental Specialists
- Dental Examinations
- Dental Treatment

Page 207
A defined dental tooth and hygiene charting system that identifies the oral health condition and specifies the priorities for treatment by category

Use of radiographs (x-rays) to guide diagnosis and treatment in development of the treatment plan

Oral dental treatment, not limited to extractions, in accordance with a treatment plan and based on established priorities necessary to maintain the offender’s health status in the judgment of the dentist

Conservative treatment of the periodontium to include oral hygiene instruction, scaling and root planing

Conservative restorative services employing amalgam, composite and stainless steel crown procedures

Dental extractions by a licensed dentist consistent with community standards of care and consistent with the American Dental Association (ADA) Standards and evidence-based clinical practice guidelines

Onsite oral surgery services

Consultation through referral to oral healthcare specialists as needed with the regional dental director providing clinical oversight of offsite dental referral services

Denture services for offenders requiring them for mastication

Prosthetic appliances necessary to replace the incising and masticating functions

Providing a High-Quality Dental Program

Our dental program will provide for the basic oral health needs of the offender population through:

- The diagnosis of existing oral conditions
- Services for the relief of pain and elimination of infection
- Preventive measures to maintain optimal oral health
- Services to restore adequate masticatory function

Centurion’s dental services program will include adequate dental personnel to fulfill the service requirements.
Based on KDOC Answer 43 to RFP Amendment 4, we understand the KDOC currently has a total of 19 dental chairs, as follows:

<table>
<thead>
<tr>
<th>KDOC Facilities</th>
<th>Dental Chairs</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado Correctional Facility</td>
<td>3</td>
</tr>
<tr>
<td>El Dorado Correctional Facility Oswego Satellite Unit</td>
<td>1</td>
</tr>
<tr>
<td>Ellsworth Correctional Facility</td>
<td>1</td>
</tr>
<tr>
<td>Hutchinson Correctional Facility</td>
<td>3</td>
</tr>
<tr>
<td>Kansas Juvenile Correctional Complex</td>
<td>2</td>
</tr>
<tr>
<td>Lansing Correctional Facility</td>
<td>4</td>
</tr>
<tr>
<td>Larned Correctional Facility</td>
<td>1</td>
</tr>
<tr>
<td>Norton Correctional Facility</td>
<td>1</td>
</tr>
<tr>
<td>Topeka Correctional Facility</td>
<td>2</td>
</tr>
<tr>
<td>Winfield Correctional Facility</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Dental Chairs</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

Our plan to staff the dental program is included in our proposed staffing plans, found as Attachment TT.

The focus of Centurion's dental oral care services will include maintenance of the patient's overall healthcare, treatment for routine, emergent and urgent dental needs, and support for necessary mastication. We will work closely with the Department to ensure offenders have timely and necessary access to emergency or routine dental services 24 hours a day, seven days a week. Dental decisions will remain the sole province of the responsible dentist.

Centurion will provide oral surgery services through onsite services that are provided at or above the levels required in accordance with RFP Appendix H, *Onsite Specialty Services per Facility*. When necessary, we will also provide oral surgery services through referral to oral surgery specialists off site under the clinical oversight of the Regional Dental Director. We will make every effort to minimize KDOC transportation and staffing costs associated with offsite services.

**Delivering Urgent and Emergent Dental Services**

Consistent with our emergency medical protocol, offenders will have immediate access to care for urgent conditions. Medical staff will handle all dental emergencies in the same manner as other medical emergencies, with nursing staff using the most applicable medical or nursing protocols to address the patient's concern. We discuss our emergency medical protocols in our response to RFP Section 4.3.14, *Emergency Medical Services*. 
Centurion will ensure that emergency dental care remains available 24 hours a day, seven days a week through onsite staff, through access to on-call staff, or through an emergency room as triaged by trained nursing staff following established medical protocols. On evenings, weekends, holidays, or when dental staff may not be available on site, or at facilities without onsite dental services, our medical staff will triage emergencies.

Based on the medical staff’s evaluation of the patient in consultation with the on-call provider, the patient will receive any immediately necessary medical care to stabilize or treat the urgent condition, including pain control or antibiotics as clinically indicated, with referral to dental for follow-up assessment or treatment during regular work hours. Dental staff will provide education on recognizing and treating dental emergencies and guidelines to manage dental emergencies. Centurion has developed *Dental Nursing Guidelines and Protocols* to guide nursing staff in assessment of dental complaints and action steps to take in addressing them.

Dental complaints requiring emergency attention include but are not limited to the following:

- Traumatic injuries
- Excessive or uncontrolled bleeding
- Fractures especially of the mandible, maxilla, or zygomatic arch
- Acute infection
- Severe dental pain
- Intraoral lacerations that require suturing
- Tooth abscess or facial swelling of a life threatening nature or causing facial deformity

**Delivering Routine or Ongoing Dental Services**

Identification of a patient’s need for routine or ongoing dental services may occur during the admission or intake examination process, through patient self-referral using the sick call request system, or by referral of healthcare staff based on a medical encounter. Routine dental treatment will include services such as periodontal treatment and incipient dental caries. Routine dental treatment will be scheduled and completed as clinically indicated according to dental triage and classification.

Routine or ongoing care defined as conditions requiring treatment to restore the form and function of a patient’s oral tissues, not solely elective or cosmetic in nature, include but are
not limited to the following:

- Caries
- Chronic periodontal conditions
- Non-restorable teeth requiring extraction
- Edentulous or partially edentulous patients requiring dental adaptive device creation, replacement or repair
- Presence of temporary, sedative, or intermediate restorations

Centurion will provide dental adaptive devices (removable prosthetics, dentures, partials, bridges) when medically necessary, as determined by the responsible dentist. We discuss this further in our response to RFP Section 4.5.2, Dentures.

**Utilization Management for Oral Surgery Procedures.** Centurion’s regional dental director will review any referrals from site dentists for oral surgery procedures. If an institutional dentist submits oral surgery procedure referrals that the regional dental director determines can be completed onsite, the regional dental director will provide onsite training for the institutional dentist or other member of the dental staff skilled in performing oral surgery.

This onsite “hands-on” training approach has effectively reduced unnecessary referrals for oral surgery in our Florida dental program. Additionally, we successfully facilitated repair and/or replacement of dental equipment within our partnership with the **Florida Department of Corrections (FDC)** to provide the necessary means to enhance our provision of onsite oral surgery procedures. We successfully collaborated with the FDC to replace dysfunctional dental equipment within budgetary constraints, often at a cost not exceeding $1,000.

The regional dental director will review and authorize specialist dental procedure referrals for medically necessary dental care not possible to provide onsite, including referrals related to significant trauma, suspected pathological lesions, or other complex oral surgery needs. We believe that providing clear criteria for offsite specialty dental services referrals will increase onsite dental services, reduce offsite consults, and reduce transportation requirements. We look forward to collaborating with the KDOC in establishing and refining these criteria.

**Providing Access to Oral Healthcare Specialists**
Centurion will maintain responsibility for coordinating necessary dental services not available within the KDOC at offsite community provider facilities or specialty clinics.
Centurion will transfer patients who need dental care beyond the resources available in the facility to a facility where a specialist will provide the required care.

The responsible dental practitioner will determine advanced services needed and refer to our network providers when necessary. Centurion dental staff can access a second opinion consultation regarding a dental treatment plan through RubiconMD, a web-based eConsult system. RubiconMD assists providers to request the most appropriate specialty service, such as oral surgery, in completing a thorough workup. These consults assist in avoiding unnecessary offsite visits to specialists. By connecting correctional medical providers to specialists, RubiconMD empowers providers to receive key clinical insights at the point of care, increasing their ability to make clinically-informed decisions, improving patient care plans and outcomes, perfecting the timing of care, and avoiding unnecessary transportation and related Department costs. When appropriate, our dental providers will refer to approved community resources.

**Enhancing Preventive and Assessment Services**

Centurion dental staff will emphasize the importance of maintaining current teeth and gums through a preventive dentistry approach. We will focus on procedures and self-care practices to help patients to prevent the beginning or progression of oral disease. We prefer a combined approach of prophylaxis and oral hygiene instruction where staffing and resources support it.

By educating the patient with a hands-on approach to develop excellent oral hygiene skills, we strive to improve patient’s control of bacterial plaque, the cause of periodontal disease. Preventive treatment, as clinically indicated, will help the patient to maintain acceptable levels of mastication. Our preventive care will include instruction on the proper use of a toothbrush, toothpaste and dental floss, if allowed. We can also provide posters or pamphlets reviewing oral hygiene and care in the dental clinic areas as an additional form of patient education, if allowed by the Department.
Centurion will provide complete dental examinations at admission and biennially to include the following:

- Instruction in oral hygiene
- Taking or reviewing the patient’s oral history and any charting of teeth needed
- An extraoral head and neck examination
- Examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination
- Radiographs as clinically indicated

**Dental Equipment and Supplies.** Centurion will use Patterson Dental as our supplier of dental equipment and supplies. We will ensure compliance with RFP requirements and OSHA standards as well as maintenance of existing oral health equipment and retention of supplies and materials to ensure a well-functioning operation.

Centurion onsite dental staff will follow contemporary infection control procedures consistent with practices defined by the American Dental Association (ADA) and the Centers for Disease Control and Prevention (CDC). These practices will include sterilizing instruments, disinfecting equipment, and properly disposing of hazardous waste.

Centurion will educate dental staff regarding the principles of infection control, identify work-related infection risks, institute preventive measures, and ensure prompt exposure management and medical follow-up.
4.5 Comprehensive Dental Services

4.5.2 Dentures

4.5.2.1 The Contractor shall be responsible for dentures for offenders requiring dentures for mastication.

4.5.2.2 Dentures shall be provided by the Contractor and paid for by the offender when requested for cosmetic purposes only, as allowed by time and approved by the Regional Dental Director.

4.5.2.3 Replacement dentures shall be provided by the Contractor and paid for by the offender for dentures that are lost or damaged within five (5) years of the original issued denture.

4.5.2.4 Replacement of dentures shall be the responsibility of the Contractor if the original dentures are required for mastication and the lost or damaged denture is older than five (5) years.

4.5.2.5 The Contractor shall purchase all medically necessary dentures from the Kansas Correctional Industries’ (KCI) denture laboratory at Topeka Correctional Facility. The price of the dentures includes shipping to and from the sites to the denture laboratory. The Contractor is responsible for the costs of materials required to make casts, molds, and impressions that are sent to the denture laboratory for the manufacture of the final product. If dentures are cosmetic and/or an offender is paying for them, he/she may designate the dental department to have the dentures manufactured at an alternative laboratory. In the event KCI is unable to fulfill orders, the Contractor may utilize another vendor with approval from the Director of Health Care Compliance.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.5.2, Dentures, identified herein.

Centurion will provide dental prostheses including dentures deemed medically necessary by our licensed dentist or approved by the regional dental director. The provision of partial or full dental prosthetics will occur based on a dentist's evaluation of the patient and determination that the patient’s health or ability to sufficiently maintain health requires the prosthetic, including dentures required for mastication.

Centurion will work with the Department to determine reasonable timelines for initiation of dentures or prosthetics to ensure completion of all aspects including proper fitting prior to release. Provision of prosthetics take into account the patient’s remaining incarceration time.
Centurion will accept responsibility for required dental laboratory services and all medically necessary dental prosthetics. We agree to purchase all medically necessary dentures from the Kansas Correctional Industries’ (KCI) denture laboratory at Topeka Correctional Facility. We understand the price of the dentures includes shipping to and from the sites to the denture laboratory. We will accept responsibility for the costs of materials required to make casts, molds, and impressions sent to the denture laboratory for the manufacture of the final product. We appreciate the ability to utilize another vendor with approval from the Director of Health Care Compliance in the event KCI cannot fulfill orders in a timely manner.

We will provide dentures for patients requiring them for mastication and evaluate patients individually who have been edentulous for some time prior to admittance into the custody of the Department to determine the need for prosthetic devices and/or dentures for mastication. Centurion will provide replacement dentures for dentures lost or damaged within five years of the original issued denture with payment by the offender, as required by the RFP. Centurion will provide replacement of dentures required for mastication for lost or damaged dentures older than five years.

We acknowledge that Centurion will provide dental prosthetics for cosmetic purposes only, as allowed by time and approved by the regional dental director which the offender will pay for. In cases where offenders pay for cosmetic dentures, we understand that the offender may designate the dental department to have the dentures manufactured at an alternative laboratory.
4.6 Comprehensive Behavioral Health Services

4.6.1 The Contractor shall provide comprehensive, evidence-based behavioral and mental health services and programming that meet the needs of the total offender population. These services are to be provided from the point of entry to a facility through re-entry to the community following discharge. This is to include immediate and ongoing treatment for those with an established history of behavioral health needs, as well as a means to assess and provide treatment at any point during an offender’s incarceration whether or not they have had any prior history of services. The contractor shall meet or exceed the standards of care as established by ACA and/or NCCHC for behavioral health care (and shall remain current as standards change over time). Behavioral health specialized housing units can be found in Appendix I. The following services are to be provided at all facilities.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.1 and all subsections identified herein.

Behavioral and Mental Health Services

Comprehensive Evidence-based Services for the Total Offender Population

In the implementation of our behavioral health program for the KDOC, Centurion will adhere to all applicable ACA and NCCHC standards, as well as community standards of care. Centurion will provide the Department with comprehensive, evidence-based, behavioral and mental health services and programming.

General Approach to Behavioral and Mental Health Services. Centurion’s approach to providing correctional behavioral health services and programming emphasizes proactive and planned interventions whenever possible to meet the needs of the total offender population. Early identification of behavioral health needs starting at the point of entry into a facility, followed by routine delivery of services during an individual’s incarceration in accordance with patient-specific treatment plans, followed by discharge planning to support patient’s reentry into the community, results in predictable access and delivery of behavioral health care.

We recognize that mental illness does not occur in a vacuum. Most offenders with serious mental illness have two or more chronic medical conditions; most offenders with both mental and medical conditions also have histories of substance use disorders. Centurion’s approach to the behavioral and mental health services is integrated. We provide holistic care that is centered on the needs of the whole patient and delivered through a unified
system of care, not in isolated silos of care.

Centurion began serving state correctional agencies in 1997, focusing exclusively on mental health services and operating under the previous company name of Mental Health Management, Inc., or “MHM”. Our first 10 years in corrections was focused on mental health services, and we built the industry’s highest level of expertise and resources for correctional mental health services.

When we began pursuing medical contracts under Centurion, we integrated our mental health resources and expertise into all of our programs to ensure mental health services received the highest level of attention and support. In mainstream correctional healthcare companies, the mental health program often takes a backseat to the operations of the medical program, receiving lower priority for recruiting, staffing, program development, and quality assurance.

Centurion is different. We offer unmatched resources and expertise for correctional mental health services available in the marketplace. We plan to transition the mental health program to a more efficient, effective, and integrated model within the broader physical health, and even public health, scope of the KDOC program.

Our experience confirms that when all offenders can access and anticipate routine and predictable services, and when a comprehensive, holistic approach to the offenders’ needs is provided, the frequency of behavioral crises and the need for unscheduled interventions decrease, as do patient grievances. Our goal is to provide services in a manner that ensures comprehensive care for patients with an established history of behavioral health needs as well as access to care and services for any offender experiencing mental health crises or symptoms at any point during incarceration.

Centurion remains committed to meeting the behavioral health needs of the entire KDOC offender population, not just patients receiving treatment for established diagnoses on the
mental health caseload. The diagram below illustrates our understanding of the flow and delivery of comprehensive behavioral health services within the KDOC.

Comprehensive Behavioral Health Services & Continuum of Mental Health Care

**Reception & Diagnostics Processes**
(EDCF RDU, TCF RDU, KJCC)
1. Mental Health intake screening
2. Psychological Evaluation & Testing
3. Mental Health Initial Evaluation & Classification
4. Psychiatric Initial Evaluation
5. Behavioral Health Appraisal (PVs & CVs)

**Specialty Behavioral Health Care**
1. Females (TCF)
2. Juveniles at KJCC (behavioral health, sex offender and substance use treatment)
3. Specialized behavioral health units & reintegration programs at EDCF IRUs, LCF TRUs, TCF MH, KJCC MH
4. Specialized programs at EDCF Oswego, WCF, TCF

**Core Behavioral Health Services**
1. Informed consent
2. Mental Health Screens, Evaluations & Assessments (diagnosis & classification)
3. Behavioral Health Appraisals
4. Mental Health Sick Call
5. Individualized & Multidisciplinary Treatment Planning
6. Psychiatric Services & Psychotropic Medication Management
7. Mental Health Special Needs Clinics
8. Group therapy
9. Individual therapy
10. Crisis Assessments & Interventions
11. Restrictive Housing Intensive Services
12. Consultation & Behavioral Interventions
13. Intrasystem Transfers & Receiving
14. Referrals to higher or alternative levels of care
15. Discharge Planning & Community Re-entry
16. Documentation in EHR
17. Continuous Quality Improvement
18. Activity and Recreational Services at EDCF, LCF, TCF, KJCC, HCF
Evidence-based Services. The best definition of evidence-based that has emerged from the research and literature on mental health treatment was provided by the American Psychological Association (APA). Beginning with a foundation in the definition of evidence-based medicine and expanding it to mental health, the APA defines evidence-based practice as:

“The integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences”


At Centurion, we work to ensure that our assessment, treatment, staff training, clinical guidelines, and treatment protocols are supported by these three pillars:

- Research, or relevant scientific evidence
- Clinical expertise and judgment
- Patient characteristics, culture, and preferences

To this objective, we have developed evidence-based resources to assist in the implementation of behavioral health services:

- Extensive staff training
- Clinical Guidelines for mental and behavioral health staff
- Treatment Guidelines for psychiatric providers
- Ongoing evaluation of effectiveness and clinical outcomes using pre- and post-tests for structured programming
- Up-to-date integration of current findings on effective interventions for targeted symptom clusters and/or specific diagnoses

Our clinical leadership stays current on treatment and assessment literature. We apply our expertise and knowledge of the incarcerated patient population to ensure that our services and service model have support in evidence-base. We will bring our dedication and expertise to the KDOC’s offender population daily.
Creating our own Evidence Base. At Centurion, we also believe in our responsibility to build our own evidence base for correctional healthcare. Developing our own evidence-base ensures that we measure what we do to ensure what we are doing actually works. This process is called developing *practice-based evidence* and is an essential step in developing the evidence-base for practice.

In 2007, we implemented an outcome measurement process for our group programming. Beginning in 2010, we began collecting data on the effectiveness of our in-cell program, *Taking a Chance on Change*, designed to reduce criminal thinking and improve coping skills in patients housed in long-term segregation.

As part of our outcome assessment, we implemented use of the *Psychological Inventory of Criminal Thinking* (PICTS) to assess whether our *Taking a Chance on Change* program resulted in a reduction of criminal thinking among offenders who completed the program. We simplified the PICTS to reduce the complexity of items and grade level of the language. Our partnership with George Mason University allowed us to demonstrate statistically that the simplified version of the *Psychological Inventory of Criminal Thinking* (PICTS) was indeed a valid modification of the original instrument. This work was published in the journal, *Psychopathology and Behavioral Assessment* as follows:


**Abstract:** The Psychological Inventory of Criminal Thinking Styles (PICTS) is one of the most widely used measures of criminal thinking. Although the PICTS has adequate psychometric qualities with many general population inmates, the measurement confound of reading ability may decrease its construct validity in low-literacy inmates. To help resolve this confound, we present psychometric evaluation of a simplified version of the PICTS (PICTS-SV) in which item language was simplified but item content was preserved. We first conducted Lexile analyses to confirm the reading level of the PICTS-SV is significantly lower than the original PICTS (i.e., sixth grade versus ninth grade). We then tested a bi-factor model to confirm the PICTS-SV contains the same two factors as the original PICTS: proactive and reactive criminal thinking. These PICTS-SV results are commensurate with the factor structure of the original PICTS. Results suggest the PICTS-SV is a valid alternative for assessing criminal thinking in inmates with low reading ability.
Following our validation of the outcome measure, we looked to determine the efficacy of the treatment program overall. We found that our *Taking a Chance on Change* program supports reductions in criminal thinking and published those findings in *Psychological Services* in 2016.

**Abstract:** The current study tested the effectiveness of a self-administered, cognitive–behavioral intervention targeting criminal thinking for inmates in segregated housing: Taking a Chance on Change (TCC). Participants included 273 inmates in segregated housing at state correctional institutions. Reductions in criminal thinking, as assessed by the Psychological Inventory of Criminal Styles-Simplified Version, were found in the general criminal thinking score as well as the proactive and reactive composite scores.

Examination of demographic predictors of change (i.e., age, years of education, length of sentence) revealed older and more educated participants decreased in criminal thinking more than younger and less educated participants. For a subset of 46 inmates, completion of TCC was associated with significant reduction of disciplinary infractions. Reductions in reactive criminal thinking predicted reductions in disciplinary infractions. Although further research is needed to determine the effectiveness of TCC in reducing recidivism, the reductions in criminal thinking and disordered conduct suggest this is a promising intervention and mode of treatment delivery. By utilizing self-directed study at an accessible reading level, the intervention is uniquely suited to a correctional setting where staff and monetary resources are limited and security and operational issues limit the feasibility of traditional cognitive–behavioral group treatment.

**Standardized Guidelines and Clinical Pathways.** Centurion knows that correctional behavioral health services are unique. The patient population and the culture of the correctional environment require staff to adapt their clinical skills to meet the needs of an often complex patient population within a very challenging environment.

Centurion has developed model policies and procedures and Clinical Guidelines to support the provision of clinically sound, ethical, and safe mental and behavioral health services, specific to correctional settings. These policies and procedures meet federal and state regulations as well as ACA and NCCHC standards. They can then be customized to meet the unique requirements of each of our contracts. These model policies, which we review at least annually and update as needed, will be used efficiently and effectively to develop a
set of Centurion policies specific to the KDOC, with site specific policies for each facility in accordance with NCCHC requirements.

**Mental Health Clinical Guidelines.** As a number of services provided within correctional settings are completed differently “inside the walls” than in community settings, Centurion has developed specialized **Mental Health Clinical Guidelines** to assist staff in completing mental health assessments and interventions that are relatively unique to corrections.

Our proprietary Mental Health Clinical Guidelines meet or exceed ACA and NCCHC standards and have been developed by our Clinical Operations department and company-wide psychology leadership with input from our Regional Psychiatrists. These Guidelines have substantially increased the quality of behavioral health care and documentation following their implementation. To our knowledge, the Mental Health Clinical Guidelines are unique in the industry. Our clinical guidelines include step-by-step procedures to assist staff in completing clinical requirements and interventions.

To date, we have developed the following Clinical Guidelines:

![Centurion Clinical Guidelines](image)

Centurion will deliver comprehensive, evidence-based, mental health services for the KDOC that will meet or exceed RFP requirements and Department expectations.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.2, *Comprehensive Behavioral Health Services*, and all subsections identified herein.

Centurion adheres to all applicable ACA and NCCHC standards, as well as evidence-based community standards of care.

### Conducting Mental Health Screening

Centurion appreciates the importance of prompt and accurate identification of mental disorders and serious mental illness. Through our integrated care approach, offenders will receive a mental health assessment without delay from a member of our healthcare staff. We cross-train our healthcare staff to be able to identify and assess symptoms of mental illness accurately and to expedite care to the most acute patients.

We appreciate the Department’s answers to bidders’ questions in RFP Amendment 3, confirming that the mental health screening is part of the receiving screening and that mental health-trained nurses complete the mental health screening. This is consistent with Centurion’s experience as practice. We recognize that mental health screenings are conducted at all facilities, not just on the RDUs.

Mental health assessment begins upon admission during the nursing receiving screening and orientation at admission, followed by the initial health assessment within seven days of intake. As part of the receiving process, trained Centurion nurses will assess the patient’s mental health status including screening for potential suicide risk or evidence of acute mental health crisis. When appropriate, nursing staff will request that patients sign a release of information to obtain community mental health and substance use treatment records. By including mental health screening into the nursing receiving screening and initial health assessment, we allow for multiple opportunities to identify and treat offenders with mental health needs.
When conducting the receiving screening and initial health assessment, healthcare staff have access to an onsite or on-call psychiatric provider. The medical or psychiatric provider will be available to triage patients, provide clinical direction for follow-up, and provide verbal orders for continuity of treatment. Based on KDOC Answer 63 to bidders’ questions in RFP Amendment 3, we understand and will meet Department expectations to provide time-limited bridge orders for new intake offenders arriving on psychotropic medications. This expectation is consistent with our practices in other correctional programs. Patients who receive bridge orders for psychiatric medication at intake will be scheduled within 72 hours for a face-to-face assessment and initial psychiatric evaluation by a psychiatric provider.

Patients identified during the receiving screening or initial health assessment, as having a mental health history or concern will be referred to a qualified mental health professional for a comprehensive mental health evaluation. Nursing staff refer patients identified as having mental health needs for onsite assessment in a timely and triaged approach. Patients with emergent or urgent mental health needs will be redirected to crisis services, for same day assessment, as clinically appropriate. Non-urgent patients, with a mental health history or concerns, will be seen for a comprehensive mental health evaluation within 14 days of the initial health assessment, in compliance with NCCHC and ACA standards. Patients will be scheduled for follow-up evaluation based on acuity.

Centurion will use master’s level mental health professionals to complete an in-depth comprehensive mental health evaluation for all offenders referred through the intake assessment process. This comprehensive mental health evaluation will meet or exceed KDOC policy and ACA and NCCHC standards. The assessment will include, but not be limited to, a review of the patient’s mental health history, current concerns, and the following NCCHC and ACA required assessment items:

- History of and/or current suicidal potential and person-specific circumstances that increase the potential for suicidal behavior
- Violence potential and person-specific circumstances that increase the potential for violence
- Psychiatric hospitalization and outpatient treatment including psychotherapy, psychoeducational groups, classes or support groups and treatment with psychotropic medication
- Drug and alcohol use, detoxifications and overdoses, and history of treatment
- Educational history
- History of sex offenses or sexual abuse-victimization and/or predatory behavior
- History of violent behavior directed toward others or violent behavior experienced
History of victimization, including physical, sexual, and emotional abuse, neglect, or exploitation

- Special education placement
- History of cerebral trauma or seizures
- Emotional response to incarceration
- Intelligence screening (to identify mental retardation or developmental disability)

Mental health screenings will also include close observation of the offender’s behavior, mental status, ability to comprehend, and signs of active psychiatric symptomatology including evidence of psychosis, delusions, hallucinations, self-injury, depressed mood, anxiety, self-neglect, evidence of victimization, bizarre posturing or speech, confusion, incoherence, or other communication difficulties.

**Treatment Planning.** Following completion of the comprehensive mental health evaluation, offenders diagnosed with a mental health condition or evidence of need for further mental health services will receive a multidisciplinary treatment plan within 30 days. Centurion is prepared to develop comprehensive, integrated, multidisciplinary treatment plans. We will prioritize treatment plan development based upon clinical presentation and patient acuity. For patients indicated for outpatient mental health services, treatment planning will be focused on short-term goals for symptom reduction, stabilization and adjustment, safety, and release planning.

Patient treatment plans for ongoing mental health services, at a minimum, include the following:

- The particular course of therapy
- Patient’s strengths
- Patient’s challenges
- Patient’s diagnoses
- Long-term treatment goals
- Short-term, observable and measurable treatment objectives
- Treatment modality
- Target achievement dates
- Specific interventions and activities including the staff member responsible for the intervention and the roles of medical and non-medical personnel in carrying out such
As clinically indicated, access to a range of supportive and rehabilitative services, such as individual or group counseling and/or self-help groups, as determined by the psychiatric provider.

Outpatient treatment plans are reviewed every six months or whenever there is a significant change in the patient’s functioning. The integrated treatment team will review and revise the necessary aspects of the on-going treatment plan and document outcomes in the mental health section of the patient’s health record. Placement in specialized units, including restrictive housing, requires review and potential revision of the patient’s treatment plan.

We provide more detail on treatment planning for special needs populations in our responses to RFP Sections 4.3.12, Special Needs Clinics/Chronic Care/Special Needs Treatment Planning, and 4.6.16, Mental Health Special Needs Clinics/Special Needs Treatment Plans.

Transfer Screening. KDOC offenders who transfer facilities within the department, or to another correctional facility outside of KDOC oversight, will receive a transfer screening. The transfer screening is conducted by nursing staff and includes a review, reconciliation, and transfer summary document based on the patient’s health record. We provide more information on nursing responsibilities regarding patient transfers in our response to RFP Section 4.6.9, Intra-system Transfers and Receiving.

Specific to mental health services, if healthcare staff of the sending institution has concerns about the mental status or treatment compliance of a specific patient, they will alert the healthcare staff of the receiving facility. Patients with special considerations such as court orders or behavior management plans will be provided through consultation on the specifics of the patient’s treatment plan. If a patient is discharging from a specialized treatment unit, a comprehensive discharge summary will be filed in the patient’s health record and noted in the patient’s transfer summary document.

Intra-system transfers will undergo a receiving screening upon admission. As noted above, nursing staff will make appropriate mental health referrals based on patient dispositions during the receiving screening. Mental health staff will review health records for newly transferred patients and provide appropriate continuity of care. If the patient is transferred from an external facility (intersystem), then the entire intake screening process is initiated.
We are confident that through Centurion’s integrated care model we will meet or exceed KDOC expectations for mental health screening and evaluation.
4.6 Comprehensive Behavioral Health Services

4.6.3 Outpatient, individualized services, to include but not be limited to:

4.6.3.1 Procedures for obtaining and documenting informed consent
4.6.3.2 Routine assessments that lead to behavioral health diagnoses and appropriate classifications.
4.6.3.3 Prompt assessment of emergent offender needs through mental health sick call.
4.6.3.4 Individualized treatment planning.
4.6.3.5 Psychiatric treatment and monitoring, including the prescribing and availability of appropriate psychotropic medications.
4.6.3.6 The provision of evidenced-based group therapy.
4.6.3.7 The provision of evidenced-based individual therapy.
4.6.3.8 Crisis assessment and interventions.
4.6.3.9 Intensive services for offenders in restrictive housing.
4.6.3.10 A referral process for individuals whose service needs exceed the capability/design of the facility to which they are assigned.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.3, Comprehensive Behavioral Health Services, and all subsections identified herein.

Providing Outpatient, Individualized Services

Centurion's outpatient, individualized behavioral health services will adhere to all applicable ACA and NCCHC standards in addition to community standards of care. The table on the following page provides a snapshot of outpatient, individualized behavioral health services we will provide at all KDOC facilities.
<table>
<thead>
<tr>
<th>RFP 4.6.3 Sub-Section Number</th>
<th>Behavioral Health Service we will provide at all facilities</th>
<th>Brief Summary of Behavioral Health Service or Location of Detailed Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6.3.1</td>
<td>Obtaining and documenting informed consent</td>
<td>The informed consent process involves the patient agreeing to a treatment, examination or procedures after receiving the material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedures as well as available or viable alternatives and the prognosis if the proposed intervention does not occur.</td>
</tr>
</tbody>
</table>
| 4.6.3.2                       | Routine assessments that lead to behavioral health diagnoses and appropriate classifications | We provide a detailed description of our routine assessments in our response to the following RFP Sections:  
  - 4.6.2 Screening upon intake (inter-or intra-system transfers), with follow-up assessments as necessary  
  - 4.6.8 Mental Health Screens  
  - 4.6.10 Behavioral Health Appraisals  
  - 4.6.11 Mental Health Evaluations  
  - 4.6.12 Mental Health Classifications  
  - 4.6.19.2 Psychiatric Services and Psychotropic Medication  
  - 4.8.1 Forensic Psychological Evaluation Process |
| 4.6.3.3                       | Prompt assessment of emergent offender needs through mental health sick call | We provide a detailed description of our mental health sick call process in our response to RFP Section 4.6.13, Mental Health Sick Call |
| 4.6.3.4                       | Individualized treatment planning                          | For patients diagnosed with severe & persistent mental illnesses (SPMI) and others requiring special monitoring and a multi-disciplinary approach to care through special needs clinics, we will complete a special needs treatment plan. We provide further detail on our special needs treatment plans in our response to RFP Section 4.6.16, Mental Health Special Needs Clinics/Special Needs Treatment Plans. |
| 4.6.3.5                       | Psychiatric treatment and monitoring, including the prescribing and availability of appropriate psychotropic medications | We provide more detail about our psychiatric services and psychotropic medication in our response to RFP Section 4.6.19.2, Psychiatric Services and Psychotropic Medication |
| 4.6.3.6                       | The provision of evidenced-based group therapy             | We provide more detail about our evidence-based group therapy services in our response to RFP Section 4.6.19.1, Group Therapy. |
| 4.6.3.7                       | The provision of evidenced-based individual therapy        | We provide more detail about our individual therapy services in our response to RFP Section 4.6.19.3, Individual Therapy. |
| 4.6.3.8                       | Crisis assessment and interventions                        | We provide a detailed description of our crisis intervention response and services in our response to RFP Section 4.6.14, Crisis Intervention |
| 4.6.3.9                       | Intensive services for offenders in restrictive housing    | We provide a detailed description of our restrictive housing intensive services in our response to RFP Section 4.6.17, Restrictive Housing Services |
| 4.6.3.10                      | A referral process for individuals whose service needs exceed the capability/design of the facility to which they are assigned | Centurion will refer any patient whose behavioral health service needs exceed the capability or design of the facility in which they reside to a higher or alternative level of care. We will collaborate with the KDOC to determine a process to facilitate clinically necessary behavioral health services for the patient not available at their assigned location. |
Obtaining and Documenting Informed Consent

Centurion will ensure all patients receive appropriate information to facilitate an informed decision regarding treatment, procedures and examinations. The patient will retain the right to refuse behavioral healthcare except when such refusal presents a risk to the safety and security of others, the institution, or the patient has received “due process” thus authorized to receive treatment over objection in accordance with applicable laws, policies or regulations.

The informed consent process involves the patient agreeing to a treatment, examination or procedures after receiving the material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedures as well as available or viable alternatives and the prognosis if the proposed intervention does not occur.

Behavioral healthcare services provided to a patient require consent from the patient or, if applicable, the next of kin, guardian, or legal custodian, as in the case of juvenile services or services to adults legally determined to be incompetent. Informed consent includes discussion between a healthcare provider and the patient including:

- Specific procedures, services, testing, and medications to be provided with the purpose or intent of the use
- Potential benefits of receiving services
- Potential risks of receiving services
- Alternatives to receiving services
- Consequences of not accepting recommended services
- Opportunity for the patient to ask questions

Centurion staff will comply with KDOC policies, ACA and NCCHC standards, and Centurion Clinical Guidelines in obtaining written informed consent for psychotropic medication. Patients will sign psychotropic medication informed consent forms prior to beginning psychotropic medication.

With the exception of bridge orders and emergencies, Centurion psychiatric providers will not order psychotropic medications without evaluating the patient, providing the patient with the informed consent process, and obtaining written confirmation of the patient’s consent to the treatment. For purposes of a bridge psychotropic medication orders, we presume that the previous provider received informed consent in satisfaction of the statutory requirement. Centurion healthcare staff will obtain informed consent for psychotropic medications prescribed at the initial or follow-up encounters. Centurion’s informed consent process for
psychotropic medication meets or exceeds community, ACA, and NCCHC standards.

In a language the patient understands, our psychiatric providers will explain benefits, risks, side effects, and alternatives to psychotropic medication to each patient. They will discuss any risks of heat- and sunlight-related complications and effective measures to address these risks. KDOC patients will provide informed consent for any new psychotropic medications, or annually for renewed psychotropic medications.

We have developed an extensive library of informed consents for psychotropic medications. We routinely update our informed consents to reflect evolving knowledge about side effects and effectiveness. Following contract award, Centurion will make our informed consent templates available to the Department for review and possible approval for use in the KDOC.

Centurion behavioral health staff will document informed consent on KDOC-approved forms or templates. When a patient refuses treatment, the patient is asked to sign a refusal form containing the following information:

- Description of the nature of the services being refused
- Evidence that the patient has been informed of any adverse consequences to health that may occur due to the refusal
- Signature of the patient
- Signature of a health staff witness

If the patient does not sign the refusal form, a second health or custody staff witness notes this on the form, and two staff members will sign the form confirming the patient’s refusal to sign.

**Routine Behavioral Health Assessments Result in Proper Diagnoses, Classification and Treatment Planning**

Centurion will ensure that our qualified mental health clinicians and psychiatric professionals utilize proper assessment and diagnostic procedures consistent with their respective scopes of practice. These procedures will include, but not be limited to: face-to-face interviews, review of behavioral health or psychiatric records, both inpatient and outpatient from the community or from prior incarcerations, and review of psychological testing completed. We recognize the importance of comprehensive review of any available records or reports, inclusive of RDU reports. We also will request any additional information not available to ensure correct diagnoses and classification of each individual.
Particularly when patients are new to the caseload, different mental health professionals may assess and diagnose the patient with somewhat different impressions due to unfamiliarity with the patient and/or unavailability of relevant treatment records. Centurion staff anticipate the emergence of divergent opinions in these cases and ensure that multidisciplinary collaboration and peer consultation occur to resolve discrepant clinical opinions.

_Mental Health Intake_. Centurion appreciates the importance of prompt and accurate identification and treatment of mental disorders including serious mental illness along with accurate determination of mental health classification status for all offenders entering the KDOC. We further understand the emphasis placed on the prompt completion of mental health screening for new admissions or behavioral health appraisal for post release- or parole violators (PVs) and condition violators (CVs). We carefully describe our intake screening or transfer processes and related assessments in our responses to the corresponding RFP sections, as indicated in the table above.

_Behavioral Health or Psychiatric Evaluations or Assessments_. While we will ensure completion of all intake screenings and related behavioral health, psychological, or psychiatric evaluations during the intake process, we will also complete all necessary behavioral health or psychiatric evaluations referred from intake or sick call in a timely manner. We will complete our routine mental health assessments to meet or exceed the expectations of the KDOC, standards of the ACA or NCCHC, and individualized clinical needs of each patient. Centurion will ensure that our initial healthcare screen, initial mental health screens, and behavioral health or psychiatric evaluations contain the necessary clinical elements to allow us to identify, diagnose, classify, and treat offenders with mental health needs.

During routine behavioral health or psychiatric evaluations, our qualified master’s level mental health or expert psychiatric professionals will assess the following at a minimum:

- Suicide risk
- Mental status
- Behavioral health and psychiatric history, diagnosis, and presenting clinical needs
- Progress in meeting treatment plan goals or initiation of treatment goals and objectives
- Effectiveness of treatment interventions and/or indications for treatment initiation or changes
- Classification status and any changes indicated
Offenders with diagnosable, *DSM-5* or current, mental health conditions or evidencing need for behavioral health services will receive a multidisciplinary treatment plan, which we discuss in detail below.

**Mental Health Sick Call Results in Prompt Timely Assessment of Emergent Needs**

Centurion will ensure that our mental health sick call results in prompt and timely assessment of emergent offender needs. As indicated in the table above, we provide a detailed description of our mental health sick call process in our response to RFP Section 4.6.13, *Mental Health Sick Call*.

**Individualized and Multidisciplinary Treatment Planning**

We will prioritize treatment plan development based upon clinical presentation and patient acuity. For patients diagnosed with severe & persistent mental illnesses (SPMI) and others requiring special monitoring and a multi-disciplinary approach to care through special needs clinics, we will complete a special needs treatment plan. We provide further detail on our special needs treatment plans in our response to RFP Section 4.6.16, *Mental Health Special Needs Clinics/Special Needs Treatment Plans*.

For many acute or short-term incarceration patients receiving outpatient mental health services, treatment planning will need to remain focused on immediate goals of symptom reduction, stabilization, safety, and release planning.

We will develop individualized multidisciplinary treatment plans for each patient requiring ongoing behavioral health and/or psychiatric care, those on the mental health caseload, and will specify, at a minimum, the following:

- Patient diagnosis or diagnoses
- Patient strengths
- Target symptoms and/or behaviors
- Long-term treatment goals
- Short-term, observable, and measurable treatment objectives
- Treatment modality and methods or interventions by which to pursue the goals
- The roles of behavioral health and psychiatric professionals in carrying out treatment interventions
- Timeframes for goal obtainment or target achievement dates, and treatment plan review and/or revision
- Frequency of treatment contacts
The multidisciplinary treatment planning process ensures that psychiatric, behavioral, medical, nursing, substance use, custody/security, court, community reentry, discharge planning and other relevant issues are considered and integrated to achieve an optimal treatment approach for the patient. At a minimum, for all patients, the multidisciplinary treatment plan will include all appropriate professions involved in the individual’s behavioral health treatment as well as input from the patient.

Behavioral health staff will make updates to a patient’s treatment plan whenever clinically significant changes in the patient’s functioning occur or when treatment recommendations change.

**Psychiatric Evaluation, Follow-up with Prescribing and Availability of Appropriate Psychotropic Medications**

Centurion will ensure that our psychiatric evaluations, psychiatric treatments, and use of psychopharmacology remain consistent with current professional psychiatry guidelines, recent professional literature, and Departmental requirements. We provide ongoing support in the provision of psychiatric services through our Pharmacy Management and Clinical Operations Departments. These resources ensure that Centurion’s psychiatric services are consistent with nationally recognized standards and the latest empirical results for psychopharmacology.

We developed our *Psychiatric Treatment Guidelines* to assist Centurion staff in providing consistent, evidence-based, quality psychiatric prescribing practices to patients. Psychiatric Treatment Guidelines provide our psychiatric staff with clear, tier-based pathways for providing psychiatric interventions to patients.

We provide more detail about our psychiatric services and psychotropic medication availability and formulary in our responses to RFP Sections 4.6.19.2, *Psychiatric Services and Psychotropic Medication*, and 4.7, *Pharmacy Services*. 
Evidence-based Group Therapy

Following determination of a patient’s behavioral and mental health needs and development of an individualized multidisciplinary treatment plan, we will provide group interventions that emphasize prevention, early intervention, and voluntary treatment. Group therapy will aim to reduce the frequency and acuity of patient symptoms and increase patient functioning within the correctional environment, as outlined in each patient’s individualized treatment plan.

Centurion staff will provide group therapy as the primary treatment intervention for the majority of outpatient offenders with mental health needs. Given our extensive experience in providing correctional mental health services, Centurion has a library of clinical resources and treatment modules, including a number of group therapy modules. For most outpatients, group programming provides the best format for supporting functioning and achieving treatment goals and objectives. For this reason, Centurion will focus efforts on providing treatment in a group format.

Centurion has developed group curricula to assist mental health staff in the delivery of group interventions for patients with conditions and challenges often observed in behavioral health patients within correctional populations. We have group curricula intended for patients with average or better functioning and cognitive capacity. We also have group curricula for patients compromised by serious mental illness or cognitive impairments.

We provide more detail about our evidence-based group therapy services in our response to RFP Section 4.6.19.1, Group Therapy.

Evidence-based Individual Therapy

Following determination of a patient’s behavioral and mental health needs and development of an individualized multidisciplinary treatment plan, we will provide evidence-based individual therapy and interventions as detailed in the patient’s plan:

- To enhance patient functioning within the correctional environment
- To reduce the frequency and acuity of symptoms
- To coordinate care across disciplines
- To prepare the patient for reentry through discharge planning activities coordinated with the KDOC discharge planner

Centurion firmly believes that coordinated behavioral health treatment requires the collaboration of a multidisciplinary treatment team and individualization of the patient’s treatment plan coordinated through a behavioral health primary care clinician (PCC) model.
Centurion’s goals in using a behavioral health primary care clinician approach include:

- Increasing diagnostic and treatment planning accuracy
- Preventing adverse outcomes
- Increasing treatment efficiencies
- Ensuring quality healthcare outcomes
- Supporting multidisciplinary collaboration
- Planning for continuing care at release

Regardless of the level of care required by a patient, a behavioral health PCC will coordinate each patient’s care. The PCC will also provide individual therapy on a time-limited basis if clinically indicated, as detailed in the patient’s individualized treatment plan, using the most current, research supported, evidence-based interventions appropriate for patients in correctional settings. These interventions will include, but not limited to the following:

- Cognitive behavioral therapy and interventions
- Solutions-focused therapy and interventions
- Mindfulness techniques
- Motivational interviewing techniques

We provide more detail about our individual therapy services in our response to RFP Section 4.6.19.3, *Individual Therapy*.

**Crisis Assessment and Interventions**
Centurion will ensure provision of crisis assessments and interventions at each facility with availability 24 hours per day, seven days per week, 365 days a year onsite or through on-call by psychiatric providers and/or behavioral health professionals. We provide a detailed description of our crisis intervention response and services in our response to RFP Section 4.6.14, *Crisis Intervention*. As noted there, we understand that on-call behavioral health staff are required to provide onsite responses for a declared facility disaster, a patient being placed in clinical restraints, and/or a patient being prescribed one-time emergency psychotropic medication. We will meet these requirements.

**Restrictive Housing Intensive Services**
For any facilities with restrictive housing units, Centurion will provide intensive services. We provide a detailed description of our restrictive housing intensive services in our response to RFP Section 4.6.17, *Restrictive Housing Services*.
Centurion is acutely aware of the importance of monitoring offenders housed in segregation, protective custody or restrictive housing for changes in mental status. Nationally, a disproportionate percentage of completed suicides and serious self-injurious episodes occur in segregation. Medical and mental health screenings upon admission to restrictive housing, rounds, sick call seven days per week, and mental health special needs clinics and treatment planning will constitute a critical element of our suicide and self-injury prevention program.

**Referrals to Higher or Alternative Levels of Care**

Centurion will refer any patient whose behavioral health service needs exceed the capability or design of the facility in which they reside to a higher or alternative level of care. We will collaborate with the KDOC to determine a process to facilitate clinically necessary behavioral health services not available to the patient at their assigned location.

For adult females at TCF with acute behavioral health needs that exceed the capabilities of the facility, we understand that the state psychiatric hospital at Larned has four dedicated inpatient beds for the KDOC. Based on KDOC Answer 95 in RFP Amendment 4, we understand that these four beds have been filled continuously by patients from Topeka Correctional Facility over the last two years. We understand that the EDCF-IRU-C1 unit provides an inpatient level of care for adult offenders with acute behavioral health needs, and that male admissions to Larned State Hospital ceased in August 2019.

While we appreciate that the KJCC has a mental health unit, we will need to clarify if the unit provides services to acute inpatients, or if juvenile patients requiring a higher level of care require transfer elsewhere. KDOC Answer 86 in RFP Amendment 4 suggests that Larned State Hospital is the only psychiatric hospital used for KDOC patients, and that it is only used for female inpatient referrals. Upon contract award, we look forward to clarifying whether this includes juvenile as well as adult female patients. We also look forward to clarifying the best referral process for our staff to use to refer patients for acute inpatient care, whether inside a KDOC facility or in a community-based hospital.

Centurion behavioral health and psychiatry staff will collaborate with the KDOC to ensure that we make necessary clinical referrals in accordance with accepted processes, and that patients whose behavioral health needs cannot be met at their current facility receive timely transfers to locations where their clinical needs can be met.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.4, *Comprehensive Behavioral Health Services*, and all subsections identified herein.

**Collaborative Discharge Planning Services**

Centurion recognizes that a strong behavioral health program includes effectively transitioning correctional patients to community based behavioral health services. Centurion values and will actively foster collaborative relationships with:

- KDOC discharge planning staff
- Central Office Reentry staff overseeing discharge planning work and preparing benefits applications including the SOAR specialist
- Probation and parole or other officers as appropriate or indicated
- Community providers to facilitate patient continuity of care release planning

For purposes of release and discharge planning to support continuity of care, Centurion agrees to allow these respective staff full access to the EHR, including edit access. We will ensure the efficient transfer of appropriate medical and behavioral health information to the discharge planners to enable continuity of care for patient release planning.

Centurion will manage a discharge planning and reentry program in cooperation with the Department. Planning for a patient’s release to the community begins upon a patient’s admission to the KDOC. Early assessment and identification of medical and mental health
needs allows providers to engage the patient in necessary treatment during incarceration and connect with community providers to ensure continuity of care following release. Providing excellent medical and behavioral health care during incarceration supports the patient’s overall health and well-being. Our staff will provide the patient with a foundation for healthy habits and decision making that can carry over into the patient’s return to the community.

At a minimum, Centurion will support or conduct discharge planning and reentry services for patients including the following:

- Continuing medical and mental health care in the community
- Establishing follow-up provider appointments and release medications to cover the transition period
- Accessing community assistance programs
- Assistance with obtaining healthcare insurance coverage
- Crisis intervention resources
- Substance use counseling or referrals

We view discharge planning as a multidisciplinary endeavor, requiring the participation of multiple healthcare providers and Centurion along with KDOC staff. Centurion will communicate with KDOC staff regarding acute and complex cases on a regular basis. We recommend the use of a routine reentry services or discharge planning meeting that is multidisciplinary and held regularly.

For patients receiving behavioral healthcare for chronic conditions, such as SMI and SUD, Centurion will:

- Develop release plans that ensure continuity of medical and mental health monitoring and care, including alternative plans for patients requiring skilled or assisted living medical care and/or supportive mental health housing placements
- Inform the patient of points of contact for acquiring state, county, or local services
- Obtain patient authorization for sharing medical and/or mental health information with community providers
- Coordinate transfer of essential medical records to identified community providers and/or agencies
- Assist in coordinating community provider appointments specific to identified care needs
- Arrange for a supply of discharge medications at release in accordance with KDOC policy

Centurion staff will document discharge planning efforts and plans in the patient’s medical record. Additionally, Centurion proposes that the following elements be included in a release packet for patients with chronic healthcare needs:

- Copy of the necessary releases of information
- Identified needs and risks of the patient
- Current physician orders
- Current medical and mental health treatment plans
- Pertinent medical, psychiatric, and/or psychological evaluations
- Additional information including community contacts and scheduled appointments
4.6 Comprehensive Behavioral Health Services

4.6.5 Multidisciplinary teams that include behavioral health, medical, nursing, team management, security and others as clinically indicated.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.5, Comprehensive Behavioral Health Services, and all subsections identified herein.

Multidisciplinary Teams

Centurion will facilitate multidisciplinary treatment teams to coordinate and collaborate on individualized patient care. A multidisciplinary approach to treatment planning will ensure that all relevant healthcare, KDOC staff and others, as clinically indicated by which services patients receive throughout the system, actively participate as members of a patient’s multidisciplinary team and contribute to the patient’s multidisciplinary treatment plan.

Individualized Multidisciplinary Treatment Team Planning

For patients diagnosed with severe and persistent mental illnesses (SPMI) and others requiring special monitoring and a multi-disciplinary approach to care through special needs clinics, we will complete a special needs treatment plan within the context of a multidisciplinary treatment team. We provide further detail on our special needs treatment plans in our response to RFP Section 4.6.16, Mental Health Special Needs Clinics/Special Needs Treatment Plans.

Our multidisciplinary treatment team planning process will ensure that psychiatric, behavioral, medical, nursing, substance use, team management, custody/security, court, community reentry, discharge planning and other relevant disciplines collaborate and integrate services to achieve an optimal treatment approach for the patient. At a minimum, for all patients, the multidisciplinary treatment team will include all appropriate professions involved in the individual’s treatment, as well as the patient.
4.6 Comprehensive Behavioral Health Services

4.6.6 Specialty care appropriate to the facility population:

4.6.6.1 Treatment for female offenders that is comparable to that offered to males, but which addresses the unique and specific needs of the female population.

4.6.6.2 Treatment for juvenile offenders that address developmental as well as general behavioral health needs.

4.6.6.3 Specialized programs focusing on reintegration for the LCF TRU, LCF TRU-II, EDCF IRU, TCF MH Unit, and KJCC MH Unit.

4.6.6.4 Specialized programs for offenders who are placed at facilities for geriatric, cognitively impaired, intellectually disabled, or for offenders with dementia (EDCF Oswego, WCF, TCF) including mental health therapy and activity/recreational therapy services.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.6, Comprehensive Behavioral Health Services, and all subsections identified herein.

Specialty Care Appropriate to Each Facility Population

Delivering Female-Specific Treatment Programming

Centurion will ensure parity in the availability and provision of comprehensive behavioral health services and treatment for KDOC male and female offenders. We will also address the unique and specific needs of the female population by providing gender-responsive programming to meet the needs of the Department’s female offenders. Our female programs will reflect gender responsivity and trauma-informed care.

Gender-specific and trauma-informed care. We will train staff to ensure that they recognize the unique differences among male and female offenders. For example, staff will increase their awareness, through training and ongoing supervision, that male offenders tend to work best within hierarchal structures and respond to the attainment of status or external goals. In contrast, in general female offenders are more relational in nature and respond best to a more holistic approach that takes into consideration all the domains and roles of their lives. Implications for assessment and treatment services include the need to integrate interventions that capitalize on female offenders’ tendency to be more relational in nature, as communication and interaction with others is found to be particularly reinforcing.
We recognize the prevalence of trauma symptoms within the female offender populations and the role that trauma has often played in their lives. More generally, we use a *universal precautions* approach to creating a trauma-informed environment with our female patients. That is, we assume that the histories of the offenders in our programs contain trauma and act accordingly with every individual. Within the female population, we recognize the high rates of domestic, physical, sexual and emotional victimization. This history correlates with increased rates of both mental and physical health complications, including higher rates of substance use.

Gender-specific services for female offenders need to focus on a holistic view of the offender. The literature on gender-responsive services suggests that a number of issues are pertinent in designing programs for female offenders, including the indication that female offenders exhibit significantly more mental health and substance use needs than their male counterparts. They often turn their emotions inward, resulting in higher rates of depression, anxiety, and low self-esteem.

The physical health needs of female offenders also differ from those of male offenders. Reports suggest that because of the high rate of internalizing negative emotions, many female offenders manifest their feelings of depression and anxiety in bodily symptoms such as headaches, stomachaches, and extreme fatigue. The complex, multifaceted nature and
Symptom presentation of female offenders requires ongoing multidisciplinary collaboration within our female program. Centurion will support female patients’ multidisciplinary needs and encourage routine collaboration among disciplines from mental health, medical, substance use disorder treatment, and security staff.

Centurion has developed a sequence of three training modules addressing Posttraumatic Stress Disorder and Complex Posttraumatic Disorder, Trauma-Informed Treatment, and Gender-Responsive Treatment. While the first training module targets behavioral health staff, the second and third training modules can be adapted for all staff to achieve the following training objectives:

- Become familiar with the impact of trauma for inmate populations
- Develop familiarity with the three phases of trauma treatment
- Understand the goals and interventions for each phase of trauma treatment
- Learn to distinguish between trauma-informed treatment and trauma treatment
- Sensitize trainees to the risks of trauma treatment and need to provide supportive rather than “uncovering” interventions for trauma victims
- Increase understanding of gender differences in the prevalence and type of trauma
- Increase understanding of gender differences in the prevalence and symptoms of PTSD
- Develop familiarity with the relationships among trauma, addictive behaviors and incarceration in female offenders
- Become familiar with the core elements and guiding principles of gender-responsive treatment environments
- Understand how trauma-informed treatment must be adjusted to be gender-responsive when working with female offenders
- Familiarize trainees with guidelines and resources for providing gender-responsive trauma-informed treatment

The training material includes the following topics:

- Impact of Trauma in Corrections
- Gender and Trauma
- Gender-Responsive Treatment
- Gender-Responsive Trauma-Informed Treatment
- Guidelines (Do’s and Don’ts) and Summary
To provide ongoing support for trauma-informed and gender responsive care, our Clinical Operations department facilitates a monthly Treating Women in Corrections conference call. Healthcare staff who provide services to female patients in our correctional contracts participate in these calls to review literature, provide peer consultation, and discuss female-specific issues in correctional healthcare services. Recent topics on these conference calls include:

- Behavioral health services for perinatal patients
- Collaborating with correctional officers in working with female patients
- Discharge planning in light of limited community resources for female patients re-entering the community
- Increased risk of aggression among female patients who have begun treatment with statins
- Opioid addiction treatment for pregnant patients
- Use of long-acting injectable antipsychotics

We have developed gender-responsive group treatment interventions to target adjustment problems for newly incarcerated women, as well as group treatment designed to target the emotional and behavioral symptoms often seen in incarcerated women. Centurion has developed group curricula specifically addressing symptoms associated with trauma. We will make this group curricula available to the Department upon contract award.

**Centurion’s Experience.**  Centurion currently provides services at numerous women-only correctional facilities, including:

- Arizona State Prison Complex – Perryville (Arizona DOC) – 4,350 offenders
- Avon Park Correctional Institution, Women’s Center (Florida DOC) – 480 offenders
- Florida Women’s Reception Center (Florida DOC) – 1,200 offenders
- Lowell Correctional Institution (Florida DOC) – 3,000 offenders
- Maryland Correctional Institution for Women (Maryland DPSCS) – 800 offenders
- Springer Women’s Correctional Center (New Mexico CD) – 435 offenders
- State Prison for Women (New Hampshire DOC) – 145 offenders
- Tennessee Prison for Women (Tennessee DOC) – 760 offenders
- Western New Mexico Correctional Facility (New Mexico CD) – 350 offenders
- Women’s Therapeutic Residential Center (Tennessee DOC) – 940 offenders

We have experience providing female-specific residential mental health treatment in Arizona, Florida, Georgia, New Hampshire, New Mexico, and Pennsylvania. In these units,
our programs include, in addition to traditional individual treatment interventions, group programming related to emotional regulation, interpersonal relationships, parenting, skill building in distress tolerance and relaxation, and therapeutic recreational programming. We will make the resources we use in these programs available to the Department on day one of the contract.

**Delivering Juvenile-Specific Treatment Programming**

Centurion will provide comprehensive behavioral health treatment for juvenile offenders that addresses developmental as well as general behavioral health needs. We discuss our sex offender and substance use treatment for juvenile offenders in our response to RFP Section 4.6.18, *Continuum of Mental Health Care and Specialized Housing Units*.

The KDOC has specific expectations regarding programming and delivery of services unique to the juvenile population. Many juveniles have overlapping and interdependent needs in the areas of criminogenic needs, addiction recovery services and behavioral health that benefit from a fully integrated, multidisciplinary team approach to treatment services. Some may also have medical service needs. An Integrated Behavioral Health Treatment Model includes a combination of addiction recovery services, mental health treatment, and other services designed to maximize the juvenile’s ability to function effectively.

The extent to which a juvenile’s treatment and services is coordinated across various disciplines and team members within the KDOC shall be based on the juvenile’s specific strengths and needs as indicated on an individualized multidisciplinary treatment plan. The plan will identify goals and associated interventions specific to the complex and dynamic needs in identified areas and include referrals to community providers upon discharge who will help the juvenile and the juvenile’s family capitalize on the process begun within the KJCC.

Since the juvenile’s treatment needs do not end at the time of their release from KJCC, each phase of treatment for juveniles with behavioral health needs will include release and discharge planning. Centurion’s behavioral health staff will identify the areas of continuing need for treatment and collaborate with KJCC discharge planning staff to provide referrals to community based service providers. Centurion will provide treatment summaries and consultation to community providers as needed to ensure continuity of care.

Centurion psychiatric staff will provide medication management for youth prescribed psychotropic medications. We will ensure proper documentation of all services, monitoring
and administration of medication at appropriate times. Informed consent will be obtained for all psychotropic medications and behavioral health treatment in accordance with state law and KDOC policies regarding the need to obtain legal guardian consent. If a juvenile patient refuses three consecutive psychotropic medication administrations, they will be referred back to a psychiatric provider for re-evaluation.

Centurion will assist the KJCC staff, when necessary, with the collection of data required for the Performance-based Standards (PbS) for Youth Correction and Detention Facilities.

Centurion recognizes the unique challenges the juvenile population presents. In addition to adolescent developmental issues and criminogenic needs, the majority of juveniles in correctional systems have significant and complex behavioral health needs, coupled with a range of co-occurring disorders that may include substance use, developmental or intellectual disabilities, learning disabilities, and/or medical conditions.

We will integrate behavioral health programs for KJCC juveniles with the many interdisciplinary and organizational partners involved, including the juvenile, family, medical staff, behavioral health staff, addiction recovery staff, sex offender treatment staff, security staff, and education staff. Effective integration at the individual juvenile level includes coordinated treatment team meetings, treatment plans and timely sharing of critical information, updates and alerts.

Centurion will ensure a safe, coordinated, effective, and efficient healthcare system and demonstrate continuous quality improvement through Performance-based Standards for Youth Correction and Detention Facilities (PbS), as well as Centurion’s internal continuous quality improvement (CQI) program. Centurion will partner with the KJCC staff to develop and ensure that our CQI program for juvenile facilities aligns with the Department’s rehabilitative and treatment goals, and supports consistent expectations regarding identification and improvement of problems. Centurion will also comply with the healthcare standards including those specific to juveniles, established by the ACA and NCCHC.
Psychoeducational rehabilitation programming and cognitive behavioral programs aim to change thinking about behaviors, and thereby increase the likelihood of successful rehabilitation and community reentry. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has noted that because youth in the justice system frequently lack social and communication skills, programming needs to focus on developing skills such as problem-solving, moral reasoning, and conflict resolution. Development of these skills helps support the successful rehabilitation necessary to reduce incidents of risk and enable youth to re-enter less costly, lower levels of treatment in the general population as well as their home communities.

We will provide individual therapy including case management services, group therapy, psychiatric treatment including psychotropic medications, and behavioral management planning services appropriate to the developmental and behavioral health needs of juvenile patients. We provide further detail about these resources in our response to RFP Section 4.6.19, Services to be Available at all Facilities, Including the Specialized Mental Health Programs.

Centurion's experience in providing specialized behavioral health services to incarcerated juvenile populations includes our partnerships with the Mississippi Department of Corrections, Maryland Department of Public Safety and Correctional Services (Baltimore pre-trial facility), and Pima County Juvenile Detention Center in Tucson, Arizona.

**Providing Specialized Programs Focusing on Reintegration**

Centurion is committed to using evidence-based practices in the delivery of residential or unit-based treatment programming. We will provide and manage services that meet or exceed KDOC expectations and community standards.
Based on site tours and information provided through the RFP, Centurion understands that we will provide residential, unit-based specialized behavioral health services for the following:

- A 64-bed Behavioral Health Individualized Reintegration Unit (IRU) for male offenders with high acuity mental health symptoms at the El Dorado Correctional Facility (EDCF IRU-C1)
- A 128-bed Behavioral Health Step-Down Intense Residential Reintegration Unit for male offenders at the El Dorado Correctional Facility (EDCF IRU-C2)
- A 284-bed Behavioral Health Treatment and Reintegration Unit for male offenders at the Lansing Correctional Facility, including a 174 beds for high acuity patients (TRU 2), up to 110 beds for a residential level reintegration unit (TRU) and an intensive outpatient focused program (remaining TRU beds)
- A 26-bed Behavioral Health Unit for female offenders with both high acuity and transitional mental health issues at the Topeka Correctional Facility
- A 15-bed behavioral health unit for juvenile offenders with serious behavioral and mental health concerns at Kansas Juvenile Correctional Complex

Centurion’s specialized residential treatment practices are supported by evidence-based criteria, findings from our clinical experience, knowledge about patient characteristics, what we know about correctional culture, and feedback from patients about their treatment preferences. Centurion will provide the required level of staffing and program coverage for each specialized treatment unit, including re-integration and discharge planning services.

We provide more detail on this in our response to RFP Section 4.6.18.1, Specialized Housing Units & Services.

**Providing Specialized Programs for Geriatric, Cognitively Impaired, Intellectually Disabled, and/or Offenders with Dementia**

Centurion will provide specialized programs for offenders who are geriatric, cognitively impaired, intellectually disabled, or suffering from dementia at EDCF Oswego, WCF, and TCF. We recognize that the Department requires these programs to include mental health therapy and activity/recreational therapy services. We are prepared to offer these services.

We describe our activity and recreational services in detail in our response to RFP Section 4.6.18.2, Activity and Recreational Services.

Like all senior citizens, older offenders are more likely to suffer from high cost chronic
diseases and are impaired by hearing, vision, and mobility loss, cognitive disabilities including dementia, and other challenges. We appreciate that the need for long-term and skilled nursing services is likely to grow as the incidence of major neurocognitive disorders (dementia) and complex medical conditions associated with older age increases among correctional populations.

Centurion will collaborate with the Department to maximize the use of onsite resources to provide extended care to elderly and cognitively impaired patients. Elderly patients with chronic care needs require regular intervention and treatment by healthcare staff and/or may require ADL assistance, ambulation assistance, and/or special equipment that is not routinely appropriate or manageable in a general population setting. They require the services of skilled and ancillary healthcare staff with technical training for management, observation, evaluation, and treatment. Our goals for the elderly patient population will include the following:

- Maintain quality of life and increased level of functioning and independence
- Maintain chronic disease control and stability of conditions
- Maintain general health
- Minimize injury and/or fall risk
- Minimize risk for and development of ulcers and wounds, managing ulcers and wounds when present
- Minimize or manage acute and chronic infections or need for community hospitalization

For elderly patients with cognitive or intellectual deterioration, goals will include:

- Improving or maintaining cognitive well being
- Reducing and preventing agitation
- Maintaining and/or improving functionality
- Promoting physical activity

These patients will likely have complex, challenging treatment needs and will require Americans with Disabilities Act (ADA)-compliant housing and access to services. We will ensure that our staff, trained to provide behavioral health care, possess the necessary competencies to work with the population.

We understand the specialized needs of older patients. Challenges for these patients
include:

- Vulnerability to abuse and predation
- Difficulty in establishing social relationships with younger offenders
- Need for special programs in a setting where special privileges are not always possible
- Decreased level of cognitive and global functioning and increased risk of self-neglect
- Increased possibility of disciplinary infractions due to behavior related to memory problems or confusion
- Need for special healthcare accommodations and medical equipment
- Increased risk for preventable hospitalizations
- Decreased reliability in communicating symptoms and distress accurately
- Increased risk for noncompliance with treatment protocols due to decreased capacity to make informed healthcare decisions
- Increased risk for two or more significant chronic medical conditions, which more than doubles in older populations

We appreciate that the challenges of the aging offender population are best addressed by the provision of housing with consideration for safety and physical limitations, programs that recognize the needs of the aging patient, and correctional healthcare including behavioral health staff prepared to respond to those needs. Centurion will collaborate with security and facility administrators to provide safe, controlled, and appropriate care to address the special needs of aging offenders.

Centurion will partner with the Department to develop the infrastructure and treatment protocols necessary to ensure high quality medical and behavioral health services for this population. We have experience doing so in other Centurion programs. For example, in the Georgia Department of Corrections, we helped develop a Special Mental Health Treatment Unit dedicated to treating and managing patients with Major Neurocognitive Disorders (dementia).

Group programming, developed based on studies conducted by a research group at University College London, focuses on cognitive stimulation and activities rather than psychoeducation.
Our behavioral health staff, including activity and recreational therapists, can provide these groups focused on the following topics:

- Current Events
- Music Appreciation
- Puzzling
- Art Therapy
- Reality Orientation
- Reminiscing
- Food
- Recalling Childhood Memories
- Word Association
- Activities Therapy – Personal Hygiene

We have national expertise in patient safety, including the development of focused patient assessments and other interventions to prevent falls. We have expertise in performing patient assessments and screening for:

- Ability to perform activities of daily living
- Need for adaptive equipment
- Gait, balance, maneuverability, ability to transfer, and fall risk
- Vision and hearing impairments
- Dementia and depression
- Altered nutritional status and/or weight loss
- Targeted physical examination for orthostatic hypotension, pressure sores, malnutrition, and physical abuse
- Useful laboratory studies which include complete blood count, chemistry profile, thyroid stimulating hormone, and vitamin B12 levels
- Need for hospice care

In general, to guide care of elderly patients, Centurion will use management and care practices that take into account screening and assessment techniques, treatment and intervention, classification case management, transition planning, and discharge planning approaches that are evidence-based and applicable to the correctional environment.
To meet this goal, Centurion utilizes guidelines based upon the American Geriatrics Society’s publications such as:

- Geriatrics Review Syllabus (Ninth Edition)
- American Geriatric Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults
- Guiding Principles for The Care of Older Adults with Multi-Morbidity: A Stepwise Approach for Clinicians
- Updated American Geriatric Society/British Geriatric Society Clinical Practice Guideline for Prevention of Falls in Older Persons and Recommendations
- Quality Improvement in Neurology: Dementia Management Quality Measures

We also utilize relevant guidelines from such sources as the Federal Bureau of Prisons, the American Diabetes Association, the Centers for Disease Control and Prevention, and the National Institute of Corrections.

Centurion can provide correctional officer training on the management, risks, and warning signs associated with aging offenders. At the Department’s request, training in geriatric correctional management can be provided to officers posted to any units where aged or infirm offenders reside. This training will include:

- Normal changes to expect with aging offenders
- Signs of abnormal changes in functioning with aging offenders
- Healthcare and management needs associated with aging and infirm offenders
- Communication and management tips
- Multidisciplinary collaboration

**Neurocognitive Disorders.** Based on national guidelines and the latest recommendations from the National Institute on Aging and the Alzheimer’s Association for diagnosis, Centurion has developed several guidelines for screening, diagnosing, managing and treating offenders with neurocognitive disorders. We have also developed guidelines for the assessment and management of patients with traumatic brain injury based on current research.
Offenders with major neurocognitive disorders have multiple medical and mental health treatment challenges, including but not limited to:

- Decreased reliability in communicating symptoms and distress accurately
- Increased risk for noncompliance with treatment protocols
- Decreased level of cognitive and global functioning and increased risk of self-neglect
- Increased risk for co-morbid or multi-morbid medical conditions
- Increased risk for preventable hospitalizations
- Increased risk for disciplinary infractions due to behavior related to memory problems or confusion
- Decreased capacity to make informed healthcare decisions

Centurion has developed infrastructure to support behavioral health and medical staff in managing patients who suffer from dementia (now termed major neurocognitive disorder) that can develop as offenders age, as well as brain injury. Dementia and other neurocognitive disorders are not found only in the aging offender population.

Centurion’s *Treatment Guidelines* support a multidisciplinary and holistic approach to managing and treating the progressive cognitive decline associated with Alzheimer’s disease and other forms of major neurocognitive disorder. The *Major Neurocognitive Disorders Treatment Guidelines* include:

- Centurion Mental Health Clinical Guideline – Developing Treatment Plans for Patients with Traumatic Brain Injury
- Centurion Mental Health Clinical Guideline – Management of Major Neurocognitive Disorder
- Centurion Psychiatric Treatment Guideline – Dementia (Major Neurocognitive Disorder)

Centurion’s *Screening for Cognitive Decline Clinical Guideline* guides the process of screening and diagnosing cognitive decline. The evolving community standard of care mandates that primary care physicians conduct screening for cognitive decline as a routine element of annual wellness examinations for individuals 65 years of age and older. Individuals identified as suffering from cognitive impairment are considered to be at “high risk” for medical complications and increased medical care, including hospital readmissions.
Given the elevated risk for neurocognitive disorders in correctional populations, our guidelines recommend the routine screening for cognitive decline beginning at the age of 60. Implementation of this annual screening will assist in the detection of cognitive decline across the offender population.

Centurion’s *Management of Dementia Clinical Guidelines* focus on the non-pharmacological management and treatment of major neurocognitive disorders in correctional settings. The guidelines encompass multiple areas of intervention, including healthcare decision-making, environmental accommodations, communication with the patient, and specific management and treatment interventions. Our program of recommended interventions includes:

- Supportive counseling early in the disease process
- Behavioral interventions focused on identifying and modifying triggers to agitation and/or other problem behaviors
- Enrichment and cognitive stimulation programming
- Avoidance of interventions that involve confrontation or attempts to rebuild skills that have been permanently lost due to the disease process

A one-page *Tips for Management/Treatment of Offenders with Major Neurocognitive Disorders* supports direct care staff with everyday guidance in meeting the challenges of this population. Collectively, these interventions require the collective efforts of medical and behavioral health staff. We provide a sample from that handout in what follows.
Centurion’s Major Neurocognitive Disorders Treatment Guidelines were developed by our Regional Psychiatrists in collaboration with our Clinical Operations and Pharmacy Management departments. These guidelines support psychiatric providers in diagnosing and treating major neurocognitive disorders. They emphasize the importance of a multidisciplinary, collaborative diagnostic process that encompasses both psychiatric and medical evaluations. Accurate diagnosis is critical because reversible medical conditions can be responsible for cognitive decline. Inadvertently diagnosing a medical or psychiatric condition as major neurocognitive disorder can result in a patient receiving incorrect or inadequate treatment.

The Major Neurocognitive Disorders Treatment Guidelines address diagnosing types of major neurocognitive disorders, psychological interventions, psychiatric interventions for co-morbid mental health needs, and medical interventions including consideration of “anti-dementia” or “cognitive protective” agents.

The guidelines support a multidisciplinary and holistic approach to managing and treating the progressive cognitive decline associated with Alzheimer’s disease and other forms of neurocognitive disorders.

As noted, Centurion has also developed Clinical Guidelines for Developing Treatment Plans for Patients with Traumatic Brain Injuries. These guidelines include processes for conducting a needs assessment for patients with head injury as part of the treatment guidelines. They include a comprehensive review of cognitive functioning including:

- Sensory perception
- Attention/concentration
- Short-term memory
- Long-term memory
- Learning
- Speed/efficiency of processing
- Knowledge base
- Problem-solving

These guidelines recommend reviewing patient functioning in terms of communication skills, daily living skills, socialization skills, and motor skills. The guidelines include the need to assess for trauma and to conduct a review of patient strengths. The treatment guidelines recommend the development of individualized treatment plans designed to capitalize on patient strengths in support of areas identified as deficient. Staff interventions and routine review of the plan are included as recommendations as well.
Centurion has the expertise to support the Department in providing needs assessments and treatment for patients with dementia (now termed major neurocognitive disorder in the DSM-5), head injuries, personality disorders characterized by acting-out behaviors, and other conditions of aging. We provide details about our behavior management interventions in our response to RFP Section 4.6.19.4, Consultation and Behavioral Interventions for Personality/Behavior Disorders.

At Centurion, we know the offender population has higher prevalence rates for many of the risk factors for major neurocognitive disorders, including a history of traumatic brain injuries, substance use disorders, hypertension, diabetes, and heart attacks. Among elderly offenders, dementia rates will be higher than in the community.

**Treatment.** For all major neurocognitive disorders and most head injuries, no treatment can fully restore mental function. Effective pharmacological interventions have not yet been developed, and the medications that are on the market to treat neurocognitive disorders provide only short term (e.g., six months) slowing of the disease process, and then only for a subset of patients. Evidence-based care focuses on maximizing the patient’s quality of life.

Accordingly, creating a supportive environment is essential and represents the current standard of care. Low stress activities should be offered regularly to support cognitive flexibility and improved mood, including games, hobbies, current events, story-telling, and reading. Offenders with major neurocognitive disorder and head injury can benefit from a safe, stable, and familiar environment.

Non-pharmacologic interventions are important adjuncts to overall care. An effective program to support patients with major neurocognitive disorder and head injury includes the following:

- A safe environment
- Good nutrition
- Management of sleep problems
- Treatment plans which support retention of abilities
- Assistance with activities of daily living
- Minimization of confusion
- Management of agitation
- Management of wandering
- Advanced directives
4.6 Comprehensive Behavioral Health Services

4.6.7 A continuous quality improvement (CQI) program that relates specifically to the identified behavioral health needs or issues at each site, as well as inclusive of general monitoring of common CQI elements throughout the state.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.7, *Comprehensive Behavioral Health Services*, and all subsections identified herein.

**Delivering a Behavioral Health CQI Program**

Our CQI program will assist clinical and operational leaders at each facility by providing them with timely qualitative and quantitative information that enables them to monitor and continuously improve the quality of onsite behavioral healthcare services provided.

Centurion offers the KDOC ongoing internal monitoring and accountability provided through our CQI program. Our CQI program is one of the core means by which we will ensure we deliver the scope of behavioral health services required by this procurement and meet the Department’s expectations, including performance guarantees. Our CQI program provides more than a *quality assurance* function that monitors and reports on compliance with contracted performance measure. It provides a *quality improvement* function. We incorporate a full range of CQI resources that allow us to quickly and continuously identify and correct process or systems in need of improvement through CQI analysis tools, such as root cause analysis, and structured corrective action planning. We are excited to bring this expertise into our collaboration with the OHCC and KDOC.

Our CQI program will provide Kansas- and facility-customized adult and juvenile behavioral health, including juvenile substance use disorder and sex offender treatment, audits and studies that measure and report on staff performance measures and/or patient outcomes. We are interested in knowing not only that our staff meet performance requirements, but also that provided services are having the intended positive impact on patients. Our audits will include appropriate analysis in order to identify opportunities to improve staff performance and/or patient outcomes, depending on audit type and purpose. Our corporate CQI Director will work closely with the onsite Regional QI Coordinator and the KDOC Director of Health Care Compliance to review and establish customized audit tools and reports that correspond with the finalized contract requirements and Department expectations.
Centurion will use the results of the periodic performance measure audits to generate recommendations for corrective actions, when needed. We will implement action plans based on the recommendations and then routinely monitor results to assess the effectiveness of the corrective action to improve behavioral health service delivery. If an initial corrective action plan does not result in the intended improvement, a modified action plan will be developed, implemented, and monitored. We will routinely share with the OHCC and KDOC our CQI audit results, findings, and recommendations. Centurion will report service utilization, outcome data, performance compliance, as well as results from any audits or corrective actions.

Our Kansas-specific continuous quality improvement program will monitor and measure various clinical and programmatic behavioral health outcomes. Our CQI program will use routine audits and special studies to examine various clinical variables and outcomes across KDOC facilities.

We provide more details on our CQI program for the KDOC in our response to RFP Sections 4.6.20, *Mental Health Continuous Quality Improvement (MH-CQI)*, and 4.10, *Quality Improvement Program*. 
4.6 Comprehensive Behavioral Health Services

4.6.8 Mental Health Screens

4.6.8.1 Upon entry to any facility, all offenders will receive a mental health screen by a mental health trained or qualified mental health care provider to identify emergent mental health concerns as well as relevant mental health history.

4.6.8.2 The screen includes a file review as well as face-to-face interview.

4.6.8.3 The following must be included as part of the screening process, with documentation of the findings made by the screener:

(a) Current suicidal ideation or a history of suicidal behaviors.

(b) Current or recent prescription(s) of psychotropic medication(s). Offenders that present with a current prescription for psychiatric medications, are to be referred to psychiatric staff for a medication evaluation (to be completed within 72 hours of the referral).

(c) Current or recent reports of, or treatment for mental health problems.

(d) Any history of inpatient or outpatient mental health treatment.

(e) Recent pattern of alcohol or substance use, as well as any history of substance used disorder treatment.

(f) A report of the appearance and behavior of the offender, including level of consciousness, any evidence of abuse or trauma, any displayed or suspected symptoms of psychosis, depression, anxiety or aggression.

(g) Offenders exhibiting signs of acute mental illness, psychological distress, or danger of harm to self or others are to be immediately referred to the behavioral health staff for further assessment.

1. For emergent issues, an assessment is to be completed as soon as possible (within 1-hour).

2. Offenders who self-report (or have a known history within the preceding two years of) suicide attempts, non-suicidal self-injury, psychiatric hospitalizations or having been prescribed psychototropic medications, shall be referred to the behavioral health staff for further review as a non-emergent referral.

3. For non-emergent issues with adults, a face-to-face assessment is to be completed the same day, when possible, but no later than 24-hours after the identification of the issue.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.8, Mental Health Screens, and all subsections identified herein.
As new offenders enter KDOC facilities, Centurion will provide them with a mental health screening conducted by a mental health trained or qualified mental health care provider. The primary purpose of this screening is to identify emergent or urgent mental health concerns. Additionally, our screening will identify offenders who require referral to mental health professionals for further evaluation and possible inclusion on the mental health caseload as a result of their mental health history and/or clinical presentation. The screening process will include a record review, as well as a face-to-face interview.

Based on KDOC Policy 10-117D, *Health Care Screenings, Assessments, and Evaluations*, we understand that the mental health screening process takes place at the same time as the medical intake screening and the required completion time is four hours from time of offender arrival at the Reception and Diagnostic Unit (RDU) facilities. Males receive their screening at the El Dorado Correctional Facility (EDCF-RDU), while females receive their screening at the Topeka Correctional Facility (TCF-RDU). Juveniles receive their screening at the Kansas Juvenile Correctional Complex (KJCC).

Centurion's site Health Service Administrators (HSAs) will ensure that all healthcare staff who provide intake mental health screenings receive appropriate training. In addition to the initial screening training, healthcare staff providing screenings will receive annual in-service trainings thereafter. If the staff member providing mental health screenings is a nurse, we will provide any additional mental health training supports necessary to ensure their ability to conduct quality mental health screenings. To the extent possible, our staff will conduct the screenings in a manner that maximizes patient privacy and encourages their subsequent use of healthcare services.

At a minimum, our mental health screening will include review of the following:

- Current suicidal ideation or a history of suicidal behavior
- Current or recent prescription(s) of psychotropic medication(s)
  - We will refer to psychiatric staff for a medication evaluation all offenders who present with a current prescription for psychiatric medications. Psychiatric staff will complete their evaluations within 72 hours of the referral.
  - Based on KDOC Answer 63 to bidders’ questions in RFP Amendment 3, we understand and will meet Department expectations to provide time-limited bridge orders for new intake offenders arriving on psychotropic medications. This expectation is consistent with our practices in other correctional programs.
- Current or recent reports of, or treatment for, mental health problems
Any history of inpatient or outpatient mental health treatment

Recent pattern of alcohol or substance use, as well as any history of substance use disorder treatment

Any report of the appearance and behavior of the offender, including level of consciousness, any evidence of abuse or trauma, any displayed or suspected symptoms of psychosis, depression, anxiety, or aggression

Immediate referral to behavioral health staff for further assessment for offenders exhibiting signs of acute mental illness, psychological distress, or danger of harm to self or others. Timeframes and other referral expectations include the following:

- For emergent concerns, we will complete an assessment within one hour, or as soon as possible.
- Provide non-emergent referrals to behavioral health staff for offenders who self-report (or have a known history within the preceding two years of) suicide attempts, non-suicidal self-injury, psychiatric hospitalizations or having been prescribed psychotropic medications.
- Complete a face-to-face assessment the same day, or within 24 hours of identification of the concern, for non-emergent issues with adult offenders.

Our healthcare staff will document the findings of each of the above mental health screening requirements in the patients’ electronic health record.

With the approval of the KDOC, we propose using the screening process to ask additional screening questions that will enable us to identify potential victims of human trafficking. We have developed a human trafficking policy and one of the interventions included in our policy relates to using the screening process to identify victims of human trafficking. If trafficking is suspected, we will notify designated KDOC staff and follow Department policies with regard to any additional reporting or referrals. Within our proposal tab marked “3.58, Human Trafficking,” we provide our clinical infrastructure addressing human trafficking. As noted previously, we view human trafficking as a public health problem that requires systematic attention in correctional healthcare.

Centurion appreciates the importance of prompt and accurate identification of mental disorders and serious mental illness. We further understand the emphasis placed on prompt completion of the intake screening process. Based on KDOC Policy 10-117D, Health Care Screenings, Assessments, and Evaluations, Centurion will ensure that the initial healthcare screening process includes relevant mental health elements. This will allow us to timely identify and treat offenders with mental health needs.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.9, *Intra-system Transfer and Receiving*, and all subsections identified herein.

Centurion is familiar with the importance of ensuring continuity of care as offenders move from one correctional facility to another. Without a seamless and orderly transfer process, compromised patient care can result. Well-structured offender transfers can minimize the risk of missed appointments and/or unnecessary duplication of services. Consequently, prior to a patient’s transfer, our healthcare staff at the sending facility will provide the receiving site behavioral health staff with a brief review and synopsis of their care.

Information shared will include a review of current medications and any upcoming scheduled behavioral health or other healthcare appointments.

To ensure continuity of care for patients on our caseload, qualified behavioral health staff at the receiving facility will review the patient’s healthcare record within 12 hours of their arrival at the new facility. Our behavioral health staff will make any needed appointments and provide required follow-up care in order to ensure uninterrupted care for the patient, including their timely receipt of prescribed medications and individual therapeutic interactions. Centurion healthcare staff will document transfer record review in the patient’s healthcare record, as well as any subsequent actions taken on the behalf of the patient.

**Providing Transfer Screening Training to Security Staff**

In accordance with KDOC Policy 10-117D, *Health Care Screenings, Assessment, and Evaluations*, Centurion healthcare staff will provide transfer-screening training to security staff at those facilities or units with less than 24 hours per day coverage by qualified health...
care staff. The transfer screening trainings we provide for security staff will take place during annual and basic training and will include each of the elements listed in KDOC policy 10-117D. At a minimum, our transfer trainings for security staff will include inquiry into the following:

- Whether the offender is being treated for medical, dental, or behavioral health problems
- Whether the offender is currently on medication
- Whether the offender has a current dental or mental health complaint
- Whether the offender has been abused or has any concern about sexual victimization or abuse

Observation of the following:

- General appearance and behavior
- Physical deformities, evidence of abuse and/or trauma

Health disposition of the offender:

- General population
- General population with appropriate referral to healthcare services, including mental health, and/or
- Referral to appropriate healthcare service for emergency treatment
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.10, Behavioral Health Appraisals, and all subsections identified herein.

We recognize the importance of ensuring timely completion of behavioral health appraisals by qualified behavioral health staff for offenders returning to KDOC facilities. All offenders admitted to any KDOC facility as parole-, post release-, or condition-violators (“PV &/or “CV”) will receive a behavioral health appraisal within fourteen (14) days of admission, unless one was completed within the preceding ninety (90) days. The appraisal shall include at a minimum:

(a) Review of the offender’s most recent mental health screening and RDU report.

(b) Intake interview and a review of any new file or correctional information to determine any changes from the most recent RDU report.

(c) A written summary of the above interaction and reviews with recommendations for follow-up treatment or programming needs, or a follow-up mental health evaluation.

At a minimum, our behavioral health appraisal will include the following:

- Review of the offender’s most recent mental health screening and RFU report
- Intake interview and a review of any new file or correctional information to determine any changes from the most recent RDU report
- A written summary of the above interaction and reviews with recommendations for any needed treatment or programming needs, or follow-up mental health evaluation

Our behavioral health appraisal will meet or exceed KDOC policy and ACA and NCCHC standards. The appraisal will include, but not limited to, a review of the patient’s history of behavioral health problems and treatments, and an assessment of the patient’s mental
status and condition. We will refer offenders with a possible mental health condition or evidence of need for behavioral health services to a behavioral health provider for a mental health evaluation. Our staff will document in the patient’s healthcare record the results of the behavioral health appraisal, including the disposition and any recommended follow-up referrals.

Centurion will ensure that only qualified behavioral health professionals provide KDOC offenders with behavioral health appraisals. We will train our staff to comply with Centurion and KDOC policies regarding completion requirements for the appraisal. Our supervisory level staff will evaluate the quality of the appraisals completed by our staff and provide individual feedback and corrective actions as needed.

In addition, our CQI program will monitor the behavioral health appraisal process by auditing staff compliance with KDOC policy and contract requirements. We will share the results of our CQI audits and reports directly with the KDOC Director of Contract Compliance, in addition to reviewing audit findings at CQI committee meetings.
4.6 Comprehensive Behavioral Health Services

4.6.11 Mental Health Evaluations

4.6.11.1 Offenders referred either internally (i.e., through the Behavioral Health Appraisal process) or from the RDU as needing further mental and behavioral health services, shall receive a mental health evaluation within fourteen (14) days of the referral or arrival at the facility.

4.6.11.2 At a minimum, the evaluation shall include a review of the screen, appraisal and/or RDU report, and direct observation of the offender’s behavior, completion of a clinical interview, and the collection and review of additional data (as appropriate) which may include further personality, intellectual, developmental or functioning assessments/tests, compilation of the individual’s mental health treatment history, and development and implementation of a treatment plan, or the review and update of an existing treatment plan to address the identified needs, and which includes all appropriate professions involved in the individual’s mental health treatment.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.11, Mental Health Evaluations, and all subsections identified herein.

Centurion’s qualified behavioral health staff will conduct a mental health evaluation within 14 days of referral or the offender’s arrival at the KDOC facility. We understand that not all intake offenders receive a mental health evaluation. These evaluations are for offenders referred through the behavioral health appraisal process for returning parole and/or condition violators (PV and/or CV) or for recently admitted offenders referred through the RDU assessment process.

For those referred through the RDU process, the offenders will already have a preliminary diagnosis and initial treatment plan. Those referred from the behavioral health appraisal process may or may not already have a mental health diagnosis or recent treatment plan. The intent of these evaluations is determine or confirm that these offenders require ongoing behavioral health services and to begin receiving treatment at their assigned facility. The evaluation provides an opportunity for behavioral health staff to establish or confirm an offender’s mental health level of care.

Centurion appreciates the thorough nature of the KDOC’s behavioral health screening, appraisal, assessment, and evaluation process. We agree that taking the time up front to accurately identify offenders in need of treatment, and their required level of services, will reduce the risk of offenders being overlooked or misplaced in terms of their housing and programming assignments.
We recognize that mental health evaluations typically include determination or confirmation of any mental health disorders or other mental health concerns that require ongoing behavioral health treatment. At a minimum, our mental health evaluation will include the following elements:

- Review of the initial mental health screen, appraisal and/or RDU report
- Direct observation of the patient’s behavior
- Completion of a clinical interview
- Collection and review of additional data (as needed and appropriate) which may include any of the following:
  - Further personality, intellectual, developmental or functioning assessments and/or tests
  - Compilation of the individual’s mental health treatment history
  - Development and implementation of treatment plan, or
  - Review and update of an existing treatment plan to address identified needs, and which includes all appropriate professions involved in the patient’s mental health treatment

Centurion will ensure that only qualified behavioral health professionals provide KDOC offenders with mental health evaluations. Our site-level clinical directors or designee will provide and approve the training and supervisory oversight needed to ensure that our behavioral health professionals are equipped to complete the evaluations in accordance with KDOC policy requirements.

In addition to supervisory oversight, our CQI program will monitor mental health evaluation timeliness trends, as well as staff compliance with appropriate completeness of evaluation requirements. We will share our findings from our CQI auditing process with the KDOC Director of Health Care Compliance, in addition to sharing results with the CQI committee.
4.6 Comprehensive Behavioral Health Services

4.6.12 Mental Health Classifications

4.6.12.1 Mental health classifications shall be assigned within fourteen (14) days of admission to any facility and updated at least once every 120 days.

4.6.12.2 Mental health classifications shall be reflective of any facility or unit restrictions based on medication issues and overall level of mental health functioning. The Contractor shall utilize the KDOC classification systems and determine each offender’s mental health treatment needs, housing and placement needs, employability limitations, functional ability limitations, and referral to treatment as indicated. The Contractor will also incorporate the age of offender, mental illness, cognitive disability, and intellectual disability in the mental health classification.

4.6.12.3 The Contractor’s classification report (via the EHR) must interface and update the classifications into the OMIS/JJIS system.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.12, Mental Health Classifications, and all subsections identified herein.

As noted in our response to RFP Section 4.3.9, Medical Classification System, Centurion appreciates the importance of mental health classification for the management of KDOC offender populations and delivery of behavioral health services. Accurate mental health classification helps ensure patients receive appropriate housing placements and appropriate levels of mental health services given the treatment needs reflected in the classification. In many respects, mental health classification is as fundamental to good offender management as security classification.

Mental health classification enables the Department and the healthcare contractor to assess population trends and determine the overall acuity of offender populations within a given facility or unit. When mental health and medical classifications are combined, they enable the OHCC and healthcare contractor to identify subpopulations of high acuity, high complexity patients who require holistic, integrated care. When offender and population profiles are developed using agreed-upon classification systems, KDOC and healthcare resources can be matched to assessed need. As such, the mental health and medical classification process is essential to utilization management efforts.
Centurion brings to the Department national expertise in developing, implementing, and using mental health classification systems. In partnership with our clients, we have developed these systems for state correctional systems where none existed, and provided refinements where existing classification systems did not effectively reflect the spectrum of treatment needs and/or statutorily defined categories (e.g., serious mental illness) that had implications for diverting offenders from restrictive housing or other placement issues. We have expertise in training behavioral health staff to fidelity in mental health classification and in developing and implementing protocols to ensure mental health classifications accurately reflect specific patient diagnoses and treatment needs.

Based upon review of KDOC policies, participation in site tours, KDOC Answers 152 and 260 to bidders’ questions in Amendment 3, and Appendix MH1 to RFP Amendment 3, we understand that the Department currently uses the following mental health classification system:

**Behavioral Health Disorder:**
- Level 1: No current behavioral health diagnosis
- Level 2: Paraphilic or Personality disorder present
- Level 3: Other Mental Disorder present
- Level 4: Serious Mental Disorder present
- Level 5: Intellectual Disability, Autism Spectrum, or Neurocognitive Disorder present
- Level 6: Severe and Persistent Mental Illness present

**Functionality:**
- Level 1: Individual is capable of independent daily living.
- Level 2: Individual currently experiences minor problems in daily living skills; may require occasional staff support for functioning.
- Level 3: Individual currently experiences mildly impaired daily living skills with regularly scheduled reminders needed. Regular staff support is required to maintain stability.
- Level 4: Individual currently experiences moderately impaired daily living skills with daily reminders or assistance. Frequent staff interventions and/or placement in residential, reintegration, or high acuity units is required.
- Level 5: Individual currently experiences severely impaired daily living skills with intensive supervision needed. Individual is unable to live independently.

**Behavioral Health Treatment:**
- Level 1: Does not currently require behavioral health treatment
Level 2: Currently requires time-limited treatment by a QBHP
Level 3: Currently requires ongoing treatment, including possible medication management
Level 4: Currently requires special needs monitoring
Level 5: Currently requires behavioral health structured reintegration
Level 6: Currently requires intensive mental health placement

Housing:
Level 1: May be housed at any facility
Level 2: Must be housed at a facility with onsite behavioral health services
Level 3: Must be housed at a facility with onsite, comprehensive mental health services, including psychiatric care and crisis level beds
Level 4: Recommended housing at a facility with onsite psychiatric care and extended behavioral health staffing hours
Level 5: Recommend residential placement due to mental disorder
Level 6: Recommend housing in an IRU
Level 7: Recommended placement at LSSH (for female patients only)

We also recognize that the KDOC medical classification tool for PULHE-X, provided as RFP Appendix E, indicates that a medical classification code of M-6 indicates that the offender is not to transfer until the mental health coordinator is contacted regarding appropriate housing for the offender.

Centurion will train our staff to specification in the agreed-upon KDOC mental health and medical classification system. We will assess each offender to determine mental health treatment needs, housing and placement needs, employability limitations, and functional ability limitations, and we will take into consideration the offender’s age and diagnoses of mental illness, cognitive disability, and/or developmental/intellectual disability in determining mental health classification. We recognize that medical and mental health considerations may interact to determine the overall mental health classification score for particular offenders.

Centurion agrees that the mental health classification will be assigned within the first 14 days of the offender’s arrival into the KDOC system and reviewed and updated as needed at least every 120 days. Based on KDOC Answer 89 in RFP Amendment 4, we recognize that mental health classification must be reviewed and updated within 14 days of transfer.
between KDOC facilities. We will ensure our mental health classification reports, developed from the approved EHR, interface with and populate or update the OMIS/JJIS systems.

Following contract award, we look forward to confirming our understanding of the mental health classification system with the OHCC and KDOC. The Department can be confident Centurion will bring unmatched expertise in the implementation and, if desired, optimization of the KDOC mental health classification system.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.13, *Mental Health Sick Calls*, and all subsections identified herein.

Centurion will provide mental health sick call services in accordance with NCCHC and ACA standards for mental health services. Our proposed sick call services for mental health services will follow the general sick call protocols outlined in our response to RFP Section 4.3.10, *Non-Emergency Health Care Services*.

**Providing Mental Health Sick Call**

Mental Health Sick Call is an extension of sick call services described in our response to RFP Section 4.3.10, Non-Emergency Health Care Services. Sick call is designed to offer offenders self-requested, timely, access to care services free of unwarranted barriers. KDOC offenders will benefit from Centurion’s approach to sick call services due to our extensive staff training and integrated care model, resulting in efficient access to quality
mental health care. KDOC can be confident that through the sick call process all offenders will have the necessary access to constitutionally required services.

Centurion healthcare staff receive extensive cross training to ensure that sick call encounters are an integrated care experience, identifying medical, dental, and mental health factors that may be contributing to a patient’s symptoms or complaints. Centurion nursing staff are trained and encouraged to seek out a higher level of care, such as mental health consultation and assessment, during sick call clinics to avoid a delay in care when mental health distress or symptoms are evident.

Centurion healthcare staff will inform offenders at each KDOC facility about how to obtain and complete a sick call request form and the location of sick call request drop boxes. Orientation to the sick call request process will be conducted at intake, upon transfer, upon placement in restrictive housing units, during health assessments, and as needed during ongoing treatment encounters. Offender orientation to the sick call process will include orientation to available healthcare services, including but not limited to mental health services.

We provide an overview of our proposed processes for responding to mental health sick call requests in what follows. In the diagram, the abbreviation “QMHP” refers to a qualified mental health professional, who will be a Kansas-licensed, or licensed eligible, mental health professional that meets KDOC requirements.
Qualified and trained healthcare staff will conduct the initial triage and face-to-face sick call encounter that is required by NCCHC within 24 hours of receipt of the request. Following the initial triage and face-to-face encounter, a licensed mental health counselor, psychiatrist, or psychiatric nurse practitioner will respond to mental health sick call requests when and as clinically indicated.

Our nursing staff will be trained to respond to mental health sick call requests, and we will ensure that the nursing sick call encounter does not impede access to a mental health counselor or psychiatric provider as needed. As noted above, Centurion nursing staff will have same day access to mental health staff as needed. By consolidating sick call responses within our nursing services, regardless of the nature of the sick call request, KDOC can expect a swifter, more integrated, more holistic, and better coordinated sick call responses than is typically offered. As a result, offenders will receive a higher quality of healthcare interventions.
We have developed eight Guidelines for Common Health Problems, more commonly referred to in the correctional healthcare environment as nursing protocols, that address urgent mental health problems. These are:

![Guidelines for Common Health Problems]

1. De-escalation
2. Withdrawal
3. Psychosis
4. Mania
5. Extrapyramidal Syndrome
6. Neuroleptic Malignant Syndrome
7. Polydipsia – Hyponatremia
8. Mental Health Restraints

The nursing guidelines for mental health problems, like our nursing guidelines for other healthcare problems, support comprehensive assessment, documentation, and disposition and follow-up planning, including referral of the patient to provider as clinically indicated and in accordance with the assessed acuity of the mental health complaint. Nursing staff are trained to provide services within the scope of their license and to refer patients to mental health staff when patient needs exceed the services that can be provided during the nursing sick call encounter.

The table below shows our proposed dispositions and timeline of sick call mental health services following triage and the initial face-to-face sick call encounter.

<table>
<thead>
<tr>
<th>Sick Slip Request</th>
<th>Triage Assessment</th>
<th>Action</th>
<th>Follow-up Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute mental distress or risk of harm</td>
<td>Face-to-face ASAP</td>
<td>Mental health referral</td>
<td>ASAP</td>
</tr>
<tr>
<td>Vague but could be distress</td>
<td>Face-to-face within 24 hours</td>
<td>Safety precautions, Mental health referral</td>
<td>Same day</td>
</tr>
<tr>
<td>Vague but no acute distress or symptoms</td>
<td>Face-to-face within 24 hours</td>
<td>Mental health referral</td>
<td>Seven days</td>
</tr>
<tr>
<td>Psychiatric symptoms without acute distress</td>
<td>Face-to-face within 24 hours</td>
<td>Mental health referral</td>
<td>14 days</td>
</tr>
<tr>
<td>Psychotropic medication issues – medically urgent symptoms</td>
<td>Face-to-face within 24 hours</td>
<td>Psychiatric provider referral</td>
<td>Same day</td>
</tr>
</tbody>
</table>
Proposed Dispositions and Timeline of Sick Call Mental Health Services

<table>
<thead>
<tr>
<th>Sick Slip Request</th>
<th>Triage Assessment</th>
<th>Action</th>
<th>Follow-up Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotropic medication issues – mild or no symptoms</td>
<td>Face-to-face within 24 hours</td>
<td>Psychiatric provider referral</td>
<td>Seven days (may handle through request for nursing education, or dose or schedule change, when appropriate)</td>
</tr>
<tr>
<td>Vague question without danger, acute distress, medications issues, with symptoms</td>
<td>Face-to-face within 24 hours</td>
<td>Mental health referral</td>
<td>Seven days</td>
</tr>
</tbody>
</table>

If the nursing staff determines at a sick call contact that the patient’s need is urgent, the staff will immediately refer the patient for assessment by a mental health professional. If the patient appears to be at risk and in need of emergent psychiatric contact, nursing staff will utilize onsite or on-call crisis services to expedite assessment as soon as possible, but not longer than four hours. When indicated, the nurse will place the patient on safety precautions or mental health observation, pending mental health assessment.

Patients who require referral to a psychiatric provider will be scheduled within seven days of the sick call contact. Referrals deemed to be urgent will be scheduled within 72 hours of the sick call contact. Acute patients with emergent psychiatric issues will be assessed within four hours either by an onsite or an on-call psychiatric provider.

An offender may request a mental health sick call at any time during their incarceration. KDOC staff can also request a psychological evaluation of an offender at any time during the incarceration. Additionally, Centurion healthcare staff can refer patients identified with a mental health issue during the medical sick call process for a mental health follow-up contact. A mental health professional will assess offenders with non-emergent mental health issues as soon as possible, but not longer than seven days from the referral. Often, non-emergent mental health referrals are seen within 24 to 72 hours.

When a patient is referred to a licensed mental health professional as a result of the initial sick call encounter, during the subsequent encounter, the mental health professional will review information obtained during nursing sick call encounter as well as the receiving screening, any transfer screening, and health assessment. Our mental health professionals will ascertain the patient’s current mental status and condition, including orientation to person, place, and time as well as current suicidal potential and person-specific circumstances that increase potential for suicidal behavior. Based on the presenting
symptomology and mental health history, and as clinically indicated, the mental health provider will develop and implement a treatment plan to address the patient’s immediate and on-going mental health needs.

Co-Payments
To avoid deterrence of offenders seeking out mental health services, co-pays will not be charged for sick call services related to mental health services. Juvenile offenders will not be charged co-payments for any sick call contact, regardless of the concern. Additionally, Centurion will waive co-pays when healthcare staff initiate appointments or services, or if the sick call is within 14 days of a prior assessment.

Centurion policy, Co-Payment for Healthcare Services, meets or exceeds NCCHC and ACA national standards. In compliance with NCCHC and ACA national standards, Centurion will not deny healthcare services to offenders who are unable to pay for services.

Telehealth Delivery of Mental Health Services
With KDOC approval, telehealth will be available as an option for providing mental health sick call and treatment services for patients with mental health concerns. We have implemented and successfully provide telehealth for psychiatry and mental health services in our correctional programs. We will ensure that telepsychiatry does not replace required psychiatric services onsite, but is used to supplement and provide crisis services when clinically indicated.

Centurion believes that telehealth for psychiatry and mental health services provide wide benefits to correctional mental health programming, including the ability to provide early and immediate assessment and services during the mental health sick call process. We have unmatched expertise in building strong, effective telehealth services. Our programs have experienced a 20-30% increase in productivity with telehealth for psychiatry providers. With the wide dispersal of KDOC facilities and the number of facilities that require mental health coverage, we believe telehealth utilization is a practical and efficient means of ensuring timely access to mental health and psychiatric care.

We provide more information about our telehealth capabilities in response to RFP Section 4.3.26, Telemedicine. We very much appreciate that the Department prefers onsite psychiatric providers at high-need facilities, and we will not substitute telepsychiatry at locations that have not been approved for such services by the OHCC and KDOC. We look forward to working with KDOC to identify how telehealth services can best be utilized to efficiently treat KDOC offenders.
Below we provide examples of successful use of telehealth for mental health services within our programs:

Centurion’s contract with the Georgia Department of Corrections (GDC), where our telehealth for mental health services save our client approximately $40,000 in transportation costs each month. At the GDC, we provide approximately 2,500 telehealth for mental health encounters each month across 27 correctional facilities. We achieve transportation cost savings by providing telehealth mental health evaluations for patients in satellite facilities with no onsite mental health services. Without telehealth services, these patients would require transportation to other GDC facilities where onsite mental health services are available.

Similarly, in our Philadelphia Department of Prisons (jail) mental health program, we provide approximately 400 telehealth for psychiatry encounters each month. In our healthcare program with the New Mexico Corrections Department, we provided approximately 640 telehealth psychiatry encounters each month, and in our mental health program with the Pennsylvania Department of Corrections, we provide over 2,500 telehealth psychiatry encounters each month.

We consider telehealth for psychiatry and mental health to be one of the most effective tools in ensuring timely access to mental health sick calls for patients. Our use of telehealth for psychiatry and mental health has increased access to care, reduced the number of transfers for behavioral health care, increased behavioral health staff collaboration, decreased wait times, and increased psychiatric and mental health staff flexibility. It is our experience that in our programs telehealth services are positively received by patients and administrators alike.
4.6 Comprehensive Behavioral Health Services

4.6.14 Crisis Intervention

4.6.14.1 The Contractor shall ensure that crisis intervention services are available twenty-four (24) hours per day, seven (7) days per week. The following are the minimal expectations:

(a) Each facility is to have behavioral health staff available via an on-call schedule prepared at least monthly, with staff able to respond and report to the facility within one hour of being called.

(b) Monthly on-call schedules are prepared to provide psychiatric coverage via telephone, telehealth, or in-person visits within fifteen (15) minutes of being contacted by a site or behavioral health staff.

(c) Staffing coverage at a Master’s level will be provided at a minimum of sixteen (16) hours per day, on-site, seven days per week at EDCF, HCF, KJCC, LCF, and TCF to assess, treat and collaborate with nursing and other staff as appropriate on the provision of care for any offender on crisis status. During the daily review of individuals on crisis level monitoring, psychiatry shall be actively involved (via telephone, tele-psych, or in-person) to determine the appropriate crisis level (remain the same, increase or decrease) for each offender.

(d) Staffing coverage at a Master’s level will be provided at a minimum of eight (8) hours per day, on-site, Monday through Friday at ECF, EDCF-Oswego Unit, LCMHF, NCF and WCF, to assess, treat and collaborate with psychiatry, nursing, and other staff as appropriate on the provision of care for any offender on crisis status.

(1) Offenders on crisis status over the weekends and/or holidays at these facilities are to be seen by nursing staff each day, consulting via telephone with the on-call behavioral health staff regarding their status or need for more specialized assessment/intervention. The review and results of the consultation are to be included as part of the nursing staff’s documentation.

4.6.14.2 When responding to crisis situations and ongoing crisis reviews, staff shall actively collaborate with security, the unit team, nursing and other staff as appropriate to provide a consistent, unified approach in de-escalating the situation and resolving the symptoms and/or behaviors that precipitated the crisis.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.14, Comprehensive Behavioral Health Services, and all subsections identified herein.

Centurion will provide emergency behavioral health services for the KDOC that complies with NCCHC Standards P-D-07, Emergency Services and Response Plan, Y-A-07,
Emergency Response Plan, and Y-E-08, Emergency Services, and ACA Standards 5-6B-4389 and 1-HC-2A-14, Emergency Response, 4-JCF-4C-12, 24-Hour Emergency Care, and 4-JCF-4C-54, Emergency Care.

Centurion will ensure the availability and provision of crisis assessments and interventions at each facility 24 hours a day, seven days per week, 365 days a year through onsite or on-call psychiatric providers and behavioral health professionals. We will meet or exceed KDOC expectations for on-call and onsite coverage and collaboration involving master's level behavioral health staff, psychiatry staff, nursing staff, security and the unit team. We will use a consistent, unified multidisciplinary approach to de-escalate crisis situations and resolve the symptoms and/or behaviors precipitating the crisis.

Monthly facility on-call schedules for each facility will indicate the behavioral health staff available to respond and report to the site within one hour of being called and the psychiatric staff available via telephone, telehealth, or in-person within fifteen minutes of contact by a site or behavioral health staff.

We discuss our staffing coverage in detail in our response to RFP Section, 4.22.1 Base Staffing Plan Requirements. For purposes of crisis intervention, Centurion will provide a master's level behavioral health professional as required in RFP Appendix F, Base Staffing Plan.

These behavioral health professionals will assess, treat and collaborate with all necessary staff to provide crisis care to any offenders on crisis status. Psychiatry will have daily involvement via telephone, telehealth, or in-person to determine the level of crisis monitoring needing continued, increased or decreased for each individual. Our behavioral health or psychiatric providers will continue to support crisis observation status of patients based on risk of physical danger to self or others. Suicide precautions will never be utilized for staff convenience, punishment, or to coerce patient behavior.

Over the weekend and/or holidays at the facilities identified above, nursing staff will have daily contact with patients on crisis status and consult via telephone with the on-call behavioral health staff regarding each one’s status and/or need for more specialized assessment or intervention. Nursing staff will document the consultation in the patient’s health record. Based on KDOC Answer 90 in RFP Amendment 4, we understand that on-call behavioral health staff are required to provide onsite responses for a declared facility.
disaster, a patient being placed in clinical restraints, and/or a patient being prescribed one-time emergency psychotropic medication. We agree to meet these requirements.

**Crisis Intervention Services**

Centurion behavioral health professionals will provide consultation, crisis assessments, cognitive-behavioral and solution-focused crisis interventions based on an individualized crisis treatment plan. Centurion psychiatric staff will provide consultation, evaluations, and psychotropic medication reviews and monitoring. Structured worksheets can assist in encouraging patients to take responsibility for making positive changes, regaining self-control, or minimizing aggression or self-harm. Cognitive-behavioral interventions will address impulsivity and aggression issues within a relapse prevention model to help to stabilize patients. For patients with behavioral dysregulation manifesting in self-injury, we employ individualized behavior management plans. We discuss these interventions in detail in our response to RFP Section 4.6.19.4, *Consultation and Behavioral Interventions for Personality/Behavior Disorders*.

Centurion medical and mental health staff will communicate with security staff immediately about any patient identified as potentially suicidal or self-injurious. Centurion staff will collaborate with security staff in the placement of a patient in need of increased observation status and in the provision of suicide precautions at each facility. Collaboration will occur throughout assessment, treatment, and monitoring of patients on close or constant observation watch. Patients on observation watch status will receive face-to-face assessments and interactions with behavioral health professionals. Behavioral health staff will document progress under the crisis treatment plan in daily progress notes.

Centurion will closely manage patients on watch to ensure safety is maintained and optimize use of designated watch cells. Based on KDOC’s answer to question number 82 to RFP Amendment 4, we understand the KDOC currently has a total of 49 designated suicide watch cells, as follows:

<table>
<thead>
<tr>
<th>KDOC Facilities</th>
<th>Watch Cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Dorado Correctional Facility</td>
<td>3</td>
</tr>
<tr>
<td>El Dorado Correctional Facility Oswego Satellite Unit</td>
<td>0</td>
</tr>
<tr>
<td>Ellsworth Correctional Facility</td>
<td>1</td>
</tr>
<tr>
<td>Hutchinson Correctional Facility</td>
<td>6</td>
</tr>
<tr>
<td>Kansas Juvenile Correctional Complex</td>
<td>13</td>
</tr>
</tbody>
</table>
KDOC Designated Suicide Watch Cells

<table>
<thead>
<tr>
<th>KDOC Facilities</th>
<th>Watch Cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lansing Correctional Facility</td>
<td>10</td>
</tr>
<tr>
<td>Larned Correctional Facility</td>
<td>10</td>
</tr>
<tr>
<td>Norton Correctional Facility</td>
<td>1</td>
</tr>
<tr>
<td>Topeka Correctional Facility</td>
<td>5</td>
</tr>
<tr>
<td>Winfield Correctional Facility</td>
<td>0</td>
</tr>
<tr>
<td>Total Dental Chairs</td>
<td>49</td>
</tr>
</tbody>
</table>

Crisis Treatment Planning

When patients require crisis or safety treatment planning, Centurion behavioral health staff will consult with security and facility case staff as clinically indicated to ensure the crisis and/or safety plan is individualized and feasible. Multidisciplinary collaboration is essential. Security and casework or unit staff often have valuable information and insight regarding the patient’s behavior and functioning. Without such input, it can be very challenging to identify individualized interventions that support the patient during crises.

Centurion has developed a crisis treatment planning process and associated form to assist staff in developing treatment plans to address the patient’s needs while in crisis. We provide our confidential and proprietary Crisis Treatment Plan documentation template as Attachment AA. The crisis treatment plan complies with NCCHC standards and includes the following elements:

- Patient’s relevant diagnoses
- Precipitating events, including the behaviors and events that led to the patient being placed on precautions
- Signs of risk, including the signs, symptoms, and circumstances under which risk is likely to become elevated
- Strategies and interventions aimed at reducing risk, including strategies that the patient can use and interventions to be provided by staff

Crisis treatment planning attempts to address the underlying mental health issues that led to the crisis. When these issues are appropriately addressed, the need for prolonged suicide watches or observation for psychiatric purposes decreases significantly.
Crisis Intervention Training

To support our behavioral health staff in providing crisis services, we provide ongoing supervision and peer consultation. We routinely track and trend crisis calls as part of our CQI program. We have developed several staff training modules covering the following areas:

- Definition of a crisis
- Crisis assessment
- Least restrictive treatment interventions
- Application of skills: role plays

Through training, we increase awareness of the specific steps to take when staff receive a crisis referral or call, improve crisis intervention skills, and increase awareness of least restrictive interventions for maintaining patient and staff safety.

Suicide Prevention

In the area of suicide risk assessment, Centurion has created an evidence-based suicide risk assessment process supported by research, by the clinical expertise of our psychological leadership across the country, and by our knowledge of the correctional population. Based on the literature, we know that suicide risk is determined by:

- Static Risk Factors
- Clinical Risk Factors
- Situational Risk Factors
- Institutional Risk Factors

At Centurion, we examined these factors and how they manifest among the offender population. We coupled these factors with the evidence that supports the efficacy of structured clinical judgment over non-structured clinical assessment and created a structured clinical risk tool to assist clinicians in weighing relevant risk information when making a determination of individual suicide risk. We will make our Suicide/Self-Injury Risk Assessment tool available for review and approval by the Department upon contract award. This tool and routine staff training safeguards consistency in our comprehensive assessment approach.

The Suicide/Self-Injury Risk Assessment tool provides clinicians with a means to systematically assess those risk factors that we know to impact suicide among individuals and specifically offenders. It allows clinicians to weigh each of these factors when making a determination about the level of risk and the need for appropriate clinical intervention.
We are in the process of expanding our suicide risk evaluation process and are considering adopting a standardized screening tool to assist staff in assessing signs of suicide risk routinely, before the emergence of a crisis.

A group of clinical professionals, including John May, MD, CCHP, our Chief Medical Officer, Sharen Barboza, PhD, CCHP-MH, Vice President of Clinical Operations – Mental Health, and Dana Neitlich, MSW, our Regional Vice President of Operations in the northeast, participated in a Suicide Prevention Task Force.

**NCCHC Suicide Task Force**

Jointly sponsored by the NCCHC and the American Foundation for Suicide Prevention, the Task Force worked towards developing national standards for suicide risk assessment and intervention. Towards that end, the Task Force has reviewed the Centurion Suicide Self-Injury/Suicide Risk Assessment Tool for consideration as a national standard for suicide risk assessment. In October 2019, the NCCHC-AFSP Task Force published its Suicide Prevention Resource Guide: National Response Plan for Suicide Prevention in Corrections, authored by Dr. Barboza and four additional national experts. The Department can be confident that we will infuse our suicide prevention expertise into our Kansas healthcare program.

**Discharge to General Population**

We recognize that the KDOC requires that a psychiatrist determine when a patient should be returned to general population, with documentation regarding this decision entered into
the health record. Additionally, we will ensure that the patient receives an evaluation by a qualified mental health professional, in collaboration with psychiatry, when observation status is stepped down from continuous to close watch and/or when discontinued. These evaluations will ensure that the suicidal or psychiatric crisis has either been resolved and the patient can be safety treated at a lower level of care, or that the crisis has not been resolved and intensified behavioral health treatment needs to be provided.

Upon release to general population, behavioral health staff will update a patient’s individual treatment plan as clinically indicated. Centurion will ensure that follow-up assessments or contacts occur as needed, required by policy, or ordered by the psychiatric provider. For patients whose behavioral crises stem primarily from a personality disorder, or whom repeatedly engage in self-injurious or other repetitive dangerous behaviors, we will consider behavior management interventions for possible implementation to reduce future crises from emerging.
4.6 Comprehensive Behavioral Health Services

4.6.15 Inmate Companion Program

4.6.15.1 The KDOC has implemented an inmate companion program to supplement the oversight and supervision of offenders placed on crisis level supervision.

4.6.15.2 At sites where the inmate companion program is active, the contractor’s behavioral health staff will be required to work cooperatively with KDOC staff in implementing the following:

(a) Complete file reviews and individual interviews of offenders who have been nominated for, or applied for inclusion in the program as a companion.

(b) Completion of a brief report concerning the suitability of each candidate reviewed for the program.

(c) Provide training in “Mental Health First Aid” (4 hours) and “Suicide Prevention” (2 hours) for offenders enrolled in the program.

(d) Regularly attend and participate at meetings of the Offender Companion Program Committee.

(e) Provide debriefing services for the offender companions within 24 hours of being notified of a companion’s use (to debrief on any issues, concerns or trauma related processes that arose as a part of the offender’s work).

(f) Maintain statistical information regarding the number of reviews/interviews, training, and debriefings completed, with the results compiled on a monthly basis and provided to KDOC and/or the contract monitors.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.15, Inmate Companion Program, and all subsections identified herein.

Training and Use of Offender Volunteers

Based on site tours, we understand that the Department’s offender companion program is intended to be similar to the Federal Bureau of Prisons’ program, and that the KDOC has only recently begun training offenders in this program. KDOC’s Answer 261 to bidders’ questions in RFP Amendment 3 indicates that the policy governing this program will be finalized in the next several months and that the program will be fully operational thereafter.

Centurion looks forward to working with KDOC to better understand and support an offender volunteer program. We will comply with the new policy once finalized. We understand that the RFP requires our participation in the review, training, and ongoing support of offender
volunteers. A Centurion qualified healthcare designee will be responsible for a record review, interview, and suitability report for all offenders referred by KDOC for consideration as a volunteer companion.

We will collaborate with KDOC to provide offenders with the necessary mental health first aid and suicide prevention training requirements. Based on KDOC Answer 262 to bidders’ questions in RFP Amendment 3, we understand that there is currently one staff member who is certified as a Mental Health First Aid trainer, and that the training of offender companions has just begun. We appreciate that the Mental Health First Aid curriculum teaches offender volunteers how to identify risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help.

We will collaborate with the KDOC to ensure the necessary mental health first aid and suicide prevention training requirements are met, including dedicating staff to become Mental Health First Aid trainers as necessary. Our current training materials and facilitators will also be made available to offender volunteers upon request and review by KDOC. Centurion will ensure a designated healthcare representative will participate in the Offender Companion Program Committee and collaborate to ensure that program objectives are achieved. If necessary, we will designate the committee chair to oversee offender training and support services, and coordinate sufficient resources and systems to ensure that offender volunteers are properly supported by healthcare staff.

Centurion acknowledges that some correctional systems utilize offender volunteers to supplement the observation of patients with medical and mental health concerns. The 2019 NCCHC Suicide Prevention and Resource Guide states the following:

**NCCHC Suicide Prevention and Resource Guide: Observation of Patients with Medical and Mental Health Concerns**

*Consider the use of peer support. The Federal Bureau of Prisons and some state correctional systems (e.g., Indiana) make extensive use of inmate peers in the care and treatment of suicidal and NSSI patients. Those inmates must be carefully screened, well trained, and closely supervised. Note that the NCCHC standards do not endorse the use of other inmates in any way (e.g., suicide watch companions, suicide-prevention aides) to provide exclusive supervision of acutely and nonacutely suicidal inmates. The presence of another inmate companion/aide does not take the place of required observations by facility staff.*
Centurion will adhere to NCCHC Standards P-C-06, *Inmate Workers*, and Y-C-06, *Juvenile Workers*, in that offender volunteers *not be used as substitutes for regular program or mental health staff*. We appreciate that appropriately trained offender volunteers used as patient support of non-acute suicidal patients, under strict staff supervision, are appropriate in some forums. We acknowledge that KDOC offender volunteers may be used to address "crisis level services." We interpret this to mean a peer support service and not as a substitute for staff monitoring of and providing therapeutic interventions to patients with acute mental health needs or elevated suicidal risk.

We understand that offender volunteers may experience distress following a peer encounter. A qualified mental health professional will meet with an offender volunteer upon request or referral to debrief and assess for vicarious trauma. The mental health professional will provide clinically indicated services based on an assessment of the offender volunteer.

**Peer Recovery & Support Services**

We have experience working with peer support services in other Centurion programs. In our *Pennsylvania program*, approximately 500 offenders have been trained through *Peerstar LLC*, to promote empowerment, self-determination, understanding, coping skills, and resiliency. The services, conducted through mentoring and service coordination, allow individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disabilities. The peer supporters assist in education and hospice programs, and they receive specialized training including suicide prevention.

Below we describe our affiliation with Peerstar LLC, a national leader in providing forensic peer support services.

Peerstar currently provides forensic peer support training services using a research university-based program and curriculum. The curriculum was developed in a unique partnership with the *Yale University School of Medicine Program for Recovery and Community Health*. The forensic peer recovery program includes reentry planning and evidence-based *Citizenship Group* classes to assist individuals in returning to the community and breaking the cycle of re-incarceration. The goal is to support patients with serious medical and mental illness, exhibiting serious functional impairment, and other patients with special needs. Peer supporters encourage the use of and role model coping strategies to achieve optimal personal wellness.
Through a Peerstar management partnership, we have the expertise to offer exceptional peer support training. If desired by KDOC, we will utilize the Peerstar program management techniques for clinical oversight, program development, and train-the-trainer services. Techniques include:

- Peer specialist recruitment, training, supervision and productivity
- Program marketing and referral development
- Strategic planning and risk management
- Proprietary computerized Individual Service Plans that guide the peer supporter to incorporate aspects of a patient’s individualized clinical treatment plan and coordinating progress notes
- Proprietary forensic peer support program development and criminal justice system coordination
- Robust regulatory compliance and waste, fraud and abuse programs

If desired by the KDOC, we look forward to future discussion with the department regarding the use of Peerstar and exploring the opportunity to introduce a peer support model to the offender population. Centurion and Peerstar will collaborate with KDOC and facility leadership to develop a program that meets all department objectives and expectations. We understand that services may vary from facility to facility.

Regardless of whether the KDOC chooses to explore using Peerstar as a resource, we will meet RFP requirements for the offender companion program. Centurion will comply with monthly statistical report requirements for the offender volunteer program, including the number of candidate reviews and interviews, volunteer trainings conducted, and debriefings completed. Reports will be delivered based on the preferences of KDOC.
4.6 Comprehensive Behavioral Health Services

4.6.16 Mental Health Special Needs Clinics / Special Needs Treatment Plans

4.6.16.1 The Contractor shall include a plan to provide oversight and care for offenders presenting with severe & persistent mental illnesses (SPMI), as well as others who are identified as needing special monitoring and a multi-disciplinary approach to care, through special needs clinics that include at a minimum:

(a) The development, implementation and maintenance of special needs treatment plans that conform to professional standards and:

(1) Are developed and implemented within fourteen (14) days of the RDU report being completed, or within fourteen (14) days of the mental health need having been identified/diagnosed.

(2) Are individualized with input from the offender and multi-disciplinary team (MDT).

(3) Include strengths as well as targeted symptoms and/or behaviors.

(4) Include short- and long-term goals, the methods and interventions by which these goals will be pursued, the frequency of meetings to implement the methods and interventions, and the individuals responsible for the oversight of each goal.

(5) Are inclusive of all aspects of mental health care, including psychiatry, individual/group psychotherapy, psycho-educational activities, therapeutic recreation/activities, and other specialties/treatments as individually indicated.

(6) Are reviewed and updated at least once every ninety (90) days.

4.6.16.2 Regular meetings with a behavioral health professional as specified in the offender’s treatment plan, but no less than at least once every thirty (30) days, whether or not the offender agrees to comply with treatment recommendations.

4.6.16.3 Regular meetings with psychiatric staff for offenders prescribed psychotropic medication(s). These meetings shall occur no less than once every ninety (90) days (or more often if indicated in the treatment plan), except for juvenile offenders and offenders in specialty programs (TRU, IRU, TCF MH Unit) who shall be seen no less than once every thirty (30) days.

4.6.16.4 Regular meetings of the MDT at least once every ninety (90) days.

4.6.16.5 Skills training to assist with daily functioning within the correctional setting.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.16, Mental Health Special Needs Clinics / Special Needs Treatment Plans, and all subsections identified herein.
Centurion fully appreciates the importance of identifying, designating, managing, treating, and reviewing patients with serious and persistent mental illness (SPMI) as well as others requiring special monitoring and a multidisciplinary approach to care. Our special needs clinic services and treatment plans for SPMI-designated patients and those with special needs will be consistent with NCCHC Standards P-F-01, *Patients with Chronic Disease and Other Special Needs*, Y-G-01, *Chronic Disease Services*, Y-G-02, *Patients with Special Health Needs*, and related NCCHC standards for the mental health assessment, treatment planning, and care of these patients. Our services will also comply with ACA Standards 5-6A-4359, 1-HC-1A-16, and 4-JCF-4C-17, *Chronic Care*, 5-4B-0031, *Seriously Mentally Ill*, 5-6A-4372-1, 1-HC-1A-29, and 4-JCF-4D-04, *Mental Health Evaluations*, 5-6A-4374 and 1-HC-1A-31, *Mental Illness and Developmental Disability*, and 4-JCF-4D-05, *Mental Health Treatment Plans*.

**Mental Health Special Needs Clinics and Special Needs Treatment Plans**

SPMI and special needs patients represent a smaller subset of higher risk, higher need mental health caseload patients who require additional supports and intensified monitoring, review, oversight and care in order to meet their clinical needs. Centurion will meet these patients’ complex needs through special needs clinics incorporating a multidisciplinary approach to treatment planning and implementation.

**Identifying the Spectrum of Special Needs Patients**

Special needs patients include a wide range of diagnoses and functional impairments. Accurate diagnosis helps to identify the nature and probable time course of a patient’s functional impairment and any related special needs. The nature and chronicity of functional impairment will vary across diagnostic categories. SPMI patients may include those with major neurocognitive disorders such as Alzheimer’s disease, frontotemporal lobar degeneration, Lewy body disease, or cerebrovascular disease with significant functional impairment. Some major neurocognitive disorders, such as Pick’s Disease, may show time-
limited periods of improved functioning, but the disease course ultimately leads to progressive deterioration in functioning.

Similarly, patients who meet diagnostic criteria for intellectual or developmental disabilities are likely to remain vulnerable and in need of focused care, monitoring and management for the duration of their incarceration and upon reentry into the community. While occupational, vocational, and social habilitation efforts may improve patient functioning to a certain extent in these cases, the underlying disabilities do not have a cure.

Patients with intellectual disabilities, autism spectrum disorders, and/or other neurodevelopmental disorders will very likely require ongoing accommodation and extra support. Patients with traumatic brain injuries (TBIs) and other acquired brain injuries can vary significantly with regard to the nature, severity, course of their symptoms, and functional impairment. While not all patients with TBIs will meet criteria for SPMI or as special needs patients, patients with TBIs may have symptoms that worsen as the TBI triggers further changes in neurocognitive functioning. The development of comorbid mood disorders, severe impulsivity, and/or a progressive dementia such as chronic traumatic encephalopathy can be frequent in these cases.

An elevated frequency among incarcerated patients of substance use-induced neurocognitive damage often co-occurs with a mood or thought disorder. Clinically, it appears that the methamphetamine epidemic, the rise of home-made amphetamine-like drugs like K-2, and continued inhalant use have resulted in lasting neurocognitive damage and significantly complicated treatment in an increasing number of incarcerated patients. At least some patients appear to have persistent psychotic disorders, likely substance-induced, and when the psychosis continues long after active use has stopped, these patients often meet criteria for SPMI designation or as special needs patients.

Patients with schizophrenia spectrum and other psychotic disorders, Bipolar Disorders, and/or Major Depressive Disorders may experience variable courses in their symptoms and functional impairments. Adequate psychopharmacological and supportive psychosocial treatment may restore functioning for extended periods of time with these disorders. However, in a manner analogous to developmental disabilities, patients with serious mental illnesses such as Schizophrenia, Bipolar I or II Disorders, and Recurrent Major Depressive Disorders exhibit chronic vulnerability to stress, even when psychiatrically stable.

Patients with severe personality disorders represent a special group among the SPMI and special needs population. These patients often require additional resources, show decreased levels of functioning, and tax staff resources compared to patients with
“traditional” serious mental illnesses such as Schizophrenia. The functional impairments shown by these patients, often behavioral, can be perceived as intentional. Inferences regarding patient intent require considerable care to avoid dismissing aversive patient behaviors that may be amenable to behavioral health interventions. Centurion will support inclusion of severe personality disorders under the SPMI or special needs designation when clinically appropriate.

**Screening and Assessing for Special Needs**

Centurion will perform screenings on all admissions to the KDOC. As part of training in the identification of signs and symptoms of mental illness and treatment needs, Centurion staff receive training in identifying special needs and SPMI patients.

Patients who screen positive for signs or symptoms of mental illness, including serious mental illness and/or functional impairment, will be referred for a comprehensive mental health evaluation, during which consideration of the patient needing special needs or SPMI services will be assessed. Centurion behavioral health professionals will assess the patient for possible intellectual and/or developmental disabilities, traumatic brain injury, major neurocognitive disorders, thought disorders, mood disorders, and other neurocognitive and neurodevelopmental disorders that may impair the patient’s ability to function in the correctional setting.

If, as a result of the mental health evaluation, the behavioral health staff determines that the patient may require special needs or SPMI services, the patient will then undergo a clinical triage with a psychiatric provider. When necessary, the psychiatric provider will complete a comprehensive evaluation to confirm diagnostic impressions and overall functioning level.

**Developing and Implementing Special Needs Treatment Plans**

Centurion will ensure the development and implementation of special needs treatment plans within 14 days of the RDU report being completed, or within 14 days of the identification or diagnosis of the mental health need.

For patients diagnosed with SPIMIs and others requiring special monitoring and a multidisciplinary approach to care through special needs clinics, we will complete a special needs treatment plan. The multidisciplinary, individualized special needs treatment plan will specify, at a minimum, the following:

- Patient diagnosis or diagnoses
- Patient strengths
- Target symptoms and/or behaviors
- Long-term treatment goals
- Short-term, observable and measurable treatment objectives
- Treatment modality and methods or interventions by which to pursue the goals
- The roles of behavioral health and psychiatric professionals in carrying out treatment interventions
- Timeframes for goal obtainment or target achievement dates, and treatment plan review and/or revision
- Frequency of treatment contacts

Treatment plans will indicate rationale for the SPMI or special needs designation. Our behavioral health professionals will see patients with SPMI at the frequency indicated in the treatment plan, at least every 30 days.

The treatment plan will be reviewed and revised as needed, with input from the multidisciplinary treatment team and patient. The team will meet at least once every ninety days to review patient progress in achieving plan goals and objectives.

The multidisciplinary special needs treatment planning process ensures that the treatment plan captures all issues relevant to a patient’s treatment and the related discipline or profession including, but not limited to: psychiatry, behavioral health, medical, nursing, activity and recreational therapy, substance use, custody/security, court, community reentry, and/or discharge planning. This integrated approach ensures an optimal multidisciplinary treatment approach for the patient.

Services specified in the patient’s special needs treatment plan will include all clinically indicated aspects of behavioral health care including: individual and/or group therapy psychiatric services, psychoeducational activities, activity and recreational therapy, skills training to assist with daily functioning within the correctional setting, and any other services clinically necessary.

The patient’s treatment plan will indicate the frequency of therapeutic contacts, including at a minimum the following:

- Regular meetings with psychiatric staff for patients prescribed psychotropic medications
  - At least every 90 days for adult patients in general population outpatient
- At least every 30 days for juveniles
- At least every 30 days for adult patients in specialty programs (TRU, IRU, TCF MH Units)
  - Routine contact with a behavioral health professional at least every 30 days regardless of whether or not the patient agrees to comply with treatment recommendations

As discussed in our responses to other behavioral health sections of the RFP, our behavioral health staff will utilize motivational interviewing techniques to encourage patient engagement in treatment services. They will monitor patient compliance and incorporate a multidisciplinary team process to best problem-solve approaches to care that will promote patient cooperation and consent to treatment.

**SPMI or Special Needs Patients with Intellectual, Developmental, or Neurocognitive Disabilities**

Not all patients designated as SPMI or special needs suffer from psychotic or affective disorders that are amenable to traditional behavioral health interventions. Patients with developmental disorders, intellectual disabilities, and major neurocognitive disorders require specialized treatment plans due to the nature of their disabilities.

Centurion recognizes that interventions required by these patients go well beyond traditional psychotherapy and psychotropic medication. This subset of patients may have needs related to education or training, social skills, independent living skills, safety, medication issues, and assertiveness training, as well as the need to be protected from predatory offenders. Patients with intellectual and/or neurodevelopmental disabilities or other cognitive deficits may have co-occurring serious mental illness, substance use disorder and/or medical needs.

To assist staff in developing treatment plans and/or management plans for this population, Centurion has developed Clinical Guidelines for Developing Treatment Plans for Patients with Functional Impairments due to Intellectual Disabilities/Neurodevelopmental Disorders. To our knowledge, these guidelines are not available elsewhere.

Centurion’s Clinical Guidelines for Developing Treatment Plans for Patients with Functional Impairments due to Intellectual Disabilities/Neurodevelopmental Disorders cover the following areas:
- Definition of functional impairment
- Limits of scope and intent
Review of assessment/evaluation results, including identification of potential treatment or habilitation needs in the following domains:

- Sensory perception
- Attention
- Short-term memory
- Long-term memory
- Learning
- Speed of information processing
- Knowledge base
- Problem solving
- Communication
- Daily living skills
- Socialization
- Motor skills

- Identification of patient needs and challenges
- Identification of patient-specific strengths
- Development of goals and objectives
- Staff interventions
- Patient responsibilities
- Review of treatment plan

These guidelines support behavioral health staff in meeting requirements for treatment and habilitation planning.

**Providing SPMI or Special Needs Patients with Behavioral Management Interventions**

SPMI or special needs patients with severe personality disorders may be candidates for behavioral management interventions. To support behavioral health staff who are responsible for developing behavior management plans, Centurion has developed *Clinical Guidelines for Behavior Management Plans*. Our guidelines for behavior management plans cover the following areas:

- Definition of a behavior management plan
- Limits of scope and intent
- Determination that a behavior management plan is needed
- Data-gathering
- Sources of information
- Functional assessment
- Risk assessment
- Behavior management plan
- Collaboration and consultation
- Informed consent
- Monitoring and measuring
- Staff training

We provide more detail on our approach to behavior management in our response to RFP Section 4.6.19.4, *Consultation and Behavioral Interventions for Personality/Behavior Disorders*.

**Treating SPMI or Special Needs Patients with Co-Occurring Substance Use Disorders**

Centurion appreciates that many special needs patients with serious mental illness and/or SPMI suffer from co-occurring substance use disorders (SUDs). Integrated treatment of the patient’s mental illness and substance use disorder is a best practice commonly implemented in the community.

Centurion has developed Clinical Guidelines to support staff in developing *Integrated Treatment Plans for Patients with Serious Mental Illness and Substance Use Disorders*. The Integrated Treatment Plans guidelines include the following areas:

- Definition of an integrated treatment plan
- Limits of scope and intent
- Determination that an integrated treatment plan is needed
- Limits of confidentiality
- Elevated risk
- Data-gathering
- Sources of information
- Assessment of the role of substance use behaviors
- Identification of patient’s needs and strengths
- Evaluation of patient’s readiness to change
- Collaborative development of recovery goals
- Identification of treatment objectives
- Staff interventions
- Treatment plan review

We provide more detail on dual diagnosis and SUD treatment in our responses to RFP Sections 4.6.18.1, *Specialized Housing Units & Services*, 4.6.19.1, *Group Therapy*, and 4.6.18.3, *Sex Offender and Substance Use Treatment for the Juvenile Offender Populations*. 
Restrictive Housing

Centurion staff will ensure that SPMI or special needs patients placed into restrictive housing receive close monitoring and behavioral health services to meet the level of need.

We provide more detail on restrictive housing services in our responses to RFP Sections 4.3.11, *Restrictive Housing Medical Services*, and 4.6.17 *Restrictive Housing Services*.

Meeting Mental Health Special Needs Clinic and Treatment Planning Performance Requirements

Centurion will comply with the RFP performance requirements for the following:

- Centurion will develop a special needs treatment plan for patients with SPMI within 14 days of the RDU report or within 14 days of identification of the mental health need.
- Centurion will review and update special needs treatment plans every 90 days.
- The multidisciplinary team will meet at least once every 90 days for each patient with a special needs treatment plan.

We presume that for performance requirements that could not be completed due to reasons outside of our control performance guarantees will not be imposed. Centurion will comply with all the performance requirements for mental health special needs clinic and treatment planning as noted in the RFP including Section 4.25, *Clinical Performance Guarantees*. In the unlikely event that we do not meet the relevant performance measures, we understand that:

- If performance falls below 90% of agreed-upon contractual requirements under this RFP section, we will, in place of actual damages, pay to the Department, as fixed, agreed, and performance guarantees, $100.00 times the number of noncompliant occurrences identified during the review period.
- Any subsequent review resulting in performance falling below 90% of our agreed-upon contractual agreements within six months of the latest review requiring performance guarantees shall be considered a lack of resolution to the substandard performance. This will result in performance guarantees of $125.00 times the number of noncompliant occurrences.
- A third substandard performance lower than 90% within six months of the latest review requiring performance guarantees shall be taken at $150.00 per occurrence, with any continued substandard findings within the subsequent six-month period
resulting in further penalties in increases of $25.00 per occurrence, i.e., $175, $200, $225, etc., until Centurion resolves the substandard performance.

- If Centurion’s performance remains above a 90% compliance threshold for a period of six consecutive months without penalty, following an imposition of a penalty, then any substandard performance will begin a new penalty cycle.

Centurion is confident that we will meet or exceed department expectations related to mental health special needs clinic and treatment planning.
4.6 Comprehensive Behavioral Health Services

4.6.17 Restrictive Housing Services

4.6.17.1 The Contractor shall provide for the ongoing provision of treatment for offenders in restrictive housing who were receiving services prior to their entry, as well as specialty services specific to the restrictive housing population. This is to include, but not be limited to:

(a) Upon admission to restrictive housing, a mental health restrictive housing screening shall occur by a qualified health care professional. All offenders shall receive a screening by a behavioral health professional within twenty-four (24) hours of placement into restrictive housing.

(b) Restrictive housing rounds shall be made by behavioral health staff, with documentation occurring in the EHR at least once each week, at the following minimum intervals:

(1) Daily rounds Monday through Friday, at EDCF, HCF, KJCC, LCF, and TCF.

(2) Weekly rounds at all other facilities' restrictive housing units (except for offenders with SPMI or SMI, who shall be seen daily, Monday through Friday, by behavioral health staff at these facilities).

4.6.17.2 Mental health special needs clinics and treatment planning shall occur with offenders in segregated living areas.

4.6.17.3 The Contractor shall identify a plan and is responsible for mental health sick call for restrictive housing offenders to be held seven days per week at EDCF, HCF, KJCC, LCF and TCF.

4.6.17.4 If an offender’s custody status precludes attendance at a sick call session, arrangements must be made to provide sick call services at the place of confinement.

4.6.17.5 Mental health sick call shall be held in special clinic rooms in restrictive housing whenever possible to reduce risks associated with transporting restrictive housing offenders.

4.6.17.6 Crisis intervention services, to include coordination and interactive multi-disciplinary treatment team planning with security for all offenders presenting with suicide risks.

4.6.17.7 Behavioral health staff shall work as part of the Restrictive Housing Review Board’s team to perform the following, at a minimum:

(a) Make recommendations regarding the need for alternative placement for offenders with mental illness and/or developmental disabilities.

(b) Make recommendations regarding whether offenders in restrictive housing are to be included in a behavioral management program, or if they would benefit from being admitted to the Individualized Reintegration Unit (or if already at IRU, in the special restrictive housing management program).
4.6.17.8 Develop a program plan for transitioning out of restrictive housing for offenders with mental illnesses, who are at high risk for returning to restrictive housing as well as to assist those in extended restrictive housing (longer than 30 days) to return to a transition setting and eventually general population. Regional behavioral health staff shall provide restrictive housing treatment development support as well as guidance relating to offender placement and transfers.

4.6.17.9 It is expected that all behavioral health restrictive housing rounds as outlined in section 4.6.17.1(b) of this RFP shall be completed on all KDOC restricted housing offenders.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.17, Restrictive Housing Services, and all subsections identified herein.

Centurion will comply with the requirements of ACA performance standard 4B, Restrictive Housing, including but not limited to Standards 5-4B-0010, Mental Health Appraisal, 5-4B-0012, Supervision, 5-4B-0027, Access to Programs, 5-4B-0029, Health Care Screening, 5-4B-0031, Seriously Mentally Ill, and 5-4B-0032, Step Down Programs. Centurion will also comply with the requirements of NCCHC Standards Y-E-09, Segregated Juveniles, and P-G-02, Segregated Inmates.

We provide more detail on restrictive housing services in our response to RFP Section 4.3.11, Restrictive Housing Medical Services. The healthcare services that follow, while directed at mental health care, is not mutually exclusive of mental health staff and overlap through integrated care practices can be expected.

**Mental Health Restrictive Housing Services**

Centurion fully supports the current trend throughout the country to reduce and, when possible, eliminate the use of segregated housing. Until this goal is realized, we recognize that there continues to be a need for quality healthcare services and in-cell programming for individuals placed in this level of confinement. We are well aware of the NCCHC’s 2016 Position Statement on Solitary Confinement (Isolation) and the United Nations’ 2015 Standard Minimum Rules for the Treatment of Prisons, also known as The Mandela Rules. These standards invoke curtailment of the use of restrictive housing, including limitations on the use of restrictive housing not only for patients with Serious Mental Illness (SMI) but also for offenders who do not suffer from SMI.
Centurion will collaborate with KDOC to identify and implement strategies that minimize the use of unnecessary restrictive housing placements while continuing to meet the healthcare needs of offenders placed on this status. We are acutely aware of the importance of monitoring offenders who are housed in restrictive housing for changes in mental status. Nationally, a disproportionate percentage of completed suicides and serious self-injurious episodes occur in segregation.

Healthcare objectives for offenders in restricted housing units (RHUs) are intended to identify medical and mental health conditions that may negatively impact prolonged placement in isolation and offer recommendations for accommodations or alternatives. Further, quality healthcare services in RHUs proactively monitor for decompensation of an offender and provide medically necessary interventions as appropriate.

KDOC and offenders in RHUs will benefit from Centurion’s commitment that healthcare services will not be restricted due to housing placement or security status. Our healthcare staff are trained to communicate and collaborate with facility leadership and security staff to ensure the necessary access to offenders. This includes healthcare services pre- and post-RHU placement. Centurion healthcare staff are trained to assess and respond proactively, addressing risk factors for decompensation.

**Juveniles on Room Confinement/Isolation/Restrictive Housing Status**

Consistent with national practices, Centurion will support efforts to minimize the use of restrictive housing status for juveniles. NCCHC’s 2016 *Position Statement on Solitary Confinement* asserts the principle that juveniles should be excluded from solitary confinement of any duration. The position statement cites a 2012 report from the U.S. Attorney General Office, which states:

*Nowhere is the damaging impact of incarceration on vulnerable children more obvious than when it involves solitary confinement…Juveniles experience symptoms of paranoia, anxiety, and depression after very short periods of isolation. Confined youth who spend extended periods isolated are among the most likely to attempt or actually commit suicide…*

At Centurion, we know that juveniles thrive when integrated into the population and housed in the least restrictive and most socialized environment possible. Our experience is that room confinement rarely needs to extend longer than a few hours for most juveniles and NCCHC standards indicate that prolonged segregation more than two to five hours is not used except under documented exceptional circumstances. Most juvenile facilities in the country limit segregation lengths of stay to three days, however, juveniles who remain in
prolonged segregation will be seen, at minimum, weekly by a qualified mental health provider and daily for healthcare rounds.

Juvenile patients that exhibit out-of-control behavior, lasting more than 24 hours, will be assessed for a high level of care such as mental health watch or psychiatric hospitalization. Additionally, a psychiatric provider will assess the juvenile for evidence of contraindications to continued isolation and consideration of additional medical interventions.

**RHU Placement Mental Health Assessment**
Centurion will train healthcare staff to adhere to four steps when assessing and monitoring offenders for RHU placement. These steps include:

**Four Steps**
for Monitoring Patients in Restrictive Housing

1. **Understand the reason for monitoring**
   - Review the patient’s medical record to understand the patient’s condition, current concerns, and treatment plans.

2. **Complete an assessment**
   - Based on the identified patient conditions, assess the status of the patient’s conditions and need for referral to a healthcare provider for further or need for an alternative intervention. The depth and breadth of the assessment should be in accordance with the needs of the patient and the “reason” for the monitoring.

3. **Take action**
   - Identify if the assessment of the patient requires emergent or urgent action, or if routine referrals and monitoring will suffice.

4. **Document**
   - Always document the review, assessment, and actions taken using a SOAP or DAP note format.

Offenders will be assessed face-to-face by a qualified mental health professional for RHU placement within 24 hours of security notification and a completed nursing RHU placement assessment. Offenders with urgent mental health symptoms or distress, referred by nursing staff, will be seen in accordance with crisis intervention services. Nursing staff will have 24 hours a day, seven days a week access, onsite or on-call, to mental health consultation. We provide more detail on this in our response to RFP Section 4.6.14, *Crisis Intervention*.

A qualified mental health professional will review the patient’s health record to better understand the patient’s conditions and target the RHU assessment accordingly. If our staff identify any medical or mental health conditions that may impact placement in an RHU, we will take action to notify security and facility leadership and collaborate to identify
accommodations and alternatives to serve as protective measures to decompensation. The mental health treatment plan will be reviewed, and if appropriate, revised to include increased access to mental health services during an RHU placement.

**Ongoing Assessment**

Patients on the active mental health caseload placed in an RHU will receive the same level of mental health services, at minimum, as they were receiving in general population. Services will include clinical contacts, psychiatric evaluations, psychotropic medication monitoring, routine laboratory testing, and treatment planning in accordance with the individualized treatment plan. Additionally, offenders will have access to daily nursing rounds and routine follow-up RHU placement assessment every 30 days.

Nursing and mental health rounds are a critical element of our suicide and self-injury prevention program. Rounds help to identify offenders’ mental health needs before they become crises. Rounds are conducted as required by ACA and NCCHC standards.

Mental health professionals will conduct rounds daily, Monday through Friday, at El Dorado Correctional Facility, Hutchinson Correctional Facility, Kansas Juvenile Correctional Complex, Lansing Correctional Facility, and Topeka Correctional Facility. Mental health rounds will occur no less than once a week for RHUs at the remaining KDOC facilities. We understand that offenders classified as having Serious Mental Illness (SPMI/SMI) designation will receive daily healthcare rounds while in RHU regardless of the facility.

Centurion healthcare staff will provide appropriate intervention if they have concerns about the mental status or functioning of any offender in restrictive housing, regardless of mental health classification status. Interventions may include recommendations for temporary removal of the offender from the RHU for mental health observation and clinically appropriate treatment interventions. Should a mental health professional determine that increased contacts due to restrictive housing placement is necessary, the treatment plan will be modified to reflect the necessary interventions. In some cases, an offender may be considered for further mental health assessment and caseload assignment, based on services provided during an RHU placement.

**Documentation and Communication**

We will document each contact with an offender, on an individual patient record for inclusion in the EHR. Healthcare staff will document all pertinent information, including accommodations and recommendations for protective measures identified during the initial placement, daily healthcare rounds, and routine follow-up assessments.
Documentation will comply with ACA and NCCHC standards and KDOC policy. Documentation will include the date and time of the contact, signature or initials and credentials of the staff member conducting rounds, and any significant findings from the contact. Included in the documentation plan will be notification of security and facility leadership of any acute concerns that require immediate or urgent attention.

**Restrictive Housing Review Boards**

Centurion will cooperate in restrictive housing reviews for offenders in long term RHU placement. We will participate in the forum determined by the restrictive housing review board. Healthcare leadership will provide pertinent information regarding an offender’s medical or mental health condition or concerns, as it relates to ongoing RHU placement and appropriateness for consideration of placement in a specialized treatment unit. Centurion participation in restrictive housing reviews will be done in accordance with Centurion and KDOC policies and ACA and NCCHC standards.

**Sick Call**

We provide an overview of sick call services in our response to RFP Section 4.3.10, *Non-Emergency Health Care Services*. Additionally, we respond to mental health sick call services above in our response to RFP Section 4.6.13, *Mental Health Sick Call.* RHU sick call services will adhere to healthcare interventions and protocols within these sections, however, due to the heightened risk factors associated with RHU placement, we will prioritize our response to offenders within an RHU and ensure sick call response within 24 hours of an offender’s request.

Nursing staff will conduct daily healthcare rounds during which they will collect sick call requests. Nursing staff will determine if a submitted sick call request is urgent or emergent before terminating the RHU round and respond immediately as appropriate. Nursing staff will collect and conduct a daily sick call clinic on RHUs to address requests received in the prior 24 hours.

When possible, RHU sick call clinics will include nursing and mental health, limiting any delay in care, minimizing unnecessary offender movement, and avoiding excess appointments that require additional security escorts. RHU offenders’ sick call requests related to mental health symptoms will be responded to by trained nursing staff when mental health is not available onsite. Nursing staff will have access to 24 hours a day, seven days a week on-call mental health consultation and crisis services as needed. Nursing staff will refer offenders for mental health follow-up, as clinically indicated, following established protocols for patient mental health referrals. Mental health will respond to nursing or staff referrals for RHU offenders as soon as possible, typically by the next business day, when
mental health is not available onsite.

Centurion will conduct sick call clinics in RHUs in a manner that limits unnecessary security risk, during an agreed upon time that is convenient to operations and avoids periods that create an undue burden to the offender such as nighttime hours intended for sleep. Sick call contacts will not be conducted cell-side. RHU sick call contacts will be conducted in a location agreed upon with facility leadership that is appropriate for both security and clinical services.

Access to care issues that may arise in an RHU will be addressed through the facility’s multidisciplinary continuous quality improvement program. Additionally, offenders in restrictive housing will maintain full access to healthcare grievance protocols. We provide more detail regarding our CQI program and grievance protocols in our responses to RFP Sections 4.10, Quality Improvement Program, and 4.15, Offender Grievance Mechanism.

**Crisis Services**
Mental Health coverage will be available 24 hours a day, seven days a week for the assessment of patients experiencing a mental health crisis. When onsite coverage is present, face-to-face assessment will occur. When onsite coverage is not present, on-call coverage by telephone or telehealth with psychiatry will be available, as permitted by the KDOC.

Often, nursing staff are the first to address acute issues such as suicidality, psychosis, or withdrawal. In such circumstances, our nurses must remain focused to assure patient safety while completing referrals to assure all conditions are fully assessed by mental health professionals. Centurion nurses use clinical judgment informed by reliable, valid tools consistent with national guidelines and community standards of care. When conducting a mental health screening, nursing staff will access the onsite or on-call psychiatric provider to provide clinical direction, follow-up and/or orders for patients requiring urgent or emergent attention.

A nursing mental health screening will result in one of the following dispositions:

- Emergent referral with immediate follow-up, resulting in evaluation of the patient by onsite or on-call mental health or psychiatric staff available to come onsite when necessary to complete the assessment
- Urgent referral to mental health, resulting in a mental health evaluation of the patient within 24 hours
- Routine referral with mental health assessment within seven days, but as soon as possible in the RHU.
- If no mental health follow-up is needed, the patient will be instructed to request mental health services through the sick call process if in need of further assistance.

This process works. The risks that offenders screened by nursing staff are not identified, referred and treated when they have mental health needs are low.

When patients require crisis treatment planning, multidisciplinary collaboration is essential. Centurion trains our mental health staff to seek input from security and facility staff when developing safety plans for patients who require observation status. We know that security and facility staff often have valuable information and insight regarding the patient’s behavior and functioning. Our mental health staff will continue to communicate closely to support consistent implementation of identified interventions when the patient is on observation status and/or requires specialized behavioral interventions.

We provide more detail on crisis intervention in our response to RFP Section 4.6.14, Crisis Intervention.

**Restrictive Housing Unit Mental Health Programming**

Centurion has developed and will continue to develop, extensive infrastructure to support RHU services in correctional systems. We are confident that we can provide KDOC with the consultation and programmatic services desired. Below we describe RHU program opportunities available through partnership with Centurion.

**In-Cell Programming: Taking a Chance on Change**

To meet the need for active treatment when offenders cannot access group programming due to RHU status, Centurion developed the *Taking a Chance on Change (TCC)* program. The TCC is a comprehensive, structured, self-paced in-cell psychoeducation program focused on criminogenic thinking and behavioral change. This program has been used extensively in our many programs and is proprietary to Centurion.

Individuals placed in restrictive housing often experience problems with impulse control, anger, emotion regulation, sleep disturbance, effective communication, goal-setting, and long-term planning.
The TCC program is designed to provide offenders housed in long-term restrictive units with the opportunity to participate in psychoeducational programming. Offenders do not need to be on the mental health caseload to participate. The TCC program is available in English and Spanish and divided into eight units:

**Taking a Chance on Change Program Modules**

- Preparing for Change
- Self-Awareness/Goal Setting
- Identifying and Changing Mistaken Beliefs
- Effective Problem-Solving
- Effective Communication
- Anger Management
- Stress Management
- Relapse Prevention

Each unit includes four to eight modules. Each module contains a handout and worksheet. Participants are given a week to review each module’s handout and complete the related worksheet. At the conclusion of a specific unit, a module reviewing the concepts discussed and an in-cell/open-book assessment is conducted to reinforce the participant’s understanding of the unit’s concepts.

Completion of the entire TCC program requires nine to twelve months. However, offenders may participate in individual units without completing the entire program. Priority for program participation is given to offenders referred by custody supervisors and correctional officers. Although the reading level of the TCC program was designed to be comprehended by individuals with limited academic skills, a participant needs basic language skills to participate.

Participants receive TCC program materials during mental health cell-to-cell rounds. Each week, the mental health staff member conducting the rounds distributes a handout and worksheet for the next module and collects the worksheet completed by the participant for
the prior week’s handout. Participants have the opportunity to briefly discuss the module’s content with the mental health staff during the rounds or request an out-of-cell contact.

When feasible on a restrictive housing unit, participants can review and discuss TCC materials in a small group. Group dynamics serve to reinforce concepts learned and implementation of changes participants make. Centurion staff will utilize core concepts introduced through TCC to bridge participants into further group treatment opportunities available in general population.

Program participants, RHU correctional officers, and facility administrators have applauded our TCC program, which we deliver in our correctional systems programs nationwide.

In late 2011, we began a formal assessment of the TCC program, using pre- and post-tests measuring criminal thinking styles. This effort parallels our outcome measurement program for group and individual programming.

We have found positive results from the TCC. They indicate that participants’ thinking becomes less criminal. The degree of improvement is equivalent in magnitude to the degree of improvement that can be expected from antidepressant medication in individuals with significant depression. Analyses from the implementation of TCC in our Maryland program revealed that patients who completed the TCC program acquired 75% fewer disciplinary infractions during the six months following completion of the program than they acquired during the six months prior to initiation of the program. These positive results from our Maryland partnership were published in the peer-reviewed journal, Psychological Services, in May 2016.

Results from our Maryland program revealed that patients who completed the TCC program acquired 75% fewer disciplinary infractions during the six months following completion of the program than they acquired during the six months prior to initiation of the program.

Out-of-Cell Programming. Centurion is prepared to provide out-of-cell group programming for those in long-term restrictive housing when security and facility operations permit. We
have extensive experience in developing and providing such programming. In our most recent initiative, we have been providing out-of-cell group programs at the Philadelphia Department of Prisons (PDP, the jail system for Philadelphia) where previously no such programming was available. Our evidence-based program at the PDP, *Think Right, Live Right*, is supported by an amended contract to support staffing allocations and offers 10 hours of out-of-cell programming to offenders in restrictive housing, regardless of whether the offender is receiving traditional mental health services.

Centurion’s *Think Right, Live Right* program employs cognitive-behavioral interventions to address risk factors for criminal behavior, framed by the *Risk-Needs-Responsivity* model described below. We would be happy to provide additional information regarding this program during negotiations or upon contract award.

Restrictive housing program content areas have direct relevance for patients with mental illness and substance use disorders, as the cognitive skills, life skills, and health promotion skills embedded in a cognitive behavioral program can help address symptoms of mental illness and treatment needs for patients with co-occurring substance use and mental disorder. However, out-of-cell programming in restrictive housing will not substitute for mental health services identified on a patient’s treatment plan.

Consistent with our *TCC* and *Think Right, Live Right* programs, Centurion recommends that out-of-cell group programming be based on cognitive behavioral therapy, focused on addressing what have been called the *Big Eight* risk factors for criminal behavior and recidivism. Focusing the programming on criminal thinking and behavior patterns will ensure the restrictive housing programming is broadly applicable to the population and supports the objective of decreased long-term use of restrictive housing.

Specifically, Centurion’s option for enhanced programming would address:

- Developing alternative behavior patterns that are incompatible with antisocial behavior
- Problem-solving skills and anger management
- Critical thinking and consequential thinking skills
- Building positive peer relationships
- Family and parenting skills
- Occupation and education skills
- Leisure and recreation skills
- Substance use recovery skills

If adopted by KDOC and contract negotiations provide sufficient staffing resources, Centurion’s cognitive behavioral programming will be framed by Andrews and Bonta’s (1994/2010) *Risk-Needs-Responsivity* model of treatment. This is the model we have been following in our Philadelphia program.

- By virtue of housing placement, patients participating in our program will be identified as and separated into low, moderate, and high risk
- Content of our program, covering the *Big Eight* living factors that drive risk, will address patient criminogenic needs, including the skills that are needed to take personal responsibility for managing symptoms of mental illness
- Interventions will be provided in small groups (or, as necessary, individually), matched to the patient’s strengths, abilities, and readiness to change, and delivered in a manner designed to maximize the patient’s ability to respond to the treatment – the *responsivity* principle

Programming that adheres to all three of the *Risk, Needs, and Responsivity* principles has been demonstrated to be effective:

"Effectiveness of RNR Model in Reducing Recidivism"

*Adapted from Andrews & Bonta (2010), The psychology of criminal conduct, 5th ed., pp. 74, 367*
Group format for the programming would include:

- Cognitive behavioral therapy
- Life skills training
- Trauma-informed safety and skills building
- Substance use disorder treatment
- Brief solution focused interventions
- Art therapy (medium approved by custody, and could include items such as crayons and finger painting)

Although this type of programming is best provided in group settings, we recognize the challenges involved in providing out-of-cell programming on restrictive housing units. Often, out-of-cell programming is not a realistic option for many correctional facilities. With modification and appropriate staffing resources, it is possible to deliver the programming described above on an individual, in-cell basis. In-cell programming could involve providing participants with handouts, workbooks, and reading materials as approved by KDOC.

**Option for Enhanced Programming**
Centurion is ready to consult and collaborate with KDOC in initiatives to reduce the use of disciplinary and administrative segregation. We are eager to review the 17 principles itemized in the NCCHC *Position Statement on Solitary Confinement*, as they apply to KDOC currently, to identify opportunities for quality improvement initiatives should the need exist within the department.

Centurion has the necessary experience with restrictive housing programming and diversionary programming to assist KDOC in meeting their desired objectives, now and in the future. Our experience in other programs tells us that the implementation of alternatives to restrictive housing will reduce the use of extended disciplinary and administrative segregation. While we have based our proposed staffing and service plans upon the current RFP request, we will work closely with KDOC to adjust our staffing and services, either through negotiations prior to contract award or through transparent contract amendments, to meet the evolving service delivery needs of RHUs and efforts to divert RHU placement.
4.6 Comprehensive Behavioral Health Services

4.6.18 Continuum of Mental Health Care and Specialized Housing Units.

A continuum of mental health services is available to all offenders. The continuum encompasses close supervision and treatment of offenders presenting with acute needs through those needing only outpatient or occasional services.

4.6.18.1 Specialized Housing Units & Services

(a) Mental health housing units have been established for adult male offenders with active symptoms of SPMI, SMI or serious concerns associated with MI symptoms, intellectual disability issues or other cognitive/neurocognitive issues.

(b) An Individualized Reintegration Unit (IRU) has been established at the El Dorado Correctional Facility (EDCF) for offenders with high acuity symptoms, as well as a step-down process for those needing a more intense, residential type of program. This consists of up to 64 beds for the highest acuity needs and up to 128 additional beds for the residential/reintegration program.

(c) At the Lansing Correctional Facility, up to 284 beds have been provided for the Treatment and Reintegration Unit (TRU), which also features a residential level reintegration unit (up to 110 beds) and a more intensive outpatient focused program (the remaining TRU beds).

(d) For the female offenders, up to 26 beds are available at TCF to provide services for high acuity and transitional mental health services.

(e) At KJCC up to 15 beds are available to be used to address serious behavioral and mental health concerns.

(f) For each of the program presented above (as well as for the cross-transfer process and associated continuity of care) the contractor shall identify in their proposal, the following minimum details:

(1) A proposed treatment process that encompasses evidenced based group therapy (the minimum number of groups, types/content of groups, frequency of groups), individualized treatment planning, monitoring and therapy services (including a process for working with offender resistant to group or individual therapy), medication monitoring and education (the processes by which medication compliance is to be monitored and shared with the treatment team) and a reintegration/re-entry process for transfers or discharges from the system.

(2) The dual-diagnosis treatment process for offenders presenting with both substance use issues in addition to their SPMI/SMI/MI symptoms.

(3) A process whereby a weekly meeting occurs making transfer recommendations to/from
high-acuity and transitional/reintegration units. Documentation of this meeting shall occur and be maintained and available, to demonstrate that ongoing continuity of care, as well as important clinical information, has been shared across facilities prior to and after transfers.

(4) The process by which offenders who refuse to participate in the usual programmatic courses remain supported and are provided services necessary for their mental health care, and are encouraged to complete/be involved in their treatment and ongoing care.

(5) The method by which continuous quality improvement tracking shall be implemented and maintained to address, at a minimum:

(a) The effectiveness of the individualized treatment plans and multi-disciplinary process.

(b) The post-transfer/transition tracking to monitor for treatment success and recidivism (returning to a higher level of treatment) for program review, feedback and revision.

(c) Reviews, at least annually, of the programmatic structure, offered group and individual therapies, any necessary treatment adjustments and recommended staffing levels based on the preceding year’s (and anticipated next year’s) acuity and actual treatment milieu.

4.6.18.2 Activity and Recreational Services

(a) The Contractor shall include a comprehensive plan for activity and recreational services at EDCF, KJCC, LCF, HCF and TCF.

(b) Activity & Recreational therapists (ART’s) shall have at least a bachelor’s degree in an appropriate activity therapy field (this is preferred, e.g., recreation, art or music therapy) or in a behavioral health related field (e.g., psychology, social work, counseling).

(c) The services are to be provided under the direction of independently licensed behavioral health staff, and are to provide purposeful, goal-oriented activities that teach and facilitate skills in: assertiveness, independent living (including time management, management of medication, & health promotion), promoting individualized interests and pursuits, interpersonal and social skills, stress management, activities of daily living (e.g. hygiene), exercise, build job skills, and skills-building activities as directed by the behavioral health staff.

(d) The Contractor shall provide a list of all activity and recreational services programs/topics and include percentage of anticipated use. The Contractor shall identify what training will be provided to all activity and recreational services staff for them to deliver recovery based, skills building strategies.

4.6.18.3 Sex Offender and Substance Use Treatment for the Juvenile Offender Populations.

(a) The Contractor shall provide sex offender and substance abuse treatment programs for juvenile offenders. The programs shall include:

(1) Screening and assessments allowing youth to be matched with interventions that meet their identified need and risk level.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.18, *Comprehensive Behavioral Health Services*, and all subsections identified herein.

**Continuum of Behavioral Health Care**

Consistent with RFP requirements, Centurion will provide behavioral health services to meet the entire continuum of KDOC offenders’ needs. Our coverage of KDOC offender behavioral health needs will span across the system to those requiring acute crisis intervention and stabilization services, to those in residential transitional reintegration and/or specialized programs, to those receiving services in restrictive housing units, to those participating in outpatient behavioral health services or occasional mental health sick call.

Continuum of Behavioral Health Services throughout the KDOC System
Specialized Housing Units & Behavioral Health Services

As discussed briefly in our response to RFP Section 4.6.6, *Specialty Care*, Centurion will commit to using evidence-based practices in the delivery of residential or unit-based treatment programming to juvenile and adult patients in specialized housing units and programs. We will provide and manage services for juvenile and adult patients with symptoms of mental illness, serious mental illness, serious and persistent mental illness, and/or intellectual disability issues or other cognitive/neurocognitive conditions that meet or exceed KDOC expectations and community standards.

Centurion will provide residential, unit-based specialized behavioral health services for the following:

- A 64-bed Behavioral Health Individualized Reintegration Unit (IRU) for male offenders with high acuity mental health symptoms at the El Dorado Correctional Facility (EDCF IRU-C1)
- A 128-bed Behavioral Health Step-Down Intense Residential Reintegration Unit for male offenders at the El Dorado Correctional Facility (EDCF IRU-C2)
- A 284-bed Behavioral Health Treatment and Reintegration Unit (TRU 2) for male offenders at the Lansing Correctional Facility, including a 174 beds for high acuity patients (TRU 2), up to 110 beds for a residential level reintegration unit (TRU) and an intensive outpatient focused program (remaining TRU beds)
- A 26-bed Behavioral Health Unit for female offenders with both high acuity and transitional mental health issues at the Topeka Correctional Facility
- A 15-bed behavioral health unit for juvenile offenders with serious behavioral and mental health concerns at Kansas Juvenile Correctional Complex

Centurion’s specialized housing unit services will adhere to all applicable ACA and NCCHC standards in addition to community standards of care. The table below provides a snapshot of the behavioral health treatment processes, including the cross-transfer process and associated continuity of care, that we will provide at the KDOC specialized housing units listed above.
## Behavioral Health Treatment Processes

<table>
<thead>
<tr>
<th>Treatment Process</th>
<th>Specifics of Behavioral Health Service Process We Will Provide at All Specialized Housing Units</th>
<th>Brief Summary of Behavioral Health Service or Location of Detailed Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidenced based group therapy</td>
<td>Group therapy including: Minimum number of groups, Types/content of groups, Frequency of groups</td>
<td>We provide a detailed description of our group therapy program in our response to RFP Section 4.6.19.1, Group Therapy.</td>
</tr>
<tr>
<td>Individualized treatment planning</td>
<td>Multidisciplinary individualized treatment planning</td>
<td>We provide a detailed description of our routine assessments in our response to the following RFP Sections: 4.6.3.4 Individualized Treatment Planning, 4.6.16 Mental Health Special Needs Clinics/Special Needs Treatment Plans</td>
</tr>
<tr>
<td>Monitoring &amp; Therapy Services</td>
<td>Monitoring &amp; therapy services including processes for working with offenders resistant to group or individual therapy</td>
<td>We provide a detailed description of our monitoring and therapy services in our response to RFP Section 4.6.19.3, Individual Therapy. We will use motivational interviewing techniques in our routine individual contacts with patients as evidence-based methods to motivate and encourage patient compliance and change. We also have developed a group curriculum, Seeking Motivation to Change, listed under our group curricula that targets this specifically. We will make this available to the Department upon contract award for review and approval for implementation.</td>
</tr>
<tr>
<td>Psychotropic medication monitoring and education</td>
<td>Medication monitoring and education to include the following: Processes for monitoring medication compliance, Processes for sharing patient-specific medication compliance issues with the treatment team</td>
<td>We discuss our procedures for monitoring psychotropic medication compliance and providing psychotropic medication education in our response to RFP Section 4.6.19.2, Psychiatric Services and Psychotropic Medication. We discuss the procedures we use for patient informed consent and refusals of treatment in detail in our response to RFP Section 4.6.3.1, Procedures for obtaining and documenting informed consent.</td>
</tr>
<tr>
<td>Reintegration/reentry</td>
<td>Reintegration/reentry process to including transfers or discharges from the system</td>
<td>We provide more detail about our psychiatric services and psychotropic medication in our response to RFP Section 4.6.4, Discharge Planning.</td>
</tr>
<tr>
<td>Dual-diagnosis treatment process</td>
<td>Dual-diagnosis treatment targeting offenders with both substance use and mental illness</td>
<td>We provide more detail about our evidence-based group therapy services in our response to RFP Section 4.6.19.1, Group Therapy. In this section, we detail our dual diagnosis groups. In this section below, we will discuss our integrated behavioral health/substance use services.</td>
</tr>
<tr>
<td>Weekly meetings</td>
<td>Weekly meetings will include: Transfer recommendations to or from high-acuity and</td>
<td>We will facilitate weekly multidisciplinary meetings at each specialized housing unit and program including all relevant KDOC security, custody, unit or program staff along with medical, substance use, behavioral health, sex offender</td>
</tr>
</tbody>
</table>
## Behavioral Health Treatment Processes

<table>
<thead>
<tr>
<th>Treatment Process</th>
<th>Specifics of Behavioral Health Service Process We Will Provide at All Specialized Housing Units</th>
<th>Brief Summary of Behavioral Health Service or Location of Detailed Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for offenders</td>
<td>Support for offenders refusing to participate in usual programmatic structure or offerings</td>
<td>In contacts with offenders declining participation in therapeutic programming, we will use motivational interviewing techniques as evidence-based methods to motivate and encourage patient compliance and change. We also have developed a group curriculum, <em>Seeking Motivation to Change</em>, listed under our group curricula, and referenced earlier in this table, that targets this specifically. We will collaborate with security to facilitate our contact with any patient refusing behavioral health services necessary for their mental health care in order to discuss reasons for refusal and encourage compliance and involvement in ongoing care. We discuss the procedures we use for patient informed consent and refusals of treatment in detail in our response to RFP Section 4.6.3.1, <em>Procedures for Obtaining and Documenting Informed Consent</em>. We discuss processes for involuntary treatment, including emergency and non-emergency processes, in our response to RFP Section 4.619.2 <em>Psychiatric Services and Psychotropic Medication</em>.</td>
</tr>
</tbody>
</table>
| MH-CQI tracking | Our MH-CQI tracking will include:  
  - Effectiveness of individualized treatment plans and multidisciplinary process  
  - Post-transfer/transition tracking to monitor for treatment success and recidivism (return to a higher level of care)  
  - Annual reviews, at a minimum, of the programmatic structure, offered group and individual therapies, any necessary treatment adjustments and | We provide a detailed description of our MH-CQI process in our response to RFP Section 4.6.20, *Mental Health Continuous Quality Improvement (MH-CQI)*. |
Centurion will provide the required level of staffing and program coverage for each specialized housing unit. We provide our staffing plan in our response to RFP Section 4.22.1, *Base Staffing Plan Requirements*.

Our specialized housing units’ behavioral health services will include the following practices:

- Establishment of clear, clinically-derived, admission and discharge criteria to assist with treatment planning and resource utilization management
- Comprehensive mental health and medical evaluations at admission and summaries at discharge
- Multidisciplinary individualized treatment planning and regularly scheduled reviews and updates including weekly meetings related to transfers and ongoing continuity of care
- Treatment tracks for mental illness and dual diagnosis (substance use/mental illness)
- Provision of psychiatric care consistent with community standards and *Centurion Psychiatric Treatment Guidelines*
- Psychotropic medication monitoring and education including any noncompliance issues with involvement of treatment team as clinically indicated
- Establishment of weekly schedules of therapeutic activities to ensure both variation and predictability
- Use of structured psychoeducational groups that include pre- and post-tests, facilitator guides, and patient handouts
- Use of individual therapy and case management contacts with a behavioral health clinician including contacts with patients refusing participation in treatment
• Design of treatment materials accessible to patients with a developmental disorder or cognitive challenges secondary to their mental illness

• Ongoing MH-CQI focused audits and tracking for monitoring and utilization management/utilization review purposes, including the following:
  • Record reviews for behavioral health notes tied to individualized treatment plans through changes in target symptoms to track patient progress
  • Record reviews for documentation of multidisciplinary involvement in individualized patient treatment planning
  • Frequency and content of minutes or other Department approved documentation of multidisciplinary treatment team meetings
  • Use of therapeutic restraints and emergency medications
  • Admission, discharge and occupancy rates
  • Lengths of stay on specialized housing units
  • Re-admissions following discharge to a less restrictive level of care
  • Annual review of overall specialized housing units’ programmatic structure including therapeutic offerings and staffing levels related to patient acuity

Targeted units, such as those for females, juveniles, and geriatric treatment, receive modified treatment services to address the unique characteristics of the population. We discuss our specialty care behavioral health services in our response to RFP Section 4.6.6, Specialty Care Appropriate to the Facility Population.

For most offenders, group programming provides the best format for supporting functioning and achieving measurable treatment goals. This is particularly true for acute patients in need of residential or inpatient placements. As part of residential and inpatient mental health services, Centurion proposes to implement structured psychoeducational and therapeutic group programming to support symptom reduction, functional improvement, and personal recovery goals for offenders receiving services. We provide more detail to our group programming in our response to RFP Section 4.6.19.1, Group Therapy.

Program Schedules
We will encourage patients to participate in daily therapeutic programming. We anticipate offering groups three to five times per day, depending on space, facility schedules, and daily staffing levels which exceeds the minimum number of groups indicated in Appendix J of the RFP for each specialized housing unit site. Programming will include psychoeducational, recreational, social skills, and personal care programs designed to build skills for reintegration.
back to a general population setting. We will document program participation in the electronic medical record.

We look forward to better understanding the operational logistics of each facility. Upon contract award, Centurion’s Clinical Operations department will conduct a needs assessment of each specialized housing unit, review the current program offerings, and provide recommendations for program enhancement for day one of the contract. We anticipate, depending on the level of programmatic modifications necessary, that units will meet Centurion clinical expectations, within six months of the contract start date. This timeframe allows for contract transition, comprehensive staff training, and program operational changes.

The table below provides a sample weekday weekly program schedule, assuming two simultaneous groups. It allows for time, not reflected specifically in the schedule, for medication administration and monitoring and individual therapeutic contacts with behavioral health and psychiatric staff.

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:20 – 8:35</td>
<td>Community Meeting</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8:45 – 10:45</td>
<td>DBT Symptom Management</td>
<td>DBT Emotion Regulation</td>
<td>DBT Case Management</td>
<td>DBT SUD Treatment</td>
<td></td>
</tr>
<tr>
<td>1:00 – 3:00</td>
<td>Personal Care Healthy Relationships</td>
<td>Social Skills Educational Services</td>
<td>Adjustment to incarceration/Transition Planning</td>
<td></td>
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<tr>
<td>6:00 – 8:00</td>
<td>Peer Support Recreational Therapy</td>
<td>Peer Support Recreational Therapy</td>
<td>Peer Support Recreational Therapy</td>
<td>Peer Support Recreational Therapy</td>
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</table>

Centurion will collaborate with facility leadership and staff to coordinate any off-unit program opportunities, if safe, to assist in developing transition planning back to a general population setting. We understand that off-unit programming may not be suitable for all patients or possible depending on the specialized housing unit and KDOC policies.
Providing Multidisciplinary Treatment

Centurion has instituted an integrated care model across our programs. This multidisciplinary review of patient treatment needs and progress is the expectation of care from Centurion providers. We refer to integrated care and multidisciplinary services throughout our response to the RFP. For specialized housing units, the multidisciplinary treatment team will include unit mental health professionals, designated facility leadership and staff, unit security, psychiatric provider, psychologist, medical provider, and specialists as needed.

Multidisciplinary treatment meetings will provide an organized system to discuss admissions/discharges, facility occurrences and significant events, and review of patients’ treatment needs and progress. We will establish a system of communication to ensure that all staff have a means of communicating progress and concerns related to specialized housing unit patients.

Providing Dual Diagnosis Treatment through Integrated Care

We briefly outline our support for integrated services to treat dual-diagnosis offenders presenting with both substance use and mental illness symptoms here. Centurion has the experience and evidence-based resources to provide integrated mental health and substance use disorder treatment. We appreciate that KDOC staff provide substance use treatment, and that, for adult offenders, such treatment falls outside the scope of this procurement. We recognize that the RFP requires the contractor to provide one or more co-occurring treatment group(s) for adult offenders and substance use treatment for juvenile offenders. We provide detail on our proposed dual diagnosis groups in our response to RFP Section 4.6.19.1, Group Therapy.

In what follows, we describe our overarching approach to providing dual-diagnosis integrated care within the scope of this procurement. We propose to do so through the following:

Integrated Assessment:

- Assessment of both mental illness and substance use disorders as “primary” conditions
- Development of chronology of symptom onset for both mental substance use disorders
Assessment of the impact of mental disorder on substance use and impact of substance use on mental disorder.

- Assessment requires awareness that substance use has an intensified negative impact on patients with serious mental illness compared to patients without serious mental illness

- If there are comorbid medical conditions such as chronic pain, assessment of the mutual impact of the medical condition, substance use, and mental illness symptoms on each other

- Assessment of function of substance use in the context of mental illness and, if present, in the context of medical conditions.
  - Assessment includes determination of whether substances are used for self-medication, recreation, socialization, or to provide a sense of purpose or structure

- Identification of prior periods of sobriety or limited substance use.
  - This process permits identification of patient strengths and coping skills and enables determination of whether psychiatric symptoms were present in the absence of active substance use

- Identification of mutually entwined, co-occurring substance use, behavioral health, and physical health treatment needs

Integrated Treatment:

- Provision of treatment by a single, integrated, treatment team through inclusion of and coordination with KDOC staff

- Integrated treatment planning and development by a single treatment team addressing all co-occurring disorders

- Provision of services at levels that match the patient’s treatment needs
  - High risk, high need patients receive higher levels of care.

- Provision of coordinated services regardless of the level of need
  - Treatment of co-occurring disorders is available to all patients.

- Staged interventions based on the patient’s stage of change, with the expectation that non-linear movement among stages of change will be the norm

- Use of motivational interviewing techniques to increase patient engagement in and ownership of treatment
- Interventions targeting the patient-specific needs that underlie substance use, such as self-medication or need for structure and meaning in day-to-day living

- Modification of interventions to address complex interactions among co-occurring disorders, including but not limited to:
  - Modification of psychotherapeutic interventions addressing psychiatric symptoms to account for increased risk for substance use
  - Modification of substance use treatment to account for cognitive challenges, negative symptoms, increased need for support, and decreased capacity to respond to confrontation when patient suffers from a serious mental illness
  - Modification of psychopharmacological interventions to address not just the increased risk for abuse or diversion of psychotropic medications, but also the potential to address long-term withdrawal
  - Modification of physical health interventions to account for increased risk of medical complications arising from co-occurring substance use and mental illness
  - Medication-assisted treatment to support sustained abstinence in qualifying cases

Centurion is committed to collaborative identification, multidisciplinary treatment planning, and integrated treatment for KDOC patients with co-occurring behavioral health and substance use, co-occurring physical health and substance use, or co-occurring behavioral health, physical health, and substance use treatment needs. We will ensure that our medical, behavioral health, and KJCC addiction recovery professionals participate in collaborative and coordinated assessment and treatment of patients with co-occurring disorders. We will partner with KDOC substance use treatment staff as needed to ensure care is coordinated and provided in a holistic manner.

**Making Behavior Management Interventions Available**

Centurion will provide behavioral management programming for patients in specialized housing units when clinically appropriate. We provide more detail on these interventions in our response to RFP Section 4.6.19.4, *Consultation and Behavioral Interventions for Personality/Behavior Disorders*.

**Activity and Recreational Services**

Our therapeutic recreational activity policies and services will conform to KDOC policies and will meet or exceed ACA and NCCHC national standards of care.
Comprehensive Plan for Activity and Recreational Services

Centurion supports the goal of therapeutic recreational activities to improve patients’ physical, cognitive, emotional, and social functioning. We will provide therapeutic activities and recreation as an integral component of comprehensive behavioral health residential treatment programming for patients diagnosed with a serious mental illness and/or with limited cognitive functioning or related impairments. Our recreational therapists will assist patients using recovery based, skill-building strategies to enhance their skill sets related to recreation and leisure activities, and to reinforce adaptive and independent living skills.

Qualified Staff. Upon contract award, Centurion will provide Therapeutic Recreational Activity Services to KDOC offenders through Activity and Recreational Therapists (ARTs) with a bachelor’s degree in recreational therapy, activity therapy, art therapy, music therapy, or closely related field preferred. In the unfortunate event that recreational, art, or music therapy candidates cannot be located due to the location of the facility or shortages in field, we will seek Activity and Recreational candidates with at least a minimum of a bachelor’s degree in a behavioral health related field such as psychology, social work, and counseling. However, we will target our recruitment efforts to applicants with degrees in the preferred fields who also have National Certification Council for Activity Professionals certification and/or experience with correctional behavioral health services.

We will ensure that an independently licensed behavioral health staff directs our activity and recreational programming at each facility where our activity and recreational therapists provide services. This will ensure consistency between sites and quality of services provided. Our activity and recreational programming will remain a component of our overall comprehensive behavioral health services.

Program Components. The primary duties or responsibilities of our activity and recreational therapists include, but are not limited to, using board games, sports, music, videos, reading, art, exercise, dance or other purposeful, goal-oriented activities to support the following:

- Participate as a multidisciplinary treatment team member in planning, discussion and interventions with patients
- Engage patients in leisure, vocational, social and/or recreational activities to support individualized treatment goals and objectives
- Develop and implement a daily schedule of leisure time, social interaction, recreational and vocational activities for patients
- Instruct patients in activities and techniques, such as personal hygiene, activities of daily living and independent living including time management, medication management and health promotion
- Promote patients’ individualized interest and pursuits
- Teach and facilitate patient skills in assertiveness, interpersonal and social skills, stress management and relaxation, job skills and other skills-building activities as directed by the independently licensed behavioral health staff overseeing activity and recreational services
- Provide or assist with psychoeducational group activities
- Maintain appropriate documentation of all related activities and patients’ response to treatment including progress notes linked to individual patient treatment plans
- Prepare and submit reports and records to treatment team as required or requested to reflect patients’ participation, reaction and evidence of progress or regression
- Develop and maintain an inventory of materials used and track use accordingly
- Develop safety and risk management program for the activity environment
- Ensure compliance with all facility and Company policies, and Federal and State laws, regulations, and guidelines, including HIPAA

**Location of Services.** We understand that the final authority on where we provide therapeutic recreational activity services will be determined by the Department. We will prioritize our provision of recreational therapy services to the highest need behavioral health patients in specialized programs. These patients include those residing in the behavioral health reintegration units listed in Appendix I, including the EDCF IRU-C1, EDCF IRU-C2, KJCC MH Unit, LCF TRU, LCF TRU-II and TCF MH Unit, as well as patients living in specialized programs at EDCF Oswego, WCF, and TCF.

We recognize that the KDOC also requires activity and recreational services at HCF, which we understand to only have outpatient behavioral health services. Upon contract award, we look forward to clarifying with the Department where we need to provide activity and recreational therapy services. We note that RFP Appendix F, *Base Staffing Plan*, includes 2.0 FTE Activity and Recreational Therapists at HCF but does not include any Activity and Recreational Therapist at WCF.

**Assessment.** Our therapeutic recreational services begin with an assessment of each patient’s recreational and adaptive living needs including observations made during regular programming and direct inquiry. Once we identify the patient’s needs and strengths, a
recreational therapist will work with the patient and the multidisciplinary treatment team to develop therapeutic recreation goals. This process will include a review of interventions to assist the patient in reaching their goals.

Patients with mental illness, cognitive impairments, intellectual deficits, and/or geriatric or dementia issues often lack the skills necessary to maintain an adequate level of daily functioning and require support for completing activities required daily for a healthy lifestyle. Lack of initiative, confusion and self-neglect, which characterize the related symptomatology of these conditions, can result in serious deterioration in functioning and health. Therapeutic recreational activities staff can assess these symptoms, identify related goals and objectives for individualized treatment plans, then provide structured activities including cognitive or physical and social stimulation to address them, thus promoting individual recovery and well-being.

**Activity and Recreational Programming.** Our recreational therapists will create daily activity and recreational programming schedules that meet the multidisciplinary treatment needs of each facility, specialized unit and patient served in compliance with the objectives of the KDOC. We appreciate that the KDOC requests a percentage of anticipated use and comprehensive list of all activity and recreational service programs and topics we propose to implement in the KDOC. While Centurion has model proprietary activity and recreational programming materials and guides, we always tailor our services in partnership with our clients to meet the unique needs of the populations we serve.

We propose to clarify with the Department upon contract award the percentage of anticipated use of our varied activity and recreational services topics, which will require proportionate implementation based on:

- The needs of the populations at the specific KDOC facilities served
- The identified needs and interventions of patients’ individualized multidisciplinary treatment plans
- The overall mission and objectives of the KDOC

We look forward to this clarification and feel confident we will meet or exceed the Department’s expectations. Some of our scheduled activity and recreational services activities will include, but not be limited to the following.
Staff Training and Support to Deliver Recovery-based, Skill-building Strategies. We will conduct training for our art and recreation therapists within 30 days of contract award. The training will review job requirements and expectations related to their positions and to ensure that their assigned duties are consistent across all KDOC facilities. The job description we provide our activity and recreational therapists describes their primary objective as utilizing recreational, social, and/or vocational activities to accomplish treatment objectives, foster skill building, and enhance problem solving in support of psychological and behavioral stabilization.

We have developed curricula and guides to assist our activity and recreational therapists in implementing these activities. The design of our curricula ensures that patients compromised by mental illness, serious mental illness, and/or cognitive impairment can understand and benefit from the material.
Our recreational therapists will counsel and encourage patients to comply with treatment recommendations and participate in daily programming. When engaging with patients, recreational therapists serve as models as they teach effective behavioral control and social skills. Whenever possible and permissible, they will use positive reinforcements approved by the KDOC to reinforce patients’ progress with treatment. To complete these duties, they will be active participants in treatment team meetings and receive direction from the multidisciplinary team regarding individual patients. They will also receive supervision and direction from an independently licensed behavioral health professional to ensure consistency and quality of service provision.

Centurion has also established a monthly call for staff in all of our programs that provide therapeutic art and recreational activities to collaborate and share resources. This call provides a forum to share positive experiences and discuss the challenges of maintaining offender involvement. The sharing of “best practices” in therapeutic recreation has succeeded in elevating the quality of services across Centurion programs.

*Maintaining Safety and Managing Therapeutic Materials.* An important expectation for recreational therapists is maintaining a safe environment for therapeutic activities by developing a safety and risk management program that ensures that therapeutic materials are safe, monitored, and in good repair. Toward that end, our recreational therapists will maintain an inventory of therapeutic materials that tracks usage for each activity.

We will ensure that therapists have the supplies needed to conduct scheduled and proposed activities. Our staff will not bring activity supplies into an institution without obtaining the approval of the local security supervisors.

**Juvenile Sex Offender Treatment**

Sex offender treatment is multifaceted and requires sound assessment, diagnosis, individualized treatment planning, and program resources to support the appropriate level of care. Centurion recognizes that comprehensive clinical assessments are an essential aspect of a sex offender treatment program.

Sex offender treatment is multifaceted and requires sound assessment, diagnosis, individualized treatment planning, and program resources to support the appropriate level of care. Because the evidence base for treatment of juvenile sex offenders is limited, our clinical team will modify evidence-based treatments to be cognitively, socially, and emotionally appropriate for juvenile use. We discuss sex offender treatment program (SOTP) treatment interventions in more detail below.
We look forward to discussions with the Department regarding existing treatment opportunities for sex offenders and Department goals for the development of sex offender treatment services. With a better understanding of Department goals and available resources, Centurion will be better able to formulate specific, evidence-based program development recommendations for the treatment of sex offenders. Centurion has consistently demonstrated expertise, dedication to this population, and transparency in our treatment methods and outcomes. Our history of working with sex offenders and community agencies has supported increased safety for communities and decreased liability risks for our clients.

Below we provide additional information on the foundational elements of Centurion’s proposed SOTP.

**Providing SOTP Assessment and Diagnostic Services**

Centurion recognizes that comprehensive clinical assessments are an essential aspect of the SOTP. Given the critical nature of the assessment process, our clinicians adhere to the highest clinical and professional standards, and in doing so, conform to the standards for educational and psychological testing proffered by the American Educational Research Association, the American Psychological Association, the Association for the Treatment of Sexual Abusers, and the National Council on Measurement in Education.

Following these standards for educational and psychological testing, Centurion assures that our test materials and procedures reflect current methods used in the field of sex-offender specific assessment and are valid, reliable, and relevant. Centurion uses established standards published in professional literature as the foundation for our assessment processes. We will submit our materials used in the testing and treatment of the sex offender population to the Department for review and approval upon contract award.

*Informed Consent.* Centurion will institute a planned assessment procedure. Before implementing any assessment protocol with an individual, the evaluator will inform the juvenile offender of his/her legal and civil rights related to participation in the assessment. Those rights are codified in the law and in the standards for educational and psychological testing proffered by the American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For juveniles under age 16, we will obtain consent from the offender’s legal parent or guardian prior to treatment, in writing, when possible. If we receive the consent verbally or
through another means such as email or fax, we will document the consent in the health record. We will follow up the verbal consent with a letter to the parent or guardian the content of which includes the procedure for which we received consent, as well as other pertinent medical information conveyed during the conversation or written communication. If the juvenile is 16 or older, we understand that K.S.A. 38-2347 allows the juvenile to give consent when no parent or guardian is immediately available.

Following the description of the assessment process, offenders will be asked to sign an agreement/waiver regarding participation in the assessment. This form will, at a minimum, affirm the juvenile offender’s willingness to participate, acknowledgment of having been oriented, and understanding of limits to confidentiality concerning treatment staff and the Department.

The assessment orientation will provide juvenile offenders with all the relevant information needed to make an informed decision about participation in the assessment process.

**Comprehensive Assessment.** The SOTP Assessment will be comprehensive and informative. Foundational assessment will include psychosocial history, sexual history, sexual offending history, substance use history, cognitive functioning assessment, personality testing, sexual re-offense risk assessment, treatment recommendations, and clinical impressions. Evidence-based risk assessment tools will be integrated into the evaluation.

The SOTP Assessment will be used to guide and tailor the offender’s individualized treatment plan. Risk factors will be identified in order to establish targeted treatment goals that address those factors associated with each offender’s history of offending.

**Risk-Needs-Responsivity Model**
We will use Andrews and Bonta’s (2007) *Risk-Needs-Responsivity* model to structure the assessment and subsequent treatment process. We are well aware of the evidence base for the *Risk-Needs-Responsivity* model. The graphs that follow reproduce meta-analytic data reported by Andrews and Bonta in 2010. These data demonstrate that adherence to the Risk-Needs-Responsivity model has a positive impact on reducing recidivism.
Evaluating risk will include assessing both static and dynamic factors. The dynamic factors and criminogenic needs that are associated empirically with re-offending are those which can be changed through intervention, and therefore will be of primary focus when formulating and detailing individualized treatment recommendations.

Consistent with the principles of the Risk-Needs-Responsivity model, Centurion recognizes that the goal of the assessment is to guide and direct treatment, including the identification of treatment intensity level and specific, individualized treatment needs. Part of individualized treatment includes identifying and separating offenders in treatment based on their level of risk for re-offending.
Centurion looks forward to working with the Department to determine the scope of sex offender treatment services to determine the availability of treatment intensity levels and associated treatment interventions.

**Level of Risk.** Specifically, treatment intensity offered will be determined based on the level of risk posed by the offender. Research-based static and dynamic factors will guide the level of treatment intensity needed for each offender. Therefore, the level of risk will be assessed to help facilitate the clinical recommendations related to appropriate treatment intensity for each offender.

If an offender is determined to have static and dynamic traits that align him or her with the group of recidivists, we believe he or she should be placed into a higher intensity treatment track. When residential SOTP services are available, most high risk offenders are best treated a therapeutic community. We understand that, at present, there are no residential SOTP services provided in the KJCC. Centurion can provide technical assistance and partnership with the Department should there be a desire to develop and implement a residential SOTP component. We have not included staffing resources for this option in our current proposal.

If the juvenile offender shares traits and factors consistent with a group of offenders with a lower likelihood of reoffending, he or she can be directed to a non-residential, moderate intensity treatment track. We understand that all sex offender treatment for juveniles currently takes place on an outpatient basis, as KJCC has only one 15-bed behavioral health unit to treat acute mental health and serious behavioral issues. Within that constraint, **Centurion proposes to develop two treatment tracks, with one devoted to juvenile offenders who require more intensive treatment, and the other dedicated to treatment of lower risk sex offenders.** If this proposal is accepted by the Department, we will use our assessment process to identify offenders who require more intensive outpatient services and to separate them from those who require less intensive outpatient services. Additionally, the

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**Benefit to the Department**

By providing separate treatment tracks for moderate-to-high risk and low risk sex offenders, Centurion will improve safety and treatment outcome, particularly for lower risk offenders.
assessment process will provide a structure to identify other factors that may contribute to the level of treatment intensity needed by a juvenile offender, such as cognitive functioning, substance use and/or mental illness.

Based on the information gathered during the assessment process, we will develop a clinical formulation and recommendations for each offender. The clinical formulation and recommendations from the SOTP Assessment help to guide the basis for the juvenile offender’s treatment plan. Treatment planning is a collaborative process, and the offender will play an active role in developing the treatment plan.

Assessment Methods, Instruments, and Materials. An initial SOTP Assessment will be conducted with offenders who voluntarily consent to participate in the SOTP. The SOTP Assessment will include a review of relevant records and a clinical interview with the offender. Within that process, we will obtain a thorough psychosocial history. Additionally, the offender will be asked to outline aspects of his or her family history, sexual history, medical history, psychiatric history, substance use history, and criminal history.

Through the interview process, the juvenile offender’s denial and motivation for treatment will be discussed and included in the assessment report. The SOTP Assessment will also include results from cognitive and personality testing, and risk assessment. Additional testing may be completed based on the clinical need of the offender.

The instruments and measures that we propose may be administered during the SOTP Assessment are included below. Our assessment process includes foundational measures for use with every juvenile offender, as well as additional tools that may be considered for use depending on the needs of the individual offender.

Centurion will work with the Department to identify instruments and measures of preference. Instruments and measures for SOTP assessment previously used by Centurion include the following foundational tools:

- Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) or Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR)
- Wechsler Abbreviated Scale of Intelligence (WASI) or other IQ screen
- Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)

Alternative risk tools may be added to the above list if a tool becomes widely accepted and considered valid and reliable. All tools administered will be submitted for prior review and approval by the Department.
Static and Dynamic Risk Factors. Using the instruments itemized above, static and dynamic risk factors will be assessed. While static factors are important to incorporate into the assessment, particularly for predictive validity, static measures do not include factors that reduce risk (i.e., treatment targets). As such, dynamic risk assessment will be the focus of our assessments in order to identify treatment targets and criminogenic needs. Addressing dynamic factors allows for the measurement of change in risk factors for re-offense. Pro-offending attitudes, deviant sexual interests, socio-affective functioning, and self-management are domains of dynamic risk factors to be measured throughout treatment. Use of a structured clinical assessment, such as the J-SOAP-II or ERASOR, assist in identifying both static and dynamic risk factors.

Treatment Models
Centurion bases our SOTP on a variety of widely-accepted and researched delivery models. We continuously examine current standards of care and state-of-the-art practices in treatment delivery. We will implement program components based on the treatment models described below.

Cognitive-Behavioral Therapy. CBT is considered the most effective model for sex offender treatment. Approximately 86% of sex offender treatment programs in the United States are based on the CBT model. Clinical research indicates that the most effective sex offender treatment programs are based on CBT, incorporate social learning, and include relapse prevention components. Effective programs based on the CBT model focus on dynamic risk factors and utilizing an individual’s strengths to develop positive goals and an offense-free lifestyle. Centurion will use a CBT model as a foundation for SOTP services.

Risk-Needs-Responsivity Model. Research indicates that the Risk-Needs-Responsivity Model is effective in treating incarcerated offender populations. We incorporate the Risk-Needs-Responsivity Model into SOTP to provide clinical services that meet individualized needs based on the offender’s identified risk level, treatment needs, and treatment responsivity. This model is particularly useful in attending to behavior concerns and treatment options for individuals who present with specialized needs, such as those with a mental illness, those who are intellectually disabled, and those who deny their offense.

Modified Relapse Prevention Model. Research suggests a movement away from classic Relapse Prevention and toward a relapse prevention model that is more comprehensive and
incorporates differences in sexual offenders related to offense pathway(s), approach and avoidance goals, emotional states, and differences in planning. The modified relapse prevention model should include a CBT conceptualization and focus on the cognitive, affective, and behavioral aspects of sexual offending.

**Self-Regulation Model.** The *Self-Regulation Model* developed by Ward and Hudson (1998) is an alternative relapse prevention model that incorporates the suggested components. The model is based on the concepts of self-regulation and goal theory. The *Self-Regulation Model* describes nine phases of relapse and includes four distinct offense pathways to sexual offending and relapse. Different treatment approaches are suggested based on the offense pathway. This model is consistent with creating an individualized treatment for each offender based on an initial assessment, and also adheres to the principles of Risk, Need, and Responsivity.

**Providing a Comprehensive and Effective Juvenile SOTP**

Centurion is committed to providing effective juvenile sex offender treatment services in a manner consistent with the best practice standards identified in current field research literature. Accordingly, we align our current SOTP’s best practices with the latest research findings.

Centurion firmly believes we must integrate and tailor the components of assessment and treatment that are considered most relevant to each offender’s criminal history and re-offense risk. We are committed to conducting this process in a manner that yields an individualized, evidence-based, clinically effective treatment plan for each offender in the program. The *Risk-Needs-Responsivity model*, discussed above, is used within the cognitive-behavioral framework to enhance our ability to facilitate behavioral change. This process supports individualized treatment progress for each offender.

Ideally, most treatment occurs in groups and within the context of a therapeutic community, allowing our therapists to possess thorough knowledge of each individual case and the corresponding treatment plan. This permits heightened focus on the targeted areas considered most important to reducing and managing the participant’s risk for reoffending when the offender attends group treatment.

As noted, we recognize that the Department currently does not have residential sex offender treatment for juvenile offenders. Although residential treatment is the treatment of choice for
higher risk offenders, we will collaborate with the Department and facility leadership to identify ways to support a modified therapeutic community for participants. Creating a therapeutic community assists participants in feeling that they can engage in treatment without fear of exposure or recourse in a general population setting.

Absent a modified therapeutic community for juvenile offenders, we are proposing a two track outpatient SOTP to separate lower risk offenders from those who are higher risk. Research confirms that treating lower risk offenders with high risk offenders, and as if the lower risk offenders were high risk, actually raises the recidivism rate.

Centurion has found that providing general population sex offender treatment services, designed for low/moderate risk offenders, creates concerns about confidentiality, safety, and risk to the offenders concerning personal material discussed in groups. As a result, individual offenders are hesitant to provide personal information to their peers in a general population setting. To help address these concerns, Centurion’s general population sex offender treatment groups will be referred to as Special Treatment Groups rather than Sex Offender Treatment Groups. Treatment in these situations will be focused on providing primarily didactic educational materials in a group setting. Individual offenders are asked to utilize the materials from each group and apply the concepts to their own identified risk-needs through the use of homework and journaling.

*Treatment Targets and Treatment Components.* The major areas of clinical focus in our SOTP are consistent with the factors identified in sex offender treatment research as most closely associated with sexual re-offense.

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<tr>
<th>SOTP Targeted Treatment Areas</th>
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<tr>
<td>Sexual arousal control</td>
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<td>Emotion regulation</td>
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<tr>
<td>Cognitive restructuring</td>
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<tr>
<td>Intimacy and relationships skills</td>
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<tr>
<td>Understanding sexuality</td>
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<tr>
<td>Interpersonal skills</td>
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Our treatment will focus on addressing dynamic risk factors, understanding and confronting offense pathways, and increasing participants’ levels of motivation for genuine treatment
engagement. As suggested in the literature, our treatment is tailored to meet offenders’ learning styles and abilities. Centurion will provide the following treatment components:

**Centurion Treatment Targets and Components**

<table>
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<tr>
<th>Cognitive Restructuring</th>
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<tr>
<td>Relevant sex offender research emphasizes that cognitive distortions (i.e., thinking patterns or false beliefs) play a core role in the facilitation, maintenance, and justification of a sexual offense. Cognitive distortions may also function as roadblocks for treatment progress. Therefore, our comprehensive treatment program focuses on the identification and modification of cognitive distortions related to sexual offense, the victim, the offender, and interpersonal interactions.</td>
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We employ cognitive restructuring techniques that address cognitive distortions and pro-offending attitudes, and deliver them through psychoeducational classes, therapy groups, and interpersonal interactions throughout the treatment process. If a therapeutic community approach is developed, this will provide additional opportunities for offenders to receive feedback in regard to their thinking patterns on a daily basis.

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<tr>
<th>Emotional Management</th>
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<td>Field research indicates that emotional regulation problems and impulsivity are dynamic risk factors related to sexual re-offense, especially juvenile offenders. Accordingly, Centurion will align its proposed treatment program components with these issues.</td>
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Offenders will develop emotional management skills through psychoeducational classes where they will learn anger management skills, stress management techniques, and additional skills to recognize, tolerate, and manage negative emotional states.

Program participants will develop an understanding of their thoughts related to negative emotional states. They will comprehend the relationship between the emotional state and sexual offending, a relationship that will be explored primarily through group therapy. They will utilize these skills in group treatment and during interpersonal interactions.

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<tr>
<th>Interpersonal Skills</th>
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<td>Centurion is sensitive to the fact that the social competence (or lack thereof) of sex offenders may facilitate sexual assaults and potential re-offenses for some offenders. We are aware that antisocial orientation and poor problem-solving skills often are factors that lead to sexual re-offense, and that a participant’s manner of interacting and his or her perception of the social and interpersonal environment are important areas to target in treatment.</td>
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Our treatment program focuses on the development of adequate social skills as an important means of meeting social needs. When social needs are met, there is a strong inhibiting effect on sexual offending. Psychoeducational classes provide instruction and opportunities to practice everyday tasks that require basic social competence, such as effective communication and conflict resolution.

Interpersonal skills are also discussed in group therapy and relate to the sexual offense process as appropriate. When a therapeutic community is employed, it provides regular opportunities for offenders to practice and improve their social skills and to receive feedback from others.

Improving skills where participants can be effectively assertive in a respectful and balanced manner is a major component of decreasing difficulties associated with passivity and aggression. These issues often arise from feelings of insecurity and low self-worth associated with historical antecedents.
Centurion Treatment Targets and Components

Through the use of psychoeducational classes such as Effective Interpersonal Communication, Boundaries, Healthy Interpersonal Relationships, and Cognitive Problem Solving, as well as weekly peer support meetings and primary groups, participants learn ways in which they can meet their emotional and other needs in a prosocial manner. Within these groups, they can regularly practice effective communication skills, thus improving their interpersonal relationship skills.

We believe tolerance is a self-process and much more about the internal process and education rather than that of others. Fostering an environment of tolerance requires building paths for communication where others listen to differences and learn about the unfamiliar. Tolerance also requires creating a safe place for participants to reveal differences and share unique experiences that relate to why they chose to sexually offend.

In contrast, belief systems of judgement and superiority are closely linked to a lack of concern for others. This lack of concern can lead to intolerance through suspension of empathy for others, which ultimately can be linked to possible increased risk of sexual re-offense. The Centurion SOTP will work to foster an environment of tolerance by supporting open communication and self-exploration in small and large group situations.

Relapse Prevention

Consistent with current field research findings on relapse prevention, Centurion’s SOTP will incorporate relapse prevention as part of a more comprehensive treatment model. Through psychoeducational classes, group therapy, and the assessment process, offenders develop an understanding of and begin to identify offense pathways, approach and avoidance goals, and the dynamic risk factors that contributed to their offense.

As offenders progress in treatment, they also learn risk management strategies that may help them reduce the likelihood of relapse (re-offense). Program participants work towards the completion of a relapse prevention and successful reintegration plan that focuses on individualized risk and protective factors, appropriate means to engage in social relationships, internal capabilities, external opportunities, self-regulation strategies, and risk management strategies.

Substance Use Issues

Centurion knows that substance use negatively impacts an individual’s planning and behavioral control, and may significantly contribute to committing sex offenses. Additionally, lack of impulse control associated with substance use has been identified in research as a dynamic risk factor related to sexual re-offense.

The SOTP Assessment addresses the participant’s past use of substances and whether or not substance use was a factor in their offending behaviors. The participant also addresses substance use and impulsivity issues through psychoeducational classes and encouragement to participate in self-help meetings or formal substance use treatment. The relationship between sexual offending and substance use is also addressed in group therapy on an ongoing basis. Recovery is included as a focus of the participant’s relapse prevention and successful reintegration plan, when clinically indicated.
**Centurion Treatment Targets and Components**

### Understanding Human Sexuality

Thorough training in understanding human sexuality is considered an essential although often undervalued core psychoeducational component in the vast majority of sex offender treatment programs. Offenders’ comprehension of human sexuality often is quite distorted, further compromised by a lack of education and perpetuated by unchallenged prejudicial attitudes and myths.

Healthy human sexuality is discussed in group treatment. Socio-cultural issues, including religion, cultural identification, media influence, and association with sexual sub-cultures often play a role in understanding and accepting sexuality, outlining appropriate and inappropriate sexual boundaries, determining age of consent, and defining who one should seek as a partner or spouse.

Centurion recognizes that these issues are critical to explore in the SOTP. We encourage all participants to openly discuss their background, views, and any challenges to their identity.

### Release Planning and Reentry

Centurion proactively begins discharge planning at the beginning of an offender’s participation in treatment, with the expectation that each offender must develop a plan for re-entering the community. We are committed to public safety, and therefore develop discharge plans that reflect our commitment to the safe reintegration of the offender into the community.

Participants are offered release planning psychoeducational classes, and are encouraged to work on their release plans. All release plans are individualized to each offender. The content is guided by each participant’s assessment, individual treatment plan, and general dynamic risk factors related to recidivism. For juvenile offenders, inclusion of family and community supports is essential for a successful, offense-free lifestyle after release. Centurion will work to incorporate an offender’s family into discharge planning.

Our psychoeducational classes provide participants with information on completing or continuing education, career development, vocational skills training, and job searching resources. The program also explores appropriate employment goals based on participants’ individualized risk issues and supervision restrictions.

All offenders are supported by the treatment staff in their efforts to develop treatment contacts in the community. Our treatment staff work to provide updated, accurate information about community resources to the offenders.

**Evidence-Based Treatment Planning.** Our SOTP focuses on the development of individual treatment plans that address specific variables contributing to past offenses, as well as dynamic risk factors that may contribute to sexual re-offense. Consistent with evidence-based practices, our targeted treatment areas will incorporate rehabilitation and utilization of individual strengths to develop positive goals that lead to an offense-free lifestyle. We will continually address risk factor variables and refocus on individual strengths throughout treatment interventions.
**Strong Therapeutic Alliance.** It is also critical to incorporate effective clinical skills identified in the research as having a significant impact on re-offense rates. Integral to treatment success with all sex offenders is the establishment of a strong therapeutic alliance, as the therapeutic relationship between the offender and clinician has been considered to contribute to a significant proportion of the variance in treatment outcome. Research has found that a strong therapeutic alliance is associated with reduced recidivism rates.

**Documentation.** Centurion appreciates that documentation is critical to measure an offender’s treatment progress and to detail critical incidents during treatment. When available, a participant’s prior treatment experiences are reviewed and documented during the assessment process.

Descriptive group progress notes are completed for each offender during all levels of treatment. Group notes will connect with treatment plans.

Centurion is aware that swift and accurate documentation of safety and security concerns are essential. Further, we recognize the importance of documenting any significant behaviors that demonstrate progress or setbacks in programming. Critical incidents including behavioral issues and clinically relevant behavior will be documented in contact, clinical, or therapy notes and maintained in the offender’s clinical record. Clinical documentation also serves as a foundation for assessing the efficacy of treatment and treatment outcomes for each offender. We will also communicate safety and security concerns to the KDOC immediately and as needed to ensure the safety of juvenile offenders and staff. Discharge assessments at the time of release will include specification of the juvenile offender’s behavioral patterns, risk factors, circumstances that raise or lower the offender’s particular risk of recidivism, and patient-specific recommendations for continued safety management and treatment.

**Treatment Outcomes.** One of Centurion’s core guiding principles is “Results Count.” In our work with individual offenders, we will continuously engage in reassessment of dynamic risk factors, changes in thinking, increases in interpersonal skills and greater emotional regulation. These will be assessed and documented so that offender progress can be tracked throughout participation in the program. Self-report measures of motivation to change, criminogenic thinking, and program engagement can be used. Objective measures, such as rule violations, can also been used to approximate behavioral change among offenders. We look forward to working with the Department to identify meaningful outcome measures to assess program success.
**SOTP Program Development.** Centurion looks forward to discussions with the Department regarding the current program, operational requirements, and offender population needs to develop a juvenile SOTP program that is truly effective. We will also ensure that a SOTP discharge summary is completed on every offender at the time of treatment completion, termination, or release from prison.

We know that not all correctional systems are exactly alike. We propose to conduct a needs assessment and program review following contract start, while continuing to provide uninterrupted SOTP programming during the needs assessment phase. With more discussion and understanding of the unique needs of the Department, we are confident that we will offer a juvenile SOTP that meets RFP requirements and exceeds KDOC expectations.

**Juvenile Substance Use Treatment**

Centurion will screen for the presence of SUDs for juvenile patients admitted to the KJCC. Screening will include:

- History of substance use, including type of drugs/alcohol used, duration of use, frequency, amount, and date of last use
- History or recent drug use
- History of complications from drug or alcohol use or withdrawal, including overdose, seizures, and/or endocarditis
- History of enrollment in substance use treatment services

Centurion has a multidisciplinary management approach to assist practitioners, nurses, and counselors in establishing patient specific plans of care for substance use disorders (SUD) based on nationally recognized treatment guidelines and recommendations. Our practices are consistent with the recommendations promulgated jointly in 2018 by the American Correctional Association and American Society of Addiction Medicine, *Joint Public Correctional Policy on the Treatment of Opioid Use Disorders for Justice Involved Individuals*, as well as the 2018 joint document of the National Sheriff’s Association and NCCHC, *Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field*.

Centurion has incorporated substance use disorders experts throughout our current programs and within our corporate Clinical Operations department. These experts provide
resources and support to our programs. We are ready to provide the expertise necessary to support any SUD program initiative. We also affirmatively commit to maintain licensure for the KJCC substance use program through the Kansas Department for Aging and Disability. Based on the attachment included in RFP Amendment 3, we understand the most recent license was issued on July 1, 2019, for the KJCC Outpatient Counseling Treatment, Alcohol and Drug Assessment and Referral Program. As described elsewhere in our proposal, Centurion has not failed to obtain or maintain licensure for specialized programs or units when required by our clients.

SUD treatment will be framed around the *stages of change model*. This model has been extensively studied since the early 1980’s. Its use has been empirically supported across a wide variety of services, with the underlying desire for change. The stages of change are thought to have considerable heuristic value because they portray change as more than a unidimensional, unidirectional, one-step process. The model promotes a less pejorative view of people who are not ready for change and those who relapse. In several fields, the model is being used to guide interventions and determine who gets what kind of treatment. Stage-matched interventions are thought to be more effective than traditional action-oriented treatment for addictions and other problem behaviors.

![Stages of Change Model](image)

Centurion is well aware of the impact that substance use disorders (SUD) as a co-morbid condition plays in comprehensive healthcare. The preferred treatment modality for SUDs is

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group programming. We will use group curricula to explore each offender’s thinking and behavior in collaboration with peers in a supportive environment. Prosocial skills, self-examination, anger management, victim impact, and identifying thinking errors will be effectively addressed in group counseling sessions.

Centurion has recently added a **Corporate Addictions Treatment Coordinator** to our Clinical Operations department. **Rosalind Townsend, Ed.D., CAP** will be responsible for assisting our clients and staff in developing effective substance use treatment programs, including MAT services. Dr. Townsend combines her clinical expertise with her passion for teaching to promote evidenced based curricula. Centurion is excited about the impact of this position on our clients and our patients.

Centurion has developed a treatment approach and program design using evidence-based research to work with offenders diagnosed with a substance use disorder. Below, we describe our overall treatment approach and program design based on the *Stages of Change* model (Prochaska, DiClemente, and Norcross 1994).

We will teach the *Stages of Change* to patients and treatment staff to develop an understanding for how change occurs and what types of intervention processes and strategies can help those attempting to change. Our programs are based upon the following principles:

- Change is a universal process
- Change is possible
- All real change is self-change
- The individual is responsible for deciding to make change
- The individual is responsible to do what needs to be done to accomplish change

The *Stages of Change* encompasses four distinct stages, namely:

- Pre-Contemplation – Consciousness raising is accomplished by providing a range of information through interactive journals, presentations, role playing, video tapes, and individual and group counseling.
- Contemplation – Acknowledge the existence of a problem and both staff and peer mentors are able to assist them in targeting problem behaviors.
- Preparation – As offenders transition into Preparation and begin to plan for change, they must make a commitment.
Action – In the final Action stage, *countering, environmental control, and reward* are the additional processes of change to be used.

**Precontemplative**
Learner sees no problem, but others disapprove

**Relapse**
Returns to previous behavior

**Contemplative**
Learner weighs the pros and cons of changing

**Maintenance**
Actively maintaining change

**Determinism**
To carry on as before or to change

**Active Change**
Putting the decision into practice

Programming will also address thinking styles that support the continuation of substance use and criminal behavior. Topics include:

**Rational Thinking.** This treatment focus provides the offender with the opportunity to:

- Recognize how his/her thoughts control feelings and behavior
- Identify common errors in thinking that “pop up” in his/her daily self-talk
- Explore tools he/she can use to improve his/her thinking style
- Learn and practice a process called Rational Self-Analysis (RSA) through which he/she becomes more accurately aware of events and thoughts become more rational
- Understand how habits are formed and the difference between education and re-education
- Learn how to handle the uncomfortable feeling that occurs when trying to change a habit

**Criminal Lifestyles.** Offenders will examine their criminal lifestyle as follows:

- Examine the costs and payoffs of criminal behavior
- Explore and apply the 3 C’s: Conditions, Cognitions, and Choices
- Understand how criminal thinking errors support a criminal lifestyle
- Apply Rational Self-Analysis to his/her criminal thinking
- Learn about the harmful attitudes of manipulation and grandiosity
- Explore the effect of criminal behavior on others
- Examine the history of social rule-breaking
- Develop a “Statement of Commitment” to reducing criminal thinking and behavior

*Consciousness Raising* is utilized in an attempt to get the patient to assess the dynamics of criminal thinking and what the application is to self. Cognitive Behavioral Therapy (CBT) assists with this process.

**Prosocial Skill Development.** Major areas reviewed to assist offenders in developing positive interpersonal skills include:

- Exploring Relationships
- Effective Communication
- Victim Impact
- Anger Management
- Problem Solving
- Road Blocks to Positive Attitudes and Positive Choices
- Job Readiness

Through group, we reinforce personal choices and increased willingness to live responsibly with others. To enhance prosocial skill development we will:

- Explore the components of healthy and unhealthy relationships
- Learn proven ways to communicate effectively with others
- Consider the impact that criminal behavior and substance use has had on others
- Learn to recognize personal anger cues and the impact anger has on the self
- Explore strategies to help manage anger and develop a personalized anger management plan
- Learn effective strategies for identifying, planning, and addressing problems
- Examine three roadblocks to positive attitudes and positive choices: resentment, self-pity, and grandiosity
- Explore skill development for job readiness
For patients demonstrating skill development and stabilization, group will begin to address increased independence, including transitions, reintegration, relapse prevention, and giving back. This phase will help the patient:

- Identify realistic and unrealistic expectations
- Build and strengthen healthy relationships
- Manage time and prioritize activities
- Handle social pressure
- Deal with resentments and risky thoughts
- Develop skills that help make good choices
- Anticipate how he/she will respond to authority figures in the community
- Manage anger
- Select individuals who support the patient’s goal of avoiding future incarceration
- Develop a relapse prevention plan including reentry issues, employment, housing, and other areas necessary to address in order to facilitate a smooth transition

Psychoeducational classes using a pre-designed curriculum support the acquisition of knowledge and skills to support substance-free living. Centurion staff will use standard curricula created by Centurion specifically for an offender population, as well as materials that support reduction in substance use available through evidence-based publications.

We will encourage development of peer support during group and classroom interactions and support its continuance outside of the formal treatment environment. Peer support improves attendance at self-help groups like Alcoholics Anonymous and Narcotics Anonymous and provides an important support system outside of structured treatment. Additionally, homework assignments, independent reading, and journaling will assist patients in their recovery process.

Additionally, patients will receive psychoeducation based on the Texas Christian University brief and comprehensive intervention strategies. This structured program will be incorporated into groups and pairs nicely with relevant treatment issues of acute mental illness. Patients will also participate in a self-care program, focused on reestablishing healthy lifestyle choices and creating a new self-care routine. Psychoeducation regarding drugs of choice will be provided. Patients will be encouraged to reflect on treatment content during individual therapy contacts. Clinical staff will assess a patient’s insight development and evidence of movement from contemplation to determination in the change cycle.
As with our proposed juvenile offender SOTP, we will collaborate with the KDOC to determine desired outcome measures. In addition to SUD-specific outcome tools, self-report measures of motivation to change, criminogenic thinking, and program engagement can be used for SUD treatment. Objective measures, such as rule violations, can also be used to approximate behavioral change among offenders. We look forward to working with the Department to identify meaningful outcome measures to assess program success.

As with juvenile offenders who are being released from our SOTP, juvenile offenders who have undergone SUD treatment will receive discharge assessments at the time of release. We will ensure our discharge assessments include specification of the juvenile offender’s behavioral patterns, risk factors, circumstances that raise or lower the offender’s particular risk of recidivism, and recommendations focused on assuring continued engagement in recovery.
4.6 Comprehensive Behavioral Health Services

4.6.19 Services to be Available at all Facilities, Including the Specialized Mental Health Programs

4.6.19.1 Group Therapy

(a) Identify in the proposal the process by which the minimum number of groups identified in Appendix J for each facility shall be provided. The groups shall include, but not be limited to the following:

(1) Core groups with modularized interventions taken from evidence-based practices, designed specifically for justice-involved adult and juvenile offenders with mental illness addressing: medication adherence, criminogenic risk factors, addictive behavior, trauma-informed interventions (i.e.: Seeking Safety), and managing stress and anger in healthy ways using mindfulness-based techniques. The Contractor shall provide samples of learning objectives, homework assignments for each module, and outcome assessments.

(2) Thinking for a Change (T4C) group for the adult serious mental illness (SMI) populations which includes having staff trained in T4C and co-facilitating T4C groups including in partnership with KDOC program providers.

(3) A process by which group offerings are reviewed and updated at least annually, with new group or major revisions being developed and submitted for review and approval by the office of healthcare compliance.

(4) Dual diagnosis groups.

(5) Restrictive housing program with consideration for remote video group (tele-health) capabilities.

(6) An open-ended group therapy program that allows offenders to have immediate access to treatment and prevent waiting lists.

(7) It is expected that all mental health group sessions shall be completed and documented as required by this contract.

4.6.19.2 Psychiatric Services and Psychotropic Medication

(a) The Contractor shall develop a full range of therapeutic treatment protocols for offenders needing psychiatric medication and services. The plan shall include, but not be limited to:

(1) Monthly on-call schedules are prepared to provide psychiatric coverage via telephone, telehealth, or in-person visits within fifteen (15) minutes of being contacted by a site or behavioral health staff.

(2) Psychiatric evaluation of offenders referred by medical or behavioral health staff within seven (7) days for routine cases and within seventy-two (72) hours for urgent cases, which
are not psychiatric emergencies. Emergency psychiatric referrals shall be addressed within four (4) hours.

(3) The psychiatrist shall see non-emergency, newly admitted offenders on psychotropic medications within seventy-two (72) hours.

(4) The Contractor shall provide a psychiatrist to routinely interview and examine offenders on psychotropic medications often enough to monitor potential relapses and medication side effects. Psychiatric medication evaluations shall occur at a minimum of every ninety (90) days in general population units and at a minimum of every thirty (30) days within mental health units.

(5) All offenders who are prescribed psychotropic medications shall be offered the opportunity to attend a psycho-educational group provided by qualified behavioral health and/or nursing staff. The focus of the psycho-educational group shall be on increasing understanding of mental illness, the effects and side effects of psychotropic medications, and the need for treatment compliance.

(6) The use of atypical anti-psychotic medications, new generation anti-depressants, and generics shall be included as part of the Contractor’s formulary.

(7) If an offender is shown to be stable on medications upon admission, the use of formulary exceptions to continue the medications prescribed to SPMI offenders prior to admission shall be considered.

(8) At least one (1) FTE Psychiatrist or other physician, will be trained and credentialed to prescribe the current medications used to treat opioid and other substance use disorders (“Medication Assisted Treatment” (MAT)). This physician will be responsible for assessing, treating/prescribing and monitoring the use of MAT for offenders admitted, maintained or to be discharged on such a treatment regimen. This physician will be included as a member of each multidisciplinary treatment team for any offender prescribed such medications.

4.6.19.3 Individual Therapy

(a) In addition to sick call interventions, individual therapy will be provided on a limited, outpatient basis.

(b) Individual therapy services are to be detailed in an individualized treatment plan whether they occur as part of, or distinct from the specialized treatment programs.

4.6.19.4 Consultation and Behavioral Interventions for Personality/Behavior Disorders

(a) The Contractor shall evaluate offenders who have become a serious management problem due to abnormal or problematic behavior. Once the evaluation is completed and the offender conduct is classified as “behavioral” in nature, the Contractor will utilize designated behavioral health staff to lead a multi-disciplinary services team, including unit team counselors and security staff which will:
(1) Develop a behavior management plan (BMP) which targets specific, maladaptive behaviors, provides reinforcement protocols for appropriate/pro-social behaviors, outlines the role of all team members in implementing the plan and includes a process to take and track data through the plan’s implementation.

(2) Utilize evidence-based therapeutic interventions and skill building techniques as indicated.

(3) Provide training for all staff who are likely to be interacting with the individual (including correctional personnel) on the successful implementation process for the BMP, to include, when indicated, de-escalation techniques, and the difference between symptoms of serious mental illnesses and behavioral acting out.

(4) Ensure continuity of care between facilities, to include comprehensive discharge and follow-up plans.

4.6.19.5 Documentation of encounters

(a) Documentation of all behavioral health and psychiatric encounters are to be recorded in the EHR and conform to contemporary professional standards.

(b) Documentation is to be completed prior to the end of the workday of the behavioral health staff completing the encounter. Exceptions may be made due to a temporary failure of the EHR or other emergency situation(s) that may arise at a facility. In these rare instances, documentation for all encounters shall be completed by no later than the end of the next business day.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.19, Comprehensive Behavioral Health Services, and all subsections identified herein.

Centurion will provide group therapy, psychiatric services, psychotropic medication, individual therapy, consultation and behavioral interventions at all facilities including the specialized mental health programs at EDCF IRU-C1, EDCF IRU-C2, LCF-TRU, LCF-TRU2, TCF-MH, and KJCC-MH.
Group Therapy

Centurion staff will provide group therapy as a primary treatment intervention for the majority of KDOC offenders with behavioral health needs. Centurion has developed a library of clinical resources and treatment modules, including group therapy modules. Group interventions target symptoms identified in the individual patient’s mental health treatment plan. Centurion’s Clinical Operations department has developed and continues to develop patient-specific group treatment protocols including ones specific to conditions and challenges faced by correctional populations.

Based on our review of Appendix J of the RFP, we understand the KDOC desires a group process to successfully deliver the minimum number of groups indicated in the following table by site per week and per month.
## Group Therapy Requirements

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<tr>
<th>Site</th>
<th>Groups Required Per Week</th>
<th>Groups Required Per Month</th>
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</thead>
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<td>12</td>
</tr>
<tr>
<td>EDCF Central</td>
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<td>60</td>
</tr>
<tr>
<td>EDCF Oswego</td>
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<td>12</td>
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<tr>
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<tr>
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<tr>
<td>KJCC</td>
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</tbody>
</table>

Centurion will complete and document all mental health group sessions as required by the KDOC. To meet and exceed the KDOC’s expectations regarding group therapy service delivery, we propose to include the following in our group therapy program:

- Core groups with modularized interventions based on evidence-based practices
  - Specific for justice-involved adult and juvenile offenders with mental illness
  - Gender-specific and trauma-informed
  - Targeting psychotropic medication compliance, criminogenic risk factors, addictive behavior, trauma symptoms, stress and anger
  - Incorporating cognitive-behavioral, solution-focused, psychoeducational approaches, motivational interviewing and mindfulness-based techniques
  - Inclusive of dual-diagnosis groups
- Open-ended group offerings to ensure new patients immediate access to treatment and to prevent waiting lists
- Behavioral health staff competent to co-facilitate Thinking for a Change (T4C) groups for adults with serious mental illness in partnership with KDOC program providers

- Annual review and updates of our group offerings

- Submission of new or revised group offerings for review and approval by the office of healthcare compliance (OHCC)

- Remote video group capabilities through telehealth as part of our restrictive housing program, which we describe in detail in our response to RFP Section 4.6.17, *Restrictive Housing Services*

For most offenders, group programming will provide the best format to support functioning and achieve treatment goals and objectives identified in individualized patient treatment plans. Centurion proposes to implement structured psychoeducational and therapeutic group programming to support symptom reduction, functional improvement, and personal recovery goals for KDOC patients.

Centurion’s group curricula follow evidence-based and best practices, expert guidelines, and community standards of care. Our proprietary group curricula currently available follows on the next page:
Our proprietary group curricula designed for offenders challenged by symptoms of serious mental illness, cognitive impairments, or intellectual disabilities currently includes the following:

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**Group Curricula for Patients Challenged by Serious Mental Illness, Intellectual Disabilities or Cognitive Impairments**

- Accepting Mental Illness
- Activities for Challenged Offenders
- Body Basics: Staying Healthy on Medications
- Competency to Stand Trial Restoration Group
- Exploring the United States
- Handling Anger Better
- Personal Hygiene
- Planning for a Better Life
- Self-Esteem for Challenged Offenders
- Social Skills for Challenged Offenders
- Substance Use Treatment Introductory Group
- Tools for Today
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Centurion’s group modules will assist onsite behavioral health staff in providing quality group treatment for juvenile and adult patients at different levels of functioning. Our structured groups curricula include learning objectives, a group leader outline, participant handouts and pre-/post-tests to assess clinical outcomes. Behavioral health staff will ensure coverage of the recommended content while tailoring the presentation and delivery to their personal therapeutic styles and needs of the individuals in the group.

Our Clinical Operations department continually develops psychoeducational groups. We will make our group

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Centurion’s evidence-based group curricula, psychiatric treatment guidelines, individual therapy & case management, behavior management guidelines and expert consultation will facilitate KDOC patient progress on multidisciplinary individualized treatment plans.
materials available to the Department for review and approval upon contract award. In addition, we understand the Department has interest in the utilization of commercially available, proprietary group programs, such as Seeking Safety and Thinking for a Change. Upon contract award, we look forward to exploring with the KDOC the best way for us to meet the expectations of the Department regarding having our staff trained and certified to deliver these programs.

**Delivering Effective Psychotropic Medication Group Programming**

Centurion acknowledges and will meet the RFP requirement to offer a psychoeducational group for patients prescribed psychotropic medications. Our qualified behavioral health and/or nursing staff will provide education on the importance of psychotropic medication compliance, self-advocacy should they have concerns related to medication, and medication risks and benefits. This group program will assist new patients prescribed psychotropic medication to understand mental illness, the effects and side effects of psychotropic medications and the need for treatment compliance.

Centurion’s group programming curricula, including our lesson objectives and homework assignments, are developed by Centurion and are proprietary. In Attachment BB, we provide our proprietary lesson plan overview, including learning objectives, along with our proprietary material for the first module of our Psychotropic Medication Education Group. Centurion will provide full visibility into our proprietary lesson plans, learning objectives, homework assignments and outcome assessments following contact award.

As described later in this response, Centurion proposes to implement the DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure – Adult, Self-Rated Level 1 Cross-Cutting Symptom Measure – Child, or similar measure approved by the Department as an outcome measure for both group and individual interventions. While we have developed an automated online system for entering, aggregating, and reporting the results from these measures, the measures themselves are publicly available through the American Psychiatric Association website (https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures).

**Providing Trauma-Informed Care and Group Curricula**

Centurion trains our staff to assess for symptoms of trauma during evaluations of offenders upon admission, referrals, and placement in restrictive housing. We have developed trauma-informed and gender-responsive group treatment interventions. This includes group treatment designed to target the emotional and behavioral symptoms often observed in and experienced by incarcerated women.
Centurion has developed group curricula specifically addressing symptoms associated with trauma that include emotional regulation, interpersonal relationships, parenting, skill building in distress tolerance and relaxation, and therapeutic recreational programming targeting increased recreational, social, and quality of life skills.

Centurion’s Trauma Group is an introductory psychoeducational program for offenders with trauma histories. The Trauma Group includes five modules with the following objectives:

- To provide general education about trauma
- To provide information about types of trauma
- To identify symptoms and reactions to trauma
- To provide information about the recovery process
- To introduce ways to cope with history of trauma
- To provide a place for group members to discuss their experience of trauma

Addressing Dual Diagnosis Substance Use Disorders

Centurion is well aware of the impact that substance use disorders (SUD) as a co-morbid condition plays in comprehensive healthcare. For adult offenders, we appreciate that KDOC staff provide SUD treatment and that, as indicated in the Department’s Answer 62 to bidders’ questions in RFP Amendment 3, we will be expected to provide one or more co-occurring treatment groups. For juvenile offenders, we will provide SUD programing and staff.

The preferred treatment modality for SUDs is group programming. We will use group curricula to explore each offender’s thinking and behavior in collaboration with peers in a supportive environment. Prosocial skills, self-examination, anger management, victim impact, and identifying thinking errors will be effectively addressed in group counseling sessions.

Centurion has recently added a Corporate Addictions Treatment Coordinator to our Clinical Operations department. Rosalind Townsend, Ed.D., CAP is responsible for assisting our clients and staff in developing effective substance use treatment programs, including MAT services. Dr. Townsend combines her clinical expertise with her passion for teaching to promote evidenced based curricula. Centurion is excited about the impact of this position on our clients and our patients.

Centurion has developed a treatment approach and program design using evidence-based research to work with offenders dually diagnosed with a mental health and substance use disorder.
Psychoeducational groups using a pre-designed curriculum support the acquisition of knowledge and skills to support substance-free living in patients dually diagnosed with mental illness. Centurion staff will use standard curricula created or purchased by Centurion specifically for an offender population. We have attached our proprietary Substance Use Treatment Dual Diagnosis curricula overview as Attachment CC. We eagerly anticipate sharing the entirety of our group curricula with the Department following contract award.

We also remain open to using additional materials that support reduction in substance use available through evidence-based publications. For example, we have attached a synopsis of the Living in Balance Program, available through Hazelden Publishing, as Attachment DD. Due to the cost of such commercially available programs, we would like to discuss their use and anticipated volume with the OHCC and KDOC during negotiations.

**Delivering a Restrictive Housing Program**

Centurion's *Taking a Chance on Change (TCC)*, described in our response to RFP Section 4.6.17, *Restrictive Housing Services*, provides multiple psychoeducational modules including lesson plans, learning objectives, and homework assignments intended for use with individuals held in long-term restrictive housing units. The program is also conducive to being delivered in a group format.

The goal of the program is to support positive, prosocial, cognitive-behavioral change. We propose to use the structure of the TCC program with the support of group dynamics to offer offenders in restrictive housing an opportunity to engage in a therapeutic process. Doing this allows for an open enrollment group based on the offender’s progression in the TCC program.

We understand that the Department has interest in the use of remote video (telehealth) services in the delivery of group programming in restrictive housing. We believe that telehealth may be useful in this setting, and we look forward to further discussions with the Department regarding the operational logistics of such a format. Our experience with telehealth is broad. We provide more detail regarding our telehealth experience and capabilities in our response to RFP Section 4.3.26, *Telemedicine*.

**Providing Outcome Measures**

To capture group outcomes, we will recommend the use of individual outcome measures such as the *Brief Psychiatric Rating Scale* or *DSM-5 Self-Rated Level 1 Cross-Cutting Symptoms Measure*, as well as other individual assessment measures tailored for Centurion-specific groups or for interventions that target criminal thinking or SUDs.
Centurion has developed a company-wide system for electronically collecting outcome data for use with individual and group interventions. With minor modifications in formatting, we utilize the Cross-Cutting Symptoms Measure, originally designed by the American Psychiatric Association for use with the DSM-5, for this project. The DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure – Adult and DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure – Child were developed to obtain baseline functioning and symptom information across multiple domains and to measure treatment progress on an ongoing basis. The instruments support “anchored” self-assessment of symptom severity and permits staff to track change over time in the patient’s clinical presentation.

Centurion staff will provide this measure to patients at the start of group, periodically during the implementation of interventions, and/or at the conclusion of interventions. Behavioral health staff will input the data from this measure into an on-line template using Centurion’s secure intranet portal. Immediate results will be provided to the site, and the aggregated data and results, analyzed by members of our Clinical Operations team, will be provided to the clinicians. In addition to individual changes, this process will allow Centurion to analyze changes in patient functioning and symptom presentation across the KDOC.

Additionally, our Clinical Operations team modified the Psychological Inventory of Criminal Thinking Styles to produce a “Simplified Version” (PICTS:SV) for use in measuring adult outcomes related to criminal thinking, including changes in criminal thinking associated with completion of the Taking a Chance on Change program. The PICTS:SV requires a sixth grade reading level and is therefore readily used by most offenders. This modified version of the PICTS:SV has been approved by the original author of the instrument with a validation study completed and published in the Journal of Psychopathology and Behavioral Assessment, December 2015. This instrument proves useful to monitor criminogenic factors for mentally ill patients, ones diagnosed with SUDs, or patients with dual diagnoses.

**Complying with Group Programming Performance Requirements**

Centurion will comply with the RFP performance requirements for provision of a minimum number of mental health group sessions. We presume that for scheduled groups that could not be completed due to security reasons outside of our control, such as security crises, lock-downs, officer shortages or limited presence that prevents offender movement, performance guarantees will not be imposed. Centurion will comply with all the performance requirements for mental health group sessions as noted in the RFP including Section 4.25, Clinical Performance Guarantees. In the unlikely event that we do not conduct the minimum number of mental health group sessions as required, we understand that:

- If performance falls below 90% of agreed-upon contractual requirements under this RFP Section, we will, in place of actual damages, pay to Department, as fixed,
agreed, and performance guarantees, $100.00 times the number of noncompliant occurrences identified during the review period.

- Any subsequent review resulting in performance falling below 90% of our agreed-upon contractual requirements within six months of the latest review requiring performance guarantees shall be considered a lack of resolution to the substandard performance. This will result in performance guarantees of $125.00 times the number of noncompliant occurrences.

- A third substandard performance lower than 90% within six months of the latest review requiring performance guarantees shall be taken at $150.00 per occurrence, with any continued substandard findings within the subsequent six-month period resulting in further penalties in increases of $25.00 per occurrence, i.e., $175, $200, $225, etc., until Centurion resolves the substandard performance.

- If Centurion’s performance remains above a 90% compliance threshold for a period of six consecutive months without penalty, following an imposition of a penalty, then any substandard performance will begin a new penalty cycle.

Centurion is confident that we will meet or exceed agency expectations related to group therapy.

**Psychiatric Services and Psychotropic Medication**

Centurion will ensure that our psychiatric evaluations, psychiatric treatments, and use of psychopharmacology remain consistent with current professional psychiatry guidelines, recent professional literature, and Departmental requirements. We will provide ongoing support in the provision of psychiatric services to the KDOC through our Pharmacy Management and Clinical Operations Departments. These resources ensure that Centurion’s psychiatric services remain consistent with nationally recognized standards and the latest empirical results for psychopharmacology.

**Delivering a Full Range of Psychiatric Treatment**

Centurion will meet or exceed KDOC requirements for psychiatric services and psychotropic medications:

- We will prepare and distribute monthly psychiatric on-call schedules for psychiatric coverage via telephone, telehealth, or in person contacts.

- On-call psychiatric providers will respond within fifteen minutes of contact by a site or behavioral health staff.
During the intake process, we will continue non-formulary medications for patients with serious and persistent mental illness (SPMI) and stable on these medications upon admission.

We will complete psychiatric evaluations to review confirmed psychotropic medications for non-emergency, new intake offenders within 72 hours of the offender’s arrival.

We will complete psychiatric evaluations of adult or juvenile offenders referred by medical or behavioral health staff as soon as practical, within seven days for routine cases, within 72 hours for urgent (but non-emergent) cases, within four hours for emergency psychiatric referrals.

We will ensure our psychiatric providers routinely interview and examine patients who are receiving psychotropic medications. They will conduct these reviews with sufficient frequency to monitor patients’ response to treatment, including any potential relapses, exacerbations of symptoms, or medication side effects.

- For adult outpatients in general population, we will conduct psychiatric medication follow-ups at least every 90 days.
- For juveniles at KJCC, we will conduct psychiatric medication follow-ups at least every 30 days.
- At EDCF IRU-C1, EDCF IRU-C2, LCF-TRU, LCF-TRU 2, TCF-MH and KJCC-MH mental health units, we will conduct psychiatric medication follow-ups at least every 30 days.

We will offer all patients prescribed psychotropic medications the opportunity to attend a psychoeducational group provided by qualified behavioral health and/or nursing staff. The group will focus on increasing understanding of mental illness, the effects and side effects of psychotropic medications, and the need for treatment compliance. We discuss this group in our response above to RFP Section 4.6.19.1, Group Therapy.

We will include “atypical” or second generation antipsychotic medications, new generation antidepressant medications, and generic medications on our formulary.

Centurion will provide at least one FTE psychiatrist or other physician trained and credentialed to prescribe the current medications used to treat opioid and other substance use disorders (Medication-Assisted Treatment (MAT)). This physician will assess, treat, prescribe and monitor the use of MAT for offenders admitted, maintained on or anticipating discharge on a MAT treatment regimen. This physician will participate as a member of each multidisciplinary treatment team for any offender prescribed MAT medications. Experienced in providing MAT in other correctional
programs, Centurion stands ready with our team of experts to assist the Kansas Department of Corrections with any type of MAT program already in place or with future development and expansion of the program if requested.

We will ensure efficient systems for access to care and psychiatric treatment for the KDOC. We will collaborate closely with facility and security staff to ensure completion of psychiatric encounters as scheduled, and to follow-up when patients do not appear for scheduled appointments.

**Providing Evidence-Based Care: Centurion’s Psychiatric Treatment Guidelines**

Centurion Psychiatric Treatment Guidelines assist Centurion staff to treat mental illness in a consistent, systematic, evidence-based manner. Psychiatric Treatment Guidelines provide our psychiatric staff with clear, tier-based pathways for providing psychiatric interventions to patients.

Centurion’s Psychiatric Leadership, in collaboration with our Pharmacy and Clinical Operations teams continually refine our Psychiatric Treatment Guidelines, first developed in 2006, based on the guidelines of national organizations, including the American Psychiatric Association and the Texas Medical Algorithms Project.

At least annually, our psychiatric medical directors and pharmacy leadership review and update the Psychiatric Treatment Guidelines based on standards of correctional psychiatry, clinical experience in correctional settings, and peer reviewed research and literature. Our KDOC regional psychiatric director will ensure our psychiatric staff remain informed of current standards of practice.

Our Psychiatric Treatment Guidelines as of January 2020 include the list on the following page.
Upon contract award, Centurion will submit our Psychiatric Treatment Guidelines to the Department for review. Prior to implementation, Departmental leadership and our regional psychiatric director will have the opportunity to review and revise the medication tiers contained in the treatment guidelines to conform to KDOC formulary requirements.

**Conducting Psychiatric Evaluations and Follow-up Contacts to Monitor Psychotropic Medications**

Psychiatric providers will conduct evaluations, prescribe and monitor medications for target symptoms, provide consultation, and order necessary psychiatric interventions including emergency medications. As a last resort, emergency interventions such as clinical restraint and/or involuntary emergency medications may be used when less restrictive interventions have proven unsuccessful.

Psychiatric staff will be active members of the treatment team assisting in the development of treatment plans and the delivery of quality care. While psychiatric staff will see general population outpatients with psychiatric conditions at least every 90 days, and patients living on specialized behavioral health units at least every 30 days, they may see patients more frequently depending on the level of psychiatric acuity and medication adjustments in process. Centurion psychiatric staff will provide the level of service required by the patient’s presenting condition.

Centurion psychiatrists will complete an initial psychiatric evaluation upon referral of a patient for psychiatric services. In completing the psychiatric evaluation, psychiatric providers will review the patient’s medical record, including psychiatric treatment history.
Centurion has developed a standardized form for conducting comprehensive initial psychiatric evaluations. The form requires a brief psychiatric and psychosocial history, *DSM-5* diagnoses, target symptoms supporting the diagnosis, and treatment recommendations at a minimum.

While our *Psychiatric Treatment Guidelines* provide strategies for prescribing psychotropic medication, each guideline includes the statement: *Treatment guidelines do not replace sound clinical judgement nor are they intended to strictly apply to all patients.* When selecting medications for a specific patient, psychiatric staff maintain clinical autonomy and document clinical justification for the selection of psychotropic medications in the patient’s medical record. If they believe a specific patient’s clinical needs justify a non-formulary medication, they will request approval from the Regional Psychiatric Director through an established non-formulary process.

Between 95% and 97% of medications prescribed in our statewide correctional healthcare programs are formulary medications. However, in some instances it becomes medically necessary for a provider to prescribe non-formulary medication. Centurion will support use of non-formulary medications in medically necessary instances. Our non-formulary exception request process provides an effective review and approval process that ensures the availability of non-formulary pharmaceutical agents when needed, but only when needed.

Consistent with evidence-based principles, we permit flexibility and clinical judgment in prescribing. We simultaneously seek to guide our providers through our treatment guidelines and evidence-based formulary.

Through our pharmacy partner, **Clinical Solutions Pharmacy**, we will monitor statewide formulary adherence, including psychotropic medications and provider prescribing trends. This will allow for provider education and supervision when indicated.

Centurion has developed *Laboratory Testing Guidelines* as part of our *Psychiatric Treatment Guidelines* to ensure safe and effective monitoring for multiple medication classes. Our Laboratory Testing Guidelines reflect current literature and community standards including the American Diabetes Association and American Psychiatric Association guidelines on monitoring metabolic functioning in treatment with second-generation antipsychotics. They
also include guidelines for completion of the *Abnormal Involuntary Movement Scale (AIMS)* to monitor for movement side effects associated with antipsychotic medications. The guidelines contain protocols for monitoring serum levels of specific mood stabilizers and certain tricyclic antidepressants.

When clinically indicated, our psychiatric staff will request medical consultation or order laboratory tests to rule out organic causes of the patient’s symptoms. They will order any baseline or routine laboratory tests and/or electrocardiograms (EKGs) as clinically indicated and outlined in Centurion’s *Treatment Guidelines*.

Psychiatric staff will consult a medical provider in interpretation of EKGs, since such interpretation must be completed by a medical specialist trained in this area. Centurion has developed our *Electrocardiogram (EKG) Clinical Guideline*. The guideline covers use of EKGs for acute and urgent care issues, use of EKGs for chronic care issues, and specialist over-reads. We will use CompuMed for EKG services. CompuMed provides cardiologist over-reads and online cardiac test interpretations. EKGs are required for psychotropic medications that carry elevated risks for cardiac rhythm abnormalities.

Once the initial psychiatric evaluation and, when indicated, medical consult(s) are completed, psychotropic medications may be initiated on a voluntary basis with an informed consent process. After initiation of psychotropic medications, Centurion psychiatric staff will monitor the patient’s response to the medications in scheduled face-to-face assessments.

A psychiatric progress note will accompany the initiation, continuation, modification or discontinuation of psychotropic medications with rationale for medication changes documented.

**Providing Psychotropic Medication Education and Addressing Noncompliance**

When patients miss three or more consecutive doses of prescribed psychotropic medications or a pattern of missed doses (e.g., morning doses), they will receive education and counseling from Centurion behavioral health and/or nursing staff regarding medication noncompliance. The medication education and counseling process will address each of the patient’s medications not taken as prescribed. If this education does not resolve the medication compliance issue, nursing staff will refer the patient to the psychiatric provider. Psychiatric follow-up contacts will also include medication education.

Psychiatric staff will assess the decision-making capabilities of any patient with chronic medication noncompliance to ensure that the patient has the necessary information to
facilitate an informed decision regarding treatment, and has the capacity to form a decision to refuse essential medications. Medication noncompliance issues will be routinely discussed within the context of the multidisciplinary treatment team meeting in order for appropriate treatment planning and revision to occur, in light of any patient noncompliance issues.

**Supporting Patient Rights and Involuntary Treatment**
Centurion will meet Department requirements, policy, State law, and national standards including ACA and NCCHC standards for the use of involuntary treatment including clinical restraint or involuntary psychotropic medications. Centurion supports patient rights to participate in their treatment, including the right to refuse treatment. We seek to avoid using involuntary treatments when possible. We have developed detailed policy and procedure infrastructure to support patient rights and the provision of involuntary treatment when necessary.

*Clinical Restraints and Restrictive Interventions.* Centurion psychiatric and behavioral healthcare staff will meet Department requirements, policy, State law or related regulations, ACA and NCCHC standards governing the use of clinical restraints or other restrictive interventions.

Psychiatric providers may initiate or change treatment interventions through verbal orders, such as ordering specialized mental health placement admission or discharge, clinical restraints or suicide precautions, or psychotropic medication. We will transition patients as soon as possible to less restrictive levels of care and/or treatment environments once the patient begins to stabilize and no longer requires intensive intervention.

Centurion views the use of clinical restraints as the method of last resort when less intrusive measures prove ineffective. We will limit clinical restraints to the shortest time period necessary and never implement them as punishment. Centurion will not order restraints for the purposes of security or disciplinary management.

Our psychiatric providers document the use of clinical restraint thoroughly, supporting use of the least restrictive intervention. This includes discontinuation of a clinical restraint prior to the expiration of the seclusion or restraint order when clinically indicated. Our providers do not order clinical restraints or seclusion as a PRN intervention. These are emergency interventions that require real-time assessment and clinical decision-making.
Nursing staff closely monitor the patient while in clinical restraints, including regularly obtaining vitals. Centurion will monitor and routinely review the use of clinical restraints through our CQI program.

**Emergency Involuntary Medications.** In emergency situations in which the patient’s psychiatric or behavioral disturbance poses a serious risk of harm to the patient or others, emergency involuntary medications are provided to restore safety. In such cases, the situation must meet the criteria for a medical emergency in which intervention will prevent serious physical injury or mortality. We do not consider grave passive self-neglect in the absence of imminent risk of serious physical injury or mortality to be a medical emergency.

Centurion psychiatric staff may order emergency involuntary medications under the following conditions:

- Patient diagnosed as acutely or chronically mentally ill
- Less restrictive or intrusive measures have proven to be inadequate or are clinically determined to be inadequate or inappropriate
- Clear and imminent substantial threat of one of the following:
  - Patient is suicidal
  - Patient will cause serious physical harm to self or others
  - Patient will cause serious property damage
- Medication recommended is generally accepted treatment for the patient's condition

Once the psychiatrist makes the determination that less restrictive options have been unsuccessful in addressing the crisis, the provider prescribes psychotropic medications on a “now” or “stat” basis. Centurion policy prohibits the use of “prn” or “standing” orders for emergency psychotropic medication or the use of long-acting injectable medications for emergency interventions.

Centurion behavioral health staff cooperate with security staff during the administration of the medication but do not participate in physically restraining the patient. Following administration of emergency involuntary medication, nursing staff monitor the patient, including regularly obtaining vitals.

Centurion monitors and routinely reviews the use of emergency involuntary medication through our CQI program.
Non-Emergency Involuntary Treatment. In non-emergency situations where patients with serious mental illness who lack insight into the need for treatment have repeatedly been noncompliant with treatment and are likely to benefit from the treatment, Centurion will pursue involuntary treatment on a non-emergent basis in accordance with state law and Departmental policy.

We appreciate that there are inherent ethical and clinical challenges related to provider decisions to pursue the use of involuntary psychotropic medications. We have developed detailed policy and procedure infrastructure to support patient rights and the provision of involuntary treatment when it is necessary. Centurion psychiatric providers will participate in medical treatment reviews as required for non-emergency involuntary psychotropic medication use.

Centurion has extensive experience using a non-judicial, administrative or “paneling” review process to support patient rights and due process requirements while pursuing authorization to provide non-emergency involuntary psychotropic medications. Our administrative review process follows the requirements of the 1990 Supreme Court Washington v. Harper decision and is currently used in many state correctional systems where we provide services. Our process protects patients’ rights, adheres to legal precedents, and supports the use of the least restrictive means necessary to ensure patient health and functioning.

At Centurion, we believe key determinants for the use of non-emergency involuntary treatment include:

- Presence of serious mental illness
- Danger to self, others, property, or grave disability due to a mental illness
- Treatment is medically indicated and in the best interest of the patient

Following contract award, Centurion looks forward to discussing with KDOC leadership existing infrastructure for the provision of emergency and non-emergency psychotropic medications. If the Department has established protocols, Centurion will follow Departmental protocols. We also have model protocols we will make available to the Department upon request.

Training and Credentialing our MAT Providers
Centurion supports the certification of our providers to deliver FDA approved treatment regimens including Medication-Assisted Treatment (MAT) for substance use disorders. Thus, we offer related educational opportunities for all our licensed providers including an OpiEnd monthly series sponsored by Centene on how to end the opioid epidemic and ongoing training in
partnership with the American Society of Addiction Medicine (ASAM) for providers to obtain waivers to prescribe or dispense buprenorphine under the Drug Addiction Treatment Act of 2000 (DATA 2000).

In addition, two of Centurion’s Clinical Operations team members serve on a task force for the NCCHC to revise the 2016 Standards for Opioid Treatment in Correctional Facilities. This revision will allow facilities to achieve voluntarily accreditation with or without SAMHSA certification. Their expertise in this topic is unmatched by any competitor.

**Individual Therapy**

As discussed in detail in the above RFP Section, Group Therapy, Centurion endorses the research-supported benefits of group treatment. We support group treatment as the most effective and efficient intervention for most patients in correctional settings, thus, we make every reasonable effort to involve behavioral health caseload patients in group therapy.

Consistent with the RFP and KDOC expectations, we also propose to provide individual therapy, when clinically indicated, for a time-limited period for patients in both our outpatient and specialized treatment programs as outlined in patient-specific individualized treatment plans. We typically reserve more extensive individual treatment for trauma-oriented or crisis follow-up interventions. Some services, such as PREA, will require individualized services for the provision of specialized interventions.

Centurion’s approach to individual therapy uses a brief cognitive therapy model to provide solution focused therapy, consistent with the most current research and up to date academic scholarly literature, appropriate to working with patients in correctional settings. Our behavioral health clinicians incorporate interventions identified in and appropriate to supporting patients to achieve their treatment plan goals and objectives. We will provide supportive counseling and individual case management as needed. We will detail individual therapy services and interventions in the patient’s individualized treatment plan including length of proposed individual therapy, specific interventions the therapist will utilize, and anticipated timeframe for achieving the identified goals and specific measurable objectives.

Our behavioral health staff will practice in a goal-oriented manner and target major symptoms and/or behavioral issues to ensure patients return to their highest level of functioning in a timely manner. Additional evidence-based modalities implemented will include, but not be limited to, motivational interviewing, cognitive behavioral therapy, dialectical behavior therapy, and mindfulness interventions. During individual therapy, Centurion behavioral health professionals will also educate and incorporate discussion to
assist inmates with the adjustment to group therapy as an ongoing potentially long-term intervention to assist them to achieve treatment plan goals and objectives.

**Consultation and Behavioral Interventions for Personality/Behavior Disorder**

Centurion recognizes the importance of developing specialized programs for patients with personality disorders and dysregulated behaviors. Treatment for patients with personality disorders characterized by behavioral dysregulation can benefit from unit-based and non-residential individualized treatment interventions. Both result in significant reductions in self-injury and problematic behaviors for patients with personality disorders. Experience confirms that, without this specialized set of interventions, this patient population often remains at high risk, with protracted periods of costly, disproportionate resource utilization.

The graphs that follow illustrate a typical pattern of resource utilization for patients with recurrent self-injury. These data come from an existing program where Centurion does not have responsibility for providing mental health services. In these graphs, less than one percent of the offender population accounts for 14% of all hospital admissions and 17% of all hospital days, and the hospitalizations are the direct result of self-injury.
We have a proven track record of identifying, managing and treating these complex patients through a multidisciplinary team approach to implementing successful behavioral management interventions. A behavior management plan includes a set of planned and proactive interventions that reinforce positive or desired behaviors and minimize inadvertent reinforcement of negative or undesirable behavior. Behavioral interventions, based on learning theory, rely on the premise that behaviors which are reinforced are more likely to be repeated.

Behavior management plans are not appropriate for every patient with behavioral problems. Because development, implementation and monitoring of behavior management plans are resource intensive, behavior management plans need to be targeted to patients who have engaged in recurrent self-injurious behaviors and who have not responded to other treatment efforts. Typically, these offenders have become a serious management problem due to problematic behavior patterns.

Centurion follows the Behavioral Analyst Certification Board’s Professional and Ethical Compliance Code to ensure behavioral interventions remain free from punishment, coercion, fear induction, aversive stimuli, and deprivation of basic needs. The principles in the Code form the foundation of our behavior management services.

To underscore the ethical safeguards and comprehensive nature of our behavioral management infrastructure, we have developed a model policy, Behavior Management Plans, and Clinical Guidelines for Developing Behavior Management Plans. This policy is confidential and proprietary to Centurion. These proprietary materials help ensure interventions are provided in an ethical, patient-centered, evidence-based, and effective manner. We will make them available to the Department for review and approval upon contract award.

Behavior management plans use a structured sequence of incentives to reinforce positive behavior change and reduce identified problem behaviors. Behavior management plans are developed by independently licensed mental health professionals with master’s or doctoral degrees. Staff must complete specialized training in functional assessment, principles of learning, and ethical issues related to behavioral interventions prior to developing behavior management plans. Certification as a behavioral analyst is not required.

We strive to provide behavioral interventions in a manner that minimizes secondary gain and inadvertent reinforcement of the problem behavior while simultaneously minimizing exposure to conditions of confinement perceived as humiliating or inhumane.
Providing a Behavior Management Program for the KDOC

Centurion’s behavior management program consists exclusively of evidence-based interventions:

- Functional assessment of problem behaviors
- Intensive risk assessment and risk management
- Multidisciplinary collaboration
- Incentive structures to support skill acquisition and behavioral change
- Treatment that includes pharmacotherapy, psychoeducational programming, and cognitive-behavioral interventions

Psychoeducational programming and structured group curricula engage self-injurious and behaviorally disturbed patients in developing a menu of replacement behaviors.

Evaluation of Offenders and Needs Assessment. When focusing on how best to assess the needs of behaviorally dysregulated patients, diagnostic clarification is essential. In order to address the needs of patients who exhibit problematic behaviors, we have a responsibility to understand the underlying pathology and symptom profile which supports the behavior. Interventions for behaviorally dysregulated patients acting on symptoms related to Schizophrenia are quite different from patient exhibiting those same behaviors acting on the symptoms of a personality disorder. We emphasize and provide focused training on the accuracy of psychiatric diagnoses.

Following an accurate diagnostic formulation, needs assessments for patients characterized by acting-out behavior is based in functional assessment. Evidence demonstrates that behavior change is best supported by an assessment of how the problematic behavior functions for the patient. In simple terms, we need to understand what positive rewards a patient receives from acting-out in order to decrease those rewards for the problematic behavior and increase rewards for more pro-social, adaptive and safe behaviors. Functional assessment is at the heart of Centurion’s behavior management programs. Whether we employ behavior management on an individual basis or on a specialized treatment unit, we first examine the function of the patient’s behavior in order to understand how best to change it. The functional assessment forms the patient-centric evidence base for our behavioral interventions.

Centurion has developed comprehensive behavioral health staff training to support functional assessment conducted by independently licensed mental health professionals providing behavioral management interventions to behaviorally disturbed patients. The
training includes a detailed explanation of the five components of a functional assessment and how to conduct each component:

### Five Components of a Functional Assessment

1. A clear and precise definition of the problem or target behavior(s)
2. The identification of antecedent events, times, and situations that predict problem behaviors
3. The identification of consequences that maintain the problem behaviors
4. The development of summary statements or hypotheses that link antecedents, problem behaviors, and consequences
5. Ongoing clinical and observational data to test the summary statements

**Multidisciplinary Approach to Developing and Implementing the Behavior Management Plan (BMP).** The development and implementation of behavior management plans requires a collaborative multidisciplinary process. Early collaboration and ongoing consultation with facility administration, correctional security staff, unit team counselors, and medical staff by behavioral health staff will ensure all multidisciplinary services team members actively contribute to the plan and participate in its implementation. Multidisciplinary involvement ensures the collection of objective and complete data during development of the plan. It ensures that proposed interventions are realistic and practical, that staff take “ownership” of the interventions, and that implementation of the plan remains consistent across all disciplines and shifts. Failure to collaborate and obtain multidisciplinary investment in the behavior management plan constitutes the most common reason for failure of behavioral interventions.

All stakeholders, including representatives from security, administration, behavioral health and medical departments, must approve the plan and each aspect that their department has responsibility for prior to implementation. All stakeholders, including the patient, need orientation to the long-term nature of behavioral interventions which target specific, maladaptive behaviors through reinforcement protocols for pro-social behaviors. The BMP will outline the role of all team members in implementation of the plan and include a process to collect and track data throughout the plan’s implementation.
Monitoring and Measuring. Ongoing monitoring of the behavior management plan to support consistent implementation is required. Measurement of the frequency and severity of problem behaviors for the six months prior to implementation and at least the six months following implementation is necessary to assess the effectiveness of the interventions. A designated mental health staff should be assigned responsibility for monitoring implementation and progress. Templates for tracking behavioral incidents and measuring resource utilization are appended to our Guidelines.

Behavior management plans also require transparent collaboration with the patient. Development of these plans without the patient’s collaboration is another frequent reason for failure. Prior to implementation of the behavior management plan, informed consent from the patient should be sought. Although the patient does not need to agree to or consent with emergency safety interventions that are required to re-establish safety, informed consent for planned elements of the behavior management plan is required. Informed consent includes explaining the procedures to be used and the behavioral goals to be obtained in language easily understood by the patient. Risks and benefits associated with implementing the plan as well as those associated with not implementing a plan should be discussed with the patient.

Informed consent is documented through the patient’s signature on the behavior management plan when it is safe to permit the patient access to a pen. Should the patient refuse to consent, he/she should be informed completely about the staff interventions that will be put into place to support a decrease in self-injury. Attempts to obtain consent are ongoing. In cases of legal guardianship or proxy, identified individuals are contacted for informed consent in addition to providing all information to the patient regarding the plan.

As detailed in Centurion’s proprietary model policy and procedures, behavioral interventions never include use of deception, punishment, deprivation, planned ignoring, fear induction, or noxious or adverse stimuli. Behavior management plans use the least restrictive interventions needed to support safe and effective behavioral change.

Behavior management plans do not include or preempt any crisis intervention protocols that may be required to reestablish and maintain safety for the patient. Emergency medications and seclusion or restraints ordered by mental health staff are not included as interventions in a behavior management plan.

Developing the behavior management plan requires identification of a set of replacement behaviors and treatment goals that are measurable, realistic, and protect the patient from engaging in the problem behaviors. This includes identifying multiple options for coping with
triggers and a sequence of "mini goals" or stepping stones to achieve in order to meet the ultimate goal of eliminating the problem behavior. Therapeutic interventions and skill building techniques utilized will be evidence-based.

Behavior management plans should be strength-based. Identifying treatment-relevant strengths and incorporating these into the overall plan will help increase the plan’s likelihood of success. Not all personal strengths may be relevant to treatment, but many strengths may be “harnessed” to help move treatment forward. Identifying these strengths is a crucial step in individualizing the behavior management plan and ensuring it remains recovery-oriented. This step ensures that the plan matches the patient’s interests, capacities, and typical pattern or style of interacting with others.

In most cases, reliable response to a behavior management plan requires up to six months following implementation. Although adjustment of a behavior management plan can be made prior to that time, well-developed behavior management plans anticipate a range of problem behaviors and positive behavioral responses. Absent unanticipated developments, well-developed behavior management plans typically should not be altered in the first six months of implementation. Behavioral health staff will ensure continuity of care between facilities including comprehensive discharge and follow-up plans as indicated for patients with behavior management plans.

Use of behavior management interventions does not preclude the use of other treatment modalities, including psychotherapy, psychoeducation and pharmacotherapy. These additional treatment interventions are frequently indicated for patients who require behavior management plans and should be developed through an individualized treatment plan that may be incorporated into the behavioral management plan.

**Staff Training.** Centurion has developed and implemented staff training modules in de-escalation and behavioral interventions, conducting functional assessments, ethical guidelines for behavior management, and risk assessment. We will provide training for all staff likely to interact with individuals with BMPs.

Without appropriate staff training and guidance, we know that these patients can be labeled as “behavioral” or “manipulative.” When such labeling occurs, staff pull back from engaging effectively with the patient, and the patient perceives staff as dismissive. This dynamic can result in an escalation of the very behavior that treatment is attempting to reduce. Without principled, effective, evidence-based behavioral interventions, these patients are prone to engage in increasingly severe self-injury, raising their risk for suicide or accidental death.
We will train security staff in basic principles of behavior change, on successful implementation of BMPs, on identifying symptoms of serious mental illness versus behavioral acting out, and on de-escalation skills when officers work with patients who need behavioral interventions. Training mental health and security staff simultaneously is preferred to improve collaboration. Centurion includes all relevant staff in training sessions to ensure consistency in approach and collaborative communication across disciplines. Experience has shown that safety requires behavioral health and correctional staff consistency in their approach to behavioral disturbances.

Offering the KDOC Centurion’s Expertise and Experience

Centurion’s Clinical Operations Department includes nationally recognized experts in the area of behavior management services including Sharen Barboza, PhD, CCHP-MH, and Joel Andrade, PhD, LICSW, CCHP-MH. These individuals have conducted numerous presentations at national correctional healthcare conferences such as ACA and NCCHC. Drs. Andrade and Barboza routinely conduct training in Centurion programs on behavior management strategies.

However, the Department can rest assured that our behavior management services do not exclusively depend on Clinical Operations personnel. The goal of Centurion’s clinical infrastructure is to develop local behavioral expertise within each of our contracts. We will develop local, onsite expertise in developing, implementing, and monitoring patient-specific behavior management services. Centurion will supplement our onsite expertise and support the Department with a team of behavioral consultants made available through our Clinical Operations department.

Unit-based Behavioral Management Programs. Members of our Clinical Operations department were involved in the design, implementation, and supervision of Behavior Management Units in the New York Department of Correctional Services and the Massachusetts Department of Corrections. We provided technical assistance to the Pennsylvania Department of Corrections when this system designed Behavior Management Units. We have designed and implemented a mental health treatment unit specifically for female patients, primarily with Borderline Personality Disorder, in New Mexico and Massachusetts.
**Individualized Patient-based Behavioral Management Interventions.** Centurion also offers unparalleled expertise in non-residential behavioral management services for patients with significant behavioral disturbances. Since 2007, our Clinical Operations Department has assisted in developing the extensive infrastructure and resources to support the development of non-residential, individualized behavior management plans. We provided formal consultation and developed behavior management plans for individual patients in the following state correctional systems:

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<th>States Benefiting from Centurion’s Behavioral Management Programming</th>
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We have also developed patient-specific behavior management plans for jail detainees in other programs that include the Philadelphia Department of Prisons. This expertise stems from Centurion’s predecessor company, MHM, and over 20 years of experience in correctional mental health.

**Tracking Outcome Data**

Centurion’s national utilization data collected to assess the impact of individual behavior management plans confirm the effectiveness of this approach. Specifically, the results for a sample of severely self-injurious patients across eight different correctional departments have shown consistent success. They indicate that our company-wide behavior
management program helped to reduce the frequency of self-injurious behavior by 55% and the frequency of off-site hospital trips for self-injury by 78%.

Reductions in self-harm incidents and medical hospitalizations were realized in the first six months of the efforts, as illustrated by the following two graphs.

Our behavior management services have resulted in significant improvements in patient quality of life, staff and patient safety, and efficiencies for resource utilization for our clients.

**Documentation of Encounters**

Centurion will require that all behavioral health and psychiatric staff complete a progress note or the associated EHR behavioral health template on each patient upon the conclusion of each encounter. Our staff will record each encounter in the EHR. Each progress note
entry will use the **SOAP (Subjective, Objective, Assessment, Plan)** format unless the KDOC requires a different format that also conforms to contemporary professional standards, such as DAP (Data, Assessment, Plan).

Through staff training, peer review, and ongoing CQI studies, we will ensure SOAP notes include the information noted below, as relevant and appropriate:

**Subjective, Objective, Assessment, Plan (SOAP) Notes**

**SUBJECTIVE**  
Patient report of the following:
- Physical symptoms
- Medication side effects, compliance, noncompliance
- Suicidal or homicidal ideation or plan
- Concerns regarding loss of support, social or familial issues, re-entry
- Changes in eating, sleeping, activity, or other habits

**OBJECTIVE**  
Information compiled from:
- Vital signs or usual manifestation
- Mental status exam
- Laboratory results (if available)
- Observation of signs of behavioral or physical health condition
- Emergency room or inpatient care
- Changes in medication and/or adherence
- Changes in affect or behavior

**ASSESSMENT**  
Staff member’s evaluation of patient’s
- Safety and condition
- Progress towards defined treatment goals
- Needs identified during encounter
- Changes in degree of risk of self-harm or harm to others
- Impact of recent emergency room visit or hospitalization
- Impact of changes in medication or noncompliance
- New or revised diagnosis

**PLAN**  
Revision to treatment plan
- Referrals for new or additional services
- Institution of suicide or other precautions
- Changes in prescription or medication management
- Referrals for higher or more intensive levels of care or transfer to Dickey or other facility with additional resources
- Follow-up appointments
- Referrals for follow-up services post release

We will provide initial training on documentation and SOAP formats to all staff and will provide refresher courses as required or in response to identified deficiencies in documentation. We will review the timeliness and completeness of documentation and the appropriate use of the SOAP format as part of supervisory meetings and will implement plans to improve any problems, as needed.

We will require that staff complete all documentation on KDOC-approved forms or templates in the EHR prior to the end of their workday. We appreciate that exceptions may occur due to temporary failure of the EHR or other emergency situation(s) that arise at the facility, and in these rare instances, staff will complete documentation for encounters by no later than the end of the next business day.
4.6.20 Mental Health Continuous Quality Improvement (MH-CQI)

4.6.20.1 The Contractor shall provide a process by which an internal review of mental health services are developed and implemented. This review is to be completed at both a statewide level (common measurements across all facilities) and at the specific program/facility level. At a minimum, the process should include the following:

(a) Participation in one or more multi-disciplinary quality improvement committee(s) which include a qualified mental health professional as a member.

(b) Collecting, trending and analyzing of data combined with planning, intervening and reassessing services.

(c) Evaluating defined data which will result in more effective access to care, improved quality of care, and better utilization of resources.

(d) Reviewing all suicides or suicide attempts and other serious incidents (e.g., use of force, assaults, restraints/involuntary medications) involving offenders with a serious mental illness.

(e) Review clinical care issues, implementing measurable corrective action plans to address and resolve important problems and concerns identified specific to mental health issues, and incorporating findings of internal review activities into the Contractor’s educational and training activities.

(f) Maintaining appropriate records of internal review activities.

(g) A provision by which the information gathered will be shared with staff, in a manner consistent with improving the quality of services while respecting confidentiality.

(h) Requiring a provision that records of internal review activities comply with legal requirements on confidentiality of records.

(i) The process by which a comprehensive monthly report of all MH-CQI activities will be provided to the Office of Healthcare Compliance.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.6.20, *Comprehensive Behavioral Health Services*, and all subsections identified herein.

**Delivering a Mental Health Continuous Quality Improvement Program (MH-CQI)**

Centurion supports MH-CQI as an internal review process for objectively and systematically monitoring and evaluating the quality, appropriateness, and effectiveness of behavioral
healthcare services and the degree to which those services meet the identified needs and goals for the KDOC and correctional patients. Our program strives to address both quality assurance and quality improvement. We cannot overstate the importance of an effective MH-CQI program for monitoring and improving behavioral healthcare service delivery on both a statewide level, with common measurements across all facilities, and at the facility and/or programmatic level. Our MH-CQI program will assist clinical and operational leaders by providing them with timely qualitative and quantitative information. These data will enable them to monitor and continuously improve the quality of behavioral healthcare services provided.

**Centurion MH-CQI Program Overview**

Centurion will use the **Plan Do Check Act (PDCA)** model in our MH-CQI program for changing processes and enhancing outcomes:

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**Plan**

- Define & Analyze a problem and identify the root cause

**Do**

- Devises a solution, develop a detailed action plan and implement it systematically

**Check**

- Confirm outcomes against plan, identify deviations and issues

**Act**

- Standardize a solution, review and defend the next issues

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The Centurion MH-CQI program will include the following elements:

- Quality and performance improvement structure to include multidisciplinary committees with defined roles and responsibilities

- Heightened focus on quality of care and multidisciplinary collaboration to meet the specific needs of special needs populations, including patients with serious mental illness, patients with co-occurring substance use disorders, juvenile and female patients

- Monitoring to identify opportunities for improving care

- Management of credentialing, peer review, behavioral healthcare grievance trending, morbidity and mortality review trends, regular audits/reviews of clinical services, and annual reporting processes to maintain compliance
- Transparency and responsiveness in reporting MH-CQI activities to both the KDOC and our healthcare staff

Centurion MH-CQI initiatives will focus on the following dimensions of quality healthcare:

- Timeliness of provided care
- Effectiveness of treatment
- Appropriateness of clinical decision making
- Continuity of care from intake to discharge
- Patient-centered care – We ensure that Centurion behavioral health clinical staff recognize the importance of patient involvement in treatment and care decisions. Our healthcare staff appreciate the importance of sensitivity and the need for respectful acknowledgement of a patient’s unique treatment needs and expectations.
- Safety – Centurion staff are encouraged to identify opportunities to improve operations and processes that have a positive impact on the safe delivery of behavioral healthcare

Centurion’s Integrated CQI Program

Centurion will maintain an integrated CQI program that links our medical CQI program to our behavioral health MH-CQI program. This will enable us to conduct quality assurance and quality improvement initiatives that focus on patients with comorbid mental, substance use, and medical disorders. We believe we can significantly advance the KDOC’s agenda for a high quality, multidisciplinary, integrated healthcare program through a CQI program that measures both medical and behavioral health processes and outcomes. Experience confirms that measuring both medical and behavioral health indicators for the same patients supports improved coordination of care.

Coordinating the CQI program across medical and behavioral health services will enable us to focus on some of the most high risk, high need, and high cost patients in KDOC custody – those patients who require simultaneous treatment for significant medical, behavioral health, and substance use concerns. These patients include those with chronic pain and substance use, serious mental illness and chronic medical disease, recurrent self-injurious behaviors, gender dysphoria, and multiple combinatory variations of these and other conditions.
In our other programs, this CQI focus has broken down service delivery silos and supported a holistic and integrated approach to patient healthcare. We discuss our broader quality improvement program in our response to RFP Section 4.10, *Quality Improvement Program*.

**Process and Outcome Studies.** Centurion will conduct behavioral health focused process and outcomes studies at each facility. We will incorporate these studies into the facility-specific CQI annual calendars. The regional CQI team, local facility administration, and the facility-based multidisciplinary CQI committee will determine the focus of these studies collaboratively.

**Participation on KDOC Quality Improvement Committee(s)**

Our behavioral health designated MH-CQI coordinator(s) at each facility will participate in multidisciplinary quality improvement committee(s) as an active member and will assist in the education and participation of institutional and behavioral healthcare staff in the MH-CQI program.

We exemplify our commitment to quality improvement efforts by our inclusion of CQI participation as an element in the job descriptions of all Centurion clinical staff, including behavioral health staff. Centurion employees in each of our correctional healthcare programs know that they must be active participants in quality improvement activities.

**Collecting, Trending, Analyzing, and Evaluating Data**

Centurion’s MH-CQI program will provide customized adult and juvenile behavioral health, including juvenile substance use disorder and sex offender treatment, audits and studies that measure and report on staff performance measures and/or patient outcomes. Our audits will include appropriate analysis in order to identify opportunities to improve staff performance and/or patient outcomes, depending on audit type and purpose.

We will collect, trend, and analyze MH-CQI related data to facilitate planning, intervening and reassessing behavioral health services. Centurion agrees that evaluating defined behavioral health data will result in ensuring effective access to care, improving quality of care, and maximizing efficient utilization of resources.

Our continuous quality improvement program will monitor and measure various clinical and programmatic behavioral health outcomes. Our CQI program will use routine audits and special studies to examine various clinical variables and outcomes across KDOC facilities. We welcome the opportunity to work with the Department and OHCC in the development of additional behavioral health outcome and performance measures to compliment those identified as performance guarantees.
Centurion will use the results of the periodic audits to generate recommendations for corrective actions, when needed. We will implement action plans based on the recommendations and then routinely monitor results to assess the effectiveness of the corrective action to improve behavioral health service delivery. If an initial corrective action plan does not result in the intended improvement, a modified action plan will be developed, implemented, and monitored. We will routinely share with the Department our MH-CQI audit results, findings, and recommendations. Centurion will report service utilization, outcome data, as well as results from any audits or corrective actions.

**Behavioral Health Outcome Measures.** At Centurion, we believe in our responsibility to build our own evidence base for correctional behavioral healthcare. Developing our own evidence-base ensures that we measure what we do to ensure what we are doing actually works. This process, called developing practice-based evidence, is an essential step in developing the evidence-base for practice.

In 2007, we implemented an outcome measurement process for our group programming. Beginning in 2010, we began collecting data on the effectiveness of our in-cell *Taking a Chance on Change* program in reducing criminal thinking in patients housed in long-term segregation.

As part of our outcome assessment, we implemented use of the *Psychological Inventory of Criminal Thinking* (PICTS) to assess whether our *Taking a Chance on Change* program resulted in a reduction of criminal thinking among inmates who completed the program. We simplified the PICTS to reduce the complexity of items and grade level of the language. Our partnership with George Mason University allowed us to demonstrate statistically that the simplified version of the *Psychological Inventory of Criminal Thinking* (PICTS) was indeed a valid modification of the original instrument. Our peer-reviewed study of the simplified version of the PICTS was published in 2015 in the journal, *Psychopathology and Behavioral Assessment*.

We anticipate proposing the use of symptom outcome measures such as the *DSM-5 Level 1 Cross-Cutting Symptoms Measure*. This measure assesses the following 13 psychiatric domains: depression, anger, mania, anxiety, somatic symptoms, suicidal ideation, psychosis, sleep problems, memory, repetitive thoughts and behaviors, dissociation, personality functioning, and substance use. Each domain is assessed by one to three
questions, and the instrument can be completed and scored quickly and easily to track symptom presentation and assess clinical outcomes over time.

With KDOC approval, we will utilize this tool for patients in individual and group treatment who are in outpatient or behavioral health unit settings.

**Behavioral Health Audit Tools and Performance Measures.** We will tailor our audit tools to the unique characteristics of the populations served and to client requirements. The Department can expect collaboration, flexibility, and customization as we jointly develop appropriate behavioral health outcome measurement tools that target symptom improvement and enhanced well-being of KDOC patients.

The foundational material that we will use for identifying these measures will be the contract, KDOC policies, and best-practice clinical standards including ACA, NCCHC, and PbS. Centurion will develop, in collaboration with the KDOC, an annual CQI calendar. The calendar will include behavioral health outcome and performance studies, in addition to routine monthly quality assurance auditing. We will report the results from completed behavioral health audits and corrective action plans to the Office of Healthcare Compliance on a monthly basis and upon request.

We recognize that the performance measurement instruments will vary based upon the unique treatment mission and location of each KDOC facility. However, we will not lose sight of the need to maintain consistency among similar performance measures, regardless of the location or treatment mission of the facility, in order to make meaningful and relevant statewide comparisons.

In collaboration with the KDOC, Centurion will establish a reporting schedule that matches the frequency of behavioral health audits approved and included in the CQI calendar. We anticipate that certain reports may be appropriate for quarterly reporting, while others may better match a monthly reporting cycle.

**Review of Suicide-Related Incidents and Other Serious Occurrences.** We will review all serious incidents such as use of force, assaults, restraints, or involuntary medications, especially for offenders with a serious mental illness, under our MH-CQI program. We recognize that monitoring these types of occurrences within a correctional environment is crucial to ensuring that patients are not negatively impacted by these events or do not have clinical needs requiring additional treatment or therapeutic intervention to stabilize or manage related behavioral health issues.
We manage an ongoing, company-wide study of completed suicides and suicide attempts and self-injury that required significant medical intervention. We view each suicide as an opportunity to learn from the event and improve suicide prevention efforts. When our client agencies agree and approve participation in our study, our CQI staff complete an online form through our secure company portal providing information about these major occurrences. Our Clinical Operations team analyzes the data to provide insights into the demographic and clinical factors related to offender self-harm and suicide. The study has been pursued with a deliberate effort to support open inquiry into these behaviors and avoid a culture of blame.

The study has allowed us to identify broad patterns of offender characteristics associated with completed suicide and serious self-injurious episodes, including offender demographics, correctional and situational factors, method of self-harm, and clinical features. Current results are integrated into staff training and submitted for publication after further analyses are completed. Prior findings have been presented at national conferences on correctional behavioral health practices. We can provide a description of this study and its results along with two recent peer-reviewed scientific papers, developed in collaboration with our academic affiliation at George Mason University, at the Department’s request. Additional papers are currently in preparation.

**Mortality Reviews.** Another means of assessing the effectiveness of our suicide and self-injury prevention program is through case-specific reviews of completed suicides and, when clinically indicated, serious suicide attempts or self-injurious behaviors. Our experience is that administrative and clinical mortality reviews, along with a psychological autopsy of any death by suicide, can provide valuable information regarding the quality of care and strength of the suicide and self-injury prevention program. We expect all of our staff to cooperate fully with investigations in the event of an offender’s death.

We will conduct mortality reviews in compliance with Department policy, ACA and NCCHC standards. The regional medical director, regional psychiatric director, or designee, will maintain responsibility for completing the mortality review process.

**Corrective Action Plans (CAPs).** Centurion requires facilities with performance indicators that fall below behavioral health related performance measure goals of 90% to initiate a corrective action plan (CAP) to document and monitor their action steps for targeted improvement goals and necessary training and education plans. Following completion of a Root Cause Analysis (RCA) for the deficient measure, a CAP is developed and implemented. In developing a corrective action plan, staff use the “SMART” system to
Follow-up of Corrective Action Plans. Whenever MH-CQI activities or audits reveal deficiencies in behavioral healthcare services or processes, we will develop and promptly initiate CAPs. Centurion expects our behavioral healthcare delivery system to meet or exceed KDOC standards and policy requirements at minimum.

Our CQI and behavioral health staff, through the CQI committee, maintain responsibility for implementing and monitoring the delivery of CAPs. This includes a systematic review of all plans during facility-specific CQI committee meetings. If we do not identify any improvement in an area identified on a CAP, we discuss additional ideas for corrective action such as staff training, more frequent monitoring, or change in processes and integrate them into the CAP.

Centurion has developed a Master CAP Roster that enables each institution to consolidate and track multiple CAPs in a single location. Centurion’s Master CAP Roster helps ensure that we consolidate related noncompliant indicators into a single process to avoid duplication of CQI efforts. The Roster also permits institutional healthcare staff, regional and State leadership to track the time to completion. We recognize that accountability to timeframes is critical to the CQI program.

To assist facility behavioral healthcare staff in completing the required internal behavioral healthcare audits and CAPs, Centurion has developed a summary guide that outlines the CQI protocol for initiating, implementing, prioritizing, tracking, and completing CAPs when audit results fall below established compliance thresholds.

Ongoing training of behavioral healthcare staff is an important aspect of our CQI program. We regularly incorporate findings of our internal review activities into our ongoing education and training activities. Training ensures healthcare staff members obtain and maintain

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<td>Does the goal clearly and specifically state what the patient is trying to achieve? If the patient’s goal is particularly large or lofty, try breaking it down into smaller, specific SMART goals.</td>
<td>How will the patient (and others) know if progress is being made on achieving the goal? Can the patient quantify or put numbers to his or her outcome?</td>
<td>Is the goal realistic and feasible for the patient? What factors may prevent the patient from accomplishing the goal?</td>
<td>Why is achieving this goal important? What patient values does this goal reflect? What effect will achieving this goal have on the patient’s recovery and quality of life?</td>
<td>When will the patient reach his or her goal? Again, if his or her goal is particularly large, try breaking it down into smaller, smaller goals with appropriate incremental deadlines.</td>
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competencies to meet the demands of providing correctional behavioral healthcare. We consistently update our staff on new behavioral healthcare information or findings from MH-CQI activities.

**Maintaining Records and Reporting Results of Performance and Outcome Studies**
Centurion will ensure confidentiality of MH-CQI internal review activities consistent with state and federal laws, related healthcare regulations, and all legal requirements on confidentiality of CQI records. Our quality improvement coordinator will maintain appropriate records of internal review activities consistent with these laws and regulations. We will share the results of MH-CQI activities relevant to process improvements possible to improve the quality of behavioral health service provision with all relevant staff integral to making related improvements. In sharing MH-CQI information with staff, we will remain in compliance with all related laws and regulations regarding the confidentiality of CQI information.

Centurion will prepare and submit a comprehensive monthly report to the KDOC Office of Healthcare Compliance on the results of any approved and functional performance and outcome measures or studies and of all MH-CQI activities. Our reporting format and method of delivery will conform to the directions provided by the Department. We have extensive experience in our other healthcare programs with a wide range of client-preferred reporting methods and are prepared to provide reports to the KDOC electronically and/or in hardcopy format.
4.7 Pharmacy Services

4.7.1 General Pharmaceutical Services

4.7.1.1 Provision of all prescription and non-prescription medications shall be the responsibility of the Contractor. All medications must be prescribed in accordance with State and Federal regulations. All pharmaceutical services must be at the direction of a licensed pharmacist.

4.7.1.2 The Contractor shall also provide all related packaging, inclusive of all packaging material, supplies, distribution, and courier services.

4.7.1.3 The Contractor shall fill and deliver all medically prescribed non-emergency medications within twenty-four (24) hours from the date the prescription is written and shall provide such medications continuously thereafter as prescribed. The Contractor shall fill and deliver all emergency prescription medications immediately.

4.7.1.4 The Contractor is responsible for maintaining an adequate supply of stock medications at each facility’s drug room that can accommodate the majority of prescriptions ordered by the HCP until the offender medication card arrives. Stock medications shall be used whenever possible to cover the first forty-eight (48) hours of the prescribed order.

4.7.1.5 The Contractor shall provide a plan to carry out pharmaceutical operations that includes, but shall not be limited to:

(a) Level of professional staff qualifications designated for medication administration in accordance with KDOC policy.

(b) System for administration to include Keep on Person medication system.

(c) Controlled substances accountability.

(d) Medication Administration Record utilization.

(e) Monthly reports as to the number of scripts written and medications dispensed.

(f) Reporting of medication nursing errors.

(g) Medication pharmacy errors.

(h) Corrective action plans.

(i) Return and refund for unused medication.

(j) Emergency medication acquisition.

(k) Pharmacist consultation.

(l) Pharmacy inspections.

(m) Pharmacy medication education materials.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.7, *Pharmacy Services*, identified herein.

Beginning with the first day of the new contract, we will provide all prescription and non-prescription medications for KDOC offenders in accordance with Kansas and federal regulations, Department policies, and NCCHC and ACA standards. We will assign a pharmacist to direct our pharmacy services.

Our proposed partner for providing comprehensive and cost-effective pharmacy services is **Clinical Solutions Pharmacy (CSP)**. Their pharmacy services meet Title 21 United States Code (USC) Controlled Substance Act, and applicable EDA, FDA, and
EPA laws, rules and regulations. We provide more detail on CSP in our response to RFP Section 4.7.3, Identification of Pharmacy Vendor.

Centurion appreciates that pharmacy services function as a core foundational element of our healthcare program and that access to evidence-based pharmacy services and pharmaceutical interventions is essential to the Department’s goal of providing safe and effective healthcare to the offender population. Whether for a chronic condition such as hypertension or schizophrenia, or for a more acute condition such as pneumonia or tuberculosis, KDOC offenders cannot get well, and Centurion cannot provide adequate healthcare to this population, without providing reliable, high quality pharmacy services.

We offer the KDOC unparalleled pharmacy management services. Unique to Centurion is our pharmacy management team, which has saved our clients millions of dollars in cost avoidances while simultaneously improving the quality of our clinical care. Centurion’s and CSP’s pharmacy services will benefit patients by providing them with prompt, reliable, consistent, safe, and clinically effective medication. Our pharmacy management will benefit providers by providing onsite training, ongoing management and consultation, and proactive monitoring of the industry marketplace to avoid national shortages and anticipate new medications coming on line. Our pharmacy services will benefit the KDOC by ensuring that cost-effective, clinically effective pharmacological interventions are available throughout the system. We will avoid adverse medication interactions, ensure compliance with evidence-based practices, minimize polypharmacy and use of medications that can be diverted and misused, and promote transparency and accountability for the use of pharmaceuticals.

Our pharmacy solution will dispense and deliver all pharmaceuticals and prescription medication, including medically prescribed over-the-counter preparations, IV medications, vaccines, durable medical supplies, and all related supplies to the provision of pharmaceuticals at KDOC facilities.

We agree to provide each of the general pharmaceutical requirements included in the RFP. We acknowledge these requirements include but are not limited to the following elements:

- Medication packaging and labeling
- Medication distribution and courier services
- Delivery of all non-emergency medications within 24 hours
- Immediate delivery of emergency medications
- Maintaining adequate supply of stock medication, including supplies and approval
- Level of professional staff qualifications designated for medication administration in accordance with KDOC policy
- System for medication administration, including our Keep-on-Person system
- Controlled substance accountability
- Medication Administration Record utilization
- Monthly reports that include number of written prescriptions and medications dispensed
- Reporting of nursing medication errors
- Medication pharmacy errors
- Corrective action plans
- Return and refund of unused medication
- Emergency medication acquisition
- Pharmacist consultation
- Pharmacy inspections
- Pharmacy medication education materials
- Pharmacy inventory
- Formulary management
- Pharmacy and Therapeutics Committee
- DEA license verification
- Institutional Drug Room Licensure
- Medication Renewal tracking
- Drug storage and delivery services
- IV drugs including chemotherapy drugs that be safely administered by chemotherapy-certified staff at El Dorado Correctional Facility (EDCF)
- Accountability and destruction process
- Back up pharmacy services
- Hepatitis C direct acting antiviral treatment for all offenders identified with the disease
Medication treatment for offenders whose diagnosis currently has no identified medication regimen, but during the course of the contract new medication regimens are identified that may prolong life or cure the illness.

Annual documentation of RN, LPN and CMA staff’s competency to properly administer medications to patients both Keep-on-Person and Direct Observation Therapy.

Centurion appreciates the KDOC’s confirmation in Answer 108 of RFP Amendment 4, indicating that medication carts belong to the Department and will be available to the successful bidder upon contract start. We also appreciate KDOC’s confirmation that the number of medication carts owned by the Department is sufficient to allow for proper delivery of medications.

Meeting KDOC Pharmacy Service Requirements

We have structured our pharmacy plan to meet the above RFP requirements by grouping our response into the following thematic categories:

- Staff and facility requirements
- Medication service delivery system
- Medication packaging and labeling
- Formulary management and Pharmacy and Therapeutics Committee
- DEA licensing and controlled substances
- Medication inventory management
- Specialized medication treatment
- Patient education
- CQI process and corrective action planning
- Pharmacy metrics and reporting

Overview of Centurion’s Pharmacy Plan for the KDOC

Centurion’s pharmacy services will comply with Kansas and Federal laws, Kansas pharmacy regulations, KDOC policies, as well as ACA and NCCHC national standards. We have established a number of pharmacy-related model policies that meet or exceed ACA and NCCHC standards. We have included as Attachment EE our proprietary model policies guiding medication services and medical administration for adult patients. Following contract award, we will conform these to KDOC policy requirements along with a matching set for juvenile patients. Our pharmacy services will:

- Maintain a secure storage area for pharmaceuticals using a double-locking system.
- Order and maintain inventory of all pharmaceuticals, including stock and over-the-counter medications
- Maintain records of orders and information about costs for all pharmaceuticals
- Ensure adequate labeling of all medications
- Maintain up-to-date medication profiles for each incarcerated patient
- Provide a tracking and administration system for medication dispensing and/or disposal
- Identify potential medication interactions for all prescribed medications
- Report instances when medications were not administered and the rationale
- Report medication errors
- Report lost or missing medications
- Generate lists of KDOC offenders on specific medications and by prescribing provider
- Report the most frequently prescribed medications
- Report the most expensive medications prescribed

Consistent with RFP requirements and KDOC Answer 29 in RFP Amendment 3 and Answer 9 in RFP Amendment 4, we are providing our proprietary model formulary and non-formulary request policy as Attachment FF and non-formulary request form as Attachment GG. We will conform these to KDOC specifications following contract award. Additionally, we provide a proprietary model formulary from CSP as Attachment HH.

In addition, Centurion will oversee all aspects of pharmacy services for the KDOC, including procurement, inventory control, dispensing, and waste or disposal of pharmaceuticals. Centurion will work closely with CSP to ensure that we comply with applicable regulations and statutes as well as Centurion’s stringent standards for quality and timeliness of pharmacy services. Centurion will rectify any issues that arise with our pharmacy supplier.

**Staff and Facility Requirements**

**Ensuring Compliance with Staff Requirements**
Centurion will ensure that all healthcare staff involved with pharmaceutical services, from medication order to patient administration, meet or exceed federal and state licensing regulations, as well as KDOC policy and contract requirements. Our medical, dental, and
psychiatric providers and advanced nurse practitioners with the authority to write prescription medication orders will have and maintain current Kansas licenses and other required credentials, including DEA licenses.

Our recruitment and regional office leadership team will ensure that healthcare providers meet Kansas licensing and other credential requirements before they are hired. Prior to hire and annually thereafter, we verify staff credentials through the National Practitioner Data Bank (NPDB) to ensure that staff licenses are in good standing with no previous legal actions or sanctions.

Once hired, our regional office support staff will maintain a staff credential file to provide ongoing monitoring of all Centurion providers to ensure that they have and maintain current Kansas-issued licenses to order medications. In addition, our CQI program will conduct periodic audits to monitor and report regularly on staff credentials. We will make these reports available to the KDOC Director of Health Care Compliance, or designee in any preferred format.

In accordance with NCCHC Standards P/Y-C-05, Medication Administration Training, we provide initial and annual medication administration training to our RN, LPN, and CMA staff. Our training includes both Keep-on-Person and Direct Observation Therapy administration methods. We provide our staff with test-outs to ensure that transfer of knowledge has taken place as well as supervisory oversight to ensure that staff can demonstrate proficiency in medication administration before working alone.

**Ensuring Compliance with Facility Requirements**

Centurion follows all state and federal regulatory requirements to ensure that each facility in which we provide pharmacy services is appropriately licensed. We are familiar with the Kansas State Board of Pharmacy’s registration application, Form BA-12, for operating an Institutional Drug Room. Centurion will follow Kansas Drug Room protocol requirements, including DEA licensure for each KDOC facility, in order to maintain our license in good standing throughout the duration of our correctional partnership with the KDOC.

CSP employs a Regulatory Specialist, Jami Scannell, who monitors each State Board of Pharmacy, as well as Federal and DEA changes in regulations and applies any updates to current practice as well as facility ordering. Ms. Scannell will be responsible for completing all documentation required by the Kansas Board of Pharmacy with regard to Institutional Drug Room Licensure for each KDOC facility.
**Conducting Pharmacy Inspections and Providing Consultation Services**

Centurion and CSP will provide a licensed pharmacist to conduct quarterly onsite audit/inspections for each area where we maintain medications at each KDOC facility. In addition, CSP will also work with Centurion to perform quality assurance measurements, conduct studies, compile reports, and monitor compliance through our respective CQI programs. CSP will submit a report of each quality assurance review to Centurion and the KDOC. The report will be consistent with NCCHC and ACA standards and outline any areas of concern or recommendations for improving pharmacy service or staff performance relative to pharmacy services.

Centurion will ensure that reviews occur quarterly and will share the results of inspections with the KDOC Director of Health Care Compliance or designee.

Through our partnership with CSP, clinical pharmacists experienced in correctional medicine and mental health services will offer consultative services to the KDOC multidisciplinary healthcare team. CSP’s registered pharmacists are available for consultation 24 hours a day, seven days a week.

**Medication Service Delivery System**

Centurion will deliver all medically prescribed non-emergency medications within 24 hours from the prescription order date. Thereafter we will continuously provide each patient’s ordered medications as prescribed and without interruption. We will fill and deliver all emergency medications immediately through CSP or facility-specific back-up pharmacies, if needed.

**Ordering and Delivering Medications**

All prescribed medications will require an order from a Centurion medical, dental, or psychiatric practitioner. Healthcare staff will transmit the majority of orders electronically using prescription protocols required by state and federal law. Centurion will utilize verbal or facsimile orders only when an electronic order is unavailable, which may occur when we need the services of the backup pharmacy. For routine orders, we will use an electronic interface with CSP.

CSP works with specific cut-off times for medications daily. New and refill orders received by the negotiated cut-off time (e.g. 2:00pm weekdays and Noon Saturdays, negotiable), will be delivered the next day to the KDOC facility address specified in the purchase order.
Providing Emergent Medications through Pharmacy Backup Services
In the event the medication ordered is an emergent medication that is not able to be filled through a facility’s order system or stock medication supply, CSP partners with InMed Rx for after-hours emergency medication from local back-up pharmacies as well as Complete Delivery Solution for delivery of all after-hours medication orders.

CSP will notify the backup pharmacy of the order and arrange for electronic payment and delivery of the medication to the KDOC. Both Centurion and CSP will monitor backup pharmacy utilization closely and conduct medication delivery timeliness audits, as needed, to ensure timely receipt of all ordered medications, particularly emergency medications, in accordance with KDOC-expected timeframes.

Providing and Using an Electronic Medication Administration Record
Based on KDOC Answers 67 in RFP Amendment 3 and 9 in RFP Amendment 4, we understand that there is no electronic Medication Administration Record (eMAR) currently in use. We appreciate that the KDOC and current vendor are working on a project to implement an eMAR, and that this project may or may not be completed as of contract start. If a system-wide eMAR is not in place at the time of contract start, Centurion will continue this project and ensure it is in place at the earliest possible time.

Our proposed EHR solution will include or accommodate the eMAR. Using the eMAR, Centurion will be able to maintain records of medication administration and medication profiles electronically.

We will include the eMAR in the patient’s KDOC health record. The eMAR will also provide electronic storage of relevant information including time and date stamp of administration as well as the administering healthcare provider.

Nursing staff will document all medications using the codes supplied in the patient’s eMAR regardless of whether the patient took the medication, refused it, or did not present for the medication pass. Patient information on the eMAR will include:

- Prescription: Name of medication, dose, frequency, route
- Start and Stop Dates
- Name of prescribing practitioners
- Nurses’ electronic signatures

Providing a Medication Renewal Tracking System
Through CSP, Centurion has the ability to run a Script Expiration Report for each KDOC.
facility. The report notifies providers of any patients who have active prescriptions which have expired or are expiring within a selected time period. This ad hoc reporting solution facilitates continuous, uninterrupted access to a medication renewal tracking system.

**Ensuring a Safe and Effective Keep-on-Person (KOP) Medication Program**

Centurion’s KOP program will conform to KDOC Policy 10-135A, *Medication Administration Keep-on-Person Medication Program*, and include strict accountability among offenders who meet program criteria. Our Regional Medical Director will be responsible for developing procedures and protocols to ensure that our staff issue KOP medication safely and in compliance with applicable Federal and State pharmaceutical regulations. Centurion has proprietary model policies and procedures that address KOP medications.

We will issue KOP medications in an original container, such as a blister pack or pre-labeled tubes. KOP medication supplies will not exceed a 30-day supply. Per KDOC policy, we understand and agree that some medications are not appropriate for use as KOP medications. Excluded from the KOP medication program are the following medications:

- Controlled/addictive substances (schedule I-V)
- Psychotropic medication, including non-traditional medications that are prescribed for psychiatric treatment or prescribed by a psychiatric provider
- Tricyclic antidepressants
- Medications prescribed to treat tuberculosis including prophylaxis
- Injectable medications
- Medications requiring refrigeration
- Stock medication not in blister pack form or in manufacturers packaging
- Any other medication deemed by our Regional Medical Director as inappropriate for the KOP program

Centurion understands and agrees that certain offenders are not good candidates for the KOP program. These exceptions include:

- Offenders in formal behavioral health treatment beds including, but not limited to LCMHF Central Unit offenders, TCF Behavioral Health Unit, and LCF TRU unit
- Those offenders who have demonstrated issues of noncompliance including missing medications, hoarding, or abuse of medication administration instructions
- Offenders deemed inappropriate for the KOP program by the site Medical Director, Warden, or designee
When offenders are excluded from a KOP program, the site Medical Director or designee will document in the offender’s health record the directive to provide Direct Observation Therapy.

CSP will dispense tablets and capsules individually in unit dose blister cards. Each package will be sealed and labeled with a pre-pack 2-D LCA Scan bar code label, enabling a more stringent and automated verification process for each card. CSP will label patient specific prescriptions according to Centurion specifications and in accordance with state and federal requirements. Each packaged medication blister pack will contain a bar-code for convenient scanning and will note that the package is for keep-on-person administration.

Following contract award, we look forward to discussing the scope of the KOP program with KDOC leadership. In our other correctional systems, we have found that select antidepressant medications can be safely included in a KOP program. Centurion will not include any medications in the KOP program without prior Department approval.

Responding to Medication Refusals
Patients have the right to refuse prescribed medications. Nurses will document any medication refusals and will briefly counsel and educate the patient regarding potential health consequences of missing medication doses. If a patient refuses or misses three consecutive doses of their medication, the nursing staff will obtain the patient’s signature on the medication refusal form and will refer the patient to a physician or mid-level provider for intervention.

Nursing staff will keep medications under control at all times and check for outdated, expired, discontinued, and recalled medications including both stock (monthly checks) and patient-specific medications (daily checks).

Providing Safe Medication Disposal
Medication disposal will comply with the Kansas Board of Pharmacy regulations, KDOC policies and procedures, and ACA and NCCHC standards. The U.S. Food and Drug Administration (FDA), U.S. Environmental Protection Agency (EPA), U.S. Department of Transportation (DOT), and U.S. Drug Enforcement Administration (DEA) have published rules, regulations, and guidance documents regarding the disposition of pharmaceutical waste and controlled-substance medications at institutional and healthcare facilities (including correctional facilities at the federal, regional, state, and local levels).
Nursing staff will return unusable medications to the pharmacy in a timely manner, or send them to a reverse distributor for destruction. Nursing staff will place any single-pill waste in an Rx-Destroyer or a pharmaceutical medication disposal container approved by CSP.

**Checking for Drug-Drug Interactions and Allergy Alerts**
When ordering medications, providers will check for potential allergies and interactions with other drugs currently prescribed for the patient to prevent adverse reactions.

**Accessing Drug Profiles**
Practitioners, pharmacy and medication staff can readily access offender drug profiles for review and comparison to medications received and administered. KDOC designated authorities can review all documentation of medication operations.

**Providing an Effective Medication Error Review Process**
Nursing staff will document delivery and administration of daily medication on the eMAR, confirming that medications have been administered to patients as prescribed and immediately report any medication errors to the nursing supervisor. Centurion will support medication administration error reporting. We will track medication administration errors through a CQI process and include as part of our CQI reporting. Centurion believes we can use this process to identify systemic risk factors for medication administration events, thereby improving the medication administration process.

Centurion's approach to medication error reporting, review, and trending comprises an integral part of our CQI program. We report any lost or missing medications and track and trend all medication errors.

**Medication Packaging and Labeling**

Centurion agrees to be responsible for providing all related pharmacy packaging, inclusive of packaging material and related supplies.

Centurion and CSP will supply pharmaceuticals and drugs to the KDOC utilizing innovative blister card automation technology that has the ability to fill blister cards of any quantity hands-free. Tamper proof, heat sealed blister cards will provide for safe, efficient, and cost-effective medication distribution. CSP utilizes a system called *AccuFlex Single Dose Packaging Automation* to accurately fill and label a variety of patient-specific single-dose medication packaging based on incoming prescriptions.

CSP will label and barcode each packaged medication card individually to include the drug
name, strength, lot number, expiration date, and manufacturer. Prescriptions labels will include the patient’s name and assigned number, drug name, dosage, directions including frequency of administration and other provider instructions, any applicable warnings or dietary instructions, and other information required by state and federal law.

**Delivering Label Conveyor Applicator (LCA) Scan/Script Technology**

CSP is the second pharmacy in the country and the only corrections-specific pharmacy to implement *Label Conveyor Applicator (LCA) Scan/Script* technology. The LCA Scan automates the pre-pack label. Using a high-speed label applicator system, CSP uses the label conveyor applicator with the LCA scan and script functionality immediately after the packing process to automate the application of the pre-pack label. It prints, positions, and applies the label, guaranteeing perfect placement every time.

CSP uses the LCA script functionality to automatically print and apply the correct patient prescription label, based on CSP’s *Pharmacy Information System, CIPSTM*. The system scans the LCA Scan barcode to recognize NDC and quantity and apply the appropriate patient prescription label accordingly. CSP’s packing/shipping automation system provides the capacity to fill over 75,000 prescriptions daily.

CSP will dispense tablets and capsules individually in unit dose blister cards. Each package will be sealed and labeled with a pre-pack 2-D LCA scan barcode label. This type of labeling enables a more stringent and automated verification process for each card. As one of the few companies in the industry licensed as an FDA Repackager and Wholesaler, CSP will distribute stock medications in repackaged blister cards. By holding an FDA repacking license as well as a Wholesale license, CSP complies with all Drug Quality Security Act (DQSA) related regulations for stock distribution.

Additional medication packaging options include:

- Multi dose strip packaging
- Original manufacturer’s pill bottles
- Manufacturer’s unit dose packaging
- Conventional prescription bottles
- FDA stock blister cards

**Formulary Management and Pharmacy and Therapeutics Committee**

Centurion currently has a general formulary for our prison programs. We recognize the dynamic process of formulary development, review, and management. Upon program
award, we will provide the KDOC Director of Health Care Compliance with a copy of our proposed formulary to review and approve prior to implementation. We will similarly submit any future proposed changes to the formulary for prior review and approval.

Centurion will ensure timely provision of medications for KDOC offenders. The formulary will provide guidance on routine medication management but will not eliminate utilization of non-formulary medications when patients and health care practitioners (HCPs) meet appropriate criteria. Our regional medical director or designee will manage the review and authorization process for non-formulary requests. As Centurion does not operate its own pharmacy, we do not base our formulary decisions on financial modeling or rebates that places Centurion’s interests ahead of those of the KDOC and its offenders.

In addition to our regional medical director’s review of non-standard requests, CSP will offer its Discern process, a real-time formulary review process in which a clinical pharmacist will contact the prescriber of an order about therapeutically equivalent, less expensive medication alternatives.

Convening and Supporting an Effective Pharmacy and Therapeutics Committee
Centurion recognizes the important role of the Pharmacy and Therapeutics (P&T) committee. We will assign a clinical pharmacist from CSP to facilitate the KDOC’s P&T committee. The P&T committee will review the formulary quarterly, at a minimum, or more often as necessary. If approved by KDOC, Centurion and CSP will make changes in the formulary by a vote of the committee.

CSP offers a unique system, Discern, for assessing for informing and guiding providers to utilize the most effective and least costly medication available on the formulary. Discern is a real-time review process that informs Centurion’s providers of the most cost-effective and medically accurate medications for each patient order. For example, if three antipsychotic medications are on the formulary but have different prices, the Discern system flags the order in real time to educate the provider on the cost differences and provides the option to change the order to the most cost effective medication.

Besides monitoring and maintaining the formulary, the pharmacy and therapeutics committee engages in other helpful activities that support a quality pharmaceutical system. Additional committee topics include, but are not limited to the following:

- Therapeutic class review
- Disease state treatment guidelines and costs
- Drug recall and warning information
- Adverse drug reactions
- Review of non-formulary medication use by cost and quantity
- Monthly pharmacy statistics and trend analysis
- Review overall medication costs with emphasis on HIV and Hepatitis C costs
- Review new therapeutic options
- Identify areas of safety concern
- Establish medication protocols
- Review updates to AASLD Hepatitis C and DHHS HIV guidelines

In our other correctional programs, we often include several members of our clinical leadership team as active participants in these meetings. For KDOC, our Regional Medical and Psychiatric Directors will regularly participate in these meetings. If desired by the KDOC, we can, as needed, include participation of our corporate pharmacy team members.

**Ensuring Successful Pharmacy Management**

Centurion’s Corporate Pharmacy Management department will provide oversight of pharmacy operations and CSP. Our full-time corporate pharmacy management team consists of Gregg Puffenberger, MBA, PharmD, Vice President of Pharmacy Management, Vince Grattan, RPh, Director of Clinical Pharmacy Services, and Erik Hamel, PharmD, BCPS, Clinical Pharmacy Specialist, and a team of analysts and database managers at our corporate headquarters. Our pharmacy management team closely monitors drug cost trends and reports this data to Centurion regional vice presidents, medical directors, and program managers. Our clinical pharmacy managers are experts in Hepatitis C, HIV, and psychopharmacology therapy. Dr. Hamel is Board Certified in pharmacotherapy.

**Pharmacy Management Leadership**

![Profile Photos]

**Gregg Puffenberger, MBA, PharmD**
Vice President of Pharmacy Management

**Erik Hamel, PharmD, BCPS**
Clinical Pharmacy Specialist

**Vince Grattan, RPh**
Director of Clinical Services

We have successfully developed, implemented, and managed formularies in our contracts through multiple steps. Centurion’s pharmacy management responsibilities include:
• Analyzing reports generated by Centurion’s corporate pharmacy analysts
• Analyzing reports provided to us by pharmacy contractors
• Collecting metrics on total prescribing costs, psychotropic medications, over-the-counter medications and formulary and non-formulary drug utilization
• Providing regular reports on prescribing metrics
• Presenting educational trainings during onsite provider meetings
  • By providing onsite, face-to-face education on prescribing practices, pharmacotherapy, evidence-based practices, and medications currently in the pipeline, Centurion is able to be proactive in managing medication costs and improving care.
• Providing detailed reports on prescriber practices, sharing results with our Medical Directors for follow-up, or contacting providers directly with recommendations
• Following investigational drugs being developed years before they receive FDA approval so that we and our clients are not caught off-guard by expensive new therapies
• Participating in HCV Treatment Committees to help select the right treatment for HCV patients

We have managed drug costs in 15 contracts over the last 11 years with initial forecasted drug costs of $631 million. Implementing formulary management, utilization of generic medications, and cost savings initiatives resulted in approximately $244 million in cost savings and avoidance for our clients.
Centurion pharmacists bring a broad range of clinical competencies to our clients, providing drug utilization services and cost avoidance management without sacrificing quality of care or increasing ancillary healthcare costs. Our pharmacy managers are especially suited to the correctional health setting. We integrate them into multidisciplinary teams to increase access to care, improve patient outcomes and enhance medication safety and efficacy, allowing providers to shift more focus on direct patient care. We anchor all pharmacy services in evidence-based healthcare aimed at improving patient health.

**Medication Inventory Management and Controls**

Centurion will maintain an adequate supply of stock medications in each KDOC facility’s medication room that can accommodate the majority of prescriptions ordered by the HCP until the patient-specific medication card arrives. We will utilize stock medications whenever possible to cover the first 48 hours of the prescribed order, if needed.

There are two categories of stock medications: 30 count blister cards and bulk medications such as creams, inhalers, injectables, and over-the-counter medications. CSP will perform a thorough evaluation of stock levels at each KDOC facility to create par levels for each stock medication based on the previous three to six months of unitization.

Our Health Services Administrator (HSA) or designee will monitor and control all aspects of medication services and operations. Centurion will keep patient specific medication inventories and establish inventory levels for non-patient specific stock and over-the-counter medications as a back-up resource for timely medication availability. We will maintain onsite starter packs containing the most routinely prescribed antibiotics, antipsychotics, and non-scheduled pain medications to satisfy emergency medication needs and will ensure availability of prescribed medications provided through sick call by the physician.

**Providing Safe and Effective Medication Storage and Inventoring**

Centurion will maintain a secure storage area for pharmaceuticals using a double-locking system. When medications arrive at the KDOC, Centurion healthcare staff will compare the contents with the ordered or requested medications to ensure timely initiation of medications and address any discrepancies immediately with the sending pharmacy. Based on Kansas and federal requirements, CSP will instruct maintenance of manifests and other related records. Healthcare staff will log stock medications received and secure them in the designated storage area. Nursing staff will either place patient-specific medications in appropriate medication carts or secure storage areas after checking them against the
manifests and the patient profiles.

Healthcare staff will store medications in designated secure, sanitary, dry, properly ventilated and properly lighted medication areas. To minimize the chance of error, healthcare staff store medications by use in separate labeled containers or shelves for oral, eye, ear, topical, IV and injectable medications.

Medications that require refrigeration will remain in a designated refrigerator either locked or located within a locked medication area with temperature maintained between 36° and 46° Fahrenheit and documented daily on a Daily Equipment Check/Refrigerator Log. Nursing staff will contact CSP to verify status of medication if the temperature is above or below the acceptable range for more than 24 hours.

Only authorized healthcare staff will have access to medications and will maintain physical control of carts and keys to medication cabinets or storage areas. Centurion staff will maintain accurate perpetual inventory records and par levels for all stock and over-the-counter medications. Nursing staff will conduct counts to verify inventory and order medications timely to ensure that inventory does not fall below par levels.

**Enforcing Controlled Substance Accountability**

CSP will provide a mechanism for perpetual inventory of all controlled substances to ensure accountability. CSP will ship all controlled substances with their own delivery sheet (packing slip) identifying the contents of the delivery for verification. Each delivery sheet is an alphabetical printout of all patients and their controlled medications.

Healthcare staff will closely monitor and ensure controlled drugs remain stored separately and securely from other pharmaceuticals behind two different, separate locks. Only authorized healthcare staff will have access to controlled medication and will maintain strict control of narcotics keys. Any exchange of keys to a supply of controlled medication will require that two authorized staff conduct a complete count prior to the exchange. Assigned nursing staff will count controlled drugs each shift and after each access. Assigned staff will not leave for the day until they verify the controlled substances count.

Nursing staff will sign out controlled drugs using a Controlled Drug Perpetual Inventory form or other approved controlled substance usage form. Nurses will document any controlled drugs administered on the patient’s eMAR. Any waste, limited to a partial or single dose, will require destruction by two healthcare staff logged on the perpetual inventory form or usage record.
For controlled medications, two staff, one of whom must be a qualified healthcare professional, will verify that the quantity of controlled medications received is the same quantity the manifest or receipt indicates that the pharmacy dispensed. Both staff sign the manifest or receipt to verify the correct amounts. Healthcare staff will immediately add the controlled medication received to the site-controlled medication storage. Both staff will sign the site inventory records verifying that they added the total amount received to the site inventory records.

**Specialized Medication Treatment**

Centurion has experience providing the full range of pharmacy services expected in a large statewide correctional system, including high-risk patients and those with expensive medication regimens for conditions such as HIV/AIDS and HCV. Centurion's pharmacy services program will include treatment for the following special conditions and requirements:

- IV drugs, including chemotherapy drugs that can be safely administered by chemotherapy-certified staff at the El Dorado Correctional Facility (EDCF)
- Hepatitis C direct acting antiviral treatment for all offenders identified with the disease
- Medication treatment for offenders whose diagnosis currently has no identified medication regimen, but for whom new medication regimens may be identified later in the contract that may prolong life or cure the illness of such offenders in accordance with accepted community standards of care for such diseases.

Centurion currently provides onsite chemotherapy in our partnership with the Tennessee Department of Correction. For the KDOC, IV mixtures will be supplies compounded, labeled, and ready to administer or supplies in Mini-Bag Plus packaging for easy self-mixing on site. All products will be packages in a manner that will afford reasonable protection against moisture and contamination at all times. We will supply as requested parenteral medications available from the manufacturer in unit dose form.

We recognize that many correctional systems, similar to the KDOC, are expanding the population of HCV patients eligible to receive medication treatments. To meet these costly medication regimens in our other correctional systems, Centurion has been successful in securing 340B medication pricing partnerships with local hospitals, universities, or other qualifying entities. For the KDOC, we propose a similar 340B pricing partnership for HIV and HCV patients. We provide more detail on our experience in attaining 340B partnerships later in this section. In its letter of intent, included as Attachment C, Ellsworth County
Medical Center has committed to working with Centurion in an effort to develop and implement a 340B program for the KDOC patient population.

**Pharmacy Education for Patients**

Centurion believes that an important component of the informed consent process includes educating patients on the benefits and any potential side effects of each recommended medication. Through CSP, Centurion can provide medication education material in English and 18 other languages. This information includes medication and disease management information. Our healthcare staff can access this information online 24 hours a day, seven days a week.

We routinely provide medication information to patients verbally as part of the informed consent process for all medications. For certain medication classes, such as psychotropic medications, we also provide a formal written informed consent process. This process is consistent with NCCHC standards. Our written consent forms provide patients with the benefits and possible side effects. The provider and patient sign the form, the patient receives a copy, and the original is included in the patient’s healthcare record.

We have created model informed consent forms for each individual psychotropic medication included in our model formulary. Upon contract award, we will provide these forms to the KDOC for review and consideration, if the Department desires. However, we recognize that the KDOC may already have in place written consent forms. We will submit to whichever forms the KDOC prefers.

In addition to these one-on-one medication education opportunities, in our other correctional programs we offer psychoeducational groups based on common medical or behavioral health conditions that include review of medication options. If the KDOC desires and staffing resources permit, we recommend offering similar types of psychoeducational groups at KDOC facilities.

**CQI Process and Corrective Action Planning**

Our CQI program will regularly review drug use and prescribing practices to assure the adequacy and appropriateness of care provided. The Regional Medical Director, in conjunction with the HSA and CQI personnel, will use results of the prescribing utilization data to address any negative or concerning trends or outliers. Centurion will provide an annual CQI schedule of audits to the KDOC representatives for each calendar year. The HSA or designee will submit the monthly CQI report to KDOC representatives by the 15th of each month for the previous month.
If a CQI audit or pharmacy inspection identifies shortfalls in compliance or any areas for improvement, our CQI Coordinator, in conjunction with our clinical leadership team, will initiate appropriate corrective action planning. As needed, the corrective action plan will include a root cause analysis and identify specific, measurable corrective steps with timeframes for completion and specific persons responsible for the process.

CSP provides an additional layer for CQI support for the full scope of their provided pharmaceutical services. Key components of the CQI program available through CSP and Centurion for the KDOC include:

- Identification of any discrepancies through ongoing performance monitoring
- Evaluation
- Investigation
- Analysis
- Corrective action planning
- Implementation
- Follow up

**Pharmacy Metrics and Reporting**

Centurion will provide KDOC designated authorities with monthly reports that aggregate the number of prescriptions written and medications dispensed. We will maintain medication-related logs that monitor medication nursing errors, medication pharmacy errors, and the status of any needed corrective actions required as a result of pharmacy inspections and/or CQI audits that identify areas for improvement.

Centurion and CSP will maintain appropriate documentation including, but not limited to, inventory records, controlled drug perpetual inventory, records of orders, information about costs for all pharmaceuticals, and patient profiles. With the KDOC’s approval, we will also establish a Pharmacy Dashboard that tracks and trends a wide range of pharmacy related utilization metrics. Upon contract award, we look forward to working with KDOC to establish a customized pharmacy dashboard that is best suited to the Department’s unique needs and expectations.

Centurion and CSP will generate computerized reports and provide statistical information by drug and provider, number of prescriptions, and doses dispensed within specified timeframes for reporting purposes. We will generate lists of patients on specific medications and by prescribing provider upon request by the KDOC. CSP and Centurion’s collective reporting capability includes but is not limited to the following:

- Drugs prescribed by cost and frequency
- Separate breakdowns for psychotropic and HIV medication orders
- Prescriptions filled, new and refill
- Doses dispensed
- Sorting by medication category and prescriber to analyze prescribing patterns
- Total cost of prescribed medications with an ordered list by cost of the top 10
- Total cost of prescribed psychotropic medications with ordered list of top 10

Additional standard reporting provided routinely to the KDOC authorized representatives will include formulary and non-formulary medication usage and related costs. We will also provide the KDOC with regular reports that monitor the number and type of medication nursing errors and pharmacy related errors. The errors reports will include any required corrective action planning.

CSP has an extensive pharmacy metrics and reporting system that will be available for Centurion and KDOC upon contract award. In addition to program-specific routine pharmacy reports, CSP can respond quickly to ad hoc or changes in metrics reporting needs. Below is an example of a customized pharmacy dashboard.

**Inspection Reports**
Centurion will ensure a pharmacist conducts at least quarterly inspections of all medication storage and maintenance areas. The pharmacist provides documented findings and written
reports with recommendations. Inspections will include, but not be limited to, medication expiration dates, security, storage, and review of medication records. At a minimum, the inspections will verify the following:

- Area clean and well organized
- Antiseptics, poisons, and other drugs for external use stored separately from internal and injectable medications
- Drugs with special storage requirements are stored properly according to the manufacturer’s recommendations
- Security is maintained according to applicable laws and regulations including double-locked controlled medications, locked medication areas, and documented key control
- Drug preparation and storage areas are well lit
- Outdated and otherwise unusable drugs are identified and returned per policy
- Adequate supply of emergency drugs kept in designated areas
- If applicable, crash carts are sealed and labeled with a valid expiration date
- The following are readily available: Approved and current formulary, Pharmacy Manual, telephone number of regional poison control center
- Controlled medication documentation includes proper receipt of controlled medication information, complete administration documentation, state, and DEA required destruction practices and documentation of appropriate verification of controlled medication inventory
- Refrigerator temperature verification logs

**Value Added Proposal – 340B Pricing**

Centurion’s is committed to exploring creative ways to acquire or expand 340B medication partnerships with qualifying community organizations, thereby improving pharmaceutical pricing for our correctional partners. Our team of pharmacists and attorneys has extensive knowledge of 340B regulations and is well-prepared to assist the KDOC in pursuing 340B pricing for select, high-cost medications.

Importantly, Centurion does not own or have exclusive contract arrangements with any pharmacy, while many of our competitors do. As a result, we have no financial disincentive to carve out 340B from pharmacy services. Rather than using the savings from the 340B HIV/AIDS program to add to our profit margin, we will ensure that savings are passed on to our correctional partners.
We outline below our success in assisting three correctional partners with gaining or maintaining 340B pricing and believe we can obtain similar results for the KDOC, if desired.

**Mississippi Department of Corrections**

In our partnership with the Mississippi Department of Corrections (MDOC), Centurion quickly finalized a partnership with the **University Hospital and Health System of the University of Mississippi Medical Center** in Jackson, Mississippi to ensure continued 340B pricing for select medications. Very few states have been successful in utilizing the 340B program due to the inability of the partner to establish a working relationship with a covered entity.

Our ability to establish a relationship of trust and transparency quickly with the University’s stakeholders allowed us to have an executed 340B contract in place two weeks prior to the MDCO contract startup. There was no lapse in 340B services during or following our transition of healthcare services from the incumbent (Wexford) to Centurion. We now have a strong, productive 340B program, driven by the utilization of telehealth for outpatient services. An infectious disease specialist at the University sees MDOC patients in his/her office via telehealth, which our staff facilitate. The University provides sub-specialty inpatient physician services and outpatient telehealth services for diagnostic and therapeutic procedures to MDOC patients.

The 340B program results in average monthly savings to the MDOC of approximately $129,000, with a 44% savings for brand name (non-generic) HIV medications.

**New Mexico Corrections Department**

During our partnership with the New Mexico Corrections Department (NMCD), we identified high cost medical conditions and potential 340B-eligible partners in order to maximize savings for NMCD patients. We then approached **Christus St. Vincent Regional Medical Center** (St. Vincent) to be our 340B partner and proceeded to forge a relationship with them. Our local and corporate staff spent over a year developing and...
building a solid partnership that has led to positive results for HIV/AIDS patients and reduced medication costs for Centurion and the NMCD.

Securing a partnership and working relationship within a corrections environment with Christus St. Vincent Regional Medical Center as a disproportionate share hospital proved to be challenging. Many 340B programs, including St. Vincent, hesitate to partner with an unknown entity due to concerns about financial stability of the company and/or longevity of the contract. The financial instability of other healthcare companies in the industry often discourages 340B hospitals from partnering with them. Our competitors often encounter obstacles due to poor credit ratings and a reputation for not paying bills that interfere with their success in obtaining a 340B partner. Centurion does not have these liabilities or challenges.

Disproportionate share hospitals already care for a disadvantaged population in the community that cannot pay for care, and therefore often operate on a thin margin. Partnering is a risk which necessitated that the company partner prove its financial stability. Centurion was able to do so, and it was our financial strength, combined with our transparency, that ultimately convinced St. Vincent to join with us to serve the incarcerated population in the NMCD. The 340B program became active in April 2018.

Centurion and the NMCD now have a strong, effective 340B program, driven by the utilization of telehealth, for outpatient HIV services. The 340B program for HIV/AIDS patients has saved the NMCD over $250,000 in HIV/AIDS medication costs over the past 12 months. The average patient population ranged from 20 to 30 patients during this period.

**Tennessee Department of Correction**

The Tennessee Department of Correction (TDOC) had long wanted to find a way to participate in 340B pricing and gain the savings from the deep discounts it affords. Although previous healthcare vendors were not successful in facilitating this arrangement, Centurion was able to secure a successful 340B pricing arrangement for the TDOC in 2018.

We accomplished the 340B pricing partnership after lengthy but ultimately unsuccessful attempts with alternative partners. Despite early setbacks, Centurion continued to pursue a
340B program and after several meetings and discussion, established a mutually beneficial partnership with Regional One Medical Center, a disproportionate share hospital in Memphis, Tennessee. The program became active in July 2018. Through this program, Regional One Health providers see TDOC HIV patients. The Regional One providers’ medication orders qualify for purchase at 340B discount pricing. The medications and then shipped for dispensing and distribution at the TDOC prison pharmacy.

With eligible patients now enrolled in the Regional One clinic, the 340B program for TDOC HIV patients has resulted in monthly savings to the TDOC of approximately $112,000.

Legal Support for 340B Pricing
Centurion utilizes the services of the nation’s best known 340B attorney groups, Powers, Pyles, Sutter & Verville PC (PPSV), which has a long history of assisting covered entities in partnering with state and local governments. They remain ready to assist with further expansions of the partnership in order to improve services and extend access for vulnerable populations.

William von Oehsen, who is a law firm principal, heads PPSV’s medication pricing practice. Mr. von Oehsen has significant experience in assisting disproportionate share hospitals, community health centers, and other safety net providers improve access to affordable medications for vulnerable populations through partnerships with state and local governments. These partnerships have included state and local correctional facilities. As a result of these partnership arrangements, correctional facilities have been able to improve care and lower their medication costs while creating an opportunity for 340B providers to serve new patient groups. Mr. von Oehsen was one of the original architects of 340B pricing regulations in the 1990s.

Centurion will accept full responsibility for the significant legal fees involved with setting up the 340B program and operationalizing it. To our knowledge, we are the only comprehensive correctional healthcare provider in the industry that utilizes PPSV, demonstrating our commitment to providing 340B to our clients.
PPSV serves as general counsel to the Safety Net Hospitals for Pharmaceutical Access (SNHPA), formerly known as the Public Hospital Pharmacy Coalition (PHPC). SNHPA began more than fifteen years ago to help high-Medicaid public and non-profit hospitals take advantage of the 340B program. As membership in SNHPA has grown to almost 900 hospitals, expertise on 340B matters and related medication pricing laws has deepened, such that PPSV has become a national leader in this area.

PPSV's attorneys were instrumental in forming the 340B Coalition, a group of approximately twelve national organizations whose members collectively comprise all the entities that are eligible to participate in the 340B program. The 340B Coalition hosts two annual conferences for safety net providers, industry, wholesalers and policymakers, which, as a result of their popularity and broad attendance, now serve as major forums for addressing national medication pricing policy. The firm's attorneys help organize these annual events and deliver regular presentations on recent regulatory, legislative, and judicial developments.

Companies in our industry have had difficulty setting up 340B partnerships with their state prison system clients because they either own or have exclusivity partnerships with large pharmacies and the loss of revenue for HIV and Hepatitis C medications would result in a large loss of revenue for these pharmacies. Centurion does not have similar encumbered relationships with any pharmacy company. As a result, we are the only correctional healthcare contractor who has gone so far as to retain the nation’s best known 340B attorney.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.7.2, *Release Medications*, identified herein.

We recognize the importance of ensuring continuity of treatment for KDOC patients prescribed medications and either short-term court releases or final release from a KDOC facility. For offenders released in custody to appear in court or before some other official body or authority, but expected to return to KDOC custody, we will provide a seven-day supply of prescribed medications. Similarly, we will provide a seven-day supply of medications for offenders released into the custody of another jurisdiction, such as a county jail or federal detainer.

We will provide a 30-day supply of release medications, including tricyclics, to offenders released into the community, if the offender can be trusted to handle medication responsibly. For offenders in need of closer supervision, we will refer them to a KDOC discharge planner and provide them with a seven-day supply of medications. We will
provide up to five additional seven-day prescription refills at a pharmacy convenient to the offender’s residence.

The additional five refills of seven-day quantities will be available to KDOC released patients through InMedRx’s Release Medication Program. InMedRx offers a nationwide network of 65,000-plus retail, independent and IV pharmacies that will help released correctional patients save on retail pharmacy bills. Released patients can have the additional prescriptions refilled at any local pharmacy in the InMedRx network.

We understand that offenders are responsible to purchase all medications requiring prescription refills from a local pharmacy. Our facility HCPs or psychiatrists will continue to provide prescription refills until the released offender successfully completes an initial healthcare visit, or 45 days from release from a KDOC facility, whichever comes first.

Centurion is willing to provide qualifying KDOC patients with a 90-day supply of certain medications that patients cannot easily abuse or misuse in a manner that is harmful. This will allow released KDOC patients more time to connect with community providers through follow-up appointments secured with the assistance of healthcare or KDOC discharge planning staff.

Centurion recognizes the importance of extending 30-day bridge medications for offenders with chronic and/or serious mentally ill diagnoses to 90 days’ post release. Two months’ additional release medications afford former offenders extra time to establish a relationship with a government or private insurance provider, to identify a community provider, to attend an appointment, and to obtain needed prescriptions. Studies show it takes an average of 6 weeks for an offender to identify a provider within the community if not previously identified prior to discharge from prison. Provision of over twelve weeks of medication will ensure there is ample time for to support the re-establishment of patients within the medical community once released.

Centurion is pleased to have established a partnership with RX Outreach, (RXO) a mail-order, 501c faith-based pharmacy located in St. Louis, Missouri. Express Scripts established RXO as a spin off in 2010 in an effort to create an independent, nonprofit charitable organization with the mission of improving access to prescription medicines for low-income, uninsured Americans and working families.
In the prison setting, RXO operates using donated dollars to bridge the gap for chronically ill and seriously ill individuals to obtain an additional 60 days of medication after provision of the required 30 days of release medications. We understand the KDOC is familiar with RXO and is favorably impressed with their program, with hopes of solidifying an agreement in 2020.

Centurion will assist the KDOC in identifying third parties to provide the required financial support for the RXO program. Our relationship with the Centene Charitable Foundation and with Centene’s Sunflower Health Plan may be helpful in uncovering available funding dollars. Upon contract award, we will explore those options.

RXO will ship the medications to the offender’s verified home address in childproof containers in two 30-day increments. Due to RXO’s buying power, we believe this will be the most economical and efficient post-release pharmacy service for KDOC’s newly released offenders. We provide a letter of intent from RXO to provide services in Attachment C.

**About the Centene Charitable Foundation**
Centene believes that successful corporate citizenship involves investments in community-based institutions and organizations that address the needs of communities while advancing initiatives that focus on inclusion, the whole person, and community development.

Since 2004, the Centene Charitable Foundation has sought to make a difference in the communities we serve by investing in innovative programs and services that embrace all populations regardless of ability, age, race or economic status. Centene believes in treating the whole person, not just the physical body. That belief inspires us to support community partners that bring the arts, education, and health and social services to every population regardless of barriers that may exist.

**About Sunflower Health Plan**
Sunflower Health Plan offers affordable individual and family health insurance plans for Kansas receiving services through KanCare, the State of Kansas Medicaid program, through Ambetter in the health insurance marketplace, and through its Allwell Medicare Advantage program.

**Additional Prescription Support for Released Offenders**
In addition to working with RXO, Centurion has experienced success in exploring creative ways to prolong the time that released offenders can receive their prescription medications.
One such program that we commend to the KDOC for consideration is called the Partnership for Prescription Assistance (PPA). We provide information about his program below.

**Partnership for Prescription Assistance (PPA)**
As part of the information provided to releasing patients, Centurion recommends including information on how to use the PPA website/program. The PPA program assists qualifying patients with prescription assistance programs for specific medications, including psychotropic medications.

The website allows for most of the patient’s information to be loaded electronically. Our staff can download and review with released patients the step-by-step instructions required to access this free medication support service. Following contract award, Centurion will request to work with the KDOC to develop a patient handout that includes information from the PPA. We propose to include patient directions, contact information, and tips of what the patient will need to do to complete the PPA application process.

Offenders can locate other prescription assistance programs through the Patient Help Network (PHN). The PHN is a small group of advocates dedicated to helping individuals enroll into prescription assistance programs.
4.7.3 Identification of Pharmacy Vendor

4.7.3.1 The Contractor shall provide information regarding the pharmaceutical vendor the Contractor intends to use to include name of vendor, location of vendor’s parent company, location of any branch or warehouse supplying medication to KDOC offenders, and any company or corporate affiliation with the Contractor.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.7.3, Identification of Pharmacy Vendor, identified herein.

Clinical Solutions Pharmacy

We have selected Tennessee based Clinical Solutions Pharmacy (CSP) as our partner for pharmacy services. Centurion has worked successfully with CSP in our other healthcare programs. We have been impressed with the efficiency and effectiveness of their operations. Their distribution center is located in Franklin, Tennessee.

Formed in 2004, CSP is the only Women-Owned Business Enterprise (WBE) nationally certified correctional pharmacy providing both correctional mail order and pharmacy management consulting services. The company is in its 15th year of operation serving correctional facilities and is independently owned and operated. It has no parent company.

CSP has been a reliable, customer-oriented organization that offers technologically advanced pharmacy operations and experienced leadership. They have consistently provided high levels of customer service with quick turnaround on reporting requests. The company provides services in facilities ranging in average daily population from 50 to 15,000. They currently provide services to over 260 correctional facilities in 16 states.

They operate a newly remodeled 46,000 square foot office space with state-of-the-art automation for medication packaging. Their facility, with its build-out and packing/shipping automation, has the capacity to fill over 75,000 prescriptions daily. The new space has enabled them to scale up rapidly as they enter into new contract agreements. There are four major business segments within their company:

- Correctional pharmacy services
- FDA Repackager and Wholesale Distributor
- Medical/Surgical supplies distributor
- Pharmacy consulting
Centurion has no company or corporate affiliation with CSP. As a result, we are free to choose the best pharmacy solution that meets the unique needs of each correctional client.
4.8 Reception and Diagnostic Units (RDU)

4.8.1 Forensic Psychological Evaluation Process

4.8.1.1 The Contractor shall provide forensic psychological evaluation and diagnostic services as well as other psychological services necessary for intake processing of adult and juvenile offenders. On a case-by-case basis, there may be other offenders who require forensic psychological evaluations, and for whom, similar processes will be required. This evaluation shall include:

(a) A complete file review, to include the most recent mental health screening and any other relevant material from the current or preceding incarceration.

(c) Completion of a Mental Status Examination, review of psychological history (including but not limited to psychotherapy, groups, medication, education/special education placement, sexual abuse-victimization, predatory behavior, hospitalization, violent behavior, drug/alcohol use/treatment, hospitalization, sexual offenses, cerebral trauma/seizures, organic syndromes including dementia and/or other neurological disorders, suicidal behavior) and current functioning on all new admissions utilizing standard community practice techniques identified by KDOC.

(d) Initiate procurement of prior treatment records and evaluations from third parties.

(e) Entry of pertinent psychological testing and interview findings in the RDU report, located in the Offender Management and Information System (OMIS), the Justice Information System (JJIS), and in the EHR.

(f) Determination of the offender’s psychological diagnoses, program needs including but not limited to substance abuse and sexual offender treatment needs, mental health treatment needs, housing and placement needs, employability or educational limitations due to mental illness, functional ability limitations due to mental illness, and referral to treatment as indicated.

(g) Determination of an offender’s risk of suicide and homicide due to mental illness, and identification and implementation of appropriate responses and treatment using crisis intervention procedures to reduce the identified risk.

(h) Identification and referral to contractor’s psychiatrist for all offenders admitted with current prescriptions for psychotropic medications, or for whom medications may be of benefit in the treatment of their mental health.

(i) Incorporate a mental health classification process, using standardized measures/definitions, consistent with community measures to determine Severe and Persistent Mental Illness (SPMI), Serious Mental Illness (SMI), Mental Illness (MI), and/or Intellectual Disability (ID) and document such as part of the evaluation/reporting process.
(j) Participation in a multi-disciplinary staffing to determine recommended programs, services, and interventions to address risk and need.

(k) Identify need for, and initiate the follow up evaluation by psychiatrist or Ph.D. psychologist on all offenders with suspected pedophilia diagnosis for the adult units.

(l) Coordinate an initial discharge plan based upon the offender’s mental health needs with KDOC discharge planners.

(m) For offender’s with identified mental health conditions requiring intervention:

(1) Development and implementation of a treatment plan to begin addressing those conditions.

(2) Upon completion of the RDU evaluation and transfer to another facility, referral to the behavioral health staff with a synopsis of the initial diagnoses, needs and treatment plan, so the receiving facility can complete a mental health evaluation.

4.8.2 Timeliness of Reports

4.8.2.1 The Contractor shall provide sufficient licensed behavioral health professionals to ensure that all RDU reports are completed, reviewed by independently licensed psychology staff (when appropriate), and placed in OMIS/JCFS and the EHR within fourteen (14) days of admission. Currently the intake point for male offenders is at EDCF, for females it is TCF and for juveniles it is KJCC. Staffing is required at all three intake facilities.

4.8.2.2 It is expected that all RDU reports shall be completed within fourteen (14) days.

4.8.3 Periodic Evaluation of the RDU Process

4.8.3.1 The Contractor shall conduct periodic reviews, as determined by the Department, of treatment, education, and other offender recidivism reduction programs and services in other KDOC facilities so as to maintain an adequate level of awareness on the part of KDOC and Contractor on the various offender program options existing in the Department.

4.8.4 Testing Materials and Supplies

4.8.4.1 The Contractor shall be responsible for the cost of all testing materials, scoring tools, and educational materials necessary to complete the RDU process.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.8, Reception and Diagnostic Units (RDU), and all subsections identified herein.

KDOC expectations for RDUs will be met by Centurion. We understand that RDUs operate at El Dorado Correctional Facility for male offenders, Topeka Correctional Facility for female offenders, and Kansas Juvenile Correctional Complex for juvenile offenders. Centurion
acknowledges that required KDOC RDU assessments will be completed within 14 days of admission and culminate in an RDU patient report. RDU findings will be documented as required in the EHR and the OMIS or JJIS, respectively.

Based on RFP Amendment 3, Answer 93 to bidders’ questions, we understand that a parole violator returned to the KDOC, who has had appropriate psychological testing conducted within the last year, will not require a full battery of assessments. We understand that parole and probation violators can be returned to any KDOC facility. We acknowledge that a parole violator will require appropriate receiving assessment as detailed in our response to RFP Section 4.3.6, Receiving Screening. If our impression is inaccurate, we look forward to clarifying expectations related to parole violators and psychological assessment upon return.

Centurion will provide the necessary RDU staffing, as detailed in RFP Appendix F. We understand that the majority of RDU assessments will occur at EDCF, however, we will be prepared to allocate staff as needed to ensure completion of all assessments within KDOC requirements. Based on RFP Appendix M, we recognize that the Department completed nearly 4,000 initial diagnostic assessments for adult offenders in FY2019, or an average of approximately 330 assessments a month, at a ratio of approximately 5:1 male to female offender assessments.

Centurion appreciates that RDU staff may only provide services within the scope of licensure. We will have the appropriate oversight and supervision for Centurion staff assigned to the RDU. We understand that the psychometrician will provide services under the supervision of the independently licensed doctoral psychologist. Masters-prepared psychologists will conduct formal assessments, interpret testing results, and document findings into a patient report. We appreciate the Department’s willingness to recognize valid and reliable assessment tools recommended by Centurion, applied within the scope of professional licensure.

Based on RFP Amendment 6, we understand that KDOC staff will assume implementation of the LSI-R for offenders. We look forward to clarifying what role psychologist may have in relationship to the LSI-R and the impact on requests for additional psychological assessment by Centurion psychologist. Centurion will collaborate with the Department to support the LSI-R training and implementation as requested.

With the exception of the LSI-R, Centurion will assume financial responsibility for the testing materials, scoring tools, and educational materials necessary to complete psychological assessment of KDOC offenders in the RDU. We understand that clinical indications for testing may vary by patient.
Completing Required Diagnostic Testing

The RDU doctoral psychologist will be responsible for ensuring that all psychological assessments conducted by RDU masters-prepared psychologists adhere to established standards for quality, including ensuring the fidelity, accuracy, and interrater reliability of the assessment tool. Healthcare statistics regarding the implementation and outcomes of psychological assessments will be maintained and provided based on the preference of the department.

Centurion will use Andrews and Bonta’s (2007) Risk-Needs-Responsivity model to structure further assessment and subsequent treatment process indications. There is a strong evidence base for the Risk-Needs-Responsivity model. The graphs that follow reproduce meta-analytic data reported by Andrews and Bonta in 2010. These data demonstrate that adherence to the Risk-Needs-Responsivity model has a positive impact on reducing recidivism.
Evaluating risk will include assessing both static and dynamic factors. The dynamic factors and criminogenic needs that are associated empirically with re-offending are those that can be changed through intervention, and therefore will be of primary focus when formulating and detailing individualized treatment recommendations.

Consistent with the principles of the Risk-Needs-Responsivity model, Centurion recognizes that the goal of the assessment is to guide and direct treatment, including the identification of treatment intensity level and specific, individualized treatment needs. Part of individualized treatment includes identifying and separating patients in treatment based on their level of risk for re-offending. We look forward to future discussion with the KDOC regarding the Risk-Needs-Responsivity model and its potential use in RDUs with KDOC offenders.

**Additional Assessment Tools.** Centurion understands that the LSI-R will serve as a primary diagnostic/needs assessment tool in RDUs and that additional psychological assessment will occur on the unit as clinically indicated. Psychological assessments will include, at minimum, the following:

- Mental status exam
- Psychological testing
- Collateral interviews and documentation reviews
- Functional ability limitations due to a mental health diagnosis
- Risk of suicide or self-harm behaviors
- Risk of homicide or violence
- Referral for psychotropic medication evaluation
The assessing psychologist will be responsible for contributing to the comprehensive RDU evaluation report. Recommendations may include, at minimum, the following:

- Psychiatric diagnosis, including Serious Mental Illness, Severe and Persistent Mental Illness, and Intellectual Disability designation
- Mental health classification
- Psychotropic medications
- Risk assessment indications and interventions
- Educational needs
- Individual and/or group therapy
- Substance use treatment
- Sex offender treatment
- Special needs treatment indications, including specialized unit referral
- Discharge planning needs

Following RDU assessment, patients with indications for follow-up evaluation or treatment plan development will have documentation entered into the patient health record. We provide more detail on our treatment planning process in our response to RFP Section 4.6, Comprehensive Behavioral Health Services. RDU staff will communicate with receiving facilities upon notification of transfer, to ensure continuity of care between KDOC facilities.

Providing State-of-the-Art Assessment of Sex Offenders

Centurion understands that RDU evaluation includes the assessment of risk related to sexual offending. We acknowledge that the RFP requires follow-up evaluation of offenders suspected of a pedophilia diagnosis, however, we believe the KDOC’s investment is in the identification of risk related to the likelihood of sexual reoffending. This distinction may appear minor, but in reality, it is significant. The primary role of a risk assessment for sexual offenders is aimed at criminology and not sexual deviance alone. In what follows, we provide our approach to the diagnostic assessment of sex offenders.

An initial sex offender assessment will include a review of relevant records, including criminal, and a clinical interview with the offender. Within that process, a thorough psychosocial history will be obtained. Additionally, the offender will be asked to outline aspects of his or her family history, sexual history, medical history, psychiatric history, substance abuse history, and criminal history. All available official versions of sexual
offenses and the offender’s version of those offenses and any others that may not be part of an official record will be reproduced and included in the assessment.

Through the interview process, the offender’s denial and motivation for treatment will be discussed and included in the assessment report. The assessment will also include results from cognitive and personality testing, risk assessment, and, if clinically appropriate, an evaluation of psychopathy as clinically indicated. Additional testing may be completed based on the clinical need of the offender.

The instruments and measures that we propose may be administered during the SOTP Assessment are included below. Our assessment process includes foundational measures that will be used with every offender, as well as additional tools that may be considered for use depending on the needs of the individual offender.

Centurion will collaborate with the KDOC to identify instruments and measures of preference. Instruments and measures for sex offender assessment previously used by Centurion include:

Foundational Tools:
- Stable 2007
- Static-99R
- General Ability Measure for Adults (GAMA)
- Minnesota Multiphasic Personality Inventory-Second Edition (MMPI-2)

Additional Tools for Consideration:
- Acute 2007
- Hare Psychopathy Checklist-Revised, Second edition (Hare PCL-R)
- Test of Memory Malingering (TOMM)
- Validity Indicator Profile (VIP)
- Wechsler Memory Screen- Fourth Edition (WMS-IV), subtests or in full
- Wide Range Achievement Test: Fourth Edition (WRAT-IV)

Alternative risk tools may be added to the above list if a tool becomes widely accepted and considered valid and reliable. All tools administered will be submitted for prior review and approval by the KDOC.
Static and Dynamic Risk Factors

Using the instruments itemized above, static and dynamic risk factors will be assessed. Actuarial risk assessment is the optimal approach, and the Static-99R is the most widely accepted actuarial used with sexual offenders. While static factors are important to incorporate into the assessment, particularly for predictive validity, static measures do not include factors that reduce risk (i.e., treatment targets). As such, dynamic risk assessment will also be included in the assessment to identify treatment targets and criminogenic needs. Addressing dynamic factors allows for the measurement of change in risk factors for re-offense. Pro-offending attitudes, deviant sexual interests, socio-affective functioning, and self-management are domains of dynamic risk factors to be measured throughout treatment.

The most common measure of dynamic risk with sexual offenders is the Stable 2007. This tool is designed to track change in risk level over time and is often used in combination with the Static-99R.

Most tools that assess sex offense-specific issues have been developed for and use a normative sample of adult male sex offenders. As a result, their use with female sex offenders and juvenile sex offenders is questionable, at best. Similarly, in contrast to the availability of several empirically validated risk assessment instruments designed specifically for adult male sex offenders, no such measures have yet been developed for sexually abusive females. When it is determined that a dynamic risk assessment tool is unable to be scored (e.g., an offender who was 11 at the time of the offense; a female offender), the tool may be used informally as a clinical guide.

Centurion is committed to providing effective sex offender treatment services in a manner consistent with the best practice standards identified in current field research literature. Accordingly, we align our current sex offender treatment best practices with the latest research findings.

The Safer Society Foundation (SSF) is a non-profit organization that has completed nine surveys since 1976 that include data from sex offender treatment programs in the United States and, more recently, in Canada. The most recent research survey, *Current Practices and Emerging Trends in Sexual Abuser Management*, identifies best practices in assessment, treatment, and management of sexual offenders, and defines best practice as programs that use evidence-based treatment models, focus on the Risk, Need, and Responsivity principles, and have competent and trained treatment providers. We are aware that they are working on completing an updated research survey. Once the survey becomes available,
we will integrate information from this updated survey into our treatment process, to ensure the services remains current and evidence-based.

Centurion firmly believes we must integrate and tailor the components of assessment and treatment that are considered most relevant to each offender’s criminal history and re-offense risk. We are committed to conducting this process in a manner that yields an individualized, evidence-based, clinically effective treatment plan for each offender in the program. The Risk-Needs-Responsivity model, discussed above, is used within the cognitive-behavioral framework to enhance our ability to facilitate behavioral change. Using the Risk-Needs-Responsivity, Self-Regulation, and Good Lives Models Centurion will implement effective sex offender treatment services.

The major areas of clinical focus in our sex offender treatment, consistent with the factors identified in sex offender treatment research, most closely associate with sexual re-offense and include:

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<tr>
<th>Sex Offender Targeted Treatment Areas:</th>
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<tbody>
<tr>
<td>Sexual arousal control</td>
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<tr>
<td>Emotion regulation</td>
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<tr>
<td>Cognitive restructuring</td>
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<tr>
<td>Intimacy and relationships skills</td>
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<tr>
<td>Understanding sexuality</td>
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<td>Interpersonal skills</td>
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<td>Accountability and responsibility</td>
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<td>Problem solving</td>
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<td>Substance abuse and other disinhibiting factors</td>
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<td>Victim awareness and empathy</td>
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<tr>
<td>Relapse prevention</td>
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<td>Release planning</td>
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We look forward to further understanding the Department’s objectives in the assessment of the sex offender population. We are confident that our expertise and approach will provide
KDOC staff with valuable information for treatment indications and meet or exceed KDOC assessment expectations.

**Periodic Evaluation of the RDU Process**

Centurion appreciates the role of continuous quality improvement and will abide by all KDOC directives related to program evaluation and access to KDOC programming system wide. We provide more detail on our approach to continuous quality improvement in our response to RFP Section 4.10, *Quality Improvement Program*.

We will use programmatic resources available within KDOC to develop an effective and comprehensive treatment plan for KDOC patients as a result of their RDU assessment needs. We understand that the patient treatment plan may include behavioral health treatment, education, and recidivism reduction programming, as well as other opportunities available within KDOC.

We look forward to partnering with the KDOC staff to evaluate, create, and implement offender programming targeted to meet the needs of the offender population at each facility.
4.9 Forensic Programs

4.9.1 Clinical Services Reports & PCL-R Evaluations

4.9.1.1 KDOC, through the Contractor, utilizes three (3) FTE PhD psychologists to complete Clinical Services Reports (CSRs). CSRs are required and requested by the courts, Kansas Prisoner Review Board (PRB), and KDOC. The courts require CSRs from PhD psychologists to make determinations on the level of risk for adult sexual offenders to commit additional offenses. The psychologists may be called to testify in probable cause hearings as well as trials. The PRB requests CSRs, which may include requests for Psychopathy Checklist – Revised (PCL-R) evaluations, for use in parole decisions. In the contract proposal, identify PhD staffing levels to ensure timely completion of CSRs at all KDOC facilities as requested.

4.9.2 Forensic Health Care Issues, DNA Testing & Court Ordered Lab

4.9.2.1 The Contractor shall provide qualified personnel in conducting security related health care procedures in response to a request from KDOC or pursuant to a search warrant or court order, provided there is written consent of the offender.

4.9.2.2 In the absence of the written consent of the offender and in response to a search warrant, court order, or KDOC investigation request, including, but not limited to, inducement of vomiting, body cavity searches, withdrawal of blood, and examination for sexual assault. Contractor shall arrange and contract with a community health care provider for the services at no additional cost to KDOC.

4.9.2.3 The Contractor shall provide offender antibody testing for HIV/HBV/HCV, as requested by KDOC, following an occupational exposure between a KDOC employee and an offender. The results of the testing shall be sent to the employee’s attending physician.

4.9.3 Research

4.9.3.1 No research projects involving offenders shall be conducted with prior approval as outlined in IMPP 06-101D (Appendix K).

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.9, Forensic Programs, identified herein. Centurion will comply with KDOC Internal Management Policies and Procedures as applicable to forensic programs, including Policy 06-101D, Research and Evaluation Activities.

Clinical Services Reports and PCL-R Evaluations

Centurion will meet staffing and testing requirements for the completion of Clinical Services Reports (CSRs). We recognize that CSRs may be requested by KDOC, the parole board, or
court ordered and are used to determine the level of risk for reoffending by adult sexual offenders. Based on KDOC Answer 69 in RFP Amendment 3, we recognize that an average of 32 CSRs is required each month on a statewide basis. Based on KDOC Answer 94 in RFP Amendment 4, we understand that CSRs must be completed and returned to the multidisciplinary treatment team in time for them to review and take action as needed. We appreciate the Department’s clarification that CSRs are typically completed approximately 120 days prior to the offender’s projected release date and that CSRs are required by Kansas statute to be submitted to the Attorney General at least 90 days prior to the offender’s release date.

Based upon what appears to be the incumbent vendor’s submission included as Item 17 in RFP Amendment 3, we understand that four forensic psychologists provide CSRs, with the one of the four psychologists being located at Hutchinson Correctional Facility. The Department’s Answer 87 in RFP Amendment 3 indicates that this psychologist position was added in error to RFP Appendix F, Base Staffing Plan, and that no psychologist should be listed there. Accordingly, Centurion has included full-time doctoral forensic psychologists in our staffing plan for completion of CSRs across KDOC facilities.

Psychologists responsible for CSR testing will meet KDOC licensure and experience requirements. We recommend the following credentials and qualifications for examining psychologists:

- Psychologist is licensed in the state of Kansas
- Have at least two years of experience diagnosing, assessing, evaluating, or treating sexually aggressive offenders
- Be a member of an organization that promotes research and the study of the treatment and assessment of sex offenders
- Possess certification in forensic assessment, such as one granted by the American Board of Professional Psychology (ABPP), or complete a training program in the forensic assessment of sexual offenders
- Successful completion of KDOC background and approval process

Psychologists will be required to travel to all KDOC facilities as assigned, implement CSR testing materials and additional testing as clinically appropriate, and develop a diagnostic impression with resulting report, promptly. Testing resources will meet State regulations and be reviewed and approved by the KDOC prior to implementation. Centurion will collaborate with the KDOC, the parole board, and courts to ensure that the necessary clinical
information is available as needed. We understand that Centurion psychologists may be called to testify and will support their preparation and participation as necessary.

Centurion has experience in operating a comprehensive program for the treatment and evaluation of adult sexual offenders. Our Forensic Health Services program for the Commonwealth of Massachusetts oversaw the assessment and treatment of male sex offenders at the Massachusetts Treatment Center. Under our oversight, approximately 750 Annual Review Reports and 330 Section 9 Reports were completed, and when necessary court testimony was provided. We are confident that Centurion has the necessary expertise to successfully implement KDOC's forensic programs, including the use of the CSR.

**Forensic Health Care Issues, DNA Testing, and Court Ordered Labs**

Centurion strives to adhere to the NCCHC important standards P-G-04 *Therapeutic Relationship; Forensic Information, and Disciplinary Actions*, and Y-I-03, *Forensic Information*, whereby we do not routinely participate in the collection of forensic evidence. Based on KDOC Answer 267 to bidders’ questions in Amendment 3, we recognize that if courts order testing, the courts typically send a lab vendor to the site to collect the specimens. In such circumstances, our healthcare staff will cooperate to ensure that the court-dispatched vendor has access to the offender in a clinically appropriate environment.

Centurion acknowledges that under Kansas state law there may be requirements of the healthcare contractor in a correctional setting to participate in specimen collection. It is our understanding that this is limited to occupational exposures for the purposes of public safety, public health, and court orders. Centurion will comply with applicable Kansas state law and court orders.

Centurion has reviewed the 2010 Kansas State HIV/AIDS Statutes and Regulations, as well as the Department of Health and Environment Article 28-1-23, *Management of Occupational Exposures*. We acknowledge that Kansas state law 65-6008, *Infectious disease testing; certain persons in contact with body fluids; hearing; disclosure of test results*, allows for the request of court mandated testing following an occupational exposure of concern.

Centurion acknowledges the following is a Kansas state health regulation as of April 2014:

> (1) If the source person refuses to provide a specimen for testing, the infection control officer may submit an application to a court of competent jurisdiction for an order requiring the source person to submit an
appropriate specimen for testing. The application shall include the following:

(A) An allegation that the source person has refused to provide an appropriate specimen for testing following an occupational exposure;

(B) the specific test or tests needed to be performed; and

(C) specification of whether and how frequently any additional tests may be required.

We further understand that Kansas state health regulations allow for notification of occupational exposure as follows:

(1) Within four hours of the diagnosis, the treating health care provider shall notify the infection control officer of the health care facility of the presence of a source person.

(2) Within four hours of receiving notification from the treating health care provider, the infection control officer of the health care facility shall provide to the entity that transported the source person at least the following information:

(A) The name of the source person;

(B) the diagnosis; and

(C) the date and time the source person was transported to the health care facility.

(3) Within four hours of receiving notification from the health care facility, the infection control officer of the entity that transported the source person shall notify all other entities whose personnel could have cared for or interacted with the source person in a manner that could transmit the pathogen or the infectious and contagious disease and shall provide at least the following information:

(A) The name of the source person;

(B) the diagnosis; and

(C) the date and time the source person was transported to the health care facility.

(f) The results of the infectious and contagious disease test or tests shall be disclosed to the exposed person, the infection control officer responsible for the exposed person, and the source person as soon as possible. To
the extent feasible, the disclosure to the exposed person shall not include the name or identity of the source person.

(g) If an infection control officer has determined that a person who is or has been in the care or custody of an individual providing medical or nursing services, emergency medical services, or firefighting, law enforcement, or correctional services has been exposed to an infectious and contagious disease, blood, or other potentially infectious materials by the individual providing those services, the infection control officer shall advise the exposed person and recommend appropriate testing as soon as feasible. (Authorized by and implementing K.S.A. 2013 Supp. 65-128; effective April 11, 2014.)

Under Kansas state law Chapter 65-6016, Physician authorized to disclose infectious diseases to certain corrections employees; confidentiality; immunity in judicial proceedings, we are of the impression that Centurion healthcare staff that participate in the collection and disclosure of forensic evidence will be immune from liability.

Any physician who discloses information in accordance with the provisions of this section in good faith and without malice shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed in an action resulting from such disclosure. Any such physician shall have the same immunity with respect to participation in any judicial proceeding resulting from such disclosure.

We further understand that under Kansas state law Chapter 65-6004, Physician authorized to disclose to certain persons’ information about patient who has infectious disease or who has had laboratory confirmation of a positive reaction to an infectious disease test; confidentiality of information; immunity in judicial proceedings, Centurion healthcare staff may proactively disclose confidential healthcare information when:

Notwithstanding any other law to the contrary, a physician performing medical or surgical procedures on a patient who the physician knows has an infectious disease or has had laboratory confirmation of a positive reaction to an infectious disease test may disclose such information to other health care

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providers, emergency services employees, corrections officers or law enforcement employees who have been or will be placed in contact with body fluids of such patient. The information shall be confidential and shall not be disclosed by such health care providers, emergency services employees, corrections officers or law enforcement employees except as may be necessary in providing treatment for such patients.

Sample Collection. Where possible, Centurion will utilize a staff member with no therapeutic relationship to the offender voluntarily or mandated to provide a diagnostic sample for forensic purposes. We anticipate that a facility lab technician, certified medical assistant, or a licensed practical nurse will primarily provide this service. We understand that collection may include inducement of vomiting, body cavity searches, withdrawal of blood, and examination for sexual assault. Healthcare staff will not be asked to perform tasks beyond the scope of their license.

To avoid a breach in the therapeutic relationship, Centurion will not force sample collection from a patient refusing collection. If the offender will not consent, Centurion will coordinate with a supplier or local hospital for sample collection. Centurion will determine the need for a third party based on an offender's consent for Centurion to perform the sample collection. KDOC will not be responsible for the use of a third party for the collection of forensic evidence when collection is the responsibility of the healthcare agent.

We understand that circumstances may exist that an offender is not in objection to Centurion providing the service, but refuses the sample collection altogether. We understand that these circumstances will likely go before a judge for the issuance of a court order. Centurion will determine case-by-case the need for a third party vendor and communicate with facility administration regarding the plan for sample collection in accordance with Kansas state law and ethical clinical practice.

In the event that a send-out for the sample collection is necessary, we will follow protocols for a non-emergent hospital transfer and request that KDOC provide transportation and supervision of the offender to the local hospital. We appreciate the difficulties of offsite trips and will make every attempt to provide this service on site.

Research

KDOC’s encouragement of research within the department is unique and appreciated. Like KDOC, Centurion knows that correctional healthcare research is lacking and we strive to contribute to evidence-based practice within the field. At no time will research supersede
the responsibilities of the healthcare program or our staff. Centurion will comply with KDOC Policy 06-101D, *Research and Evaluation Activities*. Any research conducted will be voluntary, including the use of informed consent. At minimum, informed consent will include the following:

- A fair explanation of the procedures to be followed including an identification of that which is experimental
- A description of the potential discomforts and/or risks
- A description of the benefits to be expected
- A description of appropriate alternative procedures
- An offer to answer any inquiries concerning proposed procedures; and,
- Instruction that the subject is free to withdraw consent and to discontinue participation in the project at any time

Juvenile offenders will not be included in research activities. Centurion will not conduct or introduce research that has not been approved by the Department. Centurion will not introduce research that may present a conflict of interest in relation to patient care. Offenders will not be used for medical, pharmaceutical or cosmetic research, or, experiments. We understand that this does not preclude participation in approved experimental treatments that meet state and federal guidelines, for the purposes of healthcare treatment.

At all times, Centurion will maintain the confidentiality of participants and the department. Centurion will not utilize KDOC data collected beyond benefits to the KDOC, including publication, without the review and approval of the department. All research conducted by Centurion will meet ethical and research methods standards. Centurion will transparently collaborate with the KDOC to ensure standards for research quality are achieved.

*Centurion Research Opportunities.* Centurion is involved in an on-going research partnership with **George Mason University**. Our collaboration is focused on identifying static and dynamic risk factors related to self-harm and suicide within offender populations. Centurion currently maintains an offender database on self-injurious behaviors and death by suicide which is the most comprehensive in the industry. Currently, we are reviewing, comparing, and identifying offender traits among offenders who have engaged in multiple incidents of self-harm and/or suicidal behavior.
Participation in the Centurion Self-Injurious Behaviors Occurrence Report and collaboration with George Mason University will only be implemented with KDOC review and approval. We look forward to providing additional information to the department on Centurion’s engagement in correctional healthcare research. We are excited about potential opportunities to partner and advance evidence-based practice within the KDOC healthcare program.
4.10 Quality Improvement Program

4.10.1 The Contractor’s proposal shall outline the vendor’s procedure for a Comprehensive Quality Improvement (CQI) program, to include a CQI Coordinator at the Regional Office level, and a QI coordinator as part of a post-duty at each facility. If the Contractor’s CQI program is outlined in a manual, a copy of the CQI manual will be submitted with the proposal. The site QI Coordinator may be part of the Infectious Disease Control Nursing responsibilities and does not require a fulltime staff person. The CQI program's goal shall be to assure quality health care services are provided to offenders. Include a description of the internal monitoring mechanism associated with the CQI program.

4.10.2 Quality Improvement records shall be maintained on-site at each facility as well as forwarded to the Contractor's regional office. The Contractor’s regional office staff is responsible for identification of statewide trends in health care compliance and shall incorporate corrective action planning in the CQI program.

4.10.3 As part of this program the CQI Coordinator will be responsible for providing accurate Health Services Report (Appendices L, M, and N) numbers on a monthly basis to be submitted to KDOC.

4.10.4 The Director of Health Care Compliance shall receive a summary of all CQI activity each month, to include compliance threshold, problem tracking reports, and corrective action plans. Joint quarterly meetings will be held between the Office of Health Care Compliance (OHCC) and the Contractor to evaluate the quality of the health care being provided as documented by the CQI program data. OHCC can mandate areas of concern be monitored by the Contractor's CQI Process in order to maintain quality of care across the system. It is understood that the Contractor may have interest in CQI processes that can compare work performed in Kansas with other contracts they in which they may be engaged, however the CQI program must look specifically at health care processes specific to the KDOC regardless of what issues are being monitored across the Contractor’s other contracts. The Kansas specific CQI plan must identify indicators that are being met, indicators which are not being met, action plans to correct the indicators not being met, and a plan for re-evaluation until all indicators are met.

4.10.5 Included in the plan will be the use of EHR system to obtain reports outlined by the CQI Coordinator and the EHR Committee as outlined in section 4.20. If the reports are found to retrieve incorrect data, the Contractor will correct the electronic reports so that the correct data is retrieved within 30 days.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.10, Quality Improvement Program, identified herein.

A Comprehensive Quality Improvement (CQI) program ensures that the services we provide to offenders are of the highest quality, integrated, evidence-based, culturally competent, and
meet community, NCCHC, and ACA standards and the KDOC IMPPs. We offer a CQI Program that is unmatched in our industry. We appreciate that the KDOC requires a Kansas-specific, facility-specific, CQI program that makes meaningful contributions to KDOC and Office of Health Care Compliance (OHCC) goals. Patients benefit from an effective CQI program through the assessment, monitoring, reporting, and improvement of correctional healthcare services. The KDOC will benefit by having patients who are treated in a clinically appropriate, clinically effective, holistic manner, and by having a healthcare program characterized by transparency and integrity.

The goal of our CQI program for the KDOC will be to assure that we consistently provide quality healthcare services to offenders at each KDOC facility. We will accomplish this goal by customizing our CQI program, CQI manual, and audit tools to meet the unique needs of the KDOC. Our program will measure and support the medical, dental, mental health, and substance use disorder treatment services encompassed by this RFP. Our corporate CQI Director will work closely with the onsite Regional QI Coordinator and the KDOC Director of Health Care Compliance to review and establish customized audit tools and reports that correspond with the finalized contract requirements and Department expectations.

In addition to our Regional CQI Coordinator, Centurion will assign facility-level QI coordinator duties to a qualified healthcare staff member at each KDOC facility. In our other healthcare programs, our onsite QI coordinators are either nursing staff, or the facility Health Services Administrator (HSA). For the KDOC, we may assign these duties to our Infectious Disease Control Nurse at each facility, as suggested in the RFP.

In **Attachments II and JJ**, we provide the Table of Contents and Section I from a sample CQI manual for the KDOC’s review and consideration. We stress that this is a *sample* CQI manual. For KDOC, we will customize our manual by including relevant KDOC polices, as well as program-specific audit calendars, audit tools, and other helpful CQI resources. We have designed our own model CQI to meet NCCHC and ACA standards. Upon contract award, we will conform our policy to meet KDOC policy and contract requirements. We provide our proprietary model CQI policy in our response to this RFP as **Attachment KK**.

Centurion will maintain facility-specific quality improvement records onsite at each KDOC facility as well as in our regional office. Our Regional CQI Coordinator will be responsible for identifying statewide trends in healthcare compliance and will incorporate corrective action planning, as needed, in our comprehensive CQI program. Additionally, our regional QI
coordinator will be responsible for generating and submitting health services report metrics on a monthly basis to the KDOC.

We will gladly utilize the KDOC’s existing format for the Health Services Report. If desired by the KDOC, we can also provide customized healthcare service dashboards and narrative report summarizes in an effort to provide the KDOC with helpful commentary and explanations on any positive or concerning trends, as well as outlier results.

Our regional QI coordinator will provide the director of health care compliance with a summary of QI activity each month, or as requested. The monthly activity summary will include compliance threshold, problem tracking reports, and the status of any corrective action plans.

Centurion’s regional QI coordinator, and clinical leadership, as needed, will participate in joint quarterly meetings with the Office of Health Care Compliance. The purpose of these meetings is to evaluate the quality of the healthcare that we provide, as documented by our CQI program. Our CQI coordinator will work closely with the director of health care compliance to ensure that we are monitoring the OHCC’s areas of concern.

Our CQI plan and related activities will conform to Kansas specific compliance indicators, including the audits we conduct, as well as the data we monitor and report on to the KDOC. We understand and agree that we will not utilize onsite CQI staff to monitor, audit, or report on healthcare service data or other metrics that are not necessary to ensure the quality of healthcare services that we deliver to the KDOC offenders.

Centurion’s Kansas-specific CQI plan will identify agreed-upon indicators and report on their status to the KDOC. We will report their status to the KDOC whether we are in compliance at the time or not. If not in compliance, we will include action plans to correct the area of noncompliance and report on their status until we successfully meet agreed-upon compliance levels for each indicator. We provide more detail on our structured corrective action planning process later in this section.

Our CQI plan will include utilization of our proposed EHR system to obtain reports as outlined in RFP Section 4.20, Health Information Management. If the KDOC or Centurion finds that our reports contain incorrect data, we will correct the electronic reports and retrieve the correct data within 30 days. Our CQI coordinator will work collaboratively with our EHR administrator to ensure our ability to access and generate the type of healthcare metrics and reports required by the KDOC. We further agree that all KDOC offender
healthcare data and related reports belong to the KDOC. Our staff will not utilize KDOC healthcare metrics or reports for any purpose beyond what the Department has approved.

**Centurion’s CQI Approach and Plan**

Centurion supports CQI as a process for objectively and systematically monitoring and evaluating the quality, appropriateness, and effectiveness of healthcare services and the degree to which those services meet the identified needs and goals for the KDOC and correctional patients. Our program strives to address both quality assurance and improvement. We cannot overstate the importance of an effective CQI program for monitoring and improving healthcare service delivery for each discipline.

**Centurion CQI Program Plan Overview**

Centurion uses the **Plan Do Check Act (PDCA)** model in the CQI program for changing processes and enhancing outcomes:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Do</th>
<th>Check</th>
<th>Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define &amp; Analyze a problem and identify the root cause</td>
<td>Devise a solution, develop a detailed action plan and implement it systematically</td>
<td>Confirm outcomes against plan, identify deviations and issues</td>
<td>Standardize a solution, review and defend the next issues</td>
</tr>
</tbody>
</table>

The Centurion CQI program includes the following elements:

- Quality and performance improvement structure to include multidisciplinary committees with defined roles and responsibilities
- Heightened focus on quality of care and multidisciplinary collaboration to meet the specific needs of special needs populations, including patients with serious mental illness, patients with co-occurring substance use disorders, and female patients,
- Monitoring to identify opportunities for improving care
- Management of credentialing, peer review, healthcare grievance trending, morbidity and mortality review trends, regular audits/reviews of clinical services, and annual
reporting processes to maintain compliance

- Transparency and responsiveness in reporting CQI activities to both the KDOC and our healthcare staff

Centurion CQI initiatives focus on the following dimensions of quality healthcare:

- Timeliness of provided care
- Effectiveness of treatment
- Appropriateness of clinical decision making
- Continuity of care from intake to discharge
- Patient-centered care: We ensure that Centurion clinical staff recognize the importance of patient involvement in treatment and care decisions. Our healthcare staff appreciate the importance of sensitivity and the need for respectful acknowledgement of a patient’s unique treatment needs and expectations.
- Safety: Centurion staff are encouraged to identify opportunities to improve operations and processes that have a positive impact on the safe delivery of healthcare

**Corporate Support for Centurion CQI Programs**

Centurion’s Clinical Operations Department falls under the direction of Johnny Wu, MD, FACP, FACCP, CCHP-P, CCHP-A, Chief of Clinical Operations, John May, MD, FACP, Centurion’s Chief Medical Officer, Julie Buehler, BS, MPA, RRT, CCHP, Centurion’s Vice President of Clinical Operations for Medical Services, Sharen Barboza, PhD, CCHP-MH, Vice President of Clinical Operations – Mental Health, and Tracy Titus, RN, CCHP-RN, CCHP-A, Centurion’s Director of Policy and Accreditation. This department supports compliance and quality in our correctional healthcare services.
Moreover, Karen Riley, RN, BSN, MBA, CPHQ, provides CQI leadership through trainings, audit tool development, and facilitating monthly calls that allow Centurion staff with quality improvement responsibilities to share best practices to improve healthcare outcomes and processes. Ms. Riley has been instrumental in expanding the scope of quality improvement tools and resources dedicated to our other correctional programs. She will be available to assist our Regional CQI Coordinator and clinical leadership team should we have the opportunity to provide behavioral health services for the State as well. Ms. Riley receives support from Laura Eagland, Corporate CQI Data Specialist.

**Process and Outcome Studies.** Centurion will conduct process and outcomes studies at each facility in compliance with KDOC policies and NCCHC, ACA and PbS standards. We incorporate these studies into the facility-specific CQI annual calendars. The regional CQI team, local facility administration, and the facility-based multidisciplinary CQI committee will determine the focus of these studies collaboratively.

We will customize process and outcome indicators, and their associated audit tools, to the specific needs of our clients. This effort will led by Ms. Riley and include support from our onsite CQI and clinical leadership teams.

Centurion uses *explicit measures* of unduplicated processes and outcomes. We can implement the explicit measures in a standardized, reproducible manner within and across the facilities. *Explicit measures* possess the following characteristics:

- A well-defined denominator of the population of patients “eligible” for the measure...
- A clearly specified numerator of those patients who meet the numerator criteria, such as having received a specific screening test or achieving an outcome
- Clear definitions for each component of the measure, including:
  - Explicit timeframes during which the numerator event must occur
  - Specific diagnostic codes to define who is eligible for the recommended care
  - Who should be excluded

We support explicit measures that focus on healthcare processes and outcomes using clinical evidence. Centurion then utilizes these measures to demonstrate that patients benefit from the recommended healthcare. For example, our measures assess avoidance of illness, avoidance of exacerbation of the healthcare condition, reduced morbidity, reduced mortality, and increased compliance with recommended healthcare.

We understand that the KDOC requires outcomes measurement in a number of areas. Two of these include the sex offender and substance use treatment for juvenile offenders, referred to in RFP Section 4.6.18.3, and outcome measures related to group programming, referred to in RFP Section 4.6.19.1. In these respective sections of our proposal, we provide our plan to measure service delivery outcomes in these areas.

Within 90 days of contract initiation, Centurion will propose in writing to the KDOC Director of Health Care Compliance other standardized outcome measures that we plan to use statewide and for special populations. We have a strong commitment to outcome measurement.

**Outcome Measures.** At Centurion, we believe in our responsibility to build our own evidence base for correctional healthcare. Developing our own evidence-base ensures that we measure what we do to ensure what we are doing actually works. This process, called developing *practice-based evidence*, is an essential step in developing the evidence-base for practice.

**Corrective Action Plans (CAPs).** Centurion requires facilities with performance indicators that fall below performance measure goals of 90% to initiate a corrective action plan (CAP) to document and monitor their action steps for targeted improvement goals and necessary training and education plans. Following completion of a Root Cause Analysis (RCA) for the deficient measure, a CAP is developed and implemented. In developing a corrective action plan, staff use the “SMART” system to
ensure an appropriate process.

**S M A R T**

**Specific**
Does the goal clearly and specifically state what the patient is trying to achieve? If the patient’s goal is particularly large or lofty, try breaking it down into smaller, specific SMART goals.

**Measurable**
How will the patient (and others) know if progress is being made or achieving the goal? Can the patient quantify or put numbers to his or her outcome?

**Attainable**
Is the goal realistic and feasible for the patient? What factors may prevent the patient from accomplishing the goal?

**Relevant**
Why is achieving this goal important? What patient values does this goal reflect? What effect will achieving this goal have on the patient’s recovery and quality of life?

**Time-Bound**
When will the patient reach his or her goal? Again, if his or her goal is particularly large, try breaking it down into smaller, incremental deadlines.

**Follow-up of Corrective Action Plans.** Whenever CQI activities, KDOC audits, outside agency audits, or Centurion contract compliance audits reveal deficiencies in healthcare services or processes, we will develop and promptly initiate CAPs. Centurion expects our healthcare delivery system to meet or exceed KDOC standards and policy requirements at minimum.

The site Health Services Administrator (HSA), through the CQI committee, is responsible for implementing and monitoring the delivery of CAPs. This includes a systematic review of all plans during facility-specific CQI committee meetings. If we do not identify any improvement in an area identified on a CAP, we discuss additional ideas for corrective action such as staff training, more frequent monitoring, or change in processes and integrate them into the CAP.

Centurion has developed a *Master CAP Roster* that enables each institution to consolidate and track multiple CAPs in a single location. The *Master CAP Roster* includes the following categories of information:

- Indicator number
- Process – service delivery process that is being improved
- Original audit date(s) – may be more than one date if more than one auditing body found non-compliance
- Identification of auditing body for which the CAP is initiated, e.g., OHCC audit, Centurion audit, or Centurion contract compliance review
- CAP status dates – date CAP approved, date CAP last updated, and date CAP closed
Centurion’s *Master CAP Roster* helps ensure that we consolidate related noncompliant indicators into a single process to avoid duplication of CQI efforts. The Roster also permits institutional healthcare staff, regional and State leadership to track the time to completion. We recognize that accountability to timeframes is critical to the CQI program. We have included our Master CAP Roster as Attachment LL.

To assist facility healthcare staff in completing the required internal healthcare audits and CAPs, Centurion has developed a summary guide that outlines the CQI protocol for initiating, implementing, prioritizing, tracking, and completing CAPs when audit results fall below established compliance thresholds.

Ongoing training of healthcare staff is an important aspect of our CQI program. Training ensures healthcare staff members are competent to meet the demands of providing correctional healthcare and we consistently update them on new healthcare information. Following contract award and upon request, we will provide the KDOC with copies of our Corrective Action Planning Instructions for staff. We designed these instructions to support facility staff in initiating and following through with any corrective action steps identified.

**CQI Reference Manual**

As noted previously, Centurion has developed a comprehensive *CQI Reference Manual* to support staff in implementing CQI programs. We designed the manual for program-specific customization. Upon contract award, we will customize our model *CQI Reference Manual* to unique needs and requirements of the KDOC and OHCC.

The facility HSA will receive Centurion’s CQI Reference Manual and ensure its safe keeping and accessibility to staff for guidance, information, and education related to successful participation in a CQI program. Both our model and KDOC/OHCC-customized CQI manual will be available through our company portal for all staff to access on demand.

The CQI Reference Manual provides guidelines and tools that include the following:

- Design and structure of the CQI system
- Monitoring of service delivery and high risk interventions
- Risk management
- Utilization review/management tracking
- Monitoring tools, logs, and calendars
- Report writing and results analysis
- CQI study examples
- Completing meaningful corrective action plans
The *CQI Reference Manual* addresses CQI report writing and instruction on the creation of graphs, charts, and tables. Our Regional CQI Coordinator will work closely with facility CQI committees to ensure that they understand and are able to fulfill their roles and responsibilities in completing CQI initiatives.

**Reporting Results of Performance and Outcome Studies**

Centurion will prepare and submit a report to the KDOC Director of Health Care Compliance on the results of any approved and functional performance and outcome measures. Our reporting format and method of delivery will conform to the directions provided by the Department. We have extensive experience in our other healthcare program with a wide range of client-preferred reporting methods and are prepared to provide reports to the KDOC electronically and/or in hardcopy format.

In collaboration with the Department, we will generate reports to facilitate service delivery comparisons across KDOC facilities, with particular focus on analysis of the effectiveness of delivered services. If preferred by the KDOC, we can include in our reports a narrative summary that addresses these analytical comparisons that may not be readily apparent by relying solely on reported figures and percentages.

In addition to the contract-specific clinical leadership and management staff, we will make available two other corporate resources to support comprehensive healthcare audits and data analysis. The auditing team from our Clinical Operations department will be available to the KDOC for consultation on audit findings and the development of any needed program enhancements. Our Clinical Operations team will conduct regular contract compliance reviews for targeted healthcare requirements. We describe this process in our response to RFP Section 4.11, *Contract Monitoring/Management and Directing Services and Peer Review*.

Additionally, we recently established an Analytics and Informatics department to assist onsite clinical staff and our correctional partners with exploring creative ways to maximize the use of collected data, including data collected from EHR systems. We provide more information below about this department and examples of their work in other Centurion programs.

**Analytics and Informatics Department Support**

Over the past several years, Centurion has built an effective and growing Analytics and Informatics department to support our staff and clients with more effective and efficient data collection, analysis, reporting and utilization. The Analytics and Informatics department is a
health technology and analytics powerhouse designed to leverage information systems, improve reporting capabilities, and provide strategic insights to enhance and guide Centurion operations. With secure health information technology, the KDOC will benefit from data-driven approaches that improve quality of care, decrease per capita costs of care, and improve population health.

This corporate-level support will continue to be available to the KDOC as well as our onsite healthcare and behavioral health programs. Shenita Freeman, MSHIA, MPH, RHIA, CPHIMS, HCISPP, CPH our Analytics and Informatics Director, leads this effort, with support from two dedicated Data Analysts, Lisa Coleman, BS and Robert Douin, BS. The goals of this department include the following:

- Enhancing and/or improving reporting workflows and outputs
- Leveraging information systems and their contents to inform strategic decision-making
- Reducing and/or sharing the reporting burden through corporate Analytics and Informatics department support

Analytics involves studying historical data to research potential trends, to analyze the effects of certain decisions or events, or to evaluate the performance of a given tool or scenario. The goal of analytics is to improve operations and care through the effective utilization of data.

Informatics is the science of how to use data, information and knowledge to improve human health and the delivery of healthcare services. It is the field of information science concerned with the management of all aspects of health data and information through the application of computers and technology. Health information technology (IT) is part of informatics, but technology and technological considerations are only one component of the science.

The team has a broad range of experience that includes statistical programming, data visualization, measure development, and automation; they are experts at liaising between clinical and technical groups to develop innovative solutions.
Some of the specific services this department can provide the KDOC include:

- Project and risk management support
- Information systems management support
- Quality, process, and outcomes improvement
- Liaison between technical and clinical groups
- Healthcare information security and privacy consults
- Metric and measurement development
- Program and intervention evaluation support
- Strategy development
- Data interpretation – turning data into actionable information

The Analytics and Informatics department is a nimble functional group that encourages lean continuous quality improvement and data culture to identify challenges, opportunities, and solutions for each of our customers. We implement and sustain data communications that flow bi-directionally between our programs, the Corporate Office, and our customers. This focus creates close partnerships that reduce the reporting burden on the program while meeting accuracy and efficiency expectations. As a center for technical assistance, the department creates tools, process control statistics, and workflows to minimize redundancies and build capacity – bringing a proven multidisciplinary approach to support the data collection and analytic needs of our customers, programs, and patients.

Examples of Analytics and Informatics Services in Action

To illustrate the potential benefits of these services for the KDOC, we describe two examples of recent corporate Analytics and Informatics department support for enhanced data reporting from other programs. The first example involves a comprehensive statewide correctional healthcare program. In this example, our client wanted monthly reporting of patient-specific outcome metrics from data residing in the EHR system. The second example involves a different comprehensive statewide correctional healthcare program. In this example, there was need for enhanced pharmacy reporting through customized metrics and dashboard development.

In the first example, onsite healthcare staff were attempting to analyze manually extracted healthcare metrics from their EHR system by means of a spreadsheet. The process was labor intensive, prone to error, and often required a week or more each month to complete. With support from our Analytics and Informatics department, we implemented the following steps to achieve our desired result:

- We clarified reporting objectives and data requirements.
- We identified any inappropriate logic.
We effectively communicated these logical inaccuracies to the client, leading to more focused reporting expectations.

- We implemented the correct logic.
- We established an accurate automated reporting system and semi-automated workflows.

Using the above process, we were able to reduce the onsite work burden by several days each month.

The second example was a request by one of statewide correctional healthcare programs for a customized pharmacy dashboard. With support from our Analytics and Informatics department, we achieved the following benefits for the client:

- Established new metrics that provided improved medication management oversite, including:
  - Spending per formulary and generic status
  - Spending by therapeutic class
  - Spending by therapeutic class exclusions; monoclonal antibody immunobiologics, Hepatitis agents, antiretroviral, antineoplastic
  - Prescriber medication profiles: total spending per provider and per prescription
  - Total drug spending per drug over time
  - Top 200 drugs by spending and provider
- Involved vendor management to obtain the data
- Implemented functioning dashboards and partial EHR Proxy for population health management
- Identified approximately $3.5 million in savings opportunities

In the following sample, we showcase an example of a dashboard graphic that depicts Analytics and Informatics department support.
Online Collaboration and Reporting through SharePoint

We are aware that the KDOC may already have an online reporting mechanism. We will report our healthcare CQI audit results and other reports through the KDOC’s current system, if desired by the Department.

Alternatively, in our other programs, we have established program-specific online collaborative sites using SharePoint for real-time reporting and information sharing with our correctional clients. We are prepared to make this on-line reporting system available to the KDOC, if desired. Centurion’s internal, web-based portal will be available for designated KDOC staff to access and retrieve Centurion reports. The rationale for using the SharePoint
A web-based platform is to ensure that required information sharing and indicator reporting elements are immediately available to KDOC in real time.

Centurion’s SharePoint collaboration site will offer the KDOC access to healthcare related reports as well as our online library of logs, staff credentialing information, and policies and procedures. This reporting and document management system will allow Centurion to share information securely with the State. This information will be available to designated KDOC and Centurion staff with “instant access” as well as search and retrieval capabilities.

SharePoint supports automated triggers for required workflows and healthcare tasks. For example, when an occurrence or sentinel event occurs, designated KDOC staff will receive automatic notifications. The SharePoint workflow can include follow-up tasks such as patient follow-up or review and approval of a report. These features of the online collaboration site can increase transparency into Centurion’s healthcare delivery and improve efficiency in Centurion’s reporting to the KDOC.

Upon contract award, we will review the structure of our SharePoint system with the KDOC to ensure that our system of organization is consistent with the KDOCs needs and expectations. If the Department approves use of our SharePoint system for data sharing, we will provide training on the SharePoint system to ensure that designated KDOC staff are able to easily navigate and access necessary reports, logs, and staff credentialing information. Centurion will configure the site to allow access to only authorized individuals and to alert users when we post new reports.
4.11 Contract Monitoring/Management and Directing Services and Peer Review

4.11.1 The OHCC shall provide management and oversight staff for professional, contract management and oversight, observation of treatment, and assessment of program outcomes.

4.11.2 The OHCC shall provide peer review for patient care cases relative to this contract.

4.11.3 The Contractor’s regional office staff and site staff shall support and cooperate with scheduled and unscheduled audits of selected health care areas as developed and required by the OHCC. The Contractor acknowledges that the OHCC staff have the right to conduct these audits on behalf of the KDOC without the presence of Contractor’s Regional Office staff.

4.11.4 In instances of offender deaths, the HCP shall complete a death summary and submit the summary to the OHCC within seven (7) days from the date of death. KDOC shall make arrangements for all autopsies as required by law and KDOC policy. The Contractor shall cooperate and participate in any investigation by the Kansas Bureau of Investigation and/or any other state government oversight investigation as approved and required by the Secretary of Corrections.

4.11.5 The Contractor shall be required to perform a Serious Incident Review (SIR), chaired by the Regional Medical Director on all unexpected deaths, suicide attempts, and any adverse event related to the provision of health care that results in a hospital admission. The Contractor shall provide a copy of the Serious Incident Review to the Director of Health Care Compliance within thirty calendar (30) days of the serious event.

4.11.5.1 The SIR shall be treated as and considered a part of the Peer Review process.

4.11.5.2 The SIR shall be structured and follow generally accepted practices for completing such investigations (e.g., “root cause analyses”).

4.11.5.3 If warranted, separate corrective action plans shall be developed to address any issues identified as part of the SIR, which will include a timeline for completion and the individual staff responsible for their completion. Such plans will be provided to the OHCC either as part of the SIR, or as a separate document (if it is to be a second document, it is to be submitted to the OHCC within fourteen (14) days of the submission of the SIR report).

4.11.6 The Contractor must include provisions that grant and allow the OHCS access to, and inclusion in discussions, reviews, meetings, and any other activities that impact the care provided to offenders. This includes, but is not limited to:

4.11.6.1 Scheduled and unscheduled site level team, departmental or service-wide meetings.

4.11.6.2 Daily, weekly and/or quarterly oversight, quality, planning and review meetings and/or teleconferences.

4.11.6.3 Statewide or local management meetings in which patient care, program review and/or any other topics associated with the health or mental health care services are discussed.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.11, *Contract Monitoring/Management and Directing Services and Peer Review*, identified herein.

We appreciate the importance of monitoring all aspects of healthcare service delivery to ensure that we meet or exceed Department requirements, and the healthcare needs of KDOC’s offender population. In addition to our own internal monitoring through our CQI program and ongoing supervisory oversight, we welcome the opportunity to work with the KDOC’s Office of Health Care Compliance (OHCC) in their role of providing contract performance oversight and assessment of program outcomes. We view their accountability function as another means of ensuring ongoing service delivery monitoring and an opportunity for program and service delivery improvement.

Our regional office staff and site staff will support and cooperate with the scheduled and unscheduled audits of selected healthcare areas as developed and required by the OHCC. We recognize that the OHCC staff have the right to conduct their audits of behalf of KDOC without the presence of our regional office staff. Centurion recognizes that this includes OHCC’s own peer review process for provided healthcare services. We affirmatively commit to these conditions. The Department can be assured that we will not attempt to interfere with OHCC audits and reviews.

We welcome the inclusion of OHCC in any discussions, reviews, meetings, or any other activities that impact the healthcare provided to KDOC offenders. This includes, but is not limited to the specific meetings and teleconferences noted in RFP subsections 4.11.6.1 through 4.11.6.3. We will provide the OHCC with access to the EHR and any/all paper healthcare records, meeting minutes, or other documents necessary to facilitate the ongoing peer review process. We look forward to clarifying with the KDOC the extent of OHCC’s inclusion in the peer review process so we can maintain the intended confidentiality and integrity of the process as required in the NCCHC peer review standards.

Our health care practitioners (HCPs) will complete and submit a death summary to the OHCC within seven days of an offender’s death. We will complete the death summary on a
KDOC-approved form and collaborate with the OHCC to determine the preferred method of delivery. Additionally, our staff will cooperate and participate in any investigation by the Kansas Bureau of Investigation and/or any other state government oversight investigation as approved and required by the Secretary of Corrections.

In the event of an unexpected death, suicide attempt, or any adverse event related to the provision of healthcare for KDOC offenders, our staff will perform a Serious Incident Review (SIR). Upon completion of the review, we will provide a copy to the KDOC’s Director of Health Care Compliance within 30 days of the serious event. We understand that the KDOC and Centurion will treat and consider the SIR as part of the peer review process.

Centurion appreciates the importance of conducting reviews for serious incidents including unexpected deaths, suicide attempts, or other adverse event related to healthcare. These reviews are key components of our CQI program. Our policies and protocols supporting such reviews align with up-to-date best practice standards. As part of our ongoing efforts to enhance our clinical infrastructure and support healthcare leadership and staff in responding to offender deaths, Centurion’s clinical operations team formed a task force to review and improve our mortality and morbidity review process and to ensure the processes contribute to ongoing CQI efforts. The task force, led by our Corporate CQI Director, Karen Riley, RN, BSN, MBA, CPHQ, resulted in significant improvements to this critical area for internal review and quality improvement. Our revised mortality and morbidity materials include the following:

- Model Policy and Procedure, *Procedure in the Event of an Offender Death*
- Mortality Review Outline – Offender Suicide
- Multidisciplinary Mortality Preliminary Review Guidelines
- Multidisciplinary Mortality Preliminary Review Report
- Multidisciplinary Clinical Mortality Review
- Multidisciplinary Administrative Review Model Template
- Mortality Review Tracker Log
- Mental Health Clinical Guideline: *Critical Incident Education for Staff*
- Mental Health Clinical Guideline: *Psychological Debriefing following a Discrete Traumatic Event*
- Mental Health Clinical Guideline: *Psychological Reconstruction (Psychological Autopsy)*
- Clinical Guideline: Conducting a Morbidity Review
  - Morbidity Meeting Agenda/Minutes template CQI-013
  - Multidisciplinary Morbidity Review Report – Individual Patient event
  - Multidisciplinary Morbidity Review Report – Multi-Patient event

Following contract award, we will make these materials available to the KDOC for review and approval. Our proprietary model policy, *Procedure in the Event of an Offender Death*, and our clinical guideline, *Conducting a Morbidity Review*, are provided as **Attachments MM and NN**, respectively. We will conform these to KDOC and OHCC specifications following contract award.

At a minimum, our SIR process will follow generally accepted practices and include a root cause analysis. If the SIR and root cause analysis determines that corrective actions are required, we will develop a corrective action plan (CAP). The CAP will include a timeframe for completion and the individual(s) responsible for their completion. We will provide any required CAP to the OHCC as part of the SIR report, or as a separate document. When submitted separately, our staff will submit the CAP within 14 days of submission of the SIR report. We provide more detail on our CAP process in our response to RFP Section 4.10, *Quality Improvement Program*.

**Online Sentinel Events Log**

To support timely notification of offender deaths and other sentinel events, Centurion has created an online *Sentinel Event Log (oSEL)*. We created this online platform at the request of one of clients. The online platform includes automated alerts and reporting functions. Because of the success of this system, we decided to bring it online throughout our organization. Our Analytics and Informatics Department supports the oSEL platform and data. We provide information about our Analytics and Informatics Department in our response to RFP Section 4.10, *Quality Improvement Program*.

To support consistent sentinel event reporting and investigation of serious adverse healthcare events, Centurion has established a Sentinel Event Policy. Our policy and oSEL functionality includes mortality and morbidity reporting requirements relevant to behavioral health metrics, including completed suicides, serious suicide attempts, and serious self-injuries.
The goal of our oSEL policy and online tool is to improve patient safety and overall healthcare. We designed this tool to facilitate improved healthcare systems as a result of our careful tracking of these events and investigation into their root causes.

Following contract award, Centurion will provide the KDOC with CQI aggregated reports, taken from the oSEL database, regarding sentinel events, including offender deaths.

### Peer Review Plan for KDOC

An important component of our Continuous Quality Improvement (CQI) program is our peer review process. We require our health care practitioners (HCPs), as well as other licensed healthcare staff, to participate in this annual process of clinical performance enhancement. Our peer review policies and procedures for the KDOC will meet NCCHC and ACA standards. Upon contract award, we will conform our peer review process to meet KDOC policy requirements.

Our annual peer review process will include each of the licensed healthcare professionals included in our KDOC staffing matrix. This includes the following positions:

- Health care practitioners, including Advanced Practice Registered Nurses (APRNs)
- Dentists
- Registered Nurses
- Licensed Practical Nurses
- Licensed Behavioral Health Professionals
- Psychologists
- Licensed Addition Counselors

The intent of the peer review process is to enhance the clinical skills of licensed healthcare professionals by having their documented clinical performance reviewed and critiqued by their peers with similar credentials and responsibilities. We base our clinical competency assessment tools on The Joint Commission (TJC) Guidelines, the most stringent available standards from an accrediting body. Ongoing review of nursing competency will serve to complement the peer review process. Centurion’s annual peer review process is distinct from a supervisory review and meets or exceeds NCCHC Standards P/Y-C-02, Clinical Performance Enhancement, and ACA Standards 5-6D-4411 and 1-HC-4A-04, Peer Review. We will ensure that our peer review process conforms to the requirements of the KDOC.
Within 90 days of contract award, Centurion will submit our peer review program to the KDOC for review and approval. Annually, our CQI Coordinator in collaboration with our Regional Medical Director will provide the KDOC with an updated program to reflect any current concerns and system changes for peer review and competency verifications. Because our Centurion peer review process is in full compliance with TJC, NCCHC, and ACA standards, we are confident that we will meet or exceed KDOC expectations.

As a key aspect of our peer review process for licensed staff, non-supervisory peers conduct the review on their peers rather than by the staff member’s supervisor. If the facility staffing plan does not facilitate non-supervisory peer review of licensed staff, Centurion’s peer review process permits supervisory staff to complete these reviews when needed. If this is the case, the clinical peer review will be separate from the annual performance review. In current programs, we conduct peer reviews for our Regional Medical Directors and Psychiatric Directors with peers from other Centurion locations with similar responsibilities.

Centurion values the confidentiality and protection of the peer review process to support a non-threatening, non-punitive means for staff to receive feedback and improve their clinical performance. We conduct our peer review process within the framework of our CQI program. Our peer review process provides a tool to identify opportunities for improving practice and is not a “paper exercise.” The peer review process includes medical record reviews, discussion of clinical practices, and peer-to-peer feedback with the goal of enhancing individual competence and identifying potential areas for improvement.

We use the peer review process in a constructive manner to facilitate corrective action and improve the quality and efficiency of healthcare. As part of the peer review process, reviewers are educated on the need to meet with the reviewed staff member to share findings from the review as well as to discuss current practice and/or issues. Centurion staff members have the opportunity to discuss the results of their peer review with the reviewer.

Each completed peer review will note if a serious issue with the reviewed staff member’s clinical practices requires attention and independent investigation by the clinical supervisor. If the clinical supervisor identifies deficiencies in clinical care or documentation, the supervisor will develop a corrective action plan for the staff member reviewed. The corrective action plan includes a schedule for re-evaluation of problem areas in the staff member’s practice.

We maintain completed peer reviews in a confidential file in Centurion’s designated offices. Centurion will submit signed summary letters confirming the completion of a staff member’s peer review to the Director of Health Care Compliance or their designee as required. The
The clinical supervisor will forward to the OHCC any corrective action plans developed from the independent review subsequent to the peer review process upon request, or per KDOC protocols.

**Supervisory Reviews of Clinical Competency**

In addition to the annual peer review process, our clinical supervisory staff conduct clinical competency reviews when we identify staff-specific issues through peer review, supervisory review, CQI review, KDOC/OHCC review, patient grievances, or other sources. Additionally, we provide routine supervisory monitoring. For example, Centurion’s medical leadership has developed a structured program for supervisory monitoring of provider clinical skills and performance. We will make our *Medical Provider Clinical Practices Assessment Protocol* available for review upon contract award. It will confirm that we monitor the following:

- Individual provider clinical practices as reflected in medical record documentation
- Medication prescribing practices
- Referrals for offsite or onsite specialty services
- Provider staff productivity

We will conduct a similar supervisory review of clinical skills for our dental, mental health and psychiatric providers. All staff participate in and receive an annual performance supervisory review consistent with Centurion guidelines and contract requirements. Following contract award, our annual performance evaluation template will be available upon request.

**Corporate Contract Reviews**

In addition to our internal CQI process and supervisory reviews, if approved by the KDOC, Centurion provides our correctional partners with contract reviews conducted by our corporate Clinical Operations team. These regular reviews help ensure that Centurion’s programs are meeting programmatic requirements and help us to identify any deficiencies in communication between healthcare, custody staff, and other vested stakeholders.

Centurion’s Clinical Operations Department does not review delivery of comprehensive healthcare services from a financial standpoint, but from a clinical perspective. The clinical operations team conducts audits independent of our onsite CQI team or clinical leadership. The process includes, but is not limited to, patient record and staff credential file reviews. They add a qualitative component to the process by interviewing wardens, non-Centurion healthcare staff and other stakeholders, as well as our direct service staff. They are intentionally looking for signs that departments are working in silos and not effectively communicating, thereby compromising continuity of patient care.
At the conclusion of the audit, the clinical operations team writes up a thorough report that includes the audit findings, as well as helpful recommendations for improving interdisciplinary communication and programming opportunities. This process is unique and sets Centurion apart from our competitors. Upon contract award, we will review this value-added service with the KDOC to determine if this would be helpful as an added layer of monitoring and support for comprehensive healthcare services.
4.12 Utilization Management Program

4.12.1 The Contractor shall specify a detailed plan for implementation and maintenance of a utilization management (UM) program. Addressed in this section shall be the mechanism by which the Contractor plans to control health care cost areas in which the cost savings will be achieved and evidence of success for such a program in other contract sites.

4.12.2 The plan will also include integration and coordination with current Medicaid policies to meet KDOC, Federal HRSA, and KDHE requirements as it relates to information gathering, statistics, and claims processing. Contractor shall be responsible for all clinical decisions and hospital discharge planning.

4.12.3 Inpatient services are currently part of the comprehensive healthcare price. Medicaid provides for offenders that are released to the hospital greater than twenty-four (24) hours, for patients under age 19, pregnant females, chronic disease resulting in disability, and over age 65. This has historically for the last three (3) years (FY 2017 – FY 2019) represented thirty-nine (39%) of our inpatient hospital days. The OHCC assists both KDOC and KDHE in administering the plan. The contractor is responsible for cooperating and assisting eligible offenders in completing Medicaid applications and forwarding those applications to the OHCC. In addition, the Contractor is responsible in providing OHCC with a detailed list of inmates who are inpatient at a community hospital; this includes access to any record(s)/communication(s) that will assist in determining Medicaid eligibility. The OHCC coordinates with KDHE and KDOC for eligibility determinations. Any monies paid by Medicaid to off-site hospitals for those offenders qualifying will be deducted at 100% rate from the Contractor’s monthly payments.

4.12.4 The Contractor shall be responsible for entering and updating data into the EHR system which includes offender history of birth records, Medicaid beneficiary ID numbers, current medical insurance, and disability claims. This information will be obtained as part of the mental health and medical intake process.

4.12.5 KDOC understands that the Contractor may have proprietary methods of documenting utilization management activities. Regardless, the KDOC considers the EHR to be the official documentation source of all utilization management activities. As OHCC reviews records for ascertaining compliance with the utilization management aspects of this contract, the electronic record will be the only source utilized to measure compliance.

4.12.6 The Contractor’s utilization management program must outline the process for how health care decisions will be made. Utilization decisions are required to be made by the Kansas-licensed Regional Medical Director based in an established Kansas Regional Office with access to the KDOC’s EHR utilizing appropriate community standards of care. The Contractor will update decision-making processes as community standards of care are updated during the life of the contract. The contractor shall be responsible for all clinical decisions. Examples of unacceptable utilization management practices include, but are not limited to:
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.12, *Utilization Management Program*, identified herein.

The KDOC utilization management (UM) program will be consistent with regulatory and accrediting guidelines, including Medicaid requirements, KDOC policies, Federal Health Resources and Services Administration requirements, and Kansas Department of Health and Environment (KDHE) requirements. We will provide the necessary patient information, statistics and claims processing requirements to comply with regulatory mandates.

### Utilization Management Program

Our experience has shown that the best approach to quality medical care is to comply with the philosophy of **providing the right care, to the right person, at the right time.** Our approach is based in local oversight and decision making, guided by evidence-based practice that adheres to current and appropriate standards of care. Centurion’s UM department supports local operations through a corporate based continual process improvement program built on the foundation of Lean Six Sigma and leveraged innovative technology. Centurion’s UM program is committed to a data driven approach that prioritizes a patient’s sense of well-being and productivity, while actively containing cost.
KDOC can be assured that Centurion’s comprehensive UM program, directed by the regional medical director and associate regional medical director at the local level in collaboration with Darren Isaak, MBA, BSN, Senior Director of Utilization Management at Centurion’s corporate office, will be of the highest quality. Our UM program encompasses the functions of pre-authorization, concurrent review, discharge planning from hospital to facility, case management, appeals, and retrospective review.

The KDOC will benefit from Centurion’s experienced UM program, delivered by staff with over 30 years of nursing experience. In collaboration with the KDOC, our Regional Medical Director, Associate Regional Medical Director, and Regional UM Coordinator will have final approval for all UM protocols, as well as a system for oversight of alternative treatment plans, patient outcomes, and documentation requirements. Our UM program will be tailored to KDOC policies with oversight by Kansas-licensed physicians employed at KDOC facilities. This affords KDOC the confidence that the UM program not only represents Kansas specific healthcare objectives but that the program will always represent the highest quality care available.

KDOC’s desire to control healthcare costs is both understandable and commendable. It is important to recognize that cost-savings involve dynamic factors that present across a variety of data points. For example, quality care may appear to cost more to achieve standards of care and stabilization of untreated or undertreated conditions, but when litigation avoidance, population stabilization, and early intervention are achieved, so are cost savings.

KDOC will benefit from Centurion’s UM process through realized program efficiencies, quality patient care, and innovative cost containment strategies. We provide the following program examples to highlight just some of Centurion’s UM accomplishments:

- Prior authorization is required for procedures/services for which the quality of care or cost of care can be favorably influenced by medical necessity and/or appropriateness of care review. Centurion recognized the administrative burden that a prior authorization process can place on providers, ultimately decreasing time for patient contacts. As a result, the UM department reviews the list of required prior authorization services at least annually to determine if services may be removed. For example, if we identify a service that has a low alternative treatment plan rate (ATP), we may remove it from the prior authorization list. Since 2017, we have removed 112 codes from prior authorization requirements, decreasing the administrative burden for providers and improving the efficiency of the healthcare system.
Onsite specialty consults through the use of RubiconMD, an econsult system made available to Centurion providers. RubiconMD provides access to board certified specialists, through a HIPAA compliant online platform, empowers providers to receive key clinical insights at the point of care, increasing their ability to make clinically informed decisions, improving patient care plans, and avoiding unnecessary transportation and outside costs. RubiconMD consultations have helped avoid unnecessary offsite referrals and resulted in an improvement of the referral process. In the diagram below, we display the types of specialty consults.

Utilization of emergency services is routinely analyzed by a review of the quantity of emergency department send outs as compared to hospital admissions, resulting inpatient hospital days, and the frequency of unique patient readmissions. Through UM analysis, it was determined that an alternative level of care may be more appropriate to treat conditions routinely being directed to emergency services. In 2019, our Minnesota program piloted a partnership with local Urgent Care centers to
treat non-life-threatening conditions that could not be managed onsite but did not require emergency services. Through comparing utilization data for the third quarters of 2017, 2018, and 2019, a 9% decrease in emergency services was achieved. By using Urgent Care centers, we provided a more appropriate level of quality patient care and avoided unnecessary costs associated with emergency services. Based on our success in Minnesota, we are reviewing the opportunity to present and implement Urgent Care centers in other Centurion programs.

**Active, Efficient, Effective UM Processes**

The foundation of Centurion’s UM program consists of the following principles:

- Healthcare services are a constitutional right for correctional populations. We provide these services when the care is determined to be medically necessary within a physician-driven system of care.

- We ensure consistent access to and delivery of medical services through:
  - Approved provider medical treatment guidelines
  - Evidence-based nationally recognized criteria
  - Physician-driven UM nurse protocols that are consistent with nationally recognized evidence-based practices

- Our UM program is patient centric and clinically focused.

- Our UM program is coordinated by specially trained nurses with strong clinical backgrounds and supported by a strong physician team.

- Our UM program ensures timely access and review of specialty service requests and includes a process for provider appeal and reconsideration of deferred requests.

- Our UM review process does not interfere with or create a delay in providing medically necessary care.

- We require alternative treatment planning as a necessary component of the UM review process when specialty service requests fall out of the scope of what is medically indicated. This is in accordance with approved national guidelines.

- We analyze information obtained from the UM process to predict and improve management of medically necessary services, both concurrently and prospectively.
- We approach UM as a dynamic, quality management and improvement process. As additional data, research, and other new information becomes available, we update our program to remain current with national and community standards of care.

- The UM program uses data to identify patterns of utilization and work with leadership and providers to make improvements when opportunities are identified.

Patients benefit from maximizing health outcomes when the UM process ensures that consistent, unduplicated, quality specialty care is delivered in the most appropriate setting. Our UM program uses InterQual® criteria, in addition to other tools, for determining specialty care referrals and continued appropriateness of the patient's level of care. InterQual® is a recognized leader in developing clinical decision support tools that are clear, consistent, and evidence-based. Through the InterQual® platform and seasoned UM staff, care decisions that promote the appropriate use of services, enhance quality, and improve health outcomes are realized.

The following graphics depict our UM specialty care and emergency care review process.
Emergency services do not require prior authorization, and Centurion’s UM processes will not interfere with access to emergency care. Instead, our UM processes involves a retrospective review of emergent care as well as a concurrent review of any specialty or inpatient hospital services that result from emergent care.

**Utilization Management: Emergency Care**

Concurrent Reviews. Hospitalized patients receive a daily UM concurrent review. The concurrent review includes daily triage of the patient’s care by the UM Coordinator and a hospital representative. Considerations of the concurrent review include, but are not limited to:

- Assesses the clinical status of hospitalized patient
- Determines if a patient’s diagnosis is the same or has changed
- Facilitates implementation of the patient’s plan of care
- Promotes timely care
• Communicates the appropriateness of treatment rendered in relationship to correctional healthcare policies and practices
• Monitors the quality of care to verify community standards of care are met
• Determines when the level of care can be met in a correctional setting Verifies the need for continued hospitalization including additional days, services, and/or procedures that are proposed and clinical rationale for extension of the treatment or service
• Determines specific requirements to facilitate a safe discharge to a KDOC facility or another level of care

Retrospective Reviews. Retrospective reviews constitute a review of medical services that have already been provided without required UM notification and/or authorization by UM staff. These cases often involve emergent care in which there was no opportunity for preauthorization or a concurrent review. Our regional medical director or associate regional medical director reviews the services for retrospective authorization. If the supplied documentation meets medical necessity criteria, the services will be authorized. If the supporting documentation is questionable, the regional medical director or associate regional medical director completes a physician advisory review. We complete retrospective medical necessity review of services previously provided and subsequent provider notification within 30 days of receipt of request for payment.

Medicaid Consideration
KDOC offenders admitted to an outside hospital for more than 24 hours may be eligible for Medicaid coverage when they meet eligibility criteria. We will collaborate with the Office of Health Care Compliance (OHCC) to ensure eligible offenders receive the necessary information for Medicaid consideration. We understand eligibility to include, at minimum, patients under age 19, pregnant females, patients with a chronic disease resulting in disability, and patients over age 65.

When prolonged hospitalization is anticipated, Centurion will ensure that Medicaid application materials are prepared before the hospital admission. Additionally, patients who demonstrate a high likelihood of hospitalization, based on history, age, pregnancy, or chronic medical conditions, will have Medicaid applications filed in anticipation of a potential hospitalization.

Our health services administrator, medical director, and UM coordinator will triage patients who are sent out on an emergency basis and are expected to remain hospitalized for a
prolonged period. The triage process will determine if coordination with OHCC for a Medicaid application is appropriate. We will provide the KDOC and OHCC with a point of contact for each facility, as well as our UM coordinator at the regional office, for timely adherence with Kansas Medicaid application considerations.

We acknowledge that Medicaid reimbursement will be deducted at 100 percent of the reimbursement rate from monthly contract payments.

**Electronic Health Record**

The Electronic Health Record will be the official source of UM information, including but not limited to offender history of birth records, Medicaid beneficiary ID numbers, current medical insurance, and disability claims. We appreciate that the KDOC and OHCC desire UM documentation to be included in the approved EHR, as this ensures a complete record of the healthcare, and healthcare-related decisions, provided to the patient. Information will be accessible on site, as well as to the KDOC, our UM Coordinator, Associate Regional Medical Director, and Regional Medical Director for consideration and determination of UM protocols and pursuit of Medicaid funding. Centurion routinely uses InterQual and TruCare in our documentation and tracking of UM practices. We understand that these systems will not be included in KDOC compliance reviews. Centurion is happy to provide the department additional information on these systems as requested.

**Continuous Quality Review**

The UM process is an integral part of our continuous quality review program. We provide more detail on this program in our response to RFP Section 4.10, *Quality Improvement Program*. The KDOC and OHCC will have our full cooperation in the review and monitoring of the UM process. This will include regular reporting measures based on the timeframes and format of KDOC and OHCC preference. We are confident through our documentation practices and use of programs such as TruCare, that we will be able to provide the requested data efficiently and accurately.
Additionally, our quality improvement program will ensure that KDOC is provided evidence that Centurion’s UM practices comply with EHR expectations, meet requirements for Kansas licensed physicians, use evidence-based standards of care for alternative treatment planning, and meet appropriate review, decision, and patient outcome expectations.

We believe that KDOC will appreciate Centurion’s UM process and the benefits it brings to the Department. Our experience, technology, and commitment to quality, local, patient care will provide a UM program second to none. KDOC offenders will have unimpeded access to the appropriate level of healthcare based on medical necessity, providing the right care, to the right person, at the right time.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.13, *Reports and Manuals*, identified herein.

The availability of program-specific and detailed manuals helps ensure that offenders have consistent access to services that meet updated evidence-based practices and comply with all applicable standards. Our reports will help the HCP, our management staff, and the
KDOC evaluate the consistency and applicability of the services we provide while making sure that our service delivery process evolves with the KDOC needs.

Unique to Centurion is the breadth of our manuals and reports, the training we provide our staff in using these guidelines, our review and corrective action processes, and the availability of clinical experts to support our staff in meeting best practice guidelines.

Patients will benefit because they will receive care that is consistent, equitable, and based on best practices in the fields of medical and behavioral health and dentistry. Centurion staff will realize efficiencies in service delivery, focused training, and confidence in meeting patient needs according to established processes. The KDOC will benefit from cost efficiencies resulting from consistency of care, better patient outcomes and protection from frivolous litigation. Additionally, the KDOC will gain from improved transparency, demonstrated through our reports, and the partnership through which we will make sure that we are continuously enhancing the correctional healthcare system in Kansas.

Evidence-Based Care Using Detailed and Compliant Manuals

The KDOC’s patients will benefit from the wealth of clinical resources and information available to our healthcare staff in assessing, treating, and managing patient healthcare needs. These manuals and resources meet national clinical practice guidelines and evidence-based standards endorsed by NCCHC, ACA, and the AAFP. The former two organizations updated their respective standards in 2018 for adult prisons and NCCHC updated their standards for adult jail facilities the same year. When this occurred, we promptly revised our policies to match all changes in the NCCHC and ACA standards.

Centurion Model Policies and Procedures

Centurion maintains three separate sets of proprietary model polices that correspond to the three separate sets of standards published by NCCHC: prisons, jails, and juvenile correctional systems. We number our model policies to match the referenced sections in the 2018 NCCHC standards, as these standards have historically been comprehensive and detailed in addressing healthcare service delivery within correctional systems. However, each of our model proprietary policies cross-references both the most recent ACA and the NCCHC national standards.
Each set of policies includes over 100 standards that fall into the following categories:

Jails and Prisons

- Section A Governance and Administration
- Section B Health Promotion, Safety and Disease Prevention
- Section C Personnel and Training
- Section D Ancillary Health Care Services
- Section E Patient Care and Treatment
- Section F Special Needs and Services
- Section G Medical Legal Issues

Juveniles

- Section A Governance and Administration
- Section B Safety
- Section C Personnel and Training
- Section D Healthcare Services and Supports
- Section E Patient Care and Treatment
- Section F Health Promotion
- Section G Special Needs and Services
- Section H Health Records
- Section I Medical Legal Issues

Upon contract award, we will provide the Department with our most current proprietary model policies for prisons and juvenile correctional facilities after conforming them to KDOC policies, administrative directives, and any additional local or state regulations. As required by NCCHC and ACA, for each KDOC facility, we will tailor our KDOC-specific policies to meet each facility’s specific operational requirements. The resulting policies and procedures will be facility-specific and meet or exceed with KDOC expectations.

Centurion Guidelines and Manuals

The following are the manuals that we will make available to our healthcare staff to meet the daily needs of KDOC patients:

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<th>Guideline</th>
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<tr>
<td>Continuous Quality Improvement Manual</td>
<td>• Design and structure of the CQI system</td>
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<td>• Monitoring of service delivery and high risk interventions</td>
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<td>• Risk management</td>
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### Centurion Manuals and Treatment Guidelines

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<td><strong>Guideline</strong></td>
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<td>Centurion Manuals and Treatment Guidelines</td>
<td>• Utilization review/management tracking</td>
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<td>• Monitoring tools, logs, and calendars</td>
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<td>• Report writing and results analysis</td>
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<td>• CQI study examples</td>
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<td>• Completing meaningful corrective action plans</td>
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<td>Infection Prevention and Control Manual</td>
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<td>• Biohazardous Waste Management</td>
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<td>• Tuberculosis Control Plan</td>
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<td>• Skin and Soft Tissue Infection Management</td>
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<td>• Gastrointestinal Infections</td>
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<td>• Laboratory Specimen Handling</td>
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<td>• Intravenous Therapy Guidelines</td>
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<td>• Cleaning, Disinfecting, Sterilization</td>
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<td>• Outbreaks and Contact Investigation</td>
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<td>• Vaccines and Immunization</td>
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<td>• Staff Health Guidelines</td>
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<td>• Infection Control Program Reporting</td>
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<tr>
<td>End of Life Hospice Manual</td>
<td>• Essentials of Hospice/Palliative Care</td>
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<td>• Goals of the Prison Hospice Program</td>
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<td>• Centurion Hospice Policy (Purpose, Description, Policy)</td>
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<td>• Housing</td>
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<td>• Admission Criteria (Purpose, Criteria for Admission, Procedure, Sample Forms)</td>
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<td>• Policy – Care of the Terminally Ill – Comprehensive (Purpose, Policy, Definitions, Procedures)</td>
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<td>• Hospice Staffing</td>
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<td>• Job Descriptions</td>
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<td>• Hospice</td>
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<td>• Hospice Patient’s Bill of Rights</td>
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<td>• Resources</td>
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<tr>
<td>Electronic Health Records Manual</td>
<td>• Centurion will provide the KDOC with NextGen’s most recent user’s manual at contract start</td>
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<tr>
<td>Hepatitis Control Protocols</td>
<td>• Included in Centurion’s Infection Prevention and Control Manual</td>
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<td>• Addressed in our Hepatitis C Disease Management Guidelines</td>
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<tr>
<td>Clinical Guidelines</td>
<td>• General Practice Guidelines</td>
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<td>• General Reference Guidelines</td>
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<td>• Preventive Screenings</td>
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# Centurion Manuals and Treatment Guidelines

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<th>Guideline</th>
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<td>• Diagnostics</td>
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<td>• Therapeutic Interventions</td>
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<td>• Surgical Interventions</td>
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<td>• Patient Specific Durable Medical Equipment</td>
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<td>• Vaccinations</td>
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<td>• Additional Clinical Guidelines</td>
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<td>• Asthma Disease Management Guidelines</td>
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<td>• Diabetes Type 1 Disease Management Guidelines</td>
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<td>• Diabetes Type 2 Disease Management Guidelines</td>
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<td>• Hepatitis C Disease Management Guidelines</td>
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<td>• HIV Disease Management Guidelines</td>
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<td>• Hypertension Disease Management Guidelines</td>
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<td>• Seizure Disease Management Guidelines</td>
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<td>• Sickle Cell Disease Management Guidelines</td>
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<td>• Tuberculosis Disease Management Guidelines</td>
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<td>• Contraception</td>
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<td>• Erectile Dysfunction</td>
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<td>• Fish Oil Supplements</td>
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<td>• Medical Marijuana</td>
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<td>• Nasal Steroids</td>
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<td>• Probiotics</td>
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<td>• Testosterone Therapy</td>
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<td>• Vitamin D Supplementation</td>
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<td>• Acne Vulgaris</td>
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<td>• Anticoagulants – Converting Between Oral Anticoagulants</td>
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<td>• Anticoagulation Therapy</td>
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<td>• Gabapentin for Neuropathic Pain, including Gabapentin Medication Agreement</td>
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<td>• Insulin – Sliding Scale</td>
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<td>• Onychomycosis (Fungal infections of the toenail)</td>
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<td>• Skeletal Muscle Relaxants</td>
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<td>• Attention Deficit Hyperactivity Disorder Guideline</td>
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<td>• Anticholinergic Medication Guideline</td>
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<td>• Anxiety Disorders Treatment Guideline</td>
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<td>• Bipolar Disorder Treatment Guideline</td>
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<td>• Dementia Disorders Treatment Guideline</td>
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<td>• Depressive Disorders Treatment Guideline</td>
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<td>• Insomnia Disorder Treatment Guideline</td>
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<td>• Laboratory Testing Guideline</td>
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<td>• Psychotic Disorders Treatment Guideline</td>
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<td>• Posttraumatic Stress Disorder Treatment Guideline</td>
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<td>• Tardive Dyskinesia Treatment Guideline</td>
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<td>• Behavior Management Plans</td>
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<td>• Conducting Mental Health Rounds in Segregation</td>
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<td>• Critical Incident Education for Staff</td>
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Centurion Manuals and Treatment Guidelines

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Components</th>
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<tbody>
<tr>
<td>Developing Treatment Plans for Patients with Functional Impairment Due to Intellectual Disabilities</td>
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<tr>
<td>Incorporating Mental Health Advance Directives into Correctional Care</td>
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<tr>
<td>Integrated Treatment Plans for Patients with Serious Mental Illness and Substance Use Disorders</td>
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<tr>
<td>Management of Major Neurocognitive Disorders (Dementia)</td>
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<tr>
<td>Mental Health Advance Preferences Plans</td>
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<td>Mental Health Assessment of Ability to Make Informed Medical Decisions</td>
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<tr>
<td>Mental Health Consultation to Disciplinary Process (with Model Form)</td>
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<tr>
<td>Mental Health Review for Segregation/Restrictive Housing Placement</td>
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<tr>
<td>Psychological Debriefing following A Discrete Traumatic Event</td>
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<tr>
<td>Psychological Reconstructions of an Offender's Suicide (Psychological Autopsies)</td>
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<tr>
<td>Screening for Irreversible Cognitive Decline</td>
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<tr>
<td>Suicide/Self-Injury Risk Assessment</td>
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</table>

Centurion will review and update all manuals annually or as needed and will submit a statement confirming the review and detailing any changes made to the manuals by July 1st of each contract year.

Enhancing the Healthcare System Using Accurate Reports

Centurion will provide routine daily, monthly, annual, and ad-hoc reports as required by the KDOC. Capturing, monitoring, and providing accurate and timely statistical reports is imperative in delivering effective healthcare services and enhancing the service delivery process. We will begin providing these reports as part of our initial implementation process and will continue to provide them throughout the course of our partnership. These reports will include the following:

<table>
<thead>
<tr>
<th>KDOC Required Reports</th>
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<tbody>
<tr>
<td><strong>Report</strong></td>
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<tr>
<td>Health Services Report</td>
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<tr>
<td>Inpatient Hospital Report</td>
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<td>Inpatient Hospital Report</td>
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<tr>
<td>Infirmary Report</td>
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<tr>
<td>Infectious Disease Control Report</td>
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<tr>
<td>MH-CQI Activities Report</td>
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</tbody>
</table>
KDOC Required Reports

<table>
<thead>
<tr>
<th>Report</th>
<th>Frequency</th>
<th>Submitted to</th>
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<tbody>
<tr>
<td>Scripts Written and Medications Dispensed Report</td>
<td>Monthly</td>
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<tr>
<td>Medication Nursing Errors Report</td>
<td>Monthly</td>
<td>KDOC</td>
</tr>
<tr>
<td>Equipment Purchased Report</td>
<td>Monthly (end of month)</td>
<td>OHCC</td>
</tr>
<tr>
<td>Replacement Schedule Forecasting Report</td>
<td>Quarterly</td>
<td>KDOC</td>
</tr>
<tr>
<td>Healthcare Education Fund Report</td>
<td>Monthly (end of month)</td>
<td>OHCC and KDOC Fiscal Services Division</td>
</tr>
<tr>
<td>Staffing Status Reports</td>
<td>Monthly (end of month)</td>
<td>KDOC</td>
</tr>
<tr>
<td>Utilization Management Weekly Offsite Appointment Schedule</td>
<td>Weekly</td>
<td>Facility Warden</td>
</tr>
<tr>
<td>Effectiveness of Telemedicine Program Report</td>
<td>Annual</td>
<td>KDOC</td>
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</table>

Under the direction of our clinical leadership and CQI program and unless otherwise required, we will make all monthly reports noted above available to the KDOC by the 10th calendar day of the following month.

Transparency Using Accurate Reporting

The KDOC will benefit from Centurion’s focus on transparency and partnership. We will provide the KDOC with customized, accurate and timely reports that enables us to evaluate the system collaboratively, address healthcare delivery challenges, and continuously evolve the correctional healthcare system in Kansas.

Two factors contribute to our reputation as an organization that effectively utilizes reports to manage and enhance service delivery and program improvement: experience using electronic health records to mine data and our analytical and informatics capabilities.

Using Electronic Health Records

To ensure accuracy, whenever possible we will derive statistical data directly from the EHR. If manual data collection is necessary, we will establish a data tracking system and monitor compliance through the CQI program. Centurion is familiar with NextGen and will be able to ensure reporting functionality and minimize manual data collection requirements using this system, thereby improving timeliness and accuracy of reports. We provide more detail on
the proposed electronic health record system in our response to RFP Section 4.20.2, *Electronic Health Record*.

**Analytics and Informatics Department Support**

Over the past several years, Centurion has built an effective and growing Analytics and Informatics department to support our staff and clients with more effective and efficient data collection, analysis, reporting and utilization. The Analytics and Informatics department leverages information systems, improve reporting capabilities, and provide strategic insights to enhance and guide Centurion operations. With secure health information technology, the KDOC will benefit from data-driven approaches that improve quality of care, decrease per capita costs of care, and improve population health.

As described in our response to RFP Section 4.0, Quality Improvement Program, this corporate-level support will be available to the KDOC, as well as the onsite healthcare team. Shenita Freeman, MSHIA, MPH, RHIA, CPHIMS, HCISPP, CPH, our Director of Analytics and Informatics, will lead this effort, with support from two dedicated Data Analysts, Lisa Coleman, BS and Robert Douin, BS, Centurion’s Health Analysts.

We illustrate the mission of our Analytics and Informatics team in the graphic that follows, and then provide examples of the types of dashboard reporting that can be made available to the Department. We do not believe this level of sophistication in reporting is available elsewhere.
Bid Event/RFP No. EVT0006973
Comprehensive Health Care Services
Date
January 10, 2020
Section
4, Technical Literature

Goals
Lower Costs
Better Health
Better Care

Sustained Improvements
Aligned Efforts

Expertise
Public & Population Health
Statistical Programming
Data Visualization
Health Informatics
Data Mining
Measure Development
Data Interpretation
Automation
Clinical & Technical Liaising
Technical Assistance

Additional Services
Project & Risk Management
Information Systems Management
Quality, process, and outcomes improvement
Healthcare Information & Security
Program Evaluation
Strategy Development

Data Sources
Offender Management Systems
Pharmacy Claims
Laboratory Claims
Electronic Health Records
Logs (ER/IR/OP, Hepatitis C, Infirmary, etc.)
Utilization Management
Finance
Human Resources
Information Technology
Centurion Proprietary Applications
Dashboard Reporting. Dashboard reporting provides a dynamic view of specific quality and performance metrics. It enables us to roll up site-specific data into aggregate regional and state-level measures. At Centurion, our data analytics and dashboard reporting capabilities are evolving rapidly. We provide samples of our dashboards and analytics trackers on the pages that follow.

ER Send Out Sample

Sick Call Compliance Sample
We look forward to developing our use of data analytics for the KDOC and discussing how to best utilize this corporate resource to further enhance our reporting and information sharing capacity and effectiveness.

**Sharing Reports with the KDOC**

Centurion recommends using **SharePoint** to facilitate real-time reporting and information sharing with the KDOC. In our other programs, we have established program-specific online collaborative sites using **SharePoint** and Centurion’s internal, web-based portal staff to access and retrieve reports. The rationale for using the SharePoint web-based platform is to ensure that all required information sharing and indicator reporting elements are immediately available to the KDOC.
Centurion’s SharePoint collaboration site will offer the KDOC access to healthcare related reports as well as our online library of logs, staff credentialing information, and policies and procedures. This reporting and document management system will allow Centurion to share information securely with the KDOC. We will make this information available to designated Department and Centurion staff with “instant access” as well as search and retrieval capabilities.

SharePoint also supports automated triggers for required workflows and healthcare tasks. For example, when an occurrence or sentinel event occurs, all designated KDOC staff will receive automatic notifications. The SharePoint workflow can include follow-up tasks such as patient follow-up or review and approval of a report. These features of the online collaboration site increase transparency into Centurion’s healthcare delivery and improve efficiency in Centurion’s reporting system.

Upon request, we will review the structure of our SharePoint system with the KDOC to ensure that our system of organization is consistent with the Department’s expectations. Upon contract award and approval of our proposed use of SharePoint, we will provide training on the SharePoint system to ensure that all designated KDOC staff are able to easily navigate and access necessary reports, logs, and staff credentialing information. We will configure the SharePoint site to allow access to only authorized individuals and alert authorized users when we post new reports.
4.14 Accreditation

4.14.1 Contractor shall obtain and maintain NCCHC and/or ACA accreditation in coordination with the KDOC management team. ACA accreditation shall be for the health care operations only.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.14, *Accreditation*, identified herein.

Accreditation is the process whereby KDOC facilities can demonstrate their ability to comply with regulatory requirements set by NCCHC and ACA. Unique to Centurion’s accreditation services is our longstanding ability to obtain and/or maintain accreditation for client agencies, the capabilities of our Clinical Operations Department in managing the accreditation process, and staff in advisory positions with NCCHC and ACA. Patients benefit from accreditation by having access to services that meet the highest standards of care. The KDOC benefits by realizing better patient outcomes through the use of consistent and compliant care and maintaining coveted NCCHC and ACA accreditation status at its facilities.

**Accreditation**

Centurion looks forward to collaborating with KDOC management and facility teams to obtain and maintain accreditation for KDOC facilities. Based on KDOC Answer 71 in RFP Amendment 3 and Answers 67, 68, and 69 in RFP Amendment 4, we understand that the Department only seeks ACA accreditation for facility medical services and not for the entire facility, that each facility was most recently accredited by the ACA in August 2017, and that the KDOC has applied for re-accreditation surveys to be conducted in the spring of 2020. We further appreciate that the Department holds the expectation that ACA accreditation will continue uninterrupted. Based on KDOC Answer 70 in RFP Amendment 4, we recognize that all KDOC facilities met 100% of mandatory ACA standards.

The KDOC can be confident that Centurion will continue this level of accreditation performance during the new contract cycle. We have a strong track record of assisting clients in pursuing, achieving, and maintaining national accreditations from the ACA and NCCHC, various state accreditations, as well as meeting established community standards of care.
We assisted the following programs achieve and/or maintain ACA accreditation:

- Florida Department of Corrections – 61 facilities
- Maryland Department of Public Safety and Correctional Services – 7 facilities
- Minnesota Department of Corrections – 11 facilities
- Mississippi Department of Corrections – 16 facilities
- New Mexico Corrections Department – 8 facilities
- Pennsylvania Department of Corrections – 24 facilities
- Tennessee Department of Correction – 10 facilities
- Bernalillo County Metropolitan Detention Center, New Mexico
- DeKalb County Jail, Georgia

The following programs or facilities have achieved and/or maintained NCCHC accreditation with Centurion:

- Arizona Department of Corrections – 10 prison complexes
- DeKalb County Jail, Georgia
- Baltimore Central Booking and Intake Center, Maryland
- Chesapeake Detention Facility, Maryland
- Central Mississippi Correctional Facility, Mississippi
- Mississippi State Penitentiary, Mississippi
- South Mississippi Correctional Institution, Mississippi
- Bernalillo County Metropolitan Detention Center, New Mexico
- Philadelphia Department of Prisons – 4 facilities
- Vermont Department of Corrections – 6 facilities
- Volusia County, Florida Division of Corrections – 2 facilities

Centurion ensures that our healthcare policies and procedures meet applicable standards of all major accrediting bodies, regardless of the accrediting status of our client agency. These standards include those established by:

- The National Commission on Correctional Health Care
- The American Correctional Association
- The Occupational Safety and Health Administration
- The Drug Enforcement Agency
- The Immigration and Customs Enforcement
- The Prison Rape Elimination Act
Substance Use and Mental Health Services Administration

We are familiar with all aspects of the ACA and NCCHC accreditation process and are confident in our ability to meet and exceed accreditation standards expected by KDOC.

As noted, we understand that all KDOC facilities have current accreditation through ACA and that KDOC may be considering pursuing NCCHC accreditation. Despite their similarities, there are distinct differences between ACA and NCCHC. Centurion fully understands these differences and how they pertain to the delivery of correctional healthcare services. We would be pleased to support KDOC in making this decision and assisting with the accreditation process should KDOC desire to pursue this option.

In addition, we look forward to working with KDOC to maintain the above accreditations. Our Clinical Operations team will work closely with KDOC and facility staff to ensure that each facility is ready for and able to pass all ACA re-accreditation audits.

Centurion Clinical Operations Support

Our Clinical Operations department will assume responsibility for assisting KDOC in maintaining and pursuing ACA and NCCHC accreditations. We are very pleased to announce that, as of October 2019, Tracey Titus, RN, CCHP-RN, CCHP-A, immediate past NCCHC Vice President of Accreditation, has joined our Clinical Operations department as Corporate Director of Policy and Accreditation. Ms. Titus will lead Centurion’s commitment to achieving and maintaining ACA and NCCHC accreditation at each facility where our clients are committed to national and/or state accreditations. Centurion is privileged to bring Ms. Titus’ unmatched expertise and national prominence to support the quality of our healthcare programs. This level of expertise is not available from any of our competitors.

As part of the ongoing accreditation process, Centurion Clinical Operations staff will conduct ongoing and pre-survey audits of the healthcare program at KDOC facilities to help identify areas requiring attention. During the review process, they will assist onsite staff by addressing any identified problem areas until we are confident that we have achieved
compliance. This process has proven effective in ensuring accreditation in our other programs.

The Clinical Operations team will be involved in providing staff training for healthcare and security staff in relevant standards and in preparing for accreditation surveys, assisting in conducting Continuous Quality Improvement studies, and supporting performance improvement initiatives that may be necessary to meet accreditation standards. In addition, senior members of our organization with NCCHC and/or ACA leadership or consulting experience, such as the individuals noted below, will be available to support the accreditation process.

- **Johnny Wu, MD, FACP, FACC, CCHP-P, CCHP-A**, Chief of Clinical Operations: Board member, NCCHC, representing the American College of Correctional Physicians and Active NCCHC Accreditation Physician Surveyor

- **Tracey Titus, RN, CCHP-RN, CCHP-A**, Corporate Director of Policy and Accreditation; Immediate past Vice President of Accreditation for NCCHC; Active NCCHC lead surveyor trainer

- **Inez Tann, RN, BS, CCHP**, Regional Director: ACA Health Care Committee, ACA Mental Health Committee, ACA Ad Hoc Committee on Restrictive Housing Standards, ACA Committee on Behavioral Health Certification, Certified ACA Accreditation Surveyor and, more recently, appointment to the ACA Board of Commissioners

- **Sharen Barboza, PhD, CCHP-MH**, Vice President of Clinical Operations – Mental Health: NCCHC CCHP-MH Subcommittee, Ad hoc Committee on Suicide Prevention, and prior member of the NCCHC CCHP Board of Trustees

- **Joel Andrade, PhD, LICSW, CCHP-MH**, Director of Clinical Operations – Mental Health: ACA Mental Health Committee

- **J. Diane Kearns, MS, LPC, CCHP-MH**, Clinical Operations Specialist – Mental Health: ACA Mental Health Committee

- **Yvonne McMullen, LCSW**, Quality Assurance Coordinator: Certified Lead and Medical ACA Accreditation Surveyor

- **Brenda Sue Medley-Lane, RN, CCHP, CCHP-A**, Corporate Infection Prevention and Control Coordinator, Active NCCHC Lead Accreditation Surveyor. Ms. Medley-Lane was elected to the Board of Directors of the Academy of Health Professionals in NCCHC.
Because members of our Clinical Operations team have participated in NCCHC and ACA task forces and committees for the development and refinement of medical and mental health standards, we are knowledgeable about any NCCHC and ACA modifications to standards and quickly respond to refinements in these standards. For example, we promptly updated Centurion’s model policies and procedures to reflect the most recent changes to the ACA and NCCHC standards made in 2018. We will ensure timely reaccreditation, compliance with current standards, and the integrity of our healthcare program. The KDOC can be confident in maintaining accreditation status across all facilities.

Consistent with NCCHC and ACA requirements, we work with our correctional partners to ensure that Centurion and contract specific, facility-specific policies and procedures are
available at each facility and implemented to maintain healthcare programming consistent with the standards.

Our HSAs will be responsible for onsite monitoring of accreditation standards for healthcare services. The HSAs will collaborate with facility leadership and designated staff to ensure completion of the documentation, policies, and procedures that are necessary to achieve and/or maintain ongoing ACA and NCCHC accreditation. We are confident that our experience and healthcare standards, under the leadership of Ms. Titus, will assist KDOC in achieving ongoing accreditation compliance.
**4.15 Offender Grievance Mechanism**

4.15.1 Specify the policies and procedures to be followed in dealing with offender complaints regarding any aspect of the health care delivery system and in accordance with applicable Kansas Administrative Regulations. An outline of the current grievance process is available for review in Appendix O.

4.15.2 The Contractor is given seven (7) calendar days to completely answer and have all responses back to the Director of Health Care Compliance. The Contractor shall provide all case follow up documentation on recommendations from the Director of Health Care Compliance within ten (10) working days of the request for follow up.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.15, **Offender Grievance Mechanism**, identified herein.

Our grievance process provides patients with an avenue to voice their concerns or complaints regarding healthcare services provided by Centurion staff and providers. Essential to Centurion is our use of grievances as a measure of the quality of services we provide and an indicator for additional training or process improvements. The grievance process will benefit patients by empowering them to voice their concerns, increasing trust in the healthcare system, increasing patient satisfaction, and promoting accountability for the healthcare services they receive. The process will enhance staff learning opportunities and knowledge and promote active participation in Centurion’s CQI activities.

Ultimately, we believe that KDOC will benefit from increased patient satisfaction, stronger working relationships between the healthcare staff, HSAs, and patients, and a more educated healthcare staff, all of which contribute to better patient outcomes and cost and process efficiencies.

**Centurion’s Grievance Process**

Centurion’s grievance mechanism for healthcare complaints ensures that patients have the right to disagree with or question the healthcare system. Centurion policy supports both healthcare staff and patients by routinely monitoring healthcare complaints and grievances as part of our Continuous Quality Improvement (CQI) program. Our proprietary policy meets or exceeds ACA and NCCHC standards and is provided for review as **Attachment OO** for adults and **Attachment PP** for juvenile offenders. Following contract award, Centurion will collaborate with the Office of Health Care Compliance to conform the policies to KDOC and OHCC requirements. We will ensure that our grievance procedures meet requirements...
established by Kansas Administrative Regulation *Agency 44, Department of Corrections, Article 15, Grievance Procedure for Inmates*.

On the following page, we provide a flow chart of our grievance process followed by a brief narrative describing how Centurion will manage the grievance process for the KDOC program. We recognize that Kansas Administrative Regulations and the KDOC have specific requirements for offender complaints of sexual harassment or abuse and for emergency grievances.
Offender Grievance Mechanism Process Flow

Patient submits or communicates a grievance/complaint to Centurion

HSA or designee meet with patient to resolve complaint informally

HSA or designee logs complaint and resolution into Site Daily Grievance Log

Patient Satisfied with Resolution?

Y

Patient can file Inmate Grievance Report (Kansas Administrative Regulations Department of Corrections, Grievance Procedure for Inmates)

Inmate Grievance Report forwarded to HSA or designee for review and resolution

Within 3 Calendar Days after deadline for informal resolution

HSA or designee logs complaint in Site Daily Grievance Log and assigns to staff member for investigation

Staff member completes face-to-face interview and provides findings to HSA or designee

Patient Satisfied with Resolution?

N

If serious issue or involvement by multiple staff, HSA or designee meet with staff

Within 10 Calendar Days

HSA or designee respond to complaint in writing

Y

Patient can file grievance with the Office of the Secretary of Corrections

HSA or designee submit responses to any questions to Director of Health Care Compliance

Within 7 Calendar Days

N
Centurion healthcare staff will inform offenders of their right to express concern and question the healthcare services provided at the time of intake. The site Health Services Administrator (HSA) or designee will serve as Centurion’s liaison in addressing patient complaints and concerns related to healthcare services. When possible, we will strive to resolve patient complaints informally.

Patients can bring informal complaints/grievances to Centurion at any time. In such cases, the HSA or designee will log the informal complaint in the Site Daily Grievance Log and will meet with the patient to resolve the complaint informally. If the patient is satisfied with the resolution of the complaint, the HSA or designee will update the log to reflect the final resolution. Centurion will endeavor to resolve all informal complaints within 10 calendar days from receipt of the complaint. The log will contain the following information:

The grievance file and log will include the following information:

- Patient identification number
- Date received
- Type of grievance
- Category of grievance
- Staff assigned to investigate and respond
- Date response submitted
- Resolution
- Date resolution submitted to KDOC representative

If a patient is not satisfied with the resolution, the patient has the right to submit a formal complaint in writing using the KDOC Inmate Grievance Report, in compliance with the Kansas Administrative Regulations Department of Corrections Grievance Procedure for Inmates. Upon receipt of the Report, the HSA or designee will log (for new formal complaints) or update the existing entry (for prior complaints) to reflect receipt of the Report. The HSA or designee will assign the grievance to a healthcare staff member for review, investigation, and response. The HSA, designee, or assigned staff member will conduct a face-to-face interview with the patient to obtain more information, discuss a resolution, demonstrate concern, and facilitate change when needed.

We will respond to formal grievance in writing within ten calendar days from receipt. If the HSA or designee determines that the grievance is serious in nature, involves multiple staff members or programs, or suggests a risk to the program, the HSA or designee will meet with the designated staff members, when applicable, prior to submitting the response.
If the patient is satisfied with the response, the HSA or designee will document disposition of
the grievance in the grievance log. We will not file patient grievances and responses in the
patient’s medical record, but in a separate grievance file which the HSA will kept confidential
in the medical department.

If the patient is not satisfied with the response, the patient has the right to file a formal
grievance with the Office of the Secretary of Corrections. Centurion will respond to any
inquiries from the Director of OHCC regarding the grievance within seven days of receiving
the request from OHCC.

Emergency situations are exempt from the formal grievance process. We will address any
complaint identified by the KDOC as an emergency grievance as soon as possible, not to
exceed one business day. We will log emergency grievances in the same manner as all
other grievances, but will address them as indicated by the KDOC.

When appropriate, Centurion will use the results of the grievance process as a training and
quality improvement opportunity. If indicated, we will provide staff with training and
education on specific healthcare delivery issues, review and revise clinical processes,
implement quality improvement measures, or take other action that will increase the
effectiveness or quality of services we offer patients.

Centurion recognizes the importance of a formal grievance procedure but strives to resolve
all healthcare complaints through an informal process. We are committed to providing a
level of care that minimizes the need for grievances by offering high quality healthcare
services, continually reviewing grievances through the CQI program, and making changes, if
so indicated.
**4.16 Infectious Disease Control (IDC)**

4.16.1 The Contractor shall establish a comprehensive infection control program based on guidelines established by KDHE and the Center for Disease Control (CDC). The proposal shall include, but not be limited to: Immunization, MRSA, Hepatitis C, Scabies and other infectious diseases.

4.16.2 Contractor shall describe its infection control processes and activities as they relate to surveillance, prevention and control of infections, and employee training and education.

4.16.3 IDC trained registered nurses shall be identified in the staffing plan as full time at LCF, EDCF and HCF. TCF shall have a half-time IDC nurse. IDC trained nurses at the facility level do not require certification in infection control but shall be certified KDHE for HIV counseling.

4.16.4 Other sites not large enough to require specified IDC nurses shall have, as part of the nursing post duties, those duties necessary to provide comprehensive infection control.

4.16.5 The Contractor may, through agency agreement, purchase or receive at no cost, immunizations, test serum, PPD, and treatment medications through the KDHE when available.

4.16.6 The Contractor is expected to partner with KDHE, through required planning meetings, on issues of bioterrorism, ectoparasite control, and containment of infectious diseases.

4.16.7 The Contractor shall indicate its capability to ensure safe collection and storage of medical hazardous wastes and a plan for disposal in compliance with applicable Federal and State regulations and guidelines. The Contractor is responsible for all costs associated with the handling, storage and destruction of bio-hazardous waste except as listed in this section.

4.16.8 KDOC shall provide secure storage areas at each facility for the storage of biohazardous waste materials.

4.16.9 All biohazardous waste material shall be logged as stored and logged as destroyed. Disposal of dirty needle containers shall be logged with specific identification markings for each container.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.16, *Infectious Disease Control (IDC)*, identified herein.

**Infection Control**

**Providing KDOC with a Comprehensive Approach to Infectious Disease Control**

Our infectious disease control program will include training, education, surveillance, preventive techniques, treatment, and reporting of infections in accordance with Federal, State, and local laws. Centurion’s immunization program is based on the recommendations
of the CDC Advisory Committee on Immunization Practices (ACIP). Our program will comply fully with Kansas Department of Health and Environment (KDHE) guidelines and Department requirements, policies and procedures.

Centurion’s infection control program will include the following:

- Procedures for screening for infectious diseases during the initial health screening and assessment
- An exposure control plan for communicable and infectious diseases, approved by our Regional Medical Director and the Department
- Provisions for reporting infectious diseases in accordance with state and federal requirements
- Standard for universal precautions to minimize the risk of exposure to blood and bodily fluids
- Medical isolation capacity, including negative air pressure cells
- Procedures for ectoparasites (lice and scabies)

In order to effectively monitor and manage infectious diseases as a public health concern, we appreciate the importance of establishing a collaborative relationship with the KDOC and the KDHE. Centurion will provide required information pursuant to law, rule, MOUs, Intergovernmental Agreements, and as directed by the Department, in the format and frequency required.

It is our understanding that KDHE, under Kansas statute (K.S.A. 65-118, 65-128 and 65-6001 through 65-6009; and by K.A.R. 28-1-2 and 28-1-18) requires reporting of the diseases specified on the KDHE Kansas Notifiable Diseases List:

<table>
<thead>
<tr>
<th>KDHE Reportable Diseases in Kansas</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute flaccid myelitis</td>
<td>Hemolytic uremic syndrome, post-diarrheal</td>
<td>Rubella</td>
</tr>
<tr>
<td>Anthrax</td>
<td>Hepatitis, viral (A, B, C, D, and E, acute and chronic)</td>
<td>Salmonellosis, including typhoid fever</td>
</tr>
<tr>
<td>Anaplasmosis</td>
<td>Hepatitis B during pregnancy</td>
<td>Severe Acute Respiratory Syndrome-associated coronavirus (SARS-CoV)</td>
</tr>
</tbody>
</table>
**KDHE Reportable Diseases in Kansas**

<table>
<thead>
<tr>
<th>Disease</th>
<th>KDHE Reportable Diseases in Kansas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arboviral disease, neuroinvasive and nonneuroinvasive (including chikungunya virus, dengue virus, La Crosse, West Nile virus, and Zika virus)</td>
<td>Hepatitis B in children &lt;5 years of age</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>Histoplasmosis</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>Human Immunodeficiency Virus (HIV)</td>
</tr>
<tr>
<td>Candida auris</td>
<td>Influenza deaths in children &lt;18 years of age</td>
</tr>
<tr>
<td>Carbapenem-resistant bacterial infection or colonization</td>
<td>Leptospirosis</td>
</tr>
<tr>
<td>Carbon monoxide poisoning</td>
<td>Influenza, novel A virus infection</td>
</tr>
<tr>
<td>Chancroid</td>
<td>Legionellosis</td>
</tr>
<tr>
<td>Chickenpox (varicella)</td>
<td>Listeriosis</td>
</tr>
<tr>
<td>Chlamydia trachomatis infection</td>
<td>Lyme disease</td>
</tr>
<tr>
<td>Cholera</td>
<td>Malaria</td>
</tr>
<tr>
<td>Coccidioidomycosis</td>
<td>Measles (rubeola)</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>Meningococcal disease</td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td>Mumps</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Pertussis (whooping cough)</td>
</tr>
<tr>
<td>Ehrlichiosis</td>
<td>Plague (Yersinia pestis)</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>Poliovirus</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Psittacosis</td>
</tr>
<tr>
<td>Haemophilus influenzae, invasive disease</td>
<td>Q Fever (Coxiella burnetii, acute and chronic)</td>
</tr>
<tr>
<td>Hansen’s disease (leprosy)</td>
<td>Rabies, human</td>
</tr>
<tr>
<td>Hantavirus</td>
<td>Rabies, animal</td>
</tr>
<tr>
<td>We look forward to confirming these requirements and expectations of the Department and the KDHE in regards to infectious disease reporting.</td>
<td></td>
</tr>
</tbody>
</table>
Relying on Evidence-based Policies and Procedures

We have proprietary *Centurion Model Policies and Procedures* in place for identifying, treating, managing, and reporting on infectious or communicable diseases, including influenza, Hepatitis, HIV, Tuberculosis, and infectious diseases listed as reportable diseases by the KDHE and CDC. Our policies comply with NCCHC and ACA standards for infection prevention and control.

We provide a list of Centurion’s policies related to infectious disease control in the table below. We will make our policies available for review and approval upon contract award.

**Centurion Model Policies for Infection Prevention and Control**

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>Policy Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-B-01</td>
<td>Healthy Lifestyle Promotion</td>
</tr>
<tr>
<td>P-B-02</td>
<td>Infectious Disease Prevention and Control</td>
</tr>
<tr>
<td>P-B-02a</td>
<td>Tuberculosis Screening and Testing of Inmates</td>
</tr>
<tr>
<td>P-B-02b</td>
<td>Tuberculosis and Respiratory Program</td>
</tr>
<tr>
<td>P-B-02c</td>
<td>Staff Screening for Tuberculosis</td>
</tr>
<tr>
<td>P-B-02d</td>
<td>Hepatitis B Vaccinations for Staff</td>
</tr>
<tr>
<td>P-B-02e</td>
<td>Ectoparasitic Control and MRSA</td>
</tr>
<tr>
<td>P-B-03</td>
<td>Clinical Preventive Services</td>
</tr>
</tbody>
</table>

Our program emphasizes infection control management, both at an individual patient level and at an institutional level. We will work closely with patients to ensure that they understand the nature of their illness and their role in preventing the spread of diseases. Our goal is to prevent infectious diseases where we can and control them through focused, consistent, evidence-based disease management efforts.

Our Infection Prevention and Control Program includes the *Bloodborne Pathogens Exposure Control Plan*, consistent with the mandates of the *OSHA Occupational Exposure to Bloodborne Pathogens Standard*. Our *Exposure Control Plan* applies to work operations where staff may be exposed to blood, bloodborne pathogens, or other potentially infectious material during normal working conditions or during emergency situations. The plan addresses the following:
Screening for Infectious Diseases

Our intake nursing staff will complete required screening services in accordance with the RFP, including the relevant requirements related to infectious disease screening, such as the following:

- Opt-out testing for HIV/AIDS and HCV
- Administration of a TB skin test and reading of results within 48 to 72 hours
- Inquiry into:
  - Any prior history of infections or communicable illnesses, any treatment or symptoms that are suggestive of such illnesses
  - Current illnesses and health problems, including communicable diseases
- Observation of the following:
  - Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, infestation, recent tattoos, and needle marks or other indications of drug abuse
  - Breathing (e.g., persistent cough, hyperventilation)

Centurion medical providers will evaluate patients referred from the intake health screening due to serious acute medical illnesses or infectious diseases and patients presenting with active medical processes at intake.
Referring and Treating Patients with Infectious Disease

Patients identified with an infectious disease will be referred for enrollment and ongoing follow up in our chronic care clinic. As part of the initial chronic care assessment, the provider will develop a treatment plan specific for each patient based upon their disease, severity of disease, and degree of control. The plan will include the following:

- Individualized disease management and goals of treatment
- Frequency of follow-up
- Medication administration and monitoring
- Types and frequencies of diagnostic testing and therapeutic interventions
- Patient self-management strategies and health education
- Diet and exercise instructions
- Adaptations to correctional environments or special accommodations
- Clinically indicated adjustments in treatment modalities

The provider will determine when to schedule patients for chronic care follow up based on the most recent encounter and level of disease control, within Department-approved Centurion Clinical Guidelines. We provide more detail on this in our response to RFP Section 4.3.12, Special Needs Clinics/Chronic Care/Special Needs Treatment Planning.

Our healthcare staff ensure follow up by designated nursing and support staff through our chronic care clinics and track these using all available reporting and scheduling tools, including the EHR.

We provide detail on diagnosing and treating KDOC patients with Hepatitis C in our response to RFP Section 4.3.13, Hepatitis C.

Providing Vaccinations

Staff. Proactive, preventive measures, such as appropriate vaccinations for staff, are an important component of any effective infectious disease control program. As such, Centurion will meet Department requirements for staff vaccinations and TB testing. We routinely provide these services in our other correctional programs.
**Offenders.** Centurion will collaborate with the Department to develop protocols for the provision of offender vaccinations that are consistent with KDHE and CDC guidelines to include the following immunizations: influenza, tetanus, diphtheria, pertussis, and pneumococcal. Centurion has experience working with our pharmacy vendor, Clinical Solutions Pharmacy, to ensure adequate availability for offenders falling within high-risk categories requiring immunization.

Centurion healthcare staff will document immunizations as part of routine chronic disease clinic visits and/or as part of the annual health assessment.

**Managing and Overseeing our Infection Control Program**

Centurion’s Corporate Infection Prevention and Control Coordinator, Brenda Sue Medley-Lane, RN, CCHP-A, oversees our comprehensive Infection Prevention and Control Program. Ms. Medley-Lane ensures that each Centurion program is current with infection control initiatives through her contacts at the CDC, APIC, and FBOP. The Board of Directors of the Academy of Health Professionals at NCCHC recently elected her as a member.

Ms. Medley-Lane will work closely with Centurion’s Regional Medical Director and our onsite health services administrators and directors of nursing, to ensure that we implement and manage infection control services effectively. Ms. Medley-Lane and our Regional Medical Director will be supported by Centurion’s corporate Infectious Disease Consultant, Daniel Dewsnup, DO, MS. Dr. Dewsnup is a nationally renowned leader in treating infectious diseases within correctional environments, with more than 20 years of experience in this area.

Our regional CQI coordinator will be responsible for developing tracking and reporting systems for infectious disease related metrics. These data will be reviewed at least quarterly during CQI committee meetings.

We will designate a licensed nurse at each facility to ensure staff compliance with infection control practices; to provide healthcare staff, Department staff and offenders with training related to infection control; to monitor compliance with expectations related to screenings and vaccinations; and to generate reports and maintain statistics as required by the
Department and State. In compliance with RFP requirements, Centurion will identify the following in our staffing plan:

- Full-time IDC trained registered nurses at LCF, EDCF and HCF
- Half-time IDC nurse at TCF

We understand that IDC trained nurses at the facility level do not require certification in infection control. At sites not large enough to require designated IDC nurses, we will include provision of comprehensive infection control as part of our nurses’ post duties. We will ensure that they receive KDHE certification for HIV counseling. We provide more detail on our staffing plan in our response to RFP Section 4.22.1, *Base Staffing Plan Requirements*.

**Infection Prevention and Control Manual**

Ms. Medley-Lane is responsible for the development and revision of the *Centurion Infection Prevention and Control Manual*. This manual is provided to Centurion programs and is expected to be kept on site for easy staff access. The manual is also available on the Centurion portal for on demand access by all staff. The manual is intended to inform and guide program infectious control programs.

The *Centurion Infection Prevention and Control Manual* includes the following:
We routinely review and revise our manual content to ensure the incorporation of up-to-date information. We inform our programs of any changes made and provide manual updates. Our Regional Manager or designee will inform the Department of any updates to the manual. We will provide the Infectious Prevention and Control Manual for review and approval, upon contract award.

**Infection Control Program Training**

Centurion expects healthcare staff to comply with our Infection Prevention and Control program. The goal of Centurion’s infection prevention and control training program is to provide healthcare staff delivering direct care and/or experiencing potential occupational exposure to bloodborne pathogens, tuberculosis, and other infectious disease with education relevant to infection control practices and occupational exposures.

Our health services administrator and designated registered nurse(s) at each facility will ensure that each Centurion staff member who has patient contact receives this training prior to duty assignment and annually thereafter. This training includes fit testing of designated healthcare staff for an N-95 mask as part of their initial orientation. Specifically, for healthcare staff who may come in direct contact with a patient with active or suspected tuberculosis or other airborne diseases, we will provide N-95 particulate respirator mask fit testing. Upon request and as needed, we will also provide fit testing to KDOC security staff who are responsible for transporting or otherwise working closely with patients who have active or suspected active tuberculosis.

We will provide education at the time of changes in infection control policies, procedures, and equipment and when we implement safety devices. We will monitor compliance with requirements through our CQI program.

**Infection Control Program Orientation**

Each new employee receives comprehensive information in the orientation module, *Infection Control: Protecting Yourself and Offenders*. The training provides new healthcare staff with basic information that will help to identify, control, and prevent the spread of communicable diseases prevalent in the correctional environment.

The training provides explanations and instruction for the following:

- Universal or standard precautions
- Commonly found communicable diseases in correctional environment
- Content and location of the Centurion *Infection Prevention and Control Manual* and *Bloodborne Pathogens Exposure Control Plan*
 Healthcare staff members responsible for infection prevention and control

Centurion healthcare staff will receive training on tuberculosis in the correctional environment. The training includes information on tuberculosis control, symptom screening, types of testing (including skin testing), isolation and treatment, and strategies to minimize risk.

Centurion requires routine tuberculosis symptom screening for healthcare staff and tuberculin skin testing for staff who previously had negative results. Staff with previously positive tuberculin skin tests must have a chest x-ray from their primary care provider or health department indicating no active tuberculosis at time of employment and annual symptom screening as per CDC guidelines.

As noted, employees at risk for occupational exposure to bloodborne pathogens will receive mandated training on our Bloodborne Pathogens Exposure Control Plan consistent with the OSHA publication, Occupational Exposure to Bloodborne Pathogens Standard. Healthcare staff in positions identified as at risk for exposure to bloodborne pathogens will receive the mandated annual OSHA training update.

Training in Infection Prevention and Control for KDOC Staff

Centurion will provide training for facility leadership and correctional staff in infection control practices for the transport of patients with potential communicable diseases. The goal of our training, Infection Prevention and Control and Prevalent Infectious Diseases, is to increase correctional staff awareness of ways to control and prevent the spread of some infectious diseases prevalent in the correctional environment.

Partnering with KDHE

Centurion will partner with the KDHE and make arrangements through agency agreement to obtain immunizations, test serum, PPD, and treatment medications, when available, through the KDHE. We understand that the KDOC expects the healthcare contractor to partner with the KDHE and ensure continued access to tuberculosis medications provided by the KDHE. We will meet this requirement. We will also participate in joint planning meetings related to bioterrorism, ectoparasite control, and containment of infectious diseases.

Managing Biohazardous Waste Material

Centurion staff will maintain healthcare units in clean and sanitary conditions. Contaminated or biohazardous waste will be safely placed into red bags or containers that are closable; constructed to contain all contents and prevent leakage; and closed prior to removal to
prevent spilling or protrusion of contents during handling. Containers will be labeled with the universal biohazardous signage.

Centurion will take appropriate measures to ensure that only biomedical waste material is deposited within the designated contaminated waste containers. We will treat air filters used in air recirculation and air conditioning units that are removed or replaced by the maintenance department in rooms considered to harbor airborne pathogens, as biomedical hazardous waste. We will dispose of them accordingly.

Pending removal, all biohazardous waste will be properly labeled and stored, following requirements of the OSHA Rule 1910.1030. We understand that the KDOC will provide secure storage areas at each facility for the storage of biohazardous waste materials. We will keep accurate logs of all biohazardous waste material. Our staff will log biohazardous waste material as stored, and as destroyed.

Centurion will arrange for an appropriate method of disposal of biomedical hazardous waste. We understand biomedical hazardous waste includes needles, syringes, and other materials used in the provision of healthcare services. Our staff will log disposal of dirty needle containers using specific identification markings for each container. We are familiar with the requirements for biohazardous waste removal in all of our correctional healthcare programs.

The regulations associated with various biohazards and their disposal vary by state and local requirements, and involve several federal government agencies including:

- US Occupational Safety and Health Administration (OSHA)
- US Department of Transportation (DOT)
- US Environmental Protection Agency (EPA)
- US Food and Drug Administration (FDA)

Our disposal methods will comply with all applicable federal, state, local or county laws, as well as industry standards and/or regulations relevant to the disposal of biohazardous waste material. These include, but are not limited to the use of sharps containers, red biohazard waste bags, and leak proof biohazard containers.

We will educate all staff, including Department personnel, in the proper handling and disposal of biomedical waste material. Centurion will ensure staff awareness and compliance with all applicable laws, standards, and record keeping involving the handling and disposal of biomedical waste material. Centurion has developed a detailed PowerPoint...
presentation on *Hazardous Communication* for use in staff training. Centurion’s proprietary Model Policy IPC-04M, *Regulated Biohazard Waste Management: Handling, Labeling, and Sharps Disposal*, along with the training PowerPoint, will be made available to the Department for review and approval upon contract award.
4.17 Medical Administrative Committees (MAC)

4.17.1 The Contractor shall ensure that monthly MAC meetings are held on-site at each facility. The designated warden and/or deputy warden are required to attend the meetings monthly. The Contractor shall ensure, at a minimum, that the health services administrator, site medical director, site QI coordinator, and site behavioral health coordinator are all members of the committee. The Regional Vice President or regional office designee shall attend a MAC for each site on a quarterly basis. Agendas and minutes of these meetings shall be kept and be available for review by the OHCC.

4.17.2 The Contractor shall ensure that the Regional Vice President and key regional staff meet with OHCC staff at least monthly to discuss problems and progress in the fulfillment of the contract requirements.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.17, Medical Administrative Committees (MAC), identified herein.

The following Centurion site leadership, or a designee, will attend monthly facility Medical Administrative Committee (MAC) meetings, scheduled by KDOC:

- Health Services Administrator
- Medical Director
- Quality Improvement Coordinator
- Behavioral Health Coordinator

Additional site staff will attend the MAC meeting by request of KDOC or designation by Centurion facility leadership. The Centurion regional vice president or designee will attend a facility MAC meeting at least quarterly, or additionally if requested by KDOC and site leadership.

We understand that MAC meeting minutes will be kept and reviewed by the Office of Health Care Compliance (OHCC). Centurion’s regional office and executive leadership with meet at least monthly with OHCC to review and discuss contract compliance requirements. Centurion will cooperate fully with KDOC and OHCC in the monitoring and review of compliance with the healthcare services contract.
4.18 Equipment and Supplies

4.18.1 The Contractor shall make provisions for, and be responsible for all medical supplies, forms, office supplies, health record jackets, books, periodicals, and prosthetic devices, including hearing aids and eye glasses, and behavioral health testing materials, supplies, and equipment.

4.18.2 The Contractor shall purchase all consumable medical supplies and pharmaceuticals and shall purchase or lease all items of equipment which it deems necessary to perform health care services at the designated institutions during the term of the contract.

4.18.3 The Contractor shall be responsible for maintenance, repair and replacement of all equipment necessary for the delivery of health care services to offenders during the term of the contract. General scheduled maintenance and inspections for x-ray and other medical equipment are required to be maintained in accordance with the manufacturer’s suggested maintenance schedules.

4.18.4 The Contractor shall be responsible for purchase or lease of all copy machines and other office equipment necessary to perform routine administrative functions. The health care equipment fund, as described in section 4.19, shall not be utilized for these services.

4.18.5 KDOC shall provide the Contractor with office space, facilities as designated by KDOC, and utilities to enable the Contractor to perform its obligations and duties under the contract. Internet connectivity will be the responsibility of the Contractor.

4.18.6 The Contractor shall use and maintain the equipment and supplies in place at the designated facilities at the commencement of the contract in the performance of its responsibilities under the contract. The Contractor shall return all such equipment and any new, purchased equipment, in good state of repair and working order, subject to reasonable wear and tear, and any remaining supplies to KDOC at the time of termination of the contract. Thirty days prior to the termination of the contract, representatives from KDOC, the current Contractor, and the new Contractor shall tour the designated institutions to determine the condition and inventory all equipment.

4.18.7 The Contractor shall purchase all unused and current dated health care supply inventory from the outgoing Contractor that was purchased by the outgoing Contractor, and not through the equipment fund, at a fair market price. KDOC shall provide, at no cost to the Contractor, any on-hand existing inventory that is in place at the beginning of the contract, providing it is not on the outgoing Contractor’s inventory as a purchasable item.

4.18.8 It is expected that the outgoing Contractor shall convey, transfer, assign or otherwise make available to the new Contractor any and all service contracts and/or warranties, which are in force and in effect at any time during the term of the contract with respect to equipment used in the health care units.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.18, *Equipment and Supplies*, identified herein.

We appreciate the importance of clear expectations and a structured process for the effective provision of all required medical, office, and other supplies needed to provide the full scope of required healthcare services under this procurement. As reflected in the RFP requirements, having structured and transparent equipment protocols in place is particularly important during healthcare vendor transitions.

Centurion will be responsible for providing and replacing all medical supplies, forms, office supplies, health record jackets, books, periodicals, and prosthetic devices. These devices include hearing aids and eyeglasses, as well as behavioral health testing materials, supplies, and equipment.

**Providing Medical Equipment and Supplies**
We will be responsible for purchasing all consumable medical supplies and pharmaceuticals. Centurion will either purchase or lease the equipment necessary to perform all contracted healthcare services throughout the terms of our correctional partnership with the Department at each of the KDOC facilities. Our responsibility will include maintenance, repair, and replacement of all equipment necessary for the delivery of healthcare services to KDOC offenders throughout the contract period. We will provide equipment maintenance and inspections of x-ray and other medical equipment in accordance with manufacturers’ suggested maintenance schedules.

Based on KDOC Answer 100 in RFP Amendment 4, we understand accept that we are responsible for maintaining AEDs located in health service areas, while the Department is responsible for maintaining AEDs located elsewhere in the facilities.

**Providing Office Equipment**
Centurion will purchase or lease all copy machines and other office equipment necessary to perform routine administrative functions. We understand that we will not be able to utilize the equipment fund for office equipment purposes. While the KDOC will provide Centurion with office space, utilities, and other necessary facility space in order for us to perform our healthcare duties, we will be responsible for own internet connectivity.

**Equipment and Supply Contract Transition Expectations**
Centurion appreciates that we will be able to utilize the equipment and supplies that remain in place at the commencement of the new contract. We will maintain and return this equipment to the KDOC, as well as any newly purchased equipment, in good repair and
working order. Centurion will return any remaining supplies to the KDOC in the undesirable event that our correctional partnership with the Department comes to an end. We understand that 30 days prior to the end of our contract, representatives from KDOC, Centurion, and the new vendor will tour the designated institutions to count and determine the condition of all equipment.

Centurion agrees to purchase all unused and unexpired healthcare supply inventories from the current healthcare vendor at fair market pricing, if purchased by them and not through the equipment fund. We appreciate that the KDOC will provide, at no cost to us, any on-hand existing inventory that is in place at the beginning of the contract, provided it is not on the outgoing vendor’s inventory as a purchasable item.

With respect to the equipment used in the healthcare units, we appreciate and agree with the requirement that the outgoing healthcare vendor will convey, transfer, assign, or otherwise make available to the new contractor any and all service contracts and/or warranties that are in effect during the term of the contract. We understand and agree with this requirement at both ends of the continuum, whether we are the new vendor getting started or the incumbent making way for another vendor.

Unified Equipment Inventory Form and Annual Comprehensive Inventories
If not already in place, Centurion is prepared to assist the KDOC in establishing a comprehensive and unified equipment inventory process with the necessary form(s) that will allow for consistent labeling and categorization of all required equipment across each facility. The proposed inventory forms would include, at a minimum, the following components:

- Full description of the equipment
- Model number
- Purchase price
- Date purchased
- Anticipated life expectancy
- Date and duration of any service or maintenance agreements
- Equipment condition
- Equipment category (i.e., health care equipment fund, office, IT, etc.)

With the approval of the KDOC, we propose conducting an annual inventory of all equipment, including medical, office, and IT using the above-suggested categories, or another KDOC-approved form. Centurion is willing to complete the inventory alone, or in conjunction with KDOC staff, whichever the Department prefers. The annual inventory would assist Centurion and the KDOC in making any needed adjustments to the health
equipment fund noted in RFP Section 4.19.1. The comprehensive inventory could facilitate staff awareness of upcoming equipment, maintenance, or service agreement needs before equipment fails to operate or service/maintenance agreements expire.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.19, *Health Care Equipment Fund*, identified herein.

We understand the importance of maintaining functional healthcare equipment across all KDOC facilities in a cost effective and sustainable manner. As such, we agree to be responsible for the acquisition of required healthcare equipment to ensure that staff can provide the full range of required healthcare services in this procurement. We understand that the KDOC defines healthcare equipment as capital outlay items with a life expectancy of at least one year and an initial cost of $1,000 or more. Based on KDOC's Answer 142 to bidders' questions in RFP Amendment 3, we understand the equipment fund is limited to durable equipment utilized for healthcare services.

In order to facilitate a cost-effective and equitable equipment replacement system, Centurion appreciates that the KDOC has established a healthcare equipment fund. Upon contract award, we understand that each year the KDOC will provide Centurion with a sum of $280,000, which we will set aside for the sole purpose of acquiring needed healthcare equipment. Pursuant to the Department's instructions in Answer 137 to bidders' questions in RFP Amendment 3, we have included the $280,000 equipment fund as an annual cost in our price. We will obtain prior approval from the KDOC Director of Health Care Compliance, or designee, prior to purchasing any healthcare equipment. Upon purchase, we understand that all such healthcare equipment becomes the property of the KDOC.
Each month Centurion will provide the Office of Health Care Compliance (OHCC) a report listing each item purchased using the KDOC’s healthcare fund resources. Our report will include the amount expended for each item and the balance remaining in the fund.

Although we do not anticipate this happening, we understand that any unauthorized purchase made from the healthcare equipment fund will be deducted from the KDOC’s next monthly invoice payment to Centurion. We appreciate that any funds not spent during the contract year will carry forward to the next contract year. In the event that our correctional partnership with the KDOC should end, we understand that the Department will deduct any remaining balance in the healthcare equipment fund from the KDOC’s final invoice payment to Centurion.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.20.1 identified herein.

We understand that the KDOC and Centurion will share support for the EHR system. Centurion will report and be accountable to the KDOC IT Director for healthcare-related IT support needs, including our proposed EHR system. We appreciate that the KDOC will establish an EHR committee, co-chaired by the KDOC IT Director, or designee, and the Director of Health Care Compliance, or designee. Centurion healthcare staff will actively participate in this committee, along with other select members from the KDOC.

Centurion will work collaboratively with the KDOC in the EHR committee to ensure that our EHR solution meets the comprehensive healthcare record needs of KDOC patients and the Department on an ongoing basis. We will assist the committee in setting project priorities, monitoring performance, and facilitate information sharing with all stakeholders. The committee will meet on a quarterly basis on KDOC premises. We understand that the committee will control and document all funding, work product, and maintenance for the EHR system on a quarterly basis. Based on the KDOC’s response to vendor questions, we recognize that the committee’s role is one of oversight and governance.

Upon contract award, we look forward to leveraging our EHR experience to assist the KDOC in providing an optimal EHR system that we monitor together for ongoing improvement and enhancement opportunities. Based on our past experience with NextGen, as well as recent conversations with NextGen leadership conducted as part of our preparation for this proposal, we propose keeping this EHR solution and are confident that it has the capacity to meet the KDOC’s medical record needs and requirements. We provide more information about our responsibilities related to maintaining and enhancing NextGen in our response to RFP Section 4.20.2, Electronic Health Records.
4.20 Health Information Management

4.20.2 Electronic Health Records

4.20.2.1 The Contractor shall be responsible for the annual cost of the support agreement for the NextGen software and for cost of equipment or any other software and maintenance agreements. The Contractor shall provide and maintain all current licenses required for the operation of all EHR devices. All software versions will meet KDOC operational and health industry standards to promote functionality and security and will stay on the current release version. Prior to implementation all software upgrades shall be presented to KDOC for approval and scheduling.

(a) The proposals shall include all costs necessary to maintain and upgrade the current EHR system. These costs shall include but are not limited to:

(1) Annual software licensing and support agreements.

(2) Cloud/hybrid Cloud resources as required, Server, SAN or appliance acquisition and replacement to maintain the system growth and maintain functionality and compatibility with software requirements as new technologies are developed.

(3) Annual software, hardware licensing, maintenance and support agreements associated with operating the NextGen EHR.

(b) Bidders are encouraged to submit alternate proposals for a replacement EHR.

4.20.2.2 The contractor shall insure that the EHR maintains an up time of 99.9% accessibility to users with no more than a two second wait time for information retrieval to the client station.

4.20.2.3 The NextGen EHR is interfaced with the KDOC’s Offender Systems, e.g. Offender Management Information System (OMIS); the contractor will monitor all interfaces to ensure that information is transported as expected with a 99.9% success rate.

4.20.2.4 KDOC reserves the right to all health information created on Kansas offender population and the data is to remain control of the Department and shall not be transferred without explicit consent of the KDOC.

4.20.2.5 The Contractor shall acknowledge that KDOC and its agents have full access to the all technology assets, the EHR system, hardware, software, network, and work product.

4.20.2.6 The Contractor shall also acknowledge that no access outside of the boundaries of Kansas for any EHR or OMIS which also includes hardware, software, or work product without the approval of the KDOC.

4.20.2.7 The contractor will need to provide adequate number of licensed and credentialed providers in the State of Kansas in order to be able to provide clinical coverage 24 hours per day, seven days per week, 365 days per year.

4.20.2.8 The contractor will provide a plan to provide technical support 24 hours per day, seven
days per week, 365 days per year within 90 days of the contract start-up. This shall include but not limited to:

(a) Backup Plan.
(b) Risk Plan.
(c) Mitigation Plan.
(d) Communication Plan.

4.20.2.9 The Contractor shall maintain an electronic log documenting the effectiveness of the EHR to include, but not be limited to, the following:

(a) Staff provider identification.
(b) Number of logins.
(c) Calls to help desk.
(d) Messaging alerts.
   1. Number Issued
   2. Number ignored
   3. Number of overrides
(e) Provider oversight number of signatures missing.
(f) EMAR.
   1. Use at POC
   2. Timeliness Errors
   3. Reminders/ Alerts Overridden
(g) Documentation: Notes. Assessments, Care Plans.
   1. Number Late
   2. Number of Data Elements missed

4.20.2.10 The Contractor shall maintain an electronic log documenting the performance of the EHR to include, but not be limited to, the following:

(a) Percentage of system uptime.
(b) Percentage of system downtime and type of event.
(c) User availability.
(d) Percentage of network latency.

(e) Percentage of packet loss.

(f) Network Utilization.

(g) CPU/RAM/IO Utilization reports.

(h) Seconds per transaction time.

4.20.2.11 Within thirty (30) calendar days of the contract award date, the Contractor shall submit to the KDOC a plan to ensure that the NextGen receives the following enhancements and expansions offering areas to provide comprehensive electronic documentation: EHR certification, portability of information, OB/GYN, I.C.S. scanning, patient scheduled module, discharge planning, M.A.R.2.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.20.2, *Electronic Health Records*, identified herein.

We propose keeping **NextGen** in place as the EHR system for KDOC facilities. Centurion will be responsible for the annual cost of the support agreement for NextGen software, and for associated equipment costs or any other EHR software and maintenance agreements. We will provide and maintain all current licenses for the operation of all EHR devices. Based on the KDOC’s response to vendor questions, we understand that license maintenance includes certain Department staff, the number of which varies by facility and program.

Based on recent conversations with the NextGen, we understand that the support contract for their EHR system is through Medicalistics, LLC, and is therefore separate from the licensing fees. We agree to be responsible for both the licensing fees through NextGen and the support contract through Medicalistics.

We have worked successfully with NextGen and Medicalistics in the past. In 2011, through our predecessor company, MHM, we engaged in work with the developers of NextGen to enhance functionality of the EHR for correctional mental health services. We engaged in this work with NextGen and their development company, Medicalistics, to design documentation templates and workflow processes that supported comprehensive suicide risk evaluations, mental health segregation rounds, initial psychiatric evaluations, progress notes, and other corrections-specific documentation processes. NextGen has continued to reflect these collaborative enhancements in current versions of their EHR.
Centurion understands that NextGen interfaces with the KDOC’s in-house developed offender management system, Offender Management Information System (OMIS). Based on the KDOC’s response to vendor questions, we understand that data files for OMIS are placed in a secure location, one running every five minutes and another that is made available once a day.

The software versions for our EHR solution will meet KDOC operational and health industry standards to promote functionality and security, and will stay on the current release version. We will only implement and schedule EHR software upgrades after review and approval by the KDOC. We understand from the KDOC answers to vendor questions that the Department currently hosts NextGen version 5.8 through its data center and that both adult and juvenile records exist in the same EHR platform.

Centurion’s proposal includes all costs necessary to maintain and upgrade the current EHR system. Our costs will include, but not be limited to the following:

- Annual software, hardware licensing, maintenance and support agreements associated with operating the NextGen EHR
- Cloud/hybrid cloud resources as required, Server, SAN or appliance acquisition and replacement to maintain the system growth and maintain functionality and compatibility with software requirements as new technologies are developed

We appreciate that the KDOC is open to considering alternatives to maintaining the NextGen EHR system for Department facilities. Centurion will continue to explore other EHR options and will gladly make recommendations. Unfortunately, the KDOC’s requirement that any alternative EHR must have prior experience with transitioning from NextGen eliminates most of the options that might otherwise be a good match for the KDOC. We have inferred from this restriction that the KDOC would prefer to maintain NextGen.

Centurion will maintain NextGen, and any future replacement, for KDOC such that we meet, at a minimum, each of the following requirements:

- Maintain an up time of 99.9% accessibility to users with no more than a two second wait time for information retrieval to the client station
- Monitor the interface between the EHR solution and the KDOC’s offender system, Offender Management Information Systems (OMIS) to ensure the transportation of information at a 99.9% success rate
- Acknowledge that the KDOC and its agents have full access to all technology assets, the EHR system, hardware, software, network, and work product.

- Acknowledge that no entities outside the boundaries of Kansas, including Centurion, have access to any EHR or OMIS information, including EHR/IT hardware, software, or work product, without the approval of the KDOC.

- Provide an adequate number of licensed and credentialed providers in the state of Kansas in order to be able to provide clinical coverage 24 hours per day, seven days per week, and 365 days per year.

- Provide a plan to provide technical support 24 hours per day, seven days per week, and 365 days per year within 90 days of the contract start date. Our plan will include, but not be limited to the following:
  - Backup plan
  - Risk plan
  - Mitigation plan
  - Communication plan

- Maintain an electronic log documenting the effectiveness of the EHR to include, but not be limited to the following:
  - Staff provider identification
  - Number of logins
  - Calls to help desk
  - Messaging alerts
    1. Number issues
    2. Number ignored
    3. Number of overrides
  - Provider oversight number of signatures missing
  - eMAR
    1. Use at point of connection (POC)
    2. Timeliness errors
    3. Reminders/alerts overridden
  - Documentation: notes, assessments, care plans
    1. Number late
    2. Number of data elements missed

- Maintain an electronic log documenting the performance of the EHR to include, but not be limited to, the following:
  - Percentage of system uptime
Within 30 calendar days of the contract award, Centurion will submit to the KDOC a plan to ensure that NextGen receives the following enhancements and expansions offering areas to provide comprehensive electronic documentation:

- EHR certification
- Portability of information
- OB/GYN
- I.C.S Scanning
- Patient schedule module
- Discharge planning
- eMAR

After reviewing the above requirements with both NextGen and Medicalistics leadership, Centurion is confident that we can meet the above EHR enhancement requirements. We learned that the current version of NextGen at KDOC already has in place most of the enhancements noted above, but that healthcare staff are not utilizing most of them. For example, I.C.S. scanning is a feature within NextGen that allows users to scan documents directly into a patient’s medical record, thereby saving time and minimizing the chance of filing errors. However, the scanners used by the current vendor are not TWAIN-compliant, as required for accessing I.C.S. scanning, and therefore staff utilize a less efficient workaround process for scanning documents into patient records.

In addition to the above EHR enhancements, we learned that NextGen has available another feature called Healthworks Analytics that we propose incorporating. Healthworks Analytics is a Business Intelligence (BI) tool that staff can utilize to enhance monitoring, reporting, and analysis of data already contained within the EHR database. This feature will allow for more efficient and extensive reporting and analysis of both individual patient and
aggregate healthcare metrics. BI turns data into actionable business information which helps decision makers and end users make more effective data-driven decisions.

We learned from NextGen and Medicalistics that one reason that healthcare staff are not utilizing some of the other required EHR enhancements is due to lack of training and technical support. Centurion has the expertise and resources needed to ensure timely implementation of any new or existing EHR functions and features. We place a strong emphasis on staff training, access to EHR user manuals, and use of super users at each facility. For the KDOC, we will ensure that healthcare staff are fully equipped to maximize the features and functionality of NextGen, or any future EHR systems, and have quick and easy access to any needed user or technical supports.

We appreciate that the KDOC is committed to supporting maximum utilization of IT and EHR functionality as evidenced by the inclusion of five full time IT/EHR staff in the staffing matrix, including a Clinical Developer/Trainer and NextGen Administrator. In addition to these onsite resources, Centurion has a dedicated IT and EHR team that will provide supplemental support for healthcare staff EHR training or technical support needs.

**Centurion’s EHR Corporate Support and Experience**

Centurion has extensive experience working with electronic medical record systems in our other correctional programs. We appreciate that the KDOC owns and maintains NextGen in its 12 facilities. However, if the Department wishes to have the healthcare vendor own, manage, or simply recommend other EHR solutions, we have experience supporting each of these options in our other correctional healthcare programs.

Centurion has the expertise to establish and maintain a cost-effective EHR solution that helps ensure the quality and continuity of patient care by establishing an integrated division-wide medical record system. We have intentionally chosen not to own our own EHR system, as some healthcare vendors do, so that we can be in a position to fairly evaluate and recommend the best EHR options for our clients.

**Centurion’s Corporate Support for EHR Systems**

Centurion takes pride in our ability to work with client agencies to implement, operate, and optimize EHR systems. Over the last several years, Centurion’s internal infrastructure supporting EHR projects has grown substantially. Centurion has a robust internal Information Technology (IT) department, led by Shant Tossounian, Vice President of IT, with assistance from Karthik Elangovan, Director of Business and Clinical Applications.
Centurion’s IT department, comprised of over 35 full-time employees, has a 24/7 help desk, an infrastructure team that manages our IT security and our data center, and a dedicated application development team that focuses on reporting and custom applications. Centurion’s IT department manages computers, printers, network infrastructure, security, internet connections, electronic health record systems, and other technologies throughout our programs.

In addition to our corporate IT support, Centurion has a dedicated team exclusively focused on Electronic Medical Records. Having a separate EMR support team is unique in the correctional healthcare industry. Christopher Bourque, LPN, CCHP, Director, Electronic Health Records, leads our EHR team that includes the following staff:

- Sharon Butler, MSN, RN, CCHP – Manager of EHR
- Yvonne McMullen, LCSW – Clinical Operations Associate
- Karen Giangrande – Manager EHR Change Management and Clinical Liaison
- Bonnie Lippin – EHR Workflow Specialist
- Shawn Runey – EHR Specialist
- Nicole Leigh – EHR Specialist

Our dedicated team researches correctional EHR systems, and assists with planning, consultation, implementation, and providing ongoing technical support for our correctional health programs across the country.

Partial members of the IT/EHR Pictured (from left to right):
Karthik Elangovan - Director of Business and Clinical Applications; Shant Tossounian – Vice President of Information Technology; Christopher Bourque, LPN, CCHP – Director, Electronic Health Records; Sharon Butler, MSN, RN, CCHP – Manager of EHR; Yvonne McMullen, LCSW – Clinical Operations Associate; Shawn Runey – EHR Specialist; Nicole Leigh – EHR Specialist
EHR Implementation Experience

Centurion has experience reviewing, analyzing, comparing and implementing a broad range of EHR systems. In our current partnerships, we have implemented the following EHR systems at the facilities we provide healthcare services for through a third-party contractor:

<table>
<thead>
<tr>
<th>Centurion Client</th>
<th>EHR Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pima County, Arizona</td>
<td>GE Centricity – Fusion version</td>
</tr>
<tr>
<td>Mississippi DOC</td>
<td>GE Centricity (tailored existing EMR)</td>
</tr>
<tr>
<td>Minnesota DOC</td>
<td>Sapphire - eMAR</td>
</tr>
<tr>
<td>Vermont DOC</td>
<td>CorrecTek</td>
</tr>
<tr>
<td>Bernalillo County, NM (Jail)</td>
<td>Sapphire</td>
</tr>
<tr>
<td>Arizona DOC</td>
<td>eOMIS (tailored existing EMR)</td>
</tr>
<tr>
<td>Volusia County, FL (Jail)</td>
<td>Sapphire</td>
</tr>
<tr>
<td>Pennsylvania DOC</td>
<td>Sapphire</td>
</tr>
<tr>
<td>Philadelphia Department of Prisons (Jail)</td>
<td>eClinical Works</td>
</tr>
</tbody>
</table>

Centurion is prepared to assist the KDOC in maintaining and upgrading their current EHR solution. Upon contract award, our IT and EHR teams will work with the KDOC IT department and EHR team to learn more about NextGen in terms of its functionality, features, and reporting capabilities. In our partnership with the Maryland Department of Public Safety and Correctional Services, our mental health staff have been using NextGen for over a decade, and when provided psychiatric services to the Michigan Department of Corrections, our providers used NextGen. Thus, we have considerable organizational familiarity with this EHR.

We will support the KDOC in establishing or enhancing interface capabilities with laboratory, pharmacy, digital radiographs, and other helpful integrations. If desired by the KDOC, we will explore other community-based healthcare information exchanges or related connections with local hospitals or clinics that can assist with the continuity of shared patient health record information.

Additional Option for Technology-Assisted Services

Over the last year, Centurion has developed a close partnership with **Vant4ge**, which offers an electronic platform,
Vant4gePoint, which supports the delivery of patient programming and treatment in a holistic, integrated manner.

Vant4gePoint is the result of decades’ worth of experience integrating and using data to inform decisions at all levels, with the ultimate goals of reducing recidivism, fiscal savings, and safer institutions and communities. Vant4gePoint provides access to digital programming using electronic tablets. Through Vant4gePoint, we are able to offer a proprietary criminogenic pathways program and a usage agreement to access Breaking Free Online, a substance use disorder treatment program. The system has the ability to upload the KDOC program and/or Centurion patient education materials.

Moreover, Vant4gePoint embeds logic around pre- and post-programming measures, including evidence-based self-assessments. Staff can program in program component sequencing and recommendations that target identified needs for a particular patient. Vant4ge designed their VantagePoint system to address risk factors for recidivism, reduce the need for institutional or residential treatment, and coordinate treatment continuation upon return to the community.

Vant4gePoint’s configuration supports the Department’s goals for KDOC-approved data sharing. While we recommend piloting only a small portion of Vant4gePoint’s potential during the first year of the new contact, there are multiple opportunities for expansion. For example, if desired by the KDOC, Vant4gePoint has the capacity to provide a coordinated system of care, through a technology-based platform that has the capacity to connect supervisors, care providers, and service providers to the participant, both within and outside the prison walls, as appropriate. This means that the program can follow the individual upon release to the community when community supervision is required. Electronic options available through Vant4gePoint can digitize multi-stakeholder communication and processes throughout the reentry process.

In another DOC partnership where no current EHR is in place, Centurion and Vant4ge have partnered to develop a pilot to digitize the medical intake and health appraisal process at the intake facility for women. The project involves using Vant4gePoint as an electronic platform.
to digitize what is currently a manually documented process. The client-approved project includes the following five components:

- Digitizing the intake assessment and healthcare processing for new intakes
- Transmitting health classification and intake assessment results to the offender information management system
- Creating individual and aggregate reports to document compliance and inform work flows
- Developing user task lists to guide staff in completing the intake process
- Implementing automated messaging to improve communication, workflows, and staff efficiency

Through this project, Vant4ge and Centurion hope to improve multidisciplinary efficiency, coordination of care, and communication. We will develop business intelligence dashboards to report on timely completion of intake steps. As the pilot project grows, we can expand it to include additional healthcare assessments and other tasks. The Advant4ge system will ultimately generate algorithms that function as a clinical rules engine to ensure the proper ordering and completion of referrals and follow-ups that result from relevant findings during the intake process. Centurion and Advant4ge can develop similar projects for the KDOC, if desired.

With prior Departmental approval, Vant4gePoint has the ability to integrate criminal history records, institutional case and program records, and mental health and medical treatment plans. We can share multidisciplinary treatment plans to enhance reentry service planning. With KDOC approval, system integration between Vant4ge Point, the Department’s Offender Information Management System (OMIS), and any future EHR is possible and will support the assessment of patient treatment engagement and outcomes.
4.20 Health Information Management

4.20.3 Clinical Staff Equipment and Supporting Devices

4.20.3.1 350 Dell computers and HP thin clients are in twelve (12) facilities across Kansas. Approximately twenty-three (23) time clocks and printers to maintain and service. Approximately seventy (70) personal printers are connected to the Medical system and are used with forty (40) Cannon copiers, printer and scanners which are used with EHR and are leased by the current medical contractor for use with the system.

4.20.3.2 The Contractor shall provide for the replacement of clinical staff hardware will be done at the Contractor’s expense and will be done at the rate of 25% per year. The Contractor will supply KDOC with a replacement schedule quarterly forecasting the expected replacement of equipment. This report shall contain at minimum:

(a) Equipment serial number.

(b) Condition (e.g. Poor, Fair, etc.).

(c) Age in years.

(d) Remaining useful life.

(e) Replacement cost.

(f) Comments.

4.20.3.3 The Contractor will be responsible for any software licensing associated with use of clinical staff equipment with ownership of software and hardware transferred to KDOC at the termination of the contract.

4.20.3.4 The Contractor shall be responsible for the cost and functioning of all medical devices connecting digitally to EHR. This would include scanners, printers, telehealth devices, x-ray, ECG devices, etc.

4.20.3.5 The Contractor shall provide five full-time employees to include the below listing utilizing one hundred percent of the time in administering to the technology of the healthcare solutions of KDOC reporting to the technology division of the KDOC.

(a) One Project Manager to support and facilitate system development and technology deployment.

(b) One Information Technology Generalist to support and maintain the infrastructure required to serve the clinical staff in day to day operation.

(c) One NextGen administrator to facilitate the construction and modification of data-entry screens and output reports.

(d) One Database Administrator/report writer to facilitate the care of the data systems.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.20.3, *Clinical Staff Equipment and Supporting Devices*, identified herein.

We appreciate that the KDOC will have in place for healthcare staff use 350 Dell computers and 345 HP thin clients in 12 facilities across Kansas. Centurion will be responsible for maintaining and replacing these computers. Additionally, the KDOC will have in place 21 time clocks and 70 personal printers for Centurion to use, service and maintain. We understand that although the RFP indicates 23 time clocks, KDOC's response to vendor questions indicates that there are actually 21. We will maintain the 70 personal printers on our separate healthcare internet network, along with the computers.

Based on KDOC responses to vendor questions, we understand that the 40 commercial size copiers, printers, and scanners will remain in place for healthcare staff use with the EHR system. Similar to the current vendor, we anticipate that we will need to lease the commercial size copiers. If that is not the case, we look forward to obtaining further clarity on this from the KDOC upon contract award.

Centurion will replace the healthcare staff hardware, including the 350 Dell computers and personal printers, at the rate of 25% per year. Upon contract award, we will establish and provide the KDOC with a hardware replacement schedule on a quarterly basis whereby we forecast the expected equipment we plan to replace. At a minimum, our report will contain the following information:

- Equipment serial number
- Condition (e.g., Poor, Fair, Good, etc.)
- Age in years
- Remaining useful life
- Replacement cost
- Comments

Centurion agrees to be responsible for any software licensing associated with healthcare staff equipment. Should our healthcare partnership with the KDOC come to an end, we will transfer ownership of the software and hardware to the Department.
We will be responsible for the cost and functioning of all medical devices connecting digitally to the EHR. These devices include, but are not limited to the following:

- Scanners
- Printers
- Telehealth devices
- X-ray
- ECG devices
- Other digitally connected devices to the EHR system

Centurion will provide five full-time employees who will be dedicated to administering, supporting, and maintaining the technology of our healthcare solutions for the KDOC. These staff will report to the technology division of the KDOC. Based on the KDOC’s response to vendor questions, we understand that these IT positions will have a dual reporting relationship to both Centurion and the KDOC CIO, or designee. The following is a list of the IT positions that we will provide the KDOC:

- One **Project Manager** to support and facilitate system development and technology deployment
- One **Information Technology Generalist** to support and maintain the infrastructure required to serve the clinical staff in day to day operations
- One **NextGen Administrator** to facilitate the construction and modification of the data-entry screens and output reports
- One **Database Administrator/Report Writer** to facilitate the care of the data systems associated with the HER and for providing reporting as required by the KDOC
- One **Clinical Developer/Trainer** to work in coordination with KDOC staff development for the education of both contract staff and KDOC staff on new solution deployments and best practices

Upon contract award, we look forward to demonstrating our ability to work effectively and collaboratively with the KDOC IT department to ensure the highest quality of IT support for our comprehensive healthcare service delivery system. We recognize that a key component of our success is ensuring that our healthcare staff have the IT tools and support they need to provide timely and effective service delivery. Over the years, we have earned the trust of our correctional partners as a result of our transparency, professionalism, and expertise in this area. We are confident that the KDOC will have a similar experience.
4.20 Health Information Management

4.20.4 Healthcare Information Technology Network Infrastructure

4.20.4.1 The Contractor shall be responsible for the installation of a separate secure network infrastructure for all healthcare, EHR, and the installation and maintenance of the functioning secure network meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations. The Contractor shall be responsible for the operation and functionality of the network with up time of no less than 99.9%.

4.20.4.2 The Contractor shall define network requirements; identify potential sources for required products and services; maintain proficiency with legacy systems; assess new relevant technologies and technical approaches; recommend relevant solutions; estimate costs and benefits; and design, develop, deploy, and test hardware and/or software systems.

4.20.4.3 The Contractor shall provide for the installation, operation, management, monitoring, maintenance, repair, documentation, and upgrade of computer networks at KDOC including local area networks, wide area networks, private networks, and remote access services.

4.20.4.4 The Contractor shall provide support for the administration, configuration management, maintenance, documentation, and improvement of the network / communication infrastructure such as the underground and in-building cable plants utilized to provide communication services.

4.20.4.5 The Contractor shall maintain and review a retained granular electronic log documenting the network related environment to include, but not be limited to, the following:

(a) Availability.

(b) Utilization.

(c) Latency and performance.

(d) Date and time.

(e) Jitter.

(f) Transport Connectivity.

4.20.4.6 The Contractor shall provide for the replacement network infrastructure equipment (i.e. network switching) will be done at the Contractor’s expense and will be done at the rate of one year prior to device end of life or sooner if warranted. The Contractor will supply KDOC with a replacement schedule quarterly forecasting the expected replacement of equipment. This report shall contain at minimum:

(a) Equipment serial number.

(b) Condition (e.g. Poor, Fair, etc.).

(c) Age in years.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.20.4, Healthcare Information Technology Network Infrastructure, identified herein.

**Summary of Network Infrastructure Requirement**

We will provide a separate and secure information technology network infrastructure for all healthcare related functions, including the EHR and telehealth systems. Our healthcare network hosting will be in compliance with the Federal Risk and Authorization Management Program (FedRAMP), National Institute of Standards and Technology (NIST), Criminal Justice Information Services (CJIS), Kansas Information Technology Executive Council (ITEC), and Health Resources and Services Administration (HRSA) rules and regulations, as well as KDOC requirements.

Additionally, our secure network infrastructure will comply with the Health Insurance Portability and Protection Act (HIPPA), and the Health Information Technology for Economic and Clinical Health (HITECH) requirements and standards. The up time for our secure network infrastructure will be no less than 99.9%.
In our response to the network infrastructure requirements in this section, we will provide, at a minimum, the following information:

- Define our network requirements
- Identify potential sources for required products and services
- Maintain proficiency with legacy systems
- Assess new relevant technologies and technical approaches
- Recommend relevant solutions
- Estimate costs and benefits
- Design, develop, deploy and test hardware and/or software systems

Our IT support system will provide or include, at a minimum, each of the following requirements for our computer networks at KDOC, including local and wide area networks, private networks, and remote access services:

- Installation
- Operation
- Management
- Monitoring
- Maintenance
- Repair
- Upgrade
- Documentation of the above functions

Centurion will provide support for the administration, configuration, management, maintenance, documentation, and improvement of the network/communication infrastructure, such as the underground and in-building cable plants utilized to provide communication services. To assist in meeting these requirements, we will maintain and review a retained granular electronic log documenting the network related environment to include, but not be limited to the following:

- Availability
- Utilization
- Latency and performance
- Date and time
- Jitter
- Transport Connectivity

We will provide and be financially responsible for the replacement of our network infrastructure equipment (i.e., network switching). Centurion will replace such equipment at
the rate of one year prior to the devices expected end of life, or sooner if warranted by the condition of the equipment. We will provide the KDOC with a quarterly replacement schedule in which we forecast the expected replacement of equipment. At a minimum, our quarterly network infrastructure equipment report will include the following information:

- Equipment serial number
- Condition (e.g., Poor, Fair, Good, etc.)
- Age in years
- Remaining useful life
- Replacement cost
- Comments

Centurion agrees to provide a secure wireless infrastructure meeting NIST, CJIS, ITEC, KDOC, and HRSA rules, regulations, and policy requirements. We will provide our wireless infrastructure in all 12 KDOC facilities to enable the provision of healthcare related services within, but not limited to, clinics, restrictive housing units, closed observation units, RDU, and mental health units. Based on the KDOC’s response to vendor questions, we understand that two KDOC facilities, Hutchinson Correctional Facility (HCF), and Lansing Correctional Facility (LCF), have third party vendor wireless access points.

In order to measure and maintain optimal functionality of our wireless infrastructure, Centurion will maintain and review a retained granular electronic log documenting the network related environment to include, but not be limited to, the following:

- Equipment serial number
- Utilization
- Latency and performance
- Date and time
- Jitter
- Transport connectivity

**Centurion’s Plan for Healthcare IT Network Infrastructure**

We appreciate that the KDOC has provided clarification on the separate healthcare network requirements in the Department’s responses to vendor questions. Centurion understands that we will be able to utilize the existing network infrastructure and cabling and not necessarily provide a separate healthcare network from scratch. We recognize that the existing cabling at KDOC facilities meets IEEE standard 802.3 and that the intention of the Department is that we provide separate physical versus virtual networks at each facility.
Based on the KDOC’s response to vendor questions, Centurion understands that there are currently eight medical switches throughout the 12 facilities. We will deliver our network infrastructure from the internet point of entry to desktop connectivity and the KDOC will provide VLANS only if required due to physical constraints.

We appreciate that we may be able to partner with the current offender tablet provider to share their existing wireless network infrastructure. However, we recognize that we will need to extend the wireless infrastructure at some KDOC sites with the assistance provided through a third party vendor or contract with KDOC.

**Centurion’s Network Requirements**

Upon contract award, our first priority for establishing a dedicated healthcare network will be completion of a comprehensive physical inspection of the existing healthcare network left in place from the current healthcare vendor at each KDOC facility. Ideally, these onsite inspections will be conducted with designated KDOC’s IT staff to ensure that we understand any physical plant or KDOC IT requirements or restrictions before finalizing our network assessment and planning, including any needed equipment, cabling, and other infrastructure requirements.

However, because we have experience in providing separate network systems, as we did recently for the **Arizona Department of Corrections (ADOC)**, we can provide the KDOC with our preliminary network requirements and plans. We have provided a sample IT Project Plan as Attachment QQ that we developed for our recent ADOC correctional program start up in July, 2019. The scope of the ADOC IT Project Plan was similar to the KDOC requirements, only much larger in terms of the number of impacted facilities and equipment required for full infrastructure implementation. The project involved replacing over 1,000 computer systems and related equipment across 13 facilities within a single day, along with significant IT infrastructure enhancements.

The following is a list demonstrating the scope of this project:

- Replacement of computer systems with Centurion hardware
- Replacement of peripherals with Centurion hardware (document scanners, barcode scanners, signature pads, fax machines, and desktop printers)
- Replacement of office items where needed (copiers, refrigerators, shredders, cell phones, postage machines)
- Replacement of Kronos clocks
- Infrastructure installation in AZNET datacenter
- Cutover of prior vendor managed network to Centurion managed network
- Re-IP of all VLANs (networks)
- Delivery of new account and email address for Centurion staff
- EKG network connectivity
- Replacement of EMR application provider
- Removal of existing healthcare provider equipment
- Telehealth equipment replacement and management
- Replacement of medical equipment
- Replacement of unmanaged switches

In addition to this recent IT project experience in Arizona, we are currently in the process of enhancing the IT infrastructure and replacing approximately 3,000 endpoints across the state of Florida in our partnership with the Florida Department of Corrections. Our goal with these large IT project is to standardize our hardware and IT solutions across correctional programs, whenever possible.

Similar to our Arizona IT Project Plan, Centurion will develop a detailed IT Project Plan for the KDOC upon contract award and after conducting a thorough infrastructure assessment at each KDOC facility. We provide below our preliminary plan, based on the information provided in the KDOC RFP, including answers to vendor questions.

Centurion will implement a separate logical and physical information technology network dedicated for healthcare services. Our network solution will be completely independent from the KDOC’s network system and will include state of the art firewalls or MPLS networks connected to multiple/redundant data centers. We will identify our potential sources for required network products and services once we complete the comprehensive onsite infrastructure assessment.

The legacy systems in place will be adapted as necessary with existing infrastructure, where needed, and/or we will design secure connected solutions with legacy systems if required. We use the industry’s best monitoring tools to respond and report on availability of the entire Centurion infrastructure.

We will refresh critical network infrastructure on a three-year cycle and no more than five years for desktop equipment, or as required by the KDOC, to ensure that healthcare staff has the infrastructure needed to complete their tasks efficiently and avoid any hardware
functionality limitations. Centurion employs a strong IT engineering and design team to facilitate continuous best practice in conjunction with specific active requirements. Our dedicated team will continually research, identify, and recommend relevant technologies based on industry best practice or solution provider recommendations.

Our qualified IT system engineers and administrators actively monitor all infrastructure endpoints in our environment. We employ a full time help desk in order to respond quickly to any IT related system issues and a system administration team dedicated to proactively keeping our infrastructure performing optimally and resolving issues with outstanding SLAs.

Centurion will provide wireless infrastructure where required by the KDOC. We will utilize for this purpose and industry standard SIEM solution.

We look forward to working collaboratively with the KDOC and their IT department to learn more about the specific IT infrastructure needs of each KDOC facility. Upon contract award, we will provide the KDOC with a more detailed IT project and infrastructure plan. Prior to implementation of this plan, we will review the details with the KDOC and IT department leadership to ensure that our plan meets each facilities’ unique needs and takes into consideration any physical plant or operational limitations.
4.20 Health Information Management

4.20.5 Health Care Documentation

4.20.5.1 Medical health records, data, information, and reports collected or prepared by the Contractor in the course of performing its duties and obligations under this contract shall be deemed to be owned by the Department. The ownership provision is in consideration of the Contractor’s use of public funds in collecting or preparing such medical records, data, information, and reports. These items shall not be used by the Contractor for any independent project of the Contractor or publicized by the Contractor without the prior written permission of the Department. Subject to applicable Federal and State laws and regulations, the Department shall have full and complete rights to reproduce, duplicate, disclose, download, and otherwise use all such information with proper notification. Prior to or at the termination of the contract, the Contractor shall make available all such information as requested by the Department, including in a readable electronic format specified by the Department.

(a) All offenders shall have an electronic health care record that encompasses medical, behavioral health, dental procedures, and clinical treatment records. The health care record shall be kept current at all times. PAQ lists of laboratory, test results, and other patient care information/orders shall be noted by the physician of record within 72 hours of the test results or orders. Documentation of every encounter with the offender is required to be completed on the same day in which the encounter occurred and in a timely manner as to provide accurate and consistent documentation of all health care occurrences.

(b) Documentation of noting of HCP orders shall occur as soon as medically necessary to provide appropriate follow up from the encounter. Noting of orders shall be accomplished by a licensed nurse and shall be completed within twenty-four (24) hours of the encounter. Routine HCP infirmary orders shall be noted within eight (8) hours of the written order, and HCP STAT orders shall be noted immediately.

(c) The Contractor and KDOC shall approve all EHR templates for the EHR system. (d) KDOC medical units are considered paperless. The Contractor is responsible for providing scanners and scanning any paper documentation that may be generated regarding offender care into the appropriate offender record.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.20.5, Health Care Documentation, identified herein.

We understand and agree that the Department retains ownership of all health records, data, information, and reports that we collect or prepare in the course of performing our duties and obligations under this contract. As such, we will not utilize the KDOC’s data for any independent projects, including publication, without prior written permission of the
Department. Prior to the termination of our partnership with the KDOC we will make available all such information as requested by the KDOC, including a readable electronic format specified by the Department. We will make all offender health records and related data and/or reports available to the KDOC in the format of your choice, or in multiple formats, if desired.

**EHR Documentation Requirements**

Centurion will ensure that all KDOC offenders have an electronic health record that includes medical, behavioral health, dental, and clinical treatment records. We will keep the health care records current at all times. The assigned HCP will document their review of PAQ lists of ordered laboratory or other test results within 72 hours of the test results or orders. We understand that PAQ refers to the module in NextGen where laboratory test results, radiology test results, verbal orders, and other items that require provider attention reside until the provider has acknowledged their results. Our healthcare staff will document each KDOC patient encounter the same day in which the encounter occurred and as soon as possible in order to maintain accurate and consistent documentation of all healthcare occurrences.

Our use of healthcare forms will conform to the KDOC’s expectations, as clarified in the Department’s response to vendor questions. We understand that the forms residing within in the EHR system are the property of the Department. The KDOC will allow Centurion to use our own supplemental forms, after review and approval by the Department. In keeping with the KDOC’s expectations, Centurion will minimize the use of our own supplemental forms and whenever possible rely upon the forms available within the EHR system.

If desired by the KDOC, we will collaborate with the EHR team to develop any needed additional forms within the EHR system thereby reducing the need for any outside paper supplemental forms. We agree with the KDOC that it is preferable to maintain all healthcare records electronically within the EHR system whenever possible. Doing so improves work efficiencies, reduces the need for scanning documents into the EHR, and supports better continuity of patient care as paper healthcare information is more easily lost or misplaced.

Our nursing staff will document their noting of HCP medical orders as soon as medically necessary in order to provide appropriate follow up from the encounter. For routine, non-urgent medical orders, our licensed nursing staff will complete their review and note of orders within 24 hours of the patient’s encounter with the HCP. Our nursing staff will complete the note of HCP orders within eight hours when written for patient’s located in an infirmary. Our nurses will note STAT orders immediately upon the HCP making the order.
We understand that it will be our responsibility to maintain paperless medical records in the KDOC medical units. As such, we will be responsible for providing scanners and scanning any generated paper documents regarding offender care into the appropriate offender healthcare record.

Centurion looks forward to working collaborative with the KDOC whenever we propose any new or modified templates for the EHR system.
4.20 Health Information Management

4.20.6 Records Retention

4.19.5.1 X-rays are currently digitally stored on a PACS system. The Contractor shall be responsible for all licensing and upgrade costs associated with offender x-ray storage on the PACS system. Storage, retention, and maintenance shall be performed in accordance with Kansas Administrative Regulations and Kansas Statute Annotated.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.20.6, Records Retention, identified herein.

We understand that KDOC patient x-rays are currently digitally stored on a Picture Achieving and Communication (PACS) system. Centurion agrees to be responsible for all licensing and upgrade costs associated with offender x-ray storage on the PACS system. Our storage, retention, and maintenance of digitally stored x-rays, as well as other medical record documentation, will conform to Kansas Administrative Regulations and Kansas Statutes Annotated.
**4.20 Health Information Management**

**4.20.7 Confidentiality of Offender Health Information**

4.20.7.1 All health information shall be the property of KDOC. Any disputes of records information retrieval shall be referred to the KDOC Chief Legal Counsel.

4.20.7.2 Offender health care information and offender institutional files are confidential in nature. The Contractor's employees and KDOC employees shall be allowed access to these files only as needed for their duties related to the care of the offender and in accordance with the rules established by KDOC. The Contractor shall honor all policies and procedures for safeguarding the confidentiality of files. The Contractor shall be responsible for ensuring all Federal and State regulations regarding health information privacy are maintained.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.20.7, *Confidentiality of Offender Health Information*, identified herein.

We appreciate the importance of maintaining the confidentiality of offender health information. Centurion recognizes that all offender health information is the property of the KDOC and not the healthcare provider. We will refer to the KDOC Chief Legal Counsel, or designee, any disputes regarding healthcare record information retrieval.

Because healthcare and other offender institutional information is confidential, we understand that access to this information by healthcare and KDOC staff is on a need to know basis as it relates to their assigned duties and in accordance with KDOC rules. We will safeguard the confidentiality of all offender healthcare and institutional files in our possession or to which we have access. Upon contract award, Centurion will accept responsibility for maintaining all federal and state regulations regarding health information privacy.

Centurion places a high priority on patient confidentiality. We start by reviewing Health Insurance Portability and Accountability Act (HIPAA) regulations and expectations related to patient privacy and confidentiality in our initial staff orientation and then reinforce this information annually through mandatory staff in-service trainings.

We have extensive experience in medical record management; including security requirements that meet national, state, and local security and privacy standards. Our EHR policies and procedures will comply with confidentiality, informed consent, and other regulations including HIPAA, security, and privacy requirements. We will provide staff
training and ongoing quality reviews on the appropriate management and use of the EHR.

Centurion has extensive experience with meeting HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act requirements for the EHR systems in our other correctional contracts. NextGen will meet state and federal statutes, regulations, and similar laws or regulations applicable to regulating the use of, confidentiality of, and access to patient medical records. In support of these requirements, NextGen has the following features:

- Integrates with existing LDAP security networks (Active Directory)
- Password resets (configurable by system administrator) for each user
- Date/time stamp for user’s login data, with full advanced audit capabilities
- Passwords are encrypted using a secure, strictly one-way, encryption
- Available software to supports an https format, if KDOC determines to use an https topology
- Available VPNs such as Anyconnect can be enabled, if KDOC determines to move from a self-hosted, Citrix terminal solution
- LAN security is facility dependent

Centurion is committed to the security of its EMR system. If approved by the KDOC, we will host the EMR in a state-of-the-art datacenter in Ashburn, Virginia, which complies with state and federal laws and has earned ISO 27001 certification. Our datacenter employs multiple redundant internet access points for high availability. Network devices, including firewall and other boundary devices, are in place to monitor and control communications at the external boundary of the network and at internal boundaries within the network. However, if the KDOC prefers or requires that the EMR datacenter reside in Kansas, we are prepared to meet this requirement as well.

Centurion will ensure that our medical record privacy protections comply with State and federal laws. Under the direction of Jesse Shipley, CNC, Centurion’s Compliance and Privacy Officer, we provide corporate oversight and support of privacy compliance standards. Mr. Shipley provides annual training and education, establishes corporate wide policy and procedures, and provides investigation and response to reported compliance breeches. Through collaboration with our KDOC Regional Office and Health Services Administrator (HSA), all healthcare employees will receive the necessary training to protect personal health information (PHI). At minimum, this includes:
- Protection of PHI during Work Hours
  - Staff will close the doors to file rooms or other areas where we maintain shared, department file cabinets when not in use, and lock them after work hours.
  - Staff will utilize the CTRL + ALT + DELETE function to lock computer when leaving their workstation. We will not post or store passwords on or around computers.
  - Staff will retrieve faxes and printouts in a timely manner.
  - Staff will not discuss PHI in public areas.
  - PHI will be stored in the network directory only, not on staff workstations or laptops.
  - We prohibit the use of external storage devices, such as USB flash drives, unless authorized by the Compliance Officer and/or IT Security.
  - We prohibit staff from transferring company data to any other media device, such as a CD or diskette, unless authorized by the Compliance Officer and/or IT Security.
  - Staff will properly dispose of PHI in shredders or confidential disposal bins and not in ordinary, multipurpose trash receptacles.

- Protection of PHI at Close of Business or Shift Change
  - Staff will lock computer workstations.
  - All desks will be clear of all PHI.
  - Lock all desk drawers or cabinets containing PHI (where locks are available).
  - Staff will empty shredding baskets into secured disposal bins or shredder.
  - Staff will secure laptop computers left at work utilizing an assigned cable lock on the desktop or locked inside the desk.
  - If an employee takes a laptop computer home, the employee is responsible for securing the laptop and protecting any PHI or confidential information it contains.
  - It is the responsibility of each individual to make certain there is no PHI left on the printer, fax machine, copier, or departmental trays located next to the printer if they conduct business is these areas.
  - When we remove copy machines from service, we ensure that our copier vendors wipe clean the hard drives.
- If staff need to access a locked file room, they will close and lock the room before they leave the building for the day.

Centurion also provides online education related to protecting patient privacy through Centurion University. If a breach of PHI occurs, we train our staff to report the concern to their immediate supervisor and/or HSA immediately. Upon notification, the HSA will be responsible for reporting such concerns to the KDOC. Should employees feel further investigation is necessary, beyond the actions of their immediate supervisor, they have unrestricted access to a 24-hour compliance hotline to report potential PHI breech or systems concerns.
4.20 Health Information Management

4.20.8 Information Dissemination

4.20.8.1 The Contractor shall have access to the OMIS/JJIS system for collecting and analyzing trends in the utilization of health care services at each site. The Contractor has no responsibility for upkeep or maintenance to the system, except as required to enter shared health care information into the system as compatibility building.

4.20.8.2 The Contractor’s plan shall also include procedures for the transfer of pertinent health information to the supervising emergency room physician during emergency transports, and/or other offsite services as necessary to provide a continuum of care to the patient.

4.20.8.3 The Contractor shall not publish any findings based on data obtained from the operation of this contract without the prior consent of KDOC, whose written consent shall not be reasonably withheld. The KDOC may release without consent of the Contractor any document or data subject to release pursuant to the Kansas Open Records Act, Legislative inquiries, or any other State agency official with legal authority to obtain the information.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.20.8, Information Dissemination, identified herein.

We appreciate that the KDOC will allow our staff access to the OMIS/JJIS system for collecting and analyzing trends in the utilization of healthcare services at each KDOC site. Centurion understands that our staff will be responsible for entering shared healthcare information onto these systems, but will not be responsible for their upkeep or maintenance, except as it relates to supporting OMIS/JJIS system interface capabilities with our proposed EHR system. Prior to recommending any software or KDOC system enhancements, we will consult with and receive approval from the KDOC IT Director or designee.

Our healthcare information dissemination plan, noted later in this section, includes procedures for the transfer of pertinent health information to any offsite health service provider. This includes the supervising emergency room physician during emergency transports, and/or other offsite services as necessary to provide patient continuum of care.

Centurion respects the fact that all offender healthcare information belongs to the KDOC. As such, we will not publish any findings based on data obtained from the operation of our correctional partnership without prior consent of the KDOC. We understand that the KDOC may release without our consent any document or data subject to release pursuant to the Kansas Open Records Act, legislative inquiries, or any other state agency official with legal authority to obtain the information.
Health Information Dissemination Plan

We recognize the importance of maintaining seamless continuity of care across multiple service providers. As such, we will share the KDOC’s patient healthcare records with offsite hospitals and other healthcare providers in accordance with HIPAA and any other applicable statutes.

For offsite healthcare services, hospitalizations, or transfers to other facilities, we will provide copies of relevant parts of the patient’s EMR in an envelope marked Confidential Medical Information. In order to ensure that we receive important health information from the outside healthcare provider in return, we propose including in the envelope a KDOC-approved transfer form that requests completion of basic information such as the following:

- Results of diagnostic testing, including appropriate diagnostic codes
- Treatment procedures and medications provided
- Patient’s prognosis
- Discharge orders, including recommended medications
- Name, credentials, and contact information of attending physician or HCP

We will remind the transporting officers to return both the patient and information from the emergency department to the healthcare unit when the patient returns to the facility following release from the emergency department.

Once the patient leaves the KDOC facility, the onsite nurse will contact the emergency department to give a report on the patient’s impending arrival and status. The nurse will document this contact in the patient’s health record and will notify the Centurion UM Department, the medical provider, and the Director of Nursing of all emergencies. If the hospital admits the patient for inpatient care, the UM nurse will follow up with the hospital to conduct concurrent reviews and discharge planning services.

Upon receipt of the transfer form, our onsite healthcare staff, including the onsite or on-call HCP, will review the form and either initiate follow-up of the discharge orders or document the rationale for recommending an alternate follow-up plan. In either case, the onsite HCP or designee will document the timely review of the transfer form. The onsite HCP or designee will then scan the transfer form and the onsite HCP review recommendations to the patient’s health record.
4.21 Training

4.21.1 All full-time personnel shall be required to complete 40 hours of orientation to KDOC through the facility’s training department prior to actual performance of any duties for the Contractor. Part-time and temporary employees shall be required to complete 16 hours of orientation prior to actual performance of any duties for the Contractor.

4.21.2 Personnel assigned to the Kansas Juvenile Correctional Complex shall complete orientation as outlined in the ACA Juvenile Standards and NCCHC. Currently that is one-hundred sixty (160) hours orientation for each new employee.

4.21.3 The Contractor shall provide notification of all staff orientation needs, in writing to the facility human resource department at a minimum of one week in advance. KDOC shall ensure adequate orientation schedules are in place to prevent delays in start dates for new contract employees. Any staffing penalty resulting from a delay of more than seven days due to KDOC orientation scheduling issues shall be waived until training can be scheduled by KDOC. KDOC will make every reasonable effort to schedule new contract employees in the first available orientation session at each facility.

4.21.4 All staff must complete 40 hours of annual training every year thereafter, to include 16 hours of formal classroom training by the KDOC training department and 24 hours related to professional responsibility. Training hours shall be documented in the employee’s personnel records and subject to review by KDOC.

4.21.5 Contractor shall include a sample training plan or employee handbook describing training requirements for all employees.

4.21.6 Contractor shall provide training at each of the basic and annual training classes conducted by KDOC at the facilities for corrections officers and other KDOC staff as requested. Training subjects include, but are not limited to:

4.21.6.1 Recognition and handling of medical complaints.
4.21.6.2 Suicide potential and precautions.
4.21.6.3 Mental illness care and management techniques.
4.21.6.4 Mental retardation care and management techniques.
4.21.6.5 Communicable diseases including, HIV, Hepatitis, MRSA Universal Precautions, Cleaning Techniques, and TB.
4.21.6.6 Chemical Dependency treatment models.
4.21.6.7 Intake Screening.
4.21.6.8 Discharge Planning.
4.21.6.9 Behavior disorders vs. mental illness.
4.21.6.11 Keep on Person Medication and Medication Administration guidelines.

4.21.6.12 Training for officers and offender peers for suicide prevention companion program, end of life care companion program, and peer support group.

4.21.6.13 Other training as required by KDOC Training Director and Director of Health Care Compliance.

4.21.7 The Contractor shall participate in online content development, training forums, and responsive interaction to any questions generated from the training outlines at no additional cost to KDOC upon mutual agreement of the Regional Vice President and the Director of Health Care Compliance.

4.21.8 The Regional Director of Nursing and the Regional Behavioral Health Coordinator shall be responsible for monitoring and providing monthly continuing education training classes, CEU certifications, and tracking of training records for all facilities in the KDOC system. The Regional Director of Nursing and the Regional Behavioral Health Coordinator shall participate in these training sessions whenever possible, but at least at a minimum of twice per year, per facility.

4.21.9 The Contractor shall set aside $100,000 dedicated specifically to training facility health care staff. This education fund is to provide clinical enhancement training for facility contract staff only and shall not be utilized for Regional or Corporate training purposes. The Contractor shall obtain approval from the Director of Health Care Compliance prior to approving any such training pursuant to this section. Such approval shall not be unreasonably withheld. At the end of each month, the Contractor shall provide to the OHCC and the KDOC Fiscal Services Division a report itemizing expenditures made pursuant to this section and the balance remaining in the health care education fund. The amount of any unauthorized purchase made from the education fund shall be deducted from the next monthly invoice. Any funds not spend during the contract year shall carry forward to the next contract year. Upon the termination of the contract, any remaining balance shall be deducted from the final payment to the Contractor.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.21, Training, identified herein.

Our training program provides our staff with educational opportunities that will increase their knowledge of healthcare delivery services, enabling them to provide consistently appropriate and effective quality health services to offenders. The KDOC will benefit from Centurion’s comprehensive training program, which is unique to Centurion and unmatched in the industry. Our training program includes a robust training resource referred to as Centurion University, online webinars and resources, company-provided continuing education credits, access to Centene resources, as well as availability of peer review and research databases. Patients will benefit from the training program because they will receive the right care at the
right time by the right provider, increasing optimal treatment outcomes. The training program will enhance staff satisfaction and retention and allow Centurion to meet the KDOC’s performance expectations regarding appropriate decision-making. Ultimately, we believe that the KDOC will benefit from cost efficiencies related to better healthcare outcomes, decreased staff vacancies, and appropriate use of established policies, procedures, and medical practices.

Meeting Staff Orientation and Training Standards

Centurion has in place a robust training program that includes new employee orientations, ongoing corporate, program and discipline-specific training, access to online modules and webinars, continuing education units (CEU), and educational opportunities provided through Centurion University. Cheryl Esposito, MSN, RN, CCHP-RN serves as Centurion’s Corporate Clinical Education Director and oversees our clinical training needs.

Centurion will ensure that our staff participate in the following trainings:

- **Full-time staff** – 40 hours of KDOC orientation and all necessary Centurion training prior to working with offenders as well as 40 hours of annual training, inclusive of 16 hours of KDOC-specific training
- **Part-time staff** – 16 hours of KDOC orientation and all necessary Centurion training prior to working with offenders as well as 40 hours of annual training, inclusive of 16 hours of KDOC-specific training
- **Staff working at Kansas Correctional Complex (KJCC)** – 160 hours of KDOC orientation and all necessary Centurion training prior to working with offenders as well as 40 hours of annual training, inclusive of 16 hours of KDOC-specific training

Centurion’s staff orientation and training program will be consistent with NCCHC and ACA standards and applicable KDOC policies. To ensure consistent quality and a systematic approach to our orientation and training program, we have developed several proprietary model policies that will be available for the KDOC’s review and approval. These policies are consistent with the following standards:

- ACA Standard 5-1D-4075 through 5-1D-4088 and 1-HC-2A-06 through 1-HC-2A-08, Training Plan
We note that ACA’s recently revised standards related to orientation and training for adult correctional institutions are extensive. They provide explicit orientation or training compliance standards throughout their recently revised *Performance-Based Expected Practices for Adult Correctional Institutions – 5th Edition*, published in 2018. One particularly significant new training requirement in the 2018 ACA standards relates to mental health, entitled *Mental Health Crisis Intervention Training*.

> **ACA standard 5-6A-4368-2** states the following:  
> *Each staff, inclusive of correctional staff, assigned to a multi-disciplinary services team is trained to respond to mental health related crises. The training is conducted at least annually and is established by the Mental Health Authority in cooperation with the facility or program administrator and includes instruction on:*

>  > Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal
>  > Methods for accessing health/mental health staff during a mental health crisis
>  > Implementation of suicide/self-injurious prevention interventions
>  > Procedures for placement of patient in a level of care in accordance with his/her mental health needs

Our corporate training department is prepared to meet this new ACA standard, as well as other ACA training standards related to healthcare services.

**Funding the Training Program**

As directed in the RFP, Centurion will set aside $100,000 annually specifically towards training facility staff. We will not utilize this fund for any other purpose and will submit our
training plans to the KDOC Director of Healthcare Compliance for approval. In addition, at the end of each month, we will provide the OHCC and KDOC Fiscal Services Division with a report itemizing training expenditures and the balance remaining in the fund. We will carry over any funds left from one fiscal year into the next year.

We have provided examples of Centurion’s staff orientation plans for two of our recent implementations in Attachment RR. We describe additional materials in what follows. We will develop a training plan specific to the KDOC program following contract award.

Providing Comprehensive Staff Orientation

Centurion’s training program will comply with KDOC IMPP 03-104D, Staff Skill Development: Minimum Departmental Training Standards and other Department training mandates and requirements.

As part of their training, all Centurion staff must complete 40 hours of the KDOC required training as well as Centurion’s extensive orientation program prior to performing any duties required for their position. We will require that part-time staff and personnel assigned to the KJCC complete 16 hours and 160 hours of orientation training, respectively. For the latter, the training will follow ACA Juvenile standards and those mandated by NCCHC.

KDOC Orientation and Trainings

Centurion staff will participate in the KDOC directed trainings upon hire and on an ongoing basis as required by the KDOC. We understand that in accordance with IMPP 03-104D, Staff Skill Development: Minimum Departmental Training Standards, the KDOC’s required orientation program for contract staff, including Centurion healthcare staff, who will work in the KDOC facilities may include the following:

<table>
<thead>
<tr>
<th>KDOC Orientation Requirements for Centurion Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subject</strong></td>
</tr>
</tbody>
</table>
| Risk Management Overview | • Risk Containment  
• Risk Reduction  
• Victim Services |
| Standards of Professional Conduct | • Code of Ethics  
• Interpersonal Relations  
• Sexual Harassment |
| Cultural Awareness | • Religious Issues |
| Offender Supervision | • Offender Rules and Regulations/Rules of Conduct  
• Security Threat Groups  
• Offender Sexual Assault Prevention / PREA |
KDOC Orientation Requirements for Centurion Employees

<table>
<thead>
<tr>
<th>Subject</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Technology</td>
<td>• IT Security Awareness&lt;br&gt;• KCJIS/OMIS Security Requirements (as applicable)</td>
</tr>
<tr>
<td>Medical Emergencies</td>
<td>• Prevention and Control of Communicable and Infectious Diseases / Universal Precautions&lt;br&gt;• Occupational Exposure Control&lt;br&gt;• Suicide Prevention / Intervention</td>
</tr>
<tr>
<td>Safety / Emergency Procedures</td>
<td>• Incident Command System for Corrections</td>
</tr>
</tbody>
</table>

Centurion staff assigned to KJCC will complete the following the KDOC orientation:

KDOC Orientation Requirements for Centurion Employees working at KJCC

<table>
<thead>
<tr>
<th>Subject</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards of Professional Conduct</td>
<td>• Code of Ethics / Employee Rules of Conduct&lt;br&gt;• Undue Familiarity&lt;br&gt;• Sexual Harassment / EEO and Non-Discrimination&lt;br&gt;• Workplace Violence</td>
</tr>
<tr>
<td>Offender Supervision</td>
<td>• Behavior Management / Privileges and Incentives&lt;br&gt;• Juvenile Rules and Regulations&lt;br&gt;• Reporting Abuse and Neglect&lt;br&gt;• Sexual Assault Prevention &amp; Intervention / PREA</td>
</tr>
<tr>
<td>Security Procedures</td>
<td>• Crime Scene Preservation&lt;br&gt;• Key Control&lt;br&gt;• Tool Control</td>
</tr>
<tr>
<td>Medical Emergencies</td>
<td>• Prevention and Control of Communicable and Infectious Diseases / Universal Precautions&lt;br&gt;• Suicide Prevention / Intervention</td>
</tr>
<tr>
<td>Safety / Emergency Procedures</td>
<td>• Incident Command System for Corrections&lt;br&gt;• Fire and Emergency Procedures&lt;br&gt;• Handle With Care</td>
</tr>
<tr>
<td>Information Technology</td>
<td>• IT Security Awareness</td>
</tr>
</tbody>
</table>

Centurion’s Competency-Based Employee Orientation Program

In addition to participating in the KDOC’s required training, Centurion will provide a comprehensive employee orientation program specific to the KDOC and the unique offender populations and operations of each facility. We are confident that our employee training will meet or exceed the KDOC expectations and we will welcome the Department’s review of and collaboration and participation in Centurion’s orientation and training program.

Centurion’s comprehensive and competency-based New Employee Orientation Program includes several training modules, some of which are for all employees, others are discipline or role specific. Upon contract award we will share all these curricula with the KDOC for
review and approval prior to implementation.

The Centurion New Employee Orientation includes the following employee-specific topics:

- Centurion Code of Conduct
- Human Resources Policies and Procedures
- Employee Benefits information
- Confidentiality and Protecting Personal and Health Records as required by HIPAA
- Sexual Harassment/Workplace Policy

In addition, we assign the following nine topics for all new hires in our Learning Management System (LMS). The LMS contains content provided through two vendors, Relias Learning and SkillSoft, as well as internally created courses. The content purchased from Relias provides nationally and state-specific accredited courses for continuing education hours for our licensed population.

- PREA Overview
- Suicide Prevention
- HIPAA
- Confidentiality
- Introduction to Corrections
- Clinical Boundaries
- Infection Prevention and Control
- Hazardous Communications
- Access to Healthcare

All employees must complete the above training as well as tutoring on using the electronic health record system.

Orientation for new Centurion staff, including nurses, providers and EMT, includes not only the completion of formal classroom orientation and training, but on-the-job training. Centurion provides comprehensive orientation and training to all new employees within 30 days of hire while under close supervision.

Onsite staff supervisors will conduct onsite trainings and include orientation to the duties specific to the employee’s role. Staff will receive training on the KDOC’s site-specific policies, procedures, administrative directives, and other KDOC guidance documents. Our supervisory staff closely supervise all employees during this period.
Our orientation modules contain a post-test to assess the acquisition and understanding of the materials presented during orientation, as well as the process for documenting the staff member’s participation in the orientation process. We will monitor individual staff completion of the New Employee Orientation program using an KDOC-approved training record. We maintain documentation to verify training compliance for each employee. We will make this information available to the KDOC upon request.

**Discipline/Position-Specific Orientation**

In addition to our general New Employee Orientation Program, Centurion has developed discipline-specific orientation training and materials to support best practices and compliance with contractual requirements. We provide Centurion staff with orientation and appropriate training regarding onsite security and medical practices at each KDOC facility within 30 days of the employee’s start date.

During new employee orientation we also provide orientation to emergency preparedness and response procedures. We reinforce this information at the facility level through site-specific orientation and training topics as well.

Additionally, we will provide discipline-specific orientation and training requirements for the following staff:

- Nursing Staff
- Medical Providers
- Psychiatric Providers
- Dentists
- Behavioral Health Staff
- Administrative and Clinical Leadership

We will provide our behavioral health clinical directors and psychiatric, dental, and medical providers with manuals detailing the delivery of compliant and medically necessary services. Providers can access these manuals online through Centurion University.

We make decisions regarding any supplemental orientation or additional training based on the specific needs of the program and the services provided. In some cases, our medical and mental health staff provide the required training, while in other programs, our transition or local team have provided in person trainings. In our Arizona DOC program, for example, we provide the new employee orientation in two phases. We developed and provided discipline-specific orientation trainings for nurse, doctors, mental health clinicians, dentists and psychiatrists. We are currently completing additional emergency response training as part of phase two of the orientation. In other programs, we complete the training in one phase.
Upon contract award, we will review these curricula with the KDOC for review and approval prior to implementation.

Centurion will work closely with the KDOC to provide timely notification of staff orientation needs. We will provide this notification as soon as possible, but no less than one week in advance of the training. We appreciate that the KDOC will assist us in scheduling trainings to avoid any delays in start dates for new hires. We understand that the KDOC will waive any penalties resulting from delays of more than seven days due to KDOC scheduling issues.

**Annual Trainings**

Centurion will meet the KDOC requirements for annual in-service training. As noted previously, our staff training program is consistent with ACA and NCCHC standards. We are familiar with the ACA requirement that staff complete 40 hours of in-service training each year. This 40 hours will include 16 hours of classroom training provided by the KDOC and a minimum of 24 hours of training offered by Centurion. We recognize that the 40 hours of in-service training required during an employee’s first year of work is in addition to the 40 and 160 hours of orientation provided prior to an employee beginning to deliver services.

Centurion’s regional director of nursing and regional behavioral health coordinator will have primary responsibility for developing, providing, and monitoring all ongoing training and professional development opportunities for staff and officers serving KDOC offenders. This includes twice annual training sessions at each facility, monthly continuing education classes, CEU certifications, and other educational programs.

Our clinical operations staff will work closely with the regional director of nursing and regional behavioral health coordinator to develop each module to address correctional healthcare issues. We will also collaborate with the KDOC in providing training on any issues that the Department may wish to include in these training opportunities. Below, we have provided more information on our annual training program, CPR, AED, and First Aid Certification training, multi-disciplinary staff training, officer training program, and CEU opportunities.

**Annual Staff Training**

Annual staff training will include updates on the following:

- Recognition and handling of medical complaints
- Suicide potential and precautions
- Mental illness care and management techniques
- Mental retardation care and management techniques
- Infection prevention and control, including communicable diseases (HIV, Hepatitis, MRSA, Universal Precautions, Cleaning Techniques, and TB)
- Chemical dependency treatment modules
- Intake screening
- Discharge planning
- Behavior disorders vs. mental Illness
- Emergency medical treatment
- Keep on Person medications and medication administration guidelines
- Bloodborne pathogens exposure control plan
- HIPAA requirements
- PREA requirements
- Emergency preparedness/response plans specific for the KDOC
- Review of update policies and procedures, and other information updates

Centurion will develop a *Training Needs* spreadsheet and training calendars that we will maintain at each KDOC facility. The training calendar will address any identified gaps and reflect ongoing training in high risk, high volume, and problem prone aspects of correctional healthcare. We will routinely identify these issues through the CQI process, audits, and other review processes.

**CPR, AED, and First Aid Certification**

Centurion will ensure training of our healthcare staff in cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) operation as well as certified first aid. Centurion will comply with any KDOC policies with regard to these training requirements. We will provide training by qualified trainers credentialed through the American Red Cross and/or the American Heart Association.

We will maintain evidence of annual CPR/AED and first aid certification in staff credential files. Centurion regional office staff will track CPR/AED and first aid certification in our electronic credentialing database. We will track certifications by expiration date to ensure that staff complete re-training prior to expiration of the current certification. Our regional administrative staff will review the staff database monthly to ensure healthcare staff
complete CPR/AED and first aid training on time. In addition, they will maintain records of each employee’s training hours in the employee’s personnel records.

**Multidisciplinary Staff Training**

We have developed training curriculum to enhance collaboration among correctional, medical, and mental health staff in the management and treatment of patients with healthcare problems, particularly incarcerated patients with mental health, intellectual and developmental disabilities. Our multidisciplinary collaboration training in the management and treatment of patients with serious mental health problems requires approximately four hours to complete and covers the following topics:

---

### Multidisciplinary Staff Training Topics

- What is mental illness?
- Prevalence and causes of mental illness
- Impact of patients with mental illness on correctional operations
- Collaboration in treatment and management of patients with mental illness
- Barriers to collaboration
- Mental illness – specifics
- Intervention strategies for patients with mental illness
- Confidentiality and collaboration

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**Correctional Officer Training in Healthcare Issues**

We are aware that training is essential for all staff, including correctional staff. The KDOC invests significantly in staff skills development and professional growth and we would be honored to collaborate with the Department in providing training on relevant healthcare issues for KDOC officers. We believe that this training will increase officer and staff awareness of the needs of offenders with medical and mental health concerns and how best to respond and to manage those needs, ultimately impacting officer and offender safety and security. We have also found that these trainings help develop rapport among correctional, medical, and mental health staff.

Recognizing that it can be difficult to schedule correctional officers for extensive training, we use handouts that we have developed to provide brief “refresher” training of correctional
officers during shift roll call meetings. The general training topics for correctional staff include:

**General Staff Training Topics for Correctional Staff**

- Recognizing and Responding to Medical Emergencies
- Substance use and withdrawal in corrections
- Suicide Prevention
- Introduction to Mental Disorders
- Types of Mental Illness
- Mental Illness in Corrections
- Management and Treatment of Offenders with Serious Mental Illness
- Intellectual and Developmental Disabilities
- Chronic Disease Care
- Infection Prevention and Control and Prevalent Infectious Diseases
- Working with Incarcerated Women
- Confidentiality in Corrections
- Therapeutic Communication
- Behavioral Management and De-Escalation Skills
- Psychotropic Medication

Additionally, we noted in the February 2019 Kansas Legislative Research Department *Committee Reports to the 2019 Kansas Legislature* that the KDOC envisions providing staff training through the ACA’s *Correctional Behavioral Health Certification Program*. Along with many individuals across the industry, several senior Centurion clinical leaders contributed to the development of the ACA’s curriculum for this certification program, and we applaud the Department for pursuing this nationally recognized training program. We are confident that the combination of this certification program with Centurion’s training offerings for correctional officers will support multidisciplinary excellence in the care and custody of KDOC offenders.

**Continuing Education Programs**

We appreciate the importance of continuing education in supporting the quality of our staff and healthcare services. Centurion maintains a corporate training department that coordinates training and development programs for all company employees. We provide our healthcare employees with continuing education services through in-service trainings,
CEU credits, and **Centurion University**. We support ongoing education for our staff through financial reimbursement for continuing education programs and paid time to attend continuing education activities.

Centurion will offer full-time employees who have completed 60 days of continuous employment a stipend toward reimbursement of the cost of continuing education and professional development courses, including courses, seminars and/or conferences that staff need to maintain licensure. The maximum financial stipend per calendar year will vary. The following table outlines the maximum stipends per provider positions as of January 2020.

**Maximum Reimbursement Amount and CEU Time Available**

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Amount Per Calendar Year</th>
<th>CEU Time Per Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician / Psychiatrist / Dentist</td>
<td>$2,000</td>
<td>32 hours</td>
</tr>
<tr>
<td>Nurse Practitioner / Physician Assistant</td>
<td>$1,100</td>
<td>24 hours</td>
</tr>
<tr>
<td>Psychologist</td>
<td>$1,100</td>
<td>24 hours</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>$800</td>
<td>16 hours</td>
</tr>
<tr>
<td>Licensed Healthcare Professional</td>
<td>$800</td>
<td>16 hours</td>
</tr>
<tr>
<td>Unlicensed Healthcare Professional</td>
<td>$550</td>
<td>16 hours</td>
</tr>
</tbody>
</table>

Centurion maintains course materials in our Learning Management System (LMS) accessible to all of our staff.

From January 2017 – October 2019, Centurion professional staff completed a total of **114,015 courses** through Centurion’s LMS, of which **8,240** were continuing education courses. In all, during this time, Centurion staff earned **14,826.85 hours of continuing education credits**. We provide more details in the table that follows:

**Continuing Education Credits Received Through Centurion LMS**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Courses Completed</th>
<th>Courses Completed with CE Hours</th>
<th>Total CE Hours Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>19,323</td>
<td>2,070</td>
<td>3,103.75</td>
</tr>
<tr>
<td>2018</td>
<td>32,520</td>
<td>3,169</td>
<td>6,065.45</td>
</tr>
<tr>
<td>YTD 2019</td>
<td>62,172</td>
<td>3,001</td>
<td>5,657.65</td>
</tr>
<tr>
<td>TOTAL</td>
<td>114,015</td>
<td>8,240</td>
<td>14,826.85</td>
</tr>
</tbody>
</table>
Between January 1, 2018 and YTD 2019, our staff completed over 14,501 mandatory courses across all of our healthcare contracts, as seen in the graph that follows.

**Mandatory Courses Completed by Centurion Staff (January 2018 - YTD 2019)**

![Graph showing mandatory courses completed by department]

**Centurion’s Clinical Operations Training Support**

Centurion also maintains a dedicated Clinical Operations department that provides focused support for our programs. Our Clinical Operations staff come from a variety of clinical backgrounds with varying clinical licenses in behavioral health and healthcare. This enables them to align with the different disciplines in our programs, to fully understand staff needs, and to provide multidisciplinary assistance with resources and problem-solving. We also develop cross-discipline resources and provide training to improve the competencies of staff to work with patients’ comprehensive needs within our programs using an integrated approach.

**Brenda Fields, RN, RHIA, CCHP**, and a member of Centurion’s Clinical Operations team, has expertise in psychiatric nursing, quality improvement and staff training. She regularly provides training in mental health nursing at NCCHC conferences. In 2018, CorrectionalNurse.net published the abstract from her presentation, *How to Perform a Psychiatric Nursing Assessment.*
Psychiatric Nurse Training. Centurion has long been an advocate for multidisciplinary staff training in behavioral health issues. In our other healthcare programs, we have repeatedly supported our nursing staff in receiving behavioral health training. For example, in March 2017, we co-sponsored two days of behavioral health nurse training in our program with the Tennessee Department of Correction (TDOC). Training topics included:

- Behavioral health nursing roles and responsibilities
- Communication and collaboration
- Psychotropic medications
- Abnormal Involuntary Movement Scale (AIMS) testing
- The DSM-5 and serious mental illness
- Managing mental illness
- De-escalation
- Suicide prevention

Brenda Fields successfully developed our Psychiatric Nurse Training Manual, Medical Nurse Edition to facilitate training medical nurses. The manual covers the following topics:

- Introduction to Mental Disorders
- Mental Health Intake Screening for Medical Nurses
- The Mental Status Exam
- Psychotropic Medication Refresher Course
- Introduction to De-Escalation Strategies and Skills
- Clinical Restraints
- Suicide Prevention

Additionally, in our TDOC program, Ms. Fields conducted training using this manual with nurses in April 2019. Twenty-five nurses participated in the training and successfully completed post-testing in each area at a proficient level.

Educational Webinars. Centurion’s Clinical Operations department also began offering live educational webinars beginning in September 2018 for our employees and clients nationwide. The webinars include information to assist staff in providing high quality, evidence-based healthcare. Through Brenda Field’s efforts with the Alabama Board of Nursing, Centurion became an approved provider of continuing education for nurses.
The 2018 webinar topics included the following:

In 2019, Centurion began recording live webinars to make them available to healthcare staff unable to attend the educational presentation in real time. The webinars provide continuing education for attendees who meet the mandatory requirements. **During 2019, over 680 clinical staff members received CEU credit** for completing one or more of the following webinars:

- ACT (Acceptance and Commitment Therapy) in Corrections
- Current Medical / Legal Dilemmas in Corrections
- Current Trends and Challenges of Synthetic Cannabinoids in Corrections
- Delirium-Altered Mental Status
- Developing a Behavioral Management Plan
- Developing a Crisis Management Plan
- Gender Dysphoria in Correctional Setting: Clinical and Legal requirements
- Hepatitis A: Reviewing the Facts
- How to Perform a Psychiatric Nursing Assessment
- Legally Speaking: Medication Related Laws
- Medical and Mental Health Professionals’ Role in Segregation
- Social Media in Corrections
- The Culture of Psychopharmacology
- The Value of Positivity

Please note that even though far more clinical staff attended these webinars, Centurion only provides CEU credits for attendance who submit the course evaluation at the completion of the webinar.

Centurion’s educational and training webinars are not only available to all Centurion staff, but other staff within the facilities we work and our clients.
Online Training Opportunities

As part of our continuing education program, we will also provide staff with access to online resources such as:

**UpToDate.** UpToDate is an evidenced-based, physician-authored clinical decision support resource. While not directly accessed by patients, the information gained by healthcare staff is shareable with patients as part of the patient education component of each healthcare encounter.

**RubiconMD.** RubiconMD is a web-based eConsult system. This resource provides our medical providers quick access to clinical specialists, who provide consultation at the point of care and increase our ability to make clinically informed decisions. From 2015 through May 2019, 61% of the 1,878 eConsults received by Centurion providers resulted in education credits that our providers can submit for CME credit.

**The Carlat Report on Psychiatric Treatment.** This is a monthly psychiatric newsletter, published by Carlat Publishing, offering high quality, independent, and unbiased content on a variety of psychiatric issues. The company also produces a monthly Child Psychiatry Report and the Carlat Treatment Addiction Report.

**Krames Library.** This is an online library with up-to-date information on a broad range of healthcare related topics. Staff access these resources as needed for patients in their care. This valuable resource provides healthcare information on over 4,000 topics in both English and Spanish.

**Centurion Online Library.** We maintain an online library of more than 75 staff training modules. Our Clinical Operations staff developed each module to specifically address correctional healthcare issues.

Centurion looks forward to working with the KDOC to develop online content, training forums, and interactive responses to online training information. Our Regional Vice President will collaborate with the KDOC and the Director of Healthcare Compliance to do so at no additional cost.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.22.1, *Base Staffing Plan Requirements*, identified herein.

Our proposal is based upon the staffing plan as outlined in Appendix F, upon the RFP narrative requirements, and upon clarifying answers provided in RFP Amendments 3 and 4. Centurion has chosen not to submit an alternative staffing plan, although we are pleased to discuss our plan and make changes as the Department sees fit.

Our full staffing plans are included as Attachment TT.

In the chart below, each RFP narrative requirement for specific staffing is identified, as is our acknowledgement of the requirement, clarifying answers to vendor questions, and comments.

### Centurion’s Response to Base Staffing Plan Requirements and Answers to Bidder Questions

<table>
<thead>
<tr>
<th>RFP/Q&amp;A Reference</th>
<th>RFP Narrative Requirement/Q&amp;A Clarification</th>
<th>Accommodated in Centurion Staffing Plan</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.10.4</td>
<td>Wichita Work Release Facility and Stockton Correctional Facility (NCF – East Unit) do not have health care staff on weekends.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4.3.10.13</td>
<td>HCP clinics shall be on-site, seeing patients a minimum of four (4) hours per week per 100 offenders.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4.3.10.14</td>
<td>Facilities with more than 1,000 offenders shall be required to have health care practitioner clinics five (5) days per week.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4.3.20.2</td>
<td>Included in the staffing plan in Appendix F are EMT positions that shall provide emergency coverage twenty-four (24) hours per day, seven (7) days per week.</td>
<td>✓</td>
<td>Clarified in the DOC answer to Question #4 from Amendment #3, these positions must be EMTs and cannot be nurses.</td>
</tr>
</tbody>
</table>
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<tr>
<td>4.3.22.4</td>
<td>Topeka Correctional Facility currently houses all adult female offenders and the Kansas Juvenile Correctional Complex houses all juvenile female offenders. The contractor shall provide a plan to provide OB/GYN services on-site at these two facilities.</td>
<td>✓</td>
<td>Clarified in the DOC answer to Question #98 from Amendment #3, the OB/Gyn hours are currently provided as a specialty clinic in addition to the required 1.8 FTE provider hours. Centurion will maintain this service as a specialty clinic. This position is not reflected in our staffing plan, but will be provided through a subcontract.</td>
</tr>
<tr>
<td>4.3.29.2</td>
<td>The Contractor shall provide a board-certified nephrologist to supervise all dialysis services. The nephrologist shall make on-site visits to LCF at a minimum of every six (6) weeks.</td>
<td>✓</td>
<td>Centurion will provide a board-certified nephrologist through Chardonnay Dialysis as a specialty clinic. This position is not reflected in our staffing plan, but will be provided through a subcontract.</td>
</tr>
<tr>
<td>4.3.30.1 (c)</td>
<td>Supervision of the infirmary shall be by a registered nurse on duty on-site twenty-four (24) hours per day, seven (7) days per week.</td>
<td>✓</td>
<td>Infirmaries are located at El Dorado (24 beds), Ellsworth (6 beds), Hutchison (13 beds), Juvenile (2 beds), Lansing (40 beds), Larned (5 beds), Norton (4 beds), Topeka (6 beds), Winfield (2 beds).</td>
</tr>
<tr>
<td>4.3.30.1 (d)</td>
<td>A minimum of one (1) registered nurse is staffed in the occupied infirmary twenty-four (24) hours per day, seven (7) days per week.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4.3.30.1 (f)</td>
<td>One licensed nurse in the infirmary at all times for every ten (10) patients.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4.5.1.2</td>
<td>The Regional Dental Director shall be responsible for providing clinical oversight regarding off-site dental referral services.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4.6.14 (c)</td>
<td>Staffing coverage at a Master’s level will be provided at a minimum of sixteen (16) hours per day, on-site, seven days per week at EDCF, HCF, KJCC, LCF, and TCF.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4.6.14 (d)</td>
<td>Staffing coverage at a Master’s level will be provided at a minimum of eight (8) hours per day, on-site, Monday through Friday at ECF, EDCF-Oswego Unit, LCMHF, NCF and WCF.</td>
<td>✓</td>
<td></td>
</tr>
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<tr>
<td>4.6.19.2 (8)</td>
<td>At least one (1) FTE Psychiatrist or other physician, will be trained and credentialed to prescribe the current medications used to treat opioid and other substance use disorders (&quot;Medication-Assisted Treatment&quot; (MAT).</td>
<td>✓</td>
<td>Clarified in the DOC answer to Question #66 from Amendment #3, “…regulations require physicians have special training and accountability procedures in place in order to be able to prescribe some MAT medications. It is KDOC’s expectation that the vendor have in place a physician with the necessary training and procedures in place to provide individualized MAT regardless of the medication needed.” Centurion will have in place at least one provider credentialed to provide MAT.</td>
</tr>
<tr>
<td>4.9.1.1</td>
<td>KDOC, through the Contractor, utilizes three (3) FTE PhD psychologists to complete Clinical Services Reports (CSRs).</td>
<td>✓</td>
<td>Clarified in the DOC answer to Question #99 from Amendment #3, the Forensic Psychologists cover all the facilities throughout the state to complete CSRs. Centurion notes Forensic Psychologists are assigned to Larned (1.0 FTE) and Lansing (2.0 FTEs). We will maintain them in the Staffing Plan at Larned and Lansing and acknowledge they serve all facilities.</td>
</tr>
<tr>
<td>4.10.1</td>
<td>The Contractor’s proposal shall outline the vendor’s procedure for a Comprehensive Quality Improvement (CQI) program, to include a CQI Coordinator at the Regional Office level, and a QI coordinator as part of a post-duty at each facility.</td>
<td>✓</td>
<td>Clarified in the DOC answer to Question #103 from Amendment #3, the site DONs have been responsible for CQI but some have delegated responsibility for assisting with quality study activities to RNs working under them. Centurion will assure the facility level QI Coordinator is either the site DON or an RN.</td>
</tr>
<tr>
<td>4.16.1</td>
<td>IDC trained registered nurses shall be identified in the staffing plan as full time at LCF, EDCF and HCF. TCF shall have a half-time IDC nurse.</td>
<td>✓</td>
<td>Centurion has adjusted the required staffing plan to call these out separately.</td>
</tr>
<tr>
<td>4.17.1</td>
<td>The Contractor shall ensure, at a minimum, that the health services administrator, site medical director, site QI coordinator, and site behavioral health coordinator are all members of the committee.</td>
<td>✓</td>
<td>The onsite QI Coordinator role is part of a post duty of the DON or an RN.</td>
</tr>
</tbody>
</table>
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<th>Accommodated in Centurion Staffing Plan</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 4.20.3.5          | The Contractor shall provide five full-time employees to include the below listing utilizing one hundred percent of the time in administering to the technology of the healthcare solutions of KDOC reporting to the technology division of the KDOC.  
(a) One Project Manager to support and facilitate system development and technology deployment.  
(b) One Information Technology Generalist to support and maintain the infrastructure required to serve the clinical staff in day to day operation.  
(c) One NextGen administrator to facilitate the construction and modification of data-entry screens and output reports.  
(d) One Database Administrator/report writer to facilitate the care of the data systems associated with the EHR and for providing reporting as required by KDOC.  
(e) One Clinical Developer/Trainer to work in coordination with KDOC staff development for the education of both contract staff and KDOC staff on new solution deployments and best practices | ✓ | The required 5.0 FTE IT/EMR staff were not listed separately in Appendix F, but Centurion identified them individually in our Regional Office staffing plan, according to the requirements of RFP Section 4.20.3.5. Clarified in the DOC answer to Question #29 from Amendment #4, Centurion’s IT staff will have a dual reporting responsibility Centurion and to the KDOC CIO or KDOC designee. |
| 4.21.8            | The Regional Director of Nursing and the Regional Behavioral Health Coordinator shall be responsible for monitoring and providing monthly continuing education training classes, CEU certifications, and tracking of training records for all facilities in the KDOC system. | ✓ | We note that the “Behavioral Health Coordinator” is called the “Mental Health Coordinator” in Appendix F. Clarified in the DOC answer to Question #104 from Amendment #3, “Behavioral Health Coordinator” is the preferred title. Centurion will use the title “Behavioral Health Coordinator”. |
| 4.22.1.1          | The base staffing plan is included in Appendix F. Bidders shall base their proposals on this staffing plan. In addition to the base staffing plan, bidders may submit an alternate staffing plan and a revised cost proposal for consideration. | ✓ | Except for those changes directed by Amendment #3, we have maintained our staffing plan as per Appendix F. |
## Centurion’s Response to Base Staffing Plan Requirements and Answers to Bidder Questions

<table>
<thead>
<tr>
<th>RFP/Q&amp;A Reference</th>
<th>RFP Narrative Requirement/Q&amp;A Clarification</th>
<th>Accommodated in Centurion Staffing Plan</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.22.2.3</td>
<td>The Contractor’s Regional Utilization Management Coordinator, Regional Psychiatrist, Regional Director of Nursing, Regional Behavioral Health Director, and Regional Medical Director positions shall be identified by title as outlined in this RFP. . . Health Services Administrators and Directors of Nurses shall be allowed to assist other facilities and other contract sites up to three (3) weeks per calendar year, if the KDOC facility is appropriately staffed during their absence.</td>
<td>✓</td>
<td>Clarified in the DOC answer to Question #105 from Amendment #3, vendors are to use the titles found in Appendix F.</td>
</tr>
<tr>
<td>4.22.3.5</td>
<td>KDOC currently has three (3) state-employed health care positions who were hired prior to privatization.</td>
<td>✓</td>
<td>Clarified in the DOC answer to Questions #77, #78, #99, #106, and #221 from Amendment #3, these staff include: a records clerk at Lansing Correctional Facility, and a records clerk and an LPN at Kansas Juvenile Correctional Facility. These staff are found and included in Appendix F and reflected in our staffing plan, included as Attachment TT.</td>
</tr>
<tr>
<td>Appendix F</td>
<td>The Staffing Plan in Appendix F shows a PhD Psychologist at the Hutchison “RDU”.</td>
<td>✓</td>
<td>Clarified in the DOC answer to Question #87 from Amendment #3, this requirement was in error and should indicate 0 FTEs. We have removed the PhD Psychologist from the Hutchison “RDU” originally found in Appendix F of the RFP.</td>
</tr>
<tr>
<td>Amendment #3</td>
<td>Clarified in the DOC answer to Question #13 from Amendment #3, Appendix F indicates that KJCC is expected to have a Clinical Director, PhD. Currently, a Psychologist MA is required. The KDOC expects this position to now be a doctoral level.</td>
<td>✓</td>
<td>Centurion will provide this position at PhD level.</td>
</tr>
<tr>
<td>Amendment #3</td>
<td>Clarified in the DOC answer to Question #112 from Amendment #3, Centurion has added a 0.10 FTE X-Ray technician at Norton, Oswego, and Larned.</td>
<td>✓</td>
<td>Centurion has added these staff to our staffing plan.</td>
</tr>
</tbody>
</table>
## Centurion’s Response to Base Staffing Plan Requirements and Answers to Bidder Questions

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<tbody>
<tr>
<td>Amendment #4</td>
<td>A clarification provided in the DOC answer to Question #61 from Amendment #4 regarding physical therapy.</td>
<td>✓</td>
<td>At minimum, sites with infirmaries will have Physical Therapy specialty services. Centurion will provide Physical Therapy services as a specialty clinic. These positions are not reflected in our staffing plan, but will be provided through a subcontract.</td>
</tr>
<tr>
<td>Amendment #4</td>
<td>A clarification provided in the DOC answer to Question #63 from Amendment #4 regarding physical therapy.</td>
<td>✓</td>
<td>Centurion will provide endoscopy services as a specialty clinic at El Dorado through OnSite Endo. Staff positions for endoscopy are not reflected in our staffing plan, but will be provided through a subcontract.</td>
</tr>
</tbody>
</table>
4.22 Staffing

4.22.2 Staff Accountability and Time Clocks

4.22.2.1 Copies of staffing schedules, encompassing all health care staff, shall be submitted to the Director of Health Care Compliance by the 10th day of each month prior to delivery of service.

4.22.2.2 The Contractor shall describe the mechanism for staff accountability. The Contractor shall utilize time clocks, at the Contractor’s expense, to determine actual hours of service provided. Actual hours of service may include hours worked outside of the facility up to four (4) hours per week per fulltime HCP. The offsite hours must be directly related to providing on call services, including infirmary rounds, community hospital rounds on KDOC offenders, and surgical time as it relates to KDOC offenders. Any routine outside worked hours shall have received prior approval from KDOC. Documentation of on call schedules shall be provided to KDOC that demonstrate on call hours worked.

4.22.2.3 The Contractor shall not count hours worked out-of-state or at locations other than KDOC facilities as authorized absences or KDOC contract hours. The Contractor’s Regional Utilization Management Coordinator, Regional Psychiatrist, Regional Director of Nursing, Regional Behavioral Health Director, and Regional Medical Director positions shall be identified by title as outlined in this RFP. These positions are considered essential to the KDOC operation and shall not be shared with, or perform duties for, any other contract outside of the KDOC contract. Health Services Administrators and Directors of Nurses shall be allowed to assist other facilities and other contract sites up to three (3) weeks per calendar year, if the KDOC facility is appropriately staffed during their absence. Further, HCPs already fulfilling equal to a fulltime position under this contract (40 hours per week) shall not be allowed to fulfill other position hours for this contract or any other contract during regularly scheduled working hours, except for short durations, and as approved by the Contractor’s Regional Vice President and the Director of Health Care Compliance.

4.22.2.4 In the event of a strike, slowdown or full or partial work stoppage of any kind by the employees of the Contractor, the Contractor shall acknowledge in the proposal its responsibility to continue to perform its obligations under this contract and shall indemnify KDOC for any reasonable losses it may incur in the event of a strike, slowdown, and or full or partial work stoppage by the Contractor’s employees.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.22.2, Staff Accountability and Time Clocks, identified herein.

Centurion uses Kronos, a nationally recognized electronic time clock system, to hold staff accountable for arriving and leaving work on time as scheduled.
Centurion will submit monthly staffing schedule to the Director of Health Care Compliance by no later than the 10th of each succeeding month. Upon contract award, Centurion will collaborate with the KDOC on an agreed format for the staffing report. We have extensive experience generating and providing similar staffing reports in our other correctional healthcare programs and can offer the KDOC several user-friendly options.

**Centurion’s Electronic Time Keeping System**

Centurion will install, maintain, and use an electronic timekeeping system for all of our employees providing onsite and offsite services. We currently use *Kronos Workforce Timekeeper* across our contracts to manage timekeeping.

Kronos Workforce Timekeeper allows Centurion to:

- Control labor costs with a consistent application of work and pay rules
- Minimize compliance risk by enforcing and tracking complex compliance requirements, such as Fair Labor Standards Act (FLSA)
- Improve workforce productivity by reducing manual and timely administrative tasks

Centurion staffing summary time reports will designate the name of the employee and the hours worked and will enable sorting by institution, date, hour/shift and position. Upon contract award we will review the format of the current form and make adjustments based on KDOC preferences. In addition to the staff summary time reports, we are able to provide the KDOC with other customizable staffing reports as needed for either routine reporting or as ad hoc reports, when requested.

Kronos allows our onsite staff to clock in for the actual hours of service. The system will also allow HCPs working offsite for up to four hours, providing KDOC-approved healthcare services for offenders (i.e., on-call services, infirmary rounds, etc.) to document their time.

In addition to registering staff attendance through our computer based timekeeping system, we expect all personnel to sign in and out on forms or security logs provided by the KDOC whenever they enter or leave a facility. No person will sign in, sign out, clock in, or clock out for any other person.

If a staff member is not able to utilize the Kronos time reporting system for any reason, such as when working offsite, he or she must complete and submit a *Kronos Exception Form*. This form requires staff to state the reason for any missed time in or out punch, including...
any offsite work assignments or trainings. Staff must report the time that they worked or missed a punch, indicate the reason(s) for the missed punch, and submit to their supervisor for approval. Centurion will not approve payment for any reported time worked until the individual’s immediate supervisor reviews and signs the properly completed Kronos Exception Form.

Staff who routinely work remotely, for example local recruiters who may work from home, are salaried and do not punch in/out. They are accountable for their time and productivity with their immediate supervisors and regular performance reviews. We evaluate their work based on produced deliverables and results, not on the number of hours worked.

**Contract Hours**

Centurion does not routinely utilize staff dedicated to one contract to support another program. On the rare occasions when this happens, we make sure that staff do not clock hours used supporting another program against the KDOC contract.

We confirm that we will not share the following key personnel with any other contract:

- Regional UM Coordinator
- Regional Psychiatrist
- Regional Director of Nursing
- Regional Behavioral Health Coordinator
- Regional Medical Director

We further agree that HSAs and Directors of Nurses can assist other facilities or contracts for up to three weeks per calendar year, as long as their home facility has the required staffing during their absence. Furthermore, we will not allow full-time (40 hours per week) HCPs to fulfill other position hours for the KDOC or support other contract during regularly scheduled working hours, except for very brief periods, and after receiving approval from the Regional Vice President and the Director of Health Care Compliance.

**Work Stoppage**

In the very unlikely event of a strike, slowdown, or full or partial work stoppage of any kind by Centurion staff, we agree to fulfill our obligations under the executed contract for the provision of healthcare services for the Department. Centurion will indemnify KDOC fully in regard to any losses, damages, etc. it may incur as the result of a work stoppage by Centurion staff.
Centurion works proactively to avoid employment conditions that might lead to a strike, slowdown, or full or partial work stoppage. We work closely with our employees as our most valuable resource to ensure the conditions of employment reflect a culture of support and value. We provide competitive salaries and benefits, support clinical autonomy and collaboration, and respond to staff concerns promptly. Centurion has not experienced a strike, slowdown, or work stoppage since we began providing correctional healthcare services.
4.22 Staffing

4.22.3 Retention of Current Contract Staff

4.22.3.1 The Contractor shall provide a plan for staff retention of the current contract staff that includes, but is not limited to:

(a) The Contractor’s plan for salary compensation for all current contract employees. Bidders shall indicate their intent to maintain current salaries or increase salaries when necessary to maintain the current staff.

(b) Bidders should include any intent to reduce salaries of current employees, or future employees as compared to the current staffing summary salaries listed.

(c) The company’s current Benefit Plan and how that plan relates to all current contract employees to include whether the current employees working within the KDOC contract will be enrolled in the current plan or a different plan.

(d) Employee health care costs to include identification of rural community providers and service differences for rural areas.

(e) Seniority/longevity bonuses or incentives for current contract staff with long term service records.

(f) Sick leave and vacation time.

4.22.3.2 The Contractor shall interview each current facility contract staff member to determine his or her continued employability status.

4.22.3.3 The Contractor shall waive eligibility time frames for health and retirement programs for all continued current contract staff.

4.22.3.4 The Contractor agrees that it shall not bind any of its employees, or those under contract with the Contractor, to any agreement, which would inhibit, impede, prohibit or restrain in any way that would restrict such employee or independent contractor from accepting employment with any subsequent health care service provider to the KDOC or any other employer.

4.22.3.5 KDOC currently has three (3) state-employed health care positions who were hired prior to privatization. Contractor shall be responsible for reimbursement to KDOC for salaries, benefits, overtime, vacation, sick leave, and malpractice insurance costs for these staff via an offset on the monthly payment voucher. The amount deducted shall be based on actual salary and benefits expenditures. Should any of the state employees leave their position, the Contractor shall be responsible for filling these positions as part of the contracted staffing plan at no additional cost to the State.

4.22.3.6 The Contractor is strongly encouraged to maintain existing contract staff to the extent that they are qualified, that the position still exists, and both the KDOC and the successful Contractor agree to that employment.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.22.3, *Retention of Current Contract Staff*, identified herein.

Our staff retention activities provide incumbent staff with the opportunity to apply for and continue in their current positions following contract award to Centurion. Central to Centurion is our experience successfully transitioning incumbent employees within short timelines, our robust recruiting and retention program, and the expansive benefits we offer staff. Benefits to patients includes seamless transition of healthcare services between the incumbent and Centurion and minimal disruptions in care. The KDOC will benefit from cost efficiencies related to a smooth transition, better healthcare outcomes, and decreased staff vacancies.

**Plan for Staff Retention**

One of the inadvertent results of a change in contractors is a perceptible increase in the level of stress among current contract staff. Losing their jobs, finding comparable employment, transitioning to a new employer with different benefits, and changes in job responsibilities and expectations are among the many issues that can trigger feelings of unease and anxiety. On occasion, this often unexpected pressure can impact employee performance, which in turn, can have unintended consequences for patients seeking healthcare services. Centurion utilizes a staff retention plan that combines proactive and ongoing communication with vigorous recruitment and retention efforts to minimize the stress that incumbent staff feel, making the transition process smoother for those on the front lines of care.

Centurion will submit a detailed staff retention plan to the KDOC following contract award. However, in the graphic that follows, we have detailed the process we will follow to outreach to and recruit current staff who meet both our and the KDOC’s high standards for care. This process will begin immediately following contract award and will continue until we fill all positions.
Centurion Current Staff Retention Process

Recruiting and Retaining Qualified Staff to Ensure Smooth Transition and Minimize Disruption in Care
When we offer current staff employment, we do not bind, inhibit, impede, prohibit, or restrain employees in any way from accepting employment with any subsequent health services provider to the KDOC or any other employer to the extent that any such non-compete would restrict someone’s ability to practice medicine or deliver healthcare services. Our high-level executives overseeing various contracts from a corporate standpoint (i.e., regional vice presidents of operations), but not employed within a program, are often privy to confidential company and trade secret information. For these individuals, we do have restrictive covenants in place regarding sharing information with future employers and accepting employment with industry competitors for certain defined periods of time (e.g., 12 months) in performing similar job functions in defined market locations. Our employment agreements do not and will not restrict the KDOC from meeting its objectives for staffing and management of services in the event Centurion’s contract ends and a new contractor is engaged in the future.

Centurion confirms that our plan for salary compensation for current KDOC staff will maintain or increase salaries when necessary to retain the current staff who meet our qualification requirements. We do not intend to reduce salaries of current staff, as we believe doing so would be disastrous for staff morale and poor choice to start a new contract. Given our understanding of the present and historical staffing challenges faced by the current contractor, we conducted our market compensation analysis with the need to offer competitive rates above the 50th percentile in mind, and we believe our salary assumptions in our price proposal are sufficient to sustain, if not increase, current compensation levels.

We will offer incumbent staff who transition to Centurion our competitive benefit plan that is available to all employees, including paid sick leave and vacation time. We follow all state statutes regarding leave and vacation times and do not impose any waiting periods for health and retirement savings program eligibility. Though Centurion’s base paid days off (PDO) accrual and service anniversary award eligibility on seniority and longevity, Centurion does not currently provide bonuses based on these factors.

As noted in detail in our response to Section 4.22.5, Recruitment and Retention, we provide employees with highly desirable and competitive healthcare benefits and as such, do not routinely utilize variable rates based on employee healthcare costs, community providers, or service differentiators in rural areas.

**State-Employed Healthcare Positions**

Centurion understands we will be responsible for reimbursing the KDOC for the actual salaries, benefits expenditure, overtime, vacation, sick leave, and malpractice costs for the
three healthcare positions that the KDOC hired for this program prior to privatization. We will do so via an offset on the monthly payment voucher. Based on KDOC answers to bidders’ questions in RFP Amendment 3, we recognize that the three positions involve a records clerk at Lansing Correctional Facility and a records clerk and licensed practical nurse at Kansas Juvenile Correctional Complex. Centurion will recruit and hire for any of these positions that become vacant during the course of the contract at no additional cost to the KDOC.

**Centurion Experience Retaining Current Contract Staff**

Over the past eight years, Centurion has transitioned several correctional healthcare programs, including a few on emergency basis. In each transition, we were able to retain many of the current staff. An overwhelming vast majority of these employees transitioned smoothly to employment with Centurion and reported higher levels of overall job satisfaction after the transition. Employee testimonials routinely indicated more satisfaction with compensation plans and the new support services provided by the company. While incumbent employees may have experienced a high level of anxiety prior to the transition, our experience confirms that they appreciated the ease of the recruitment and retention process and reported higher job satisfaction following the transition.

We routinely retain over 90% of incumbent staff when we transition a program from another healthcare vendor. An example of this type of transition is our program for the Florida Department of Corrections (FDC). In 2016, FDC awarded an emergency contract to Centurion after the previous contractor, Corizon, gave notice of intent to terminate its contract. Centurion began the transition of medical, mental health, and dental services in the northern three regions of the state in mid-April and was fully operational on June 1. In the first year, we eliminated chronically vacant positions while simultaneously retaining incumbent staff in good standing with the FDC.

We also found that the previous contractor had relied heavily upon nurses and physicians from outside, temporary staffing agencies. We immediately took steps to address this issue by recruiting and hiring full-time, permanent employees. Since starting the Florida contract, we have recruited and hired over 1,000 new employees into the healthcare program. In addition, we have been able to successfully recruit back to employment many staff who left the system due to dissatisfaction of working under the previous contractor.

With all of the above being said, the KDOC can expect, and will receive, a more fully staffed healthcare program, with more dedicated staff and lower turnover than ever before.
4.22 Staffing

4.22.4 Credentialing Criteria

4.22.4.1 Throughout the term of this contract, KDOC shall have the right of approval prior to the Contractor’s hiring of any regional staff, health services administrator, any director or nursing, any behavioral health coordinator, any director level position, physician, psychiatrist, advanced practice registered nurse, or any other position KDOC may designate during this contract term. Upon request, the Contractor shall provide KDOC with current resumes of any physician, administrator, psychiatrist, psychologist, dentist, behavioral health coordinator, or director of nurses.

4.22.4.2 The Contractor shall provide a written position description for each member of the health care staff, which clearly delineates the assigned responsibilities. The Contractor shall monitor performance of health care staff to ensure adequate performance in accordance with these positions descriptions.

4.22.4.3 The Contractor shall furnish the necessary administrative, supervisory, professional, and support staff for the proper and effective operation of the program defined herein, subject to the approval of such staff by the Director of Health Care Compliance. If any applicant recommended by Contractor is disapproved by KDOC a written summary of the reasons for the disapproval shall be presented to the Contractor.

4.22.4.4 In recognition of the sensitive nature of correctional facilities, Contractor agrees that in the event KDOC, in its discretion, is dissatisfied with any of the personnel provided under this contract, KDOC may deny access of such personnel to the correctional facility. KDOC shall provide written notice to the Contractor of such fact and the reasons therein, and the Contractor shall remove the individual in question from the programs covered herein and cover with other appropriate personnel until an approved replacement is found.

4.22.4.5 The Contractor shall employ only licensed and qualified personnel to provide clinical and behavioral health coverage for all health care related services of this contract.

4.22.4.6 The Contractor shall maintain personnel files in the Health Services Administrator’s office on contractual personnel, which shall be made available to the Director of Health Care Compliance or their designee upon request.

4.22.4.7 All contract personnel shall be required to submit to a background investigation conducted by KDOC.

4.22.4.8 All personnel shall comply with applicable state, federal, and local laws, regulations, court orders, administrative regulations, administrative directives, and policies and procedures of KDOC and the Contractor, including any amendments thereto. All contract staff shall maintain any insurance required by law.

4.22.4.9 The Regional Director of Nursing and the Regional Behavioral Health Coordinator, in conjunction with the HSAs, shall be responsible for monitoring licensure compliance for all newly hired staff, and annually thereafter.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.22.4, Credentialing Criteria, identified herein.

Our credentialing program meticulously reviews and verifies healthcare provider qualifications and credentials, ensuring that patients receive services from an appropriately licensed and trained provider. Unique to Centurion’s credentialing program is an experienced credentialing department, the use of Aperture Credentialing, LLC to manage credentialing services, and detailed credentialing processes. Patients benefit from this process by receiving appropriate healthcare services. The KDOC will benefit by having patients who are safe and avoiding unnecessary litigation resulting from suboptimal care provided by unqualified providers.

**Centurion’s Credentialing and Re-Credentialing Processes**

Our credentialing process ensures that all clinical staff have the required qualifications and credentials to provide the services and responsibilities included in their job descriptions and roles. It also ensures that clinical staff have licenses that are in good standing. We require and maintain documentation to verify reported licenses and credentials and confirm that licenses/credentials remain current. We do not hire healthcare staff with restricted licenses that limit practice to correctional institutions.

Bea Fletcher
Credentialing Manager
Bea Fletcher, Centurion’s Credentialing Manager, manages credentialing policy development, the credentialing review process, and leads the education and training for program staff who support the credentialing function. Ms. Fletcher has over 20 years in the credentialing field for large public health plans.

Our credentialing process is consistent with nationally accepted correctional healthcare standards, including those of the NCCHC and ACA. We provide an overview of the credentialing process in the diagram in what follows. We use this credentialing process in all of our current statewide programs and our jail programs.

Centurion completes full credentialing of our licensed staff at the time of hire and re-credentials them on an annual basis.

Centurion acknowledges that the KDOC has the right of approval prior to the hiring of any regional staff and that the KDOC, at its discretion, can deny access to any personnel whose performance is dissatisfactory to the KDOC. Upon receipt of written notice from the KDOC,
we will remove the employee from the program and provide appropriate and timely replacement.

We utilize detailed policies and procedures to manage the credentialing process and would be pleased to provide the KDOC with more details and copies of these policies and procedures should the KDOC so desire. We provide a summary of the credentialing process we will implement for the KDOC below.

**Credentialing and Re-Credentialing Process: Making Sure the Right Providers Care for Offenders**

Centurion’s regional office management team will be responsible for completing the credentialing process. Centurion’s credentialing process for the KDOC will include the following steps, which we will complete prior to the date a licensed healthcare staff member begins providing services:

- Regional office staff will obtain consent for the release of information to permit verification of credentials and for background check as part of our employment application and forward to HR for verification.
- The KDOC will complete a background investigation of the candidate.
- We will request and obtain verification of credentials from the National Practitioner Data Bank (NPDB).
- If the NPDB search reveals issues or areas of concern, Ms. Fletcher will convene one of Centurion’s internal Credentialing Review Committees (CRCs) to review and discuss the case.
  - The CRC will review and discuss each case and will make a determination about whether or not to offer employment and under what conditions.
  - We will inform the KDOC of any information found during the NPDB reviews and the subsequent decision of Centurion’s Credentialing Review Committee.
  - If the KDOC does not concur with the decision of the Credentialing Review Committee, the KDOC’s decision prevails.
- If the NPDB search does not reveal any issues, we will offer the candidate employment with Centurion.
- Centurion healthcare staff must submit position specific required documentation (i.e., current license, evidence of current DEA registration (if applicable), evidence of CPR, AED, and First Aid certification, etc.) prior to providing services.
Once hired, Centurion healthcare staff must acknowledge and sign the job description that outlines the responsibilities and duties of the position as well as the credentials expected for staff assuming these responsibilities.

Centurion will maintain documentation of the credentials and primary source verification in each staff member’s credential file. We will maintain credential files separately from the employee files and do not include documentation regarding compensation, benefits and performance evaluations. We will maintain records confirming that the employee has current TB testing and that we offered the employee the Hepatitis B vaccination series in the credential files.

We will keep all staff Credential files in a locked file in the Centurion regional office and will have a copy available in the HSA’s office in each facility. We will make copies available to the Director of Health Care Compliance or designed upon request. These files will also be available on site at the time of accreditation surveys or other authorized audits. Additionally, we will maintain verification of current credentials and job descriptions on file in the facility health services unit.

**Re-Credentialing.** Our healthcare staff will be responsible for providing the Centurion management team with documentation that they have renewed required licenses and certifications as well applicable insurance prior to their expiration and informing the management team of any pending actions that might jeopardize licensure or certification immediately upon notification of such actions. Further, our clinical staff will be responsible for completing any continuing education required to maintain licensure. The Regional Director of Nursing and Regional Behavioral Health Coordinator will work with the HSA at each facility to monitor licensure of all clinical staff upon hire and annually thereafter.

Centurion healthcare staff will undergo re-credentialing at least annually. The re-credentialing process will also initiate whenever Centurion learns of pending actions or disciplinary procedures involving Centurion healthcare staff.

To make sure that licensed staff remain in good standing, we will request annual inquiries from the NPDB for all licensed healthcare staff. When an NPDB inquiry reveals issues or areas of concern, one of Centurion’s Credentialing Review Committees will review these issues and will determine whether or not to recommend continued employment and under what conditions. We will inform the KDOC if this process occurs.
**Aperture: Making Credentialing Process Easier**

To support the credentialing and recredentialing process, we partner with Aperture Credentialing, LLC (Aperture) to manage, monitor and organize all our credentialing requirements and services.

Aperture is the healthcare market’s leading credentialing verification organization and credentialing technology provider. It has received URAC (formerly Utilization Review Accreditation Commission) accreditation, certified for 10 out of 10 elements set forth by the National Committee for Quality Assurance (NCQA), and fully compliant with The Joint Commission.

Centurion utilizes Aperture’s CredentialSmart (CredSmart) platform, a communicative, web-based credentialing and privileging management system with our over 8,000 licensed staff. CredSmart’s functionalities reduce the time and resources spent on managing credentialing files, retrieving primary source data and communicating credentialing data throughout the contract. CredSmart eliminates inefficiencies and provides real-time, accessible, credentialing services that staff can manage at the facility level. By using this software, Centurion can eliminate cumbersome paper files and monitor credentialing expirables through the *Actionable Item Triggers* that alert both the healthcare professional and our contract management designee.

Additionally, CredSmart allows our internal contract monitors to review and audit the maintenance of credentialing records and the full credentialing process across the contract with the click of a mouse. For example, they can pull the credentialing status of all employees within minutes with access to a computer and the Internet.

**Monitoring Staff Performance**

Centurion will only employ licensed and qualified healthcare staff to provide clinical and behavioral health services to KDOC offenders. All staff must comply with applicable federal, state, and local laws, regulations, court orders, administrative regulations and directions as well as KDOC policies and procedures and NCCHC and ACA standards.

We will utilize detailed job descriptions that clearly delineate qualifications and responsibilities and will monitor performance based on the requirements set forth in these job descriptions. We provide more information on how we monitor staff performance in our
response to RFP Section 4.11, Contract Monitoring / Management and Directing Services and Peer Review. We provide sample job descriptions in Attachment G:

- Regional Vice President
- Regional Medical Director
- Regional Dental Director
- Regional Psychiatric Director
- Regional Director of Nursing
- Regional Behavioral Health Director

The job descriptions provided for the positions above are samples. We will collaborate with the Department to finalize all job descriptions. We would be pleased to provide the remaining job descriptions for the KDOC’s review and approval following contract award. In addition, we will maintain and provide the KDOC with resumes for the above-referenced positions and any physician, administrator, psychiatrist, psychologist, dentist, behavioral health coordinator, or director of nurses upon the Department’s request.

**Managing Vacancies**

Given the issues that the KDOC has faced with the suboptimal delivery of healthcare services as a result of missed work hours and unfilled healthcare staff positions, we fully understand and appreciate the KDOC’s concern regarding staff availability. Centurion shares these concerns. As a result, we have invested in a strong and robust recruiting and retention program that minimizes vacancies, manages staff productivity, and ensures employee satisfaction.

We promote corrections as a noble career path *of-choice* for healthcare professionals and offer a benefits package that is attractive to healthcare professionals, a productive and rewarding work experience, competitive wages that meet and often necessarily exceed market rates, and access to a host of professional development opportunities for our staff. We develop and implement employee relations campaigns to support employees and express the gratitude and recognition they deserve for giving of their time and talent to protect the safety of our communities and better the lives of the inmates they serve.

We will bring all of these capabilities to serve the KDOC and its offender population. We have described these capabilities in detail in our response to RFP Section 4.22.5, Recruitment and Retention.
To demonstrate our compliance with wage requirements set forth in the RFP, we have performed a thorough market survey for all licensed healthcare positions and will submit a copy of the survey to the KDOC Human Resources Department, Executive Director of Contracts and Finance, and the Director of Health Care Compliance for review. We will perform a new market survey, specific to the area around each facility, annually and will submit the results by July 1 of each succeeding year.

Centurion routinely performs market salary surveys as part of our RFP response process. To illustrate this approach and demonstrate our commitment to meeting KDOC expectations, we have included the results of our proprietary market salary survey for Kansas as Attachment SS. As the proprietary market salary survey demonstrates, Centurion conducts a comprehensive, multi-modal, multi-source market survey to ensure we understand local and national market rates and offer salary and compensation packages that ensure effective recruitment and retention.

We confirm that, at the time of contract commencement, the minimum pay rate for the licensed staff will be at least the 50th percentile of their profession based on their licensure and experience. Our experience confirms that the 50th percentile is rarely sufficient to ensure effective recruitment and retention of healthcare staff, as there is often initial reluctance for candidates to consider correctional settings in remote locations. Current vacancies for KDOC healthcare positions appear to be consistent with this experience. Our practice, based on national experience and following very careful compensation analysis, is to provide salaries significantly above this pay rate. Any increase in pay resulting from the market survey will be in compliance with the terms of the KDOC contract with Centurion. We understand that the 50th percentile of the market survey will become the staffing deduction noted in Section 4.24, Staffing Deductions.

One of the challenges for developing compensation assumptions for this proposal is the fact that there are hundreds of healthcare staff working for the incumbent contractor at salary and compensation levels that are only known to the incumbent contractor. As stated throughout our proposal, we strive to retain the majority of incumbent staff that are in good standing when starting a new contract. The current compensation levels, and the sufficiency of current compensation levels, will not be known to us until after notice of contract award and initiation of our startup activities when we can engage in dialogue with current staff and compare actual, current compensation levels to those identified in our market analysis.

Our goal in regards to compensation levels at the startup of new contracts is to establish a long-term, successful compensation approach that will rapidly fill the vacancies we inherit at
startup, stabilize staffing across all facilities, and set in motion a course of action to reduce turnover rates.

We understand the KDOC healthcare program has been affected by staffing challenges, and as such, we would not blindly assume the compensation levels of current staff that we will see during the contract transition and startup process are sufficient for a long-term strategy to strengthen and stabilize the staffing of the program. In our experience transitioning new contracts from other companies, we have found that employees who transition to us report higher levels of job satisfaction with Centurion as compared to the previous contractor, even at the same rates of pay. This reality supports our belief that there are factors other than compensation rates that lend to stability in staffing. Being a strong, stable, and reputable company that supports and appreciates its employees in the field has value to employees.

Throughout our proposal, we make mention of Centurion being transparent in our relationships with our client agencies. We extend that transparency to our compensation levels and assumptions in the startup and transition of new contracts. We pledge to the evaluation committee and the KDOC that we will openly share with the KDOC the compensation levels of incumbent staff that we identify during the contract transition in comparison to the estimates we used for our proposal; and if we have significantly over-estimated our assumptions, we are amenable to resetting our price at the outset of the contract to provide the savings to the Department.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.22.5, *Recruitment and Retention*, identified herein.

Our staff recruitment and retention programs ensure that we have the right number of qualified staff to provide timely and appropriate healthcare services to inmates. Our demonstrated success in continuously staffing large healthcare programs, our robust recruiting and retention program, flexibility and ability to adjust to emergent and emerging staffing needs and trends, and our Academic Affiliation program are among the competencies that differentiate our recruiting and retention services.

Patients will benefit from minimal wait times, aversion of disruption in care, and access to consistent healthcare services that results from having the appropriate volume and types of staff. Staff will be able to concentrate on doing their jobs in the best manner possible and the KDOC will collect benefit from program stability, better healthcare outcomes, decreased grievances and appeals, and increased cost efficiency resulting from the timely delivery of healthcare services.

**Strong and Robust Recruiting and Retention Services**

Centurion is grateful for the dedication and commitment of the thousands of security, administrative, and healthcare professionals working in the correctional setting who make our communities safer and the lives of offenders better every day. Though we are unable to thank each and every one of these “unsung heroes,” as an organization, we believe that we should do our part in showing our gratitude by ensuring that they have the supports and resources they need to do their jobs effectively. One way of doing so is by making sure that we have the right healthcare staff to address offender needs and collaborate with the KDOC and facility staff in managing offender needs. We know and appreciate the Department’s similar and continued focus on ensuring the availability of licensed and trained staff to address patient needs.

Sadly, staffing shortages have been a reality for the KDOC. Press articles recount “thousands of hours missing work each month, due to unfilled jobs for nurses, behavioral
health professionals and other medical staff4” and “several prisons going months without reporting any hours worked by psychiatrists5”. We understand that staffing shortages contribute considerably to the healthcare delivery challenges and litigation faced by the KDOC and its contractor. We appreciate the Department’s weariness about imposing staffing and performance penalties and deep desire to have all positions filled on a continued basis. Centurion commits to the KDOC that, as we have done in many of our other programs, we will fill positions with qualified staff and minimize vacancies. This is a differentiator for Centurion, and we provide examples of our success in this area at the end for this section.

The KDOC program will require transition and hiring for over 500 full-time equivalent positions within a short period of time. It will require proactive identification and ongoing management of staffing changes and vacancies. Recruiting, hiring, and retaining staff, both initially and on an ongoing basis, requires longstanding experience, an expansive network of candidates, innovative recruiting and retention solutions, support from a multitude of employees, and an established national presence. As the KDOC has seen through its current contractor, it is not a process that an organization without the right human resources infrastructure or one without sufficient manpower, experience, and reach can accomplish. The recruiting and retention capabilities of an organization can make or break the KDOC program.

Centurion has a team of over 30 full-time recruiters and 25 full-time HR employees working to maintain our exemplary fill rates and provide an empowering work environment for our staff. Through this team, Centurion has created a national footprint that extends our ability to reach potential healthcare professionals. Though we will focus primarily on recruiting and hiring providers living in Kansas, we will use our national presence to identify and recruit providers in other states who have the training, licensure and qualifications that the KDOC expects. We have done so successfully for other programs, where we have found and relocated staff with the requisite qualifications to support programs challenged by staffing issues. Other organizations that do not have similar breadth will be unable to recruit and fill the 500+ positions required to support the KDOC program. This is an important differentiator for Centurion and for the KDOC.

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Many consider us the *employer-of-choice* in correctional healthcare, and our internal employee surveys consistently indicate high levels of employee satisfaction, particularly when we transition employees from other companies after winning new contracts. We have a large corporate human resources department and recruiting department that includes embedding human resources professionals locally in our various contract locations and regional offices. We focus on continuously monitoring the quality of services that our staff provide and pride ourselves in our CQI and credentialing model and the opportunities for development that we offer our staff. We will bring all of these resources and services to the success of the KDOC contract.

**Gina Morris**, Vice President of Recruiting, who has been with the company for over ten years, supervises the recruiting department. We have organized our recruitment team by clinical discipline and each contract has a dedicated Physician Recruiter and a dedicated Allied Healthcare Recruiter to understand the specific needs of each program. For the KDOC, **Dawn Sechrest** and **Mindy Halpern, CCHP** will serve as the corporate Allied Health and Provider Recruiters, respectively, working closely with our dedicated recruiters and human resources staff for this program. We provide more information about these team members in RFP Section 2.4 *Bidder Information*.

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**Centurion’s Recruiting Process**

While other companies place their recruiters in the corporate office only, or outsource their recruiting services, Centurion strategically places its recruiters in various locations throughout the US. We have recruiters on both coasts and several states in between.

Our team of over **30 full-time recruiters**, combined with more than **25 full-time employees** working in our Human Resources department ensure we maintain high fill rates and create professionally rewarding work experiences for our employees. We use a unique *relational* approach to recruiting. Using this approach, our recruiters maintain a constant dialogue with
thousands of candidates using various communication tools, ensures a steady pipeline of qualified candidates for position openings that may occur.

We have honed our recruiting approach over many years and have found our fine-tuned, discipline-specific model to be more effective than the more common generalist approach of designating a single recruiter to recruit all positions in a given contract. Our recruiters focus on developing a clear understanding of the specific requirements and nuances of the Kansas program. Additionally, they will develop a strong synergy with the program management team and program leadership. Our recruiters will tour KDOC facilities to gain firsthand knowledge of each facility’s needs, local community, work environment, the protocols and composition of the treatment teams. This model has historically proven to be successful, unique to the industry, and has been one of the primary reasons for our success in onboarding and retaining employees for over 8,000 positions across our company-wide programs.

As part of the startup and transition process, we give first consideration for filling positions to the pool of personnel currently working at the facilities as long as they are in good standing with the KDOC. We strive to make an immediate contact with current personnel as soon after notice of award as the KDOC will allow. By making immediate contact with staff, we stave off negative and false rumors that often create anxiety among staff when there is an impending change of contractors. In all of our startups over the past 20 years, we have been successful in retaining those existing employees whose credentials and prior performance that the client agency deemed satisfactory.

We take a longer-term approach to recruiting than other healthcare companies and we know that if a job may not be a good fit for a candidate today, it might be a good fit, or another job in our system might be a good fit, in years to come. Because of this, our recruiting teams have maintained ongoing dialogue with thousands of candidates to keep them informed of our growth and job openings.

As more professionals are turning to LinkedIn, Facebook, and various professional websites for networking, we incorporate social networking in our recruiting process. We use data-mining techniques to constantly add new candidates and new graduates to our recruiting database, and we query this database to identify potential candidates for KDOC positions.
Centurion’s Academic Affiliation Program

Centurion has also developed academic recruitment as a unique process for engaging and recruiting interested talent. Emmylou Frost, RN is Centurion’s National Director of Academic Partnerships and serves in this dedicated role.

Our academic outreach is a long-term approach. We use it to create a pipeline of potential candidates by working closely with the faculty and career support services at educational institutions. In addition, we introduce students to the unique specialty of correctional healthcare. We use a variety of methods to connect with students, interns and residents. We seek colleges, universities, residency, and fellowship programs for connections based on accreditation standing, geographic location, specialties, and values that align with those of our client and Centurion. The platform of Centurion’s Academic Partnership Program includes:

- Establishing relationships with faculty
- Presentations to students
- Student placement through formal affiliation agreements
- Networking and career events
- Relationships with professional organizations

We offer students the opportunity to work in a team environment using an integrated care approach. The student’s team consists of two to four healthcare professionals. Medical directors, advance practice nurses, physicians, physician assistants, mental health professionals, psychiatrists, and directors of nursing contribute to the support team.

By the end of their placements, students have a general understanding of the basic approach to addressing clinical issues within an incarcerated population. They develop an awareness of multiple responsibilities of the correctional practitioner including provision of high quality medical care, patient advocacy, and provision of safety and security for patients, other inmates, and correctional staff.

Recruiting Plans

The recruitment and retention of provider staff is key to the success of the KDOC program. To be successful, a strategic, robust, integrated and comprehensive approach is necessary. Providers are often low in supply and high in demand especially in rural areas. We require extensive sourcing and outreach to identify qualified Providers for correctional healthcare positions.
Centurion will utilize the skills and expertise of its experienced recruitment staff to execute robust recruiting plans and to guide candidates through to successful placement within KDOC facilities. We have provided strategic recruiting plans for providers and allied staff for KDOC partnership on the following pages.
Centurion utilizes the skills and expertise of its experienced recruitment staff to execute robust recruiting plans and to guide candidates through to successful placement within the Kansas Department of Corrections. These strategies include:

**On-Line Advertising & Resume Searching** – Below are a few of the many sites Centurion recruiters utilize for online posting and proactive resume searching and candidate outreach.

- Indeed.com
- PracticeLink
- DocCafe.com
- PsychCareers.com
- Tennessee Psychological Association
- TeamCenturion.com Careers Page
- American Academy of Family Practice online
- American Psychiatric Nurse Association
- University and Alumni Association Boards
- Kansas Nurses Association
- Kansas Psychiatric Association
- Kansas Academy of Family Physicians
- Kansas Dental Association
- APA Job Central
- MDJobsite.com
- CareerMD.com
- Glassdoor.com
- HealthCareers.com
- Liquid Compass

**Direct Mail Campaigns** – Lists are purchased and secured from state boards, local societies, and from list companies and then used to mail postcards, letters, or flyers to qualified provider candidates. Centurion has in-house direct mail capabilities and has a very successful track record with our direct mail campaigns around the country.

**Print Advertising** – Ads are placed in national and local publications advertising both Centurion and specific site vacancies.

- American Association of Family Practice
- Uniformed Family Physician Journal
- New England Journal of Medicine
- Psychiatric Times
- Current Psychiatry
- Psychology Today
- Local newspapers and journals

**Targeted Calling** – The same lists that are used for direct mailing campaigns often include phone numbers. Centurion recruiters make targeted, personal phone calls to psychiatrists, dentists, primary care physicians and mid-level providers within a 60 or 90-mile radius of specific facilities in order to attract candidates for specific openings. In addition,
hospitals, clinics, urgent care centers and other medical facilities that employ applicable candidates will be targets for potential calls. These methods are useful in targeting passive candidates and networking/seeking referrals.

**Military Recruiting** – Centurion is a military and veteran friendly company and our recruiters proactively target and recruit retiring and separating military clinicians and veterans. Some of our strategies include:

- Advertising regularly in Military Health Careers & Education including both online and print
- Exhibiting at Uniformed Services Academy of Family Physicians (USAFP) Annual Meeting
- Advertising in the USAFP magazine
- Direct mail campaigns to clinicians practicing in military and VA hospitals
- Marketing to large military teaching hospitals across the country

**Conferences** – Annually we will attend targeted conferences in primary care, dentistry, psychiatry and advance practice provider events. These are long-term tools to generate interest and enhance Centurion branding. Below are some examples of those we attend:

- AJA
- NCCHC
- ACA
- American Psychiatric Association National Conference
- American Osteopathic Association of Family Practice
- AAFP National Conference and FMX
- PriMed
- American Psychiatric Nurses Association Conference
- US Psychiatric & Mental Health Congress
- State Association Family Physicians Conferences
- Local and State Nurse Practitioner Conferences
- State Psychiatric Association Conferences

**Broadcast Email** – Centurion recruiters access internally created talent pools as well as purchased email address lists that allow us to target large numbers of providers via email with a specific and personalized message. This tool has been added to our recruiting toolbox to maximize our visibility and capture those providers who rely on email for news, mail, and information. Broadcast email campaigns can be targeted to Primary Care Physicians, Psychiatrists, Dentists and Advanced Practice Providers.

**Text Campaigns** – Centurion has incorporated a texting platform to our recruiting strategies. This platform allows us to reach a group of targeted candidates directly on their mobile phones to advertise and gain interest in our positions.

**Social Media** – Centurion recruiters utilize the following social media sites for advertising, sending InMails, and proactively targeting specific providers who would be a fit for our positions:

- LinkedIn
- Facebook

**Referrals & Networking** – Centurion has an effective referral plan in place for current employees to recommend candidates and receive a referral bonus upon successful placement of candidate. We solicit names of colleagues from each new contact made as well by networking with our existing provider group. This has helped us build new relationships as well as a database of candidate profiles for current and future employment.
Recruiter’s Advantage - Centurion recruiters have access to an online platform that provides unique and customized pre-hire support tools designed to help engage candidates and enhance the pre-hire experience. It provides three main resources:

- An Interactive Benefits Roadmap which allows candidates to customize a plan to fit their needs and preferences
- A Total Rewards Statement which provides a line by line value of benefits and a total value summary
- A Relocation/Lifestyle Guide which provides detailed and customized information on a city or geographic area including schools, places of worship, shopping, airports and other areas of interest which are customizable to the candidate

Academic Recruitment Programming: Residency/Fellowship Recruiting

Centurion recruiters make contact with psychiatry, dental, and primary care residency programs and applicable fellowship programs to network and recruit residents for future opportunities. In addition, Centurion recruiters make contact with local nurse practitioner and physician assistant programs to advertise our correctional healthcare opportunities to new graduates as well as program alumni.

Centurion employs a full-time National Director of Academic Relationships to lead and assist Centurion recruiters with academic outreach, formal affiliation agreements for rotations and preceptorships, and academic presentations and events.

Efforts continue throughout the year to educate residents on the benefits and career path available with Centurion. These efforts include sponsorship of monthly journal clubs, participation and sponsorship of speaking engagements with our existing providers, and direct communication with individual residents and students to learn their preferences for employment after completion of their program.

Dinner and luncheon events are held at key programs to present corrections opportunities. Guest speakers are provided to programs for various correctional healthcare topics.

Continuous marketing is conducted by Centurion recruiters to residents/fellows, graduating nurse practitioners and physician assistant programs via email campaigns, targeted calling, direct mail pieces and personal program outreach. Below are some of the training programs Centurion recruiters will target and reach out to in Kansas.

Kansas Psych NP Training Programs:

University of Kansas School of Nursing
Debbie Stratton
913-588-1619
dstratton@kumc.edu
MSN, NP
More than 50% Distance Education
http://nursing.kumc.edu/

Washburn University School of Nursing
Brenda Patzel
brenda.patzel@washburn.edu
Post Masters PMHNP Certificate Program, 100% Distance Education
http://www.washburn.edu/academics/college-schools/nursing/grad/post-master-psych.html
Wichita State University
Alicia Huckstadt
316-978-5742
Alicia.Huckstadt@wichita.edu
Master’s and BSN to DNP Less than 50% Distance Education, MSN to DNP more than 50%
http://webs.wichita.edu/?u=chp_nurs&p=/pmgradcert/

Kansas Psychiatrist Residency Programs:

University of Kansas (Wichita) Program
Mike Parmley, BS
(316) 293-2680
mparmley@kumc.edu
http://wichita.kumc.edu/psychiatry-and-behavioral-sciences.html

University of Kansas School of Medicine Program (Kansas City)
Stacy E Buckley
(913) 588-6412
sbuckley2@kumc.edu
http://www.kumc.edu/psychiatry/

Kansas Family and Adult Nurse Practitioner Programs:

- Wichita State University
- Washburn University
- University of Kansas
- Fort Hays University
- Pittsburg State University

Kansas Family Medicine Residency Programs:

- University of Kansas School of Medicine Program Kansas City, KS
- University of Kansas (Wichita)/Salina Program Salina, KS
- University of Kansas (Wichita)/Via Christi Hospitals Wichita Program Wichita, KS
- University of Kansas (Wichita)/Wesley Program

Kansas Internal Medicine Residency Programs:

- University of Kansas School of Medicine Program Kansas City, KS
- HCA Healthcare Kansas City/Overland Park Regional Medical Center Program Overland Park, KS
- University of Kansas (Wichita) Program
Employee Retention

Recruiting and hiring staff is the first step in the long-term process of retaining staff to provide services throughout the course of a contract cycle and beyond. We recognize that high turnover rates that usually lead to similarly elevated vacancy rates result in long waiting periods and suboptimal healthcare services for offenders. It results in delayed access to necessary services, which, in turn, can exacerbate manageable medical conditions and lead to increased medical expenditures for the KDOC. Keeping staff who are satisfied, committed, and appreciative of the work they do and the company for which they work is necessary in managing a successful correctional healthcare program. Centurion strives to minimize staff turnover and vacancies.

To minimize staff turnover, we augment our innovative recruiting approach with a staffing model that supports our employees with strong benefits, an empowering work environment, and resources for professional development. By investing in our staff, we can develop a stable workforce of health care professionals who work together towards a more effective, efficient system. Most recently, our HR and Training Departments collaborated on identifying additional training and learning opportunities that would enhance staff competency, meet ongoing continuing education needs, support specific staff development needs, and promote staff retention and satisfaction. We are currently in the process of implementing several of these programs.

Centurion’s Human Resources Department facilitates rapid on-boarding and transitioning for new employees, and supports our Recruiting Department. Led by Jennifer Tyrrell, Vice President of Human Resources, a team of 25 human resources professionals manage all activities related to human resources including on-boarding, benefits, employee relations, and training for over 8,000 employees.

The mission of our Human Resources department is to support the company’s goals and objectives by providing services that ensure exceptional treatment of staff, open communication, personal accountability, trust, and mutual respect. We seek and provide solutions to workplace issues that support and optimize the operating principles of the organization and its clients. We focus on delivering quality customer service, and we are committed to recruit, develop, reward, and retain our national workforce.

In 2010, 2012, and 2014, the HR department received the HR Leadership Awards for excellence in Leadership, Recruiting, HR Technology, and Employee Relations from Human
Resources International. In 2015, we also received the Apollo Awards for Building a Culture of Intention and for Talent Development from Helios HR.

A Comprehensive Benefits Package
One of the strongest indicators of a company's commitment to its employees is through its benefits program. We are committed to providing a comprehensive benefit program that offers each employee the security and assurance that they have necessary coverage in times of need. In an effort to offer healthcare benefits to as many employees as possible, all employees scheduled to work 30 or more hours per week are eligible to enroll themselves and their dependents. It is our goal to make healthcare accessible, while also providing education so employees can make the right health care decision for themselves and their families.

We believe that healthcare is a personal decision and have developed programs and coverage that maximizes employee’s control over how they utilize their healthcare dollars, most recently with a company-sponsored Health Savings Account where we match employee contributions toward their healthcare expenses. This is an example of how our Benefits Department is open to new ways to maximize benefits to our employees.

We value the work our employees perform and appreciate the unique and stressful environments they work in every day. All employees need adequate time away from work for health and to enjoy time with family and friends, so they can be most productive at work. Centurion offers a Paid Day Off (PDO) program beginning with the first year of employment for both full-time and part-time employees. This PDO program does not include the 13 additional company-paid holidays, however, it does include employee sick time. We are proud to provide this benefit as one small way to give back to employees who give so much of themselves each day.

**Centurion Paid Day Off (PDO) Program**

<table>
<thead>
<tr>
<th>Employee Status</th>
<th>Paid Days Off Earned Each Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time* with 0-5 years of service</td>
<td>20 days</td>
</tr>
<tr>
<td>Full Time* with 5-10 years of service</td>
<td>23 days</td>
</tr>
<tr>
<td>Full Time* with over 10 years of service</td>
<td>26 days</td>
</tr>
<tr>
<td>Part Time (20-29 hours per week)</td>
<td>10 days</td>
</tr>
</tbody>
</table>

*Centurion considers employees working 30 hours or more per week as Full Time*
Summary of 2019 Employee Benefits

We have provided details of our competitive and highly desirable benefits package in narrative that follows.

Medical
Employees have a choice of Preferred Provider Organization (PPO) plan options and each includes prescription drug coverage. Additionally, staff have the option to participate in a Health Savings Account (HSA) with matching company dollars if an employee participates in the High Deductible plan.

Dental and Vision
Dental insurance will cover expenses for preventive, basic, major, and child orthodontic services. Our dental benefits program allows employees to carry over a portion of their unused benefit to the next year.

The vision insurance offered covers expenses for exams and screening while offering discounts for frames, lenses, and many other vision services, such as Lasik surgery.

Company-Paid Life Insurance
At no cost to the employee, all benefit-eligible employees receive group term life insurance in addition to Accidental Death and Dismemberment insurance. We extend company-paid coverage to offer spousal life insurance as well.

Voluntary Life Insurance
Employees can elect additional life insurance coverage for themselves or dependents.

Disability Insurance
At no cost to the employee, all benefit-eligible employees enroll in Short Term Disability coverage the first of the month after six months of employment. Employees can elect to enroll in Long Term Disability coverage.

Critical Illness Plan
Covered employees and their families receive a flat benefit amount to assist with expenses if diagnosed with a serious illness or condition.

Health Savings Accounts (HSAs)
Employees enrolled in the High Deductible Health plan can set aside pre-tax dollars in a personal savings account to pay for eligible medical, dental, and vision expenses. We
match employees’ contributions to this account.

**Flexible Spending Accounts (FSAs)**
Employees can receive reimbursement for eligible medical or dependent care expenses with pre-tax dollars. Employees who participate in the High Deductible health plan with Health Savings Account can participate in a limited FSA for dental and vision expenses.

**401(k) Retirement Savings Plan**
All full- and part-time employees are eligible to participate in the 401(k) plan immediately upon employment. We match employee contributions up to a percentage of their salary. We vest Centurion’s matching dollars in our staff immediately.

**Wellness Activity Subsidy**
To encourage employees to live a healthy lifestyle, all benefit-eligible employees are eligible to receive a stipend each year for activities toward ongoing health, fitness, or weight management programs.

**Employee Assistance Program**
We provide our employees with confidential assistance with life’s daily challenges – from workplace stress to family issues. Mental health counselors are available 24/7 and offer up to three face-to-face counseling visits for employees. This benefit is at no cost to the employee.

**Employee Discount Programs**
Centurion offers discounts to employees for products and services with companies such as FedEx, Verizon, AT&T, T-Mobile, Dell, and many others.

**Commuter Benefits**
Centurion offers employees an opportunity to reduce commuting costs by using pre-tax monies to pay for passes to use public transportation as well as paying for parking up to IRS limits through a convenient Commuter Check Card.

**Adoption Assistance**
Centurion offers an adoption assistance stipend to eligible employees/families that are going through the adoption process.

**Workers Compensation**
Workers Compensation is a state-mandated insurance program which provides wage replacement and medical benefits to employees injured during employment. All Centurion
employees are eligible for Workers Compensation.

**Paid Leave Donation Program**
Centurion employees can donate PDO to fellow employees who have exhausted their own PDO for certain situations.

**Career Development**
We offer full-time employees an annual stipend for courses (including online), seminars, and conferences that are job related or state-specific. We reimburse staff for travel and lodging related to qualifying career development activities as well. In addition, employees can take the days off required to participate in developmental opportunities and not use PDO.

**Identity Theft Program**
If employees become a victim of identity theft, they can obtain assistance through a Cigna program which offers real time, one-on-one assistance and unlimited access to personal case managers until the entity resolves the problem.

**Pet Insurance**
Centurion's Pet Insurance program will allow employees to opt for a program that covers check-ups, illness, and accidents for their furry family members.

**Accident Insurance**
Since 2018, employees have been able to opt in for Accident Insurance, which covers costs associated with accidental injury.

**Centurion Success with Staff Recruitment and Retention**

In what follows, we have provided two examples to demonstrate our experience and approach to filling healthcare positions.

**Pennsylvania Department of Corrections**
Centurion has been providing statewide psychiatric services and inpatient mental health services for 46,500 Pennsylvania Department of Corrections (PDOC) offenders housed in 25 facilities since 2003.

Like many other states, Pennsylvania is experiencing a shortage of psychiatrists and mental health professionals, most significantly seen in rural areas of the Commonwealth. According to a report by the National Alliance of Mental Illness (NAMI) nearly 50% of
Pennsylvania counties do not have a psychiatrist and the state needs 38% more psychiatrists to fully meet the needs of patients with mental health disorders\(^6\). There are similar shortages in the number of mental health professionals and nurses across the state. Despite this shortage, Centurion has been able to maintain low vacancy rates in our PDOC program. We maintain a 100% fill rate for all key positions and a non-provider vacancy fill rate of 96%. We currently have 89% of our provider, 100% of our RN, and 100% of our mental health professional positions filled.

During this time, we have supported PDOC in closing and opening multiple units. We worked with the PDOC to close four units at State Correctional Institutions (SCIs) at Graterford, Pittsburgh, Camp Hill, and Rockview. We also opened three new units at Pittsburgh, Camp Hill, and Waymart. In each instance, we have managed the healthcare staffing process without any gaps in care, ensuring a seamless transition for patients. For example, when SCI-Pittsburgh re-opened recently, Centurion had 100% of the healthcare positions filled. Similarly, SCI-Camp Hill opened 92% staffed and Waymart opened 92% staffed on day one (100% staffed for census).

In addition to offering robust benefits, to minimize vacancy rates, we offer flex scheduling, increase in salary, utilize cross-coverage, and offer extensive training and professional growth opportunities to support staff retention. We have implemented training for managers and staff cross-training to provide more flexibility and decrease turnover. We support our nursing staff by creating career paths that enable ongoing growth and utilize appreciation events for employees who go above and beyond. We are proud of the tenure and longevity of our staff who find working with Centurion and at PDOC facilities rewarding. For example, the Unit Director and Director of Nursing at SCI-Rockview have been with the program since 2008 and 2011, respectively. Finally, we utilize telehealth technology to assist providers in meeting the needs of patients in hard-to-reach areas. This process has increased patient access to care and satisfaction and has improved provider productivity, retention, and satisfaction.

**Minnesota Department of Corrections**

Centurion currently provides medical provider and ancillary staffing to support comprehensive healthcare services to 9,500 inmates in the Minnesota.

Department of Corrections (MDOC). Currently Centurion employees fill 95.61% of the program’s allocated positions. The following table shows the designation of these employees:

### Designation of Centurion’s Employees in Minnesota

<table>
<thead>
<tr>
<th>Position</th>
<th>Proportion of Total Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time employees</td>
<td>75.67%</td>
</tr>
<tr>
<td>Part time non-eligible employees</td>
<td>7.55%</td>
</tr>
<tr>
<td>Part time employees</td>
<td>7.16%</td>
</tr>
<tr>
<td>Per diem employees</td>
<td>5.23%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>95.61%</strong></td>
</tr>
</tbody>
</table>

Minnesota is also a state with very rural and remote locations compounded by severe weather that effects ease of access to facilities. When Centurion began, we assumed a significant recruitment challenge, as the previous vendor was relying significantly on filling difficult positions with non-employed, temporary, and agency staff.

Centurion implemented a robust and continuous recruitment and retention strategy that has allowed us to significantly reduce non-employee usage. By developing strong recruitment networks and branding along with academic relationships, we continue to build a strong pipeline for current openings as well as for potential future vacancies. According to our client, this is the first time that the program has achieved full staffing in over 18 years.

Currently, our only utilization of non-employed staff is to backfill positions to cover vacations. Additionally, by developing a per diem pool of nurse practitioners, we have eliminated the use of non-employed nurse practitioners in covering for vacations or other long-term leave.
4.22 Staffing

4.22.6 KDOC Employee Services

4.22.6.1 The Contractor shall provide emergency medical treatment necessary to stabilize any injured KDOC employee, contract employee, volunteer, Contractor, or visitor who is injured or becomes ill at the site. Follow-up care shall be the responsibility of the person receiving the emergency treatment.

4.22.6.2 In the event of a facility crisis, the Contractor shall provide KDOC employees with behavioral health crisis intervention. This shall be limited to a one-time consultation, with referral to community services. All Contractor staff shall participate in the facilities’ emergency plans as outlined in the IMPP.

4.22.6.3 The Contractor shall provide pre-employment physical examinations, at no additional cost to KDOC, to corrections officers, corrections counselors, maintenance staff and other direct offender supervision personnel as required by IMPP, and in accordance with ACA and/or NCCHC standards.

4.22.6.4 The Contractor shall provide staff to assist KDOC in providing hepatitis B vaccinations, flu vaccinations, and annual TB blood testing for all KDOC and contract employees (this includes parole services staff, the food service vendor, and other KDOC and contracted employees). Tracking of the TB program shall be the responsibility of the KDOC facility human resource managers with assistance from the facilities’ health services administrators. The Contractor shall be responsible to provide staff, needles, syringes, alcohol wipes, educational pamphlets, inoculations, and vaccines at no additional cost to KDOC. The KDOC shall assist the Contractor in establishing agreements for ordering supplies of inoculations and vaccines through interagency agreement with KDHE. The Contractor shall act as a backup in cases of shortage from KDHE. The Contractor’s HSA’s shall be responsible for coordinating delivery of inoculations and vaccines through KDHE.

4.22.6.5 The Contractor shall ensure all KDOC staff, including contract staff, receives annual TB blood tests or annual follow-up if past positive. The Contractor shall have written policies and procedures consistent with the KDOC Occupational Exposure Control Plan as required by OSHA Standard 29 CFR Number 1910.1030 Occupational Exposure to Blood Borne Pathogens.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.22.6, *KDOC Employee Services*, identified herein.

In addition, we will comply with KDOC IMPP 10-114D *Availability of Emergency Medical, Dental, and Behavioral Health Services*, the KDOC’s Occupational Exposure Control Plan, and OSHA Standard 29 CFR Number 1910.1030, *Occupational Exposure to Blood Borne Pathogens*. 
Non-Offender Emergency Services

Centurion will provide emergency care to stabilize a KDOC employee, contracted employee, volunteer or visitor, who becomes ill or injured and requires emergency services to become medically stable. The goal of our interventions will be to stabilize the individual until he or she is safely transferred to community emergency care or other community-based healthcare services. Our staff will support continuity of care and document these interventions. Our understanding is that the individual will be responsible for any required follow up.

Behavioral Health Crisis Intervention

We know that correctional employees, by virtue of their responsibilities and the environment within which they work, face high levels of stress. Crisis events in prisons can exponentially increase the pressure and anxiety that officers and prison staff experience. We applaud KDOC’s acknowledgement of the importance of timely behavioral health interventions to assist employees to address their response to a facility crisis.

Centurion behavioral health staff will have training in providing crisis response. In the event of a crisis within a KDOC facility, Centurion’s behavioral health staff will provide one-time crisis intervention for KDOC employees. The goal of the consultation is to ensure the safety and emotional stability of the employee, while avoiding further deterioration of the employee’s mental health status. The intervention provided to the employee will depend on each person’s reaction to the crisis and needs at the time of the encounter. Centurion behavioral health staff will refer the employee to community programs and services for continued support or will recommend that the employee seek further mental health services from a community-based provider. Centurion will maintain a list of community based programs to which we can refer KDOC employees for services following a facility crisis.

Pre-Employment Examinations

Centurion will provide pre-employment examinations to corrections officers, corrections counselors, maintenance staff, and other direct offender supervision personnel at KDOC facilities. These pre-employment screens will comply with national standards and KDOC IMPPs.
Hepatitis Vaccinations and TB Testing

Centurion will maintain policies and procedures that comply with the KDOC Occupational Exposure Control Plan and OSHA Standard 29 CFR Number 1910.1030, *Occupational Exposure to Blood Borne Pathogens*. We will support facility HSAs and KDOC by providing Hepatitis B and flu vaccinations and administering annual tuberculosis (TB) tests for all KDOC employees and facility contractors.

Centurion will work with Kansas Department of Health and Environment (KDHE) to order supplies for vaccines and inoculations through established interagency agreements. The HSA will be responsible for coordinating the delivery of the supplies to the facility and ensuring that Centurion has access to these supplies. In the event of a shortage of supplies, Centurion will act as a backup.

Centurion healthcare staff will work with the HSA at each facility to schedule employees for vaccinations and TB tests. We will provide the staff and all supplies (syringes, alcohol wipes, vaccines, and inoculations) at no extra cost to KDOC. We will maintain and provide employees with pamphlets and information on Hepatitis B, TB, and the flu, as appropriate.

Our healthcare staff will obtain consent for vaccination from each employee prior to administering the Hepatitis B vaccine or flu shot. We will maintain these consents onsite for reference and will report to OHCC as required.

We will administer annual TB tests or follow-up (for past positives) as indicated. We require that the employee return within 48 to 72 hours for the healthcare staff to evaluate the reaction to the TB test. We will refer employees who test positive for TB for further testing with their personal care physician and will notify the HSA, the local health department, and the KDHE of the findings as required by Kansas reporting requirements.
4.23 Payment

4.23.1 The basis for the monthly payment shall be the annual not to exceed amount, less the amount identified in the Health Care Service Category Identification Table located in the cost proposal section of this RFP for hepatitis C direct acting antiviral (DAA) medications, to establish the adjusted base contract amount.

4.23.2 Contractor shall submit to KDOC an invoice each month for 1/12 the adjusted base contract amount to include any additions or subtractions for per capita adjustments as described in Cost Proposal section for the previous month.

4.23.3 Contractor shall include the amount expended on hepatitis C DAA during the preceding month and a list of each offender for whom DAA treatment was provided for. This list shall include, at a minimum, offender name, number, facility, DAA prescribed, and cost.

4.23.4 Any adjustments, to include staffing deductions (section 4.24), clinical performance guarantees (section 4.25), and liquidated damages (section 4.26), from the preceding month(s) shall be applied to the base payment.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.23, Payment, identified herein.

Centurion confirms our understanding that:

- The basis for the monthly payment will be the annual not to exceed amount, less the amount identified in the Health Care Service Category Identification Table located in the cost proposal section of the RFP for Hepatitis C direct acting antiviral (DAA) medications, to establish the adjusted base contract amount.

- Centurion will submit to KDOC an invoice each month for 1/12 of the adjusted base contract amount to include any additions or subtractions for per capita adjustments for the previous month.

- Centurion will include the amount expended on Hepatitis C DAA during the preceding month and a list of each offender who received DAA treatment, the offender’s name, number, facility, DAA prescribed and cost.

- KDOC will apply any staffing deductions, clinical performance guarantees, and liquidated damages from the preceding month(s).
4.24 Staffing Deductions

4.24.1 KDOC shall deduct from the 1/12 payment one hundred percent (125%) of the actual cost of staff positions, which are unfilled from the initial date of the vacancy. The cost for licensed staff shall be adjusted annually to correspond with pay adjustments made as a result of the annual market survey described in section 4.22.4.10.

4.24.2 The Contractor shall provide, at a minimum, the staffing levels established by this contract. Weekly status reports on each staff position shall be reported to KDOC each month as required by KDOC. Calculations for staffing deductions from the 1/12 payment to the Contractor shall be based on the following terms:

4.24.2.1 Authorized paid absence: Authorized paid absences, to include sick, vacation, holiday, bereavement leave, and approved education/training for all non-essential employees shall not be deducted from the 1/12 payments. Non-Essential employees are identified as all employees working for the Contractor to fulfill the requirements of this contract that are not listed as essential employees in this section.

4.24.2.2 Unauthorized absence: All absences that are not paid by the Contractor shall be considered unfilled position hours for all non-essential employees and shall be deducted at 100% from the 1/12 payment.

4.24.2.3 The Contractor shall be required to backfill for all essential employees. Employee’s positions classified as essential are; physicians, mid-level practitioners, registered nurses, licensed practical nurses, certified medical aides, psychiatrists. All essential employee hours shall be considered “unfilled” when the employee is absent from the workplace during regularly scheduled hours regardless if it is an authorized paid absence or not. Essential hours may be backfilled by overtime, PRN staff, or agency staff. Unfilled essential hours shall be recognized as vacancies and shall be deducted from the 1/12 payments.

4.24.2.4 KDOC shall require the Contractor’s employees working for the KDOC contract to observe and maintain the same holiday schedule as set forth by the State of Kansas for state employees. Staffing penalties shall not be deducted for non-essential or essential employees holiday hours, except for those hours minimally required to maintain a level of staff at each facility as would normally be required to staff on a weekend day. The Contractor shall provide in the proposal a normal weekend staffing plan for each unit within each facility.

4.24.3 Staffing deductions shall be collected in the form of an offset against the monthly payment to the Contractor. Such offsets shall occur until assessed deductions are fully recouped.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.24, *Staffing Deductions*, identified herein.
Centurion confirms that staffing levels at each facility will not fall below the contracted requirements to operate the healthcare program. KDOC will receive a monthly vacancy report, broken down by facility, by week, for calculation of a monthly vacancy penalty.

We acknowledge that vacancies will be assessed from the initial date of the vacancy at 125% of the actual cost of staff positions. We understand these assessments will be deducted from the 1/12th payment to Centurion. Centurion agrees that staffing penalties will be adjusted based on the annual market analyses, as described in RFP Section 4.22.4.10, Credentialing Criteria.

We understand and agree that all vacancy penalties will be collected by KDOC in the form of a monthly offset against payment and that deductions will be assessed until all penalties are recouped by the department.

Non-essential Staff
Non-essential staff, all employees working for Centurion to fulfill the requirements of the contract that are not listed as essential employees, will be subject to KDOC penalties at 100% of the rate of unauthorized or unpaid absences. We appreciate that non-essential authorized absences will not be subject to a penalty and understand this to include the following:

- Sick time
- Vacation
- Holiday
- Bereavement leave
- Approved education/training

Centurion assumes that penalties will not be issued for authorized leave permitted for by state and federal law. Centurion will staff to avoid gaps in non-essential staffing services due to authorized absences.

Essential Staff
Essential staff will be considered unfilled when the employee is absent from the workplace during regularly scheduled hours, as required by the health care services contract. We understand that unfilled essential staff vacancies will be subject to KDOC penalties at 125% of the rate of pay regardless of if they are authorized or unauthorized. We appreciate that KDOC will allow for essential vacancy coverage utilizing backfill overtime, PRN, and agency staffing as necessary.
Centurion understands that essential staff include the following positions:

- Physicians
- Mid-level practitioners
- Registered nurses
- Licensed practical nurses
- Certified medical aides
- Psychiatrists

**Minimal Coverage and Holidays**

Centurion understands that at no time will coverage levels fall below the minimum allowance of established weekend day staffing by facility/unit. We acknowledge that any vacancy below the required minimum is subject to penalties. Centurion appreciates that KDOC will observe a vendor holiday schedule consistent with that observed by the State. We understand that holiday coverage will apply to non-essential and essential staff, assuming that the required minimal staffing is met.

We provide as part of our staffing plan a weekend minimal coverage schedule to be used in assessing vacancy penalties for weekend and holiday coverage. Our proposed staffing plans are included in our response to RFP Section 4.22.1, *Base Staffing Plan Requirements*.

Centurion will meet the required staffing levels and will communicate transparently with KDOC regarding our staffing successes and challenges throughout our partnership.
4.25 Clinical Performance Guarantees

4.25.1 KDOC will monitor the health care services provided as outlined in this contract. Thirteen (13) specific measures shall be monitored each month in accordance with the minimum standard set forth in this RFP. Those specific standards include:

4.25.1.1 Initial Health Assessment (4.3.7).
4.25.1.2 Periodic Health Assessment (4.3.8).
4.25.1.3 Non-Emergency Health Care Services/Sick Call (4.3.10).
4.25.1.4 Restrictive Housing Medical Services (4.3.11).
4.25.1.5 Special Needs Clinics/Chronic Care/Special Needs Treatment Planning (4.3.12).
4.25.1.6 Specialty Services (4.3.25).
4.25.1.7 Timeliness of RDU Reports (4.8.2).
4.25.1.8 Mental Health Screens (4.6.8).
4.25.1.9 Intra-system Transfers and Receiving (4.6.9).
4.25.1.10 Mental Health Special Needs Clinic and Treatment Planning (4.6.16).
4.25.1.11 Mental Health Sick Call (4.6.13).
4.25.1.12 Behavioral Health Restrictive Housing Rounds (4.6.17.1(b)).
4.25.1.13 Mental Health Group Sessions (4.6.19.1).

4.25.2 If performance falls below 90%, the Contractor shall, pay to KDOC as fixed, agreed, and performance guarantees, $100.00 times the number of noncompliant occurrences identified during the review period.

4.25.3 Any subsequent review resulting in performance falling below 90% of this standard within six (6) months of the latest review requiring performance guarantees as described in this section, shall be considered a lack of resolution to the substandard performance and shall result in performance guarantees of $125.00 times the number of noncompliant occurrences. A third substandard performance lower than 90%, within six (6) months of the latest review requiring performance guarantees as described in this section shall be taken at $150.00 per occurrence. Any continued substandard findings within six (6) months from the latest review period resulting in penalty, will result in further penalties in increases of $25 per occurrence, i.e. $175, $200, $225, etc., until the substandard performance is resolved.

4.25.4 If the Contractor’s performance remains above a 90% compliance threshold for a period of six (6) consecutive months without penalty, following an imposition of a penalty, then any substandard performance begins a new penalty cycle as described above.
4.25.5 During the life of the contract, health care processes may be identified that are of more importance than thirteen (13) standards identified above. With 90 days’ notice to the Contractor, KDOC and the OHCC reserves the right to substitute one of the outlined standards with a new standard more indicative of new health care areas of emphasis. At no time will there be more than thirteen (13) standards reviewed per month.

4.25.6 As far as possible, the OHCC will seek to review these standards on a statewide basis using reports from the EHR that both the OHCC and the Contractor can use to monitor and improve performance. The Contractor agrees to make every effort to maintain accurate EHR reports and will work with the OHCC to immediately correct any errors detected when monitoring these standards.

4.25.7 KDOC shall have final authority over calculation method and determination of the number of non-compliant occurrences requiring payment of such performance guarantees.

4.25.8 Performance guarantees shall be collected in the form of an offset against the monthly payment to the Contractor. Such offsets shall occur until assessed performance guarantees are fully recouped.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.25, Clinical Performance Guarantees, identified herein.

**KDOC Performance Standards**

Centurion commits to meeting any 13 of the following clinical performance standards selected by the KDOC or new ones that the Department may identify at a future date.

### KDOC Clinical Performance Standards

<table>
<thead>
<tr>
<th>RFP Section</th>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.7</td>
<td>Initial health assessments</td>
<td>A qualified HCP will complete an initial health assessment within seven days of an offender’s admission to a KDOC facility.</td>
</tr>
<tr>
<td>4.3.7</td>
<td>Initial health assessments</td>
<td>A qualified HCP will complete referrals made by intake nurses within seven calendar days of a referral.</td>
</tr>
<tr>
<td>4.3.8</td>
<td>Periodic health assessments</td>
<td>Centurion will complete a health assessment for healthy offenders under the age of 39 every five years.</td>
</tr>
<tr>
<td>4.3.8</td>
<td>Periodic health assessments</td>
<td>Centurion will complete a health assessment for healthy offenders between that ages of 39 and 50 every three years.</td>
</tr>
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</table>
## KDOC Clinical Performance Standards

<table>
<thead>
<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>4.3.10</td>
<td>Non-emergency healthcare services / sick call</td>
<td>Centurion will conduct a face to face assessment for sick call triage purposes within 24 hours of receipt of a sick call request.</td>
</tr>
<tr>
<td>4.3.10</td>
<td>Non-emergency healthcare services / sick call</td>
<td>Offenders will receive a sick call appointment within 72 hours of the initial ace to face triage encounter.</td>
</tr>
<tr>
<td>4.3.10</td>
<td>Non-emergency healthcare services / sick call</td>
<td>Centurion HCP will conduct sick calls five days per week at all facilities except for adults in restricted housing and juvenile offender in KJCC.</td>
</tr>
<tr>
<td>4.3.10</td>
<td>Non-emergency healthcare services / sick call</td>
<td>Centurion HCP will conduct sick calls seven days per week for offenders in restricted housing and juvenile offender in KJCC.</td>
</tr>
<tr>
<td>4.3.10</td>
<td>Non-emergency healthcare services / sick call</td>
<td>Centurion will conduct sick call appointments / assessments in restrictive housing within 24 hours of request.</td>
</tr>
<tr>
<td>4.3.10</td>
<td>Non-emergency healthcare services / sick call</td>
<td>Centurion HCP will conduct sick calls five days per week at all facilities except for adults in restricted housing and juvenile offender in KJCC.</td>
</tr>
<tr>
<td>4.3.10</td>
<td>Non-emergency healthcare services / sick call</td>
<td>HCPs will complete referrals within seven calendar days of nursing sick call encounter.</td>
</tr>
<tr>
<td>4.3.11</td>
<td>Restrictive housing medical services</td>
<td>Centurion will conduct nursing sick call for restricted housing offenders seven days per week.</td>
</tr>
<tr>
<td>4.3.11</td>
<td>Restrictive housing medical services</td>
<td>HCPs will complete referrals within seven calendar days of nursing sick call encounter.</td>
</tr>
<tr>
<td>4.3.11</td>
<td>Restrictive housing medical services</td>
<td>For offenders placed in restrictive housing, an HCP will immediately review the health record and assess the offender within four hours of placement.</td>
</tr>
<tr>
<td>4.3.12</td>
<td>Special needs clinics / chronic care / special needs treatment planning</td>
<td>Chronic care visits will occur every 90 days, unless otherwise indicated.</td>
</tr>
<tr>
<td>4.3.25</td>
<td>Specialty Services</td>
<td>Centurion will provide the specialty onsite services noted in Appendix H of the RFP for each KDOC facility.</td>
</tr>
<tr>
<td>4.8.2</td>
<td>Timeliness of Reports</td>
<td>Centurion will complete RDU reports within 14 days.</td>
</tr>
<tr>
<td>4.6.8</td>
<td>Mental health screens</td>
<td>The psychiatric staff will complete a medication evaluation within 72 hours of referral for offenders who enter a facility with a recent prescription for psychotropic medications.</td>
</tr>
<tr>
<td>4.6.8</td>
<td>Mental health screens</td>
<td>An HCP will complete an assessment within one hour for offenders admitted to a facility with emergent issues.</td>
</tr>
<tr>
<td>4.6.8</td>
<td>Mental health screens</td>
<td>An HCP will complete a face-to-face assessment of offenders admitted to a facility with a non-emergent medical issue on the same day, when possible, but no later than 24 hours following identification of the issue.</td>
</tr>
</tbody>
</table>
## KDOC Clinical Performance Standards

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6.9</td>
<td>Intra-system transfers and receiving</td>
<td>A behavioral health staff will review behavioral health records for an offender receiving behavioral health services within 12 hours of transfer to new site.</td>
</tr>
<tr>
<td>4.6.16</td>
<td>Mental health special needs clinic and treatment planning</td>
<td>Centurion will develop a special needs treatment plan for patients with SPMI within 14 days of the RDU report or within 14 days of identification of the mental health need.</td>
</tr>
<tr>
<td>4.6.16</td>
<td>Mental health special needs clinic and treatment planning</td>
<td>Centurion will review and update special needs treatment plans every 90 days.</td>
</tr>
<tr>
<td>4.6.16</td>
<td>Mental health special needs clinic and treatment planning</td>
<td>The MDT will meet at least once every 90 days for each patient with a special needs treatment plan.</td>
</tr>
<tr>
<td>4.6.13</td>
<td>Mental health sick call</td>
<td>A mental health provider will triage all mental health sick call requests within 24 hours of receipt of the request.</td>
</tr>
<tr>
<td>4.6.13</td>
<td>Mental health sick call</td>
<td>Psychiatric staff will see emergent/urgent referrals within 72 hours of referral.</td>
</tr>
<tr>
<td>4.6.17.1.(b)</td>
<td>Restrictive housing services</td>
<td>Behavioral health will conduct restrictive housing rounds at least once each week, according to the following schedule: &lt;ul&gt;&lt;li&gt;Daily rounds, Monday through Friday, at EDCF, HCF, KJCC, LCF and TCF&lt;/li&gt;&lt;li&gt;Weekly rounds, Monday through Friday, at all other facilities, except for offenders with SPMI who will receive daily rounds&lt;/li&gt;&lt;/ul&gt;</td>
</tr>
<tr>
<td>4.6.19.1</td>
<td>Mental health group sessions</td>
<td>Each facility will have a minimum number for therapy groups</td>
</tr>
</tbody>
</table>

Centurion understands and agrees to the following parameters for performance guarantees:

- If Centurion’s performance falls below 90%, we will pay to KDOC $100.00 times the number of noncompliant occurrences identified during the review period.
- KDOC will consider any subsequent review resulting in performance falling below 90% of this standard within six months of the latest review requiring performance guarantees, as a lack of resolution to the substandard performance. This will result in performance guarantees of $125.00 times the number of noncompliant occurrences. A third substandard performance lower than 90%, within six months of the latest review requiring performance guarantees will be $150.00 per occurrence.

Any continued substandard findings within six months from the latest review period resulting in penalty, will result in further penalties in increases of $25 per
occurrence, i.e., $175, $200, $225, etc., until Centurion resolves the substandard performance.

- A new penalty cycle begins when Centurion’s performance remains above a 90% compliance threshold for a period of six consecutive months without penalty, following an imposition of a penalty.

We understand that, if during the course of the contract, the KDOC identifies processes considered more important than those identified above, the KDOC and OHCC may substitute one of the outlined standards with a new standard more indicative of new health care areas of emphasis, with a 90-day notice to Centurion. However, there will be no more than 13 standards reviewed per month.

We acknowledge that the KDOC will have final authority on the calculation method and determining the number of non-compliant occurrences requiring payment of performance guarantees. The KDOC will collect performance guarantees in the form of an offset against the monthly payment to Centurion, until the Department fully recoups all assessed performance guarantees.

**Meeting KDOC Performance Standards**

Centurion is committed to meeting all of KDOC’s performance standards. We will utilize our robust CQI program to objectively and systematically monitor and evaluate the quality, appropriateness, and effectiveness of healthcare services. In addition to goal development and management of performance measures, our dynamic and transparent CQI program will include monthly audits and studies, health utilization compliance and trend reports, quarterly professional peer reviews, and improvement strategies. Our multidisciplinary team-based CQI initiatives will focus on accessibility, timeliness, effectiveness, appropriateness, continuity of care, patient-centered care, and safety, with emphasis given to high-volume, high-risk, behavioral health issues.

We will utilize the EHR to report on, monitor, and improve these standards on a statewide basis and within the timelines indicated in the RFP. As noted in Section 4.20.2 *Electronic Health Records*, Centurion makes every effort to maintain accurate EHR documentation and reports. We will report any errors in monitoring these standards to OHCC and will work with OHCC to immediately rectify the detected error.

When performance indicators fall below performance measure goals of 90%, we will conduct a Root Cause Analysis (RCA) for the deficient measure and develop and initiate
a corrective action plan (CAP). The CAP will document and monitor the action steps we will take for targeted improvement, using the “SMART” system.

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<tbody>
<tr>
<td>Specific</td>
<td>Measurable</td>
<td>Attainable</td>
<td>Relevant</td>
<td>Time-Bound</td>
</tr>
<tr>
<td>Does the goal clearly and specifically state what the patient is trying to achieve?</td>
<td>How will the patient (and others) know if progress is being made on achieving the goal?</td>
<td>Is the goal realistic and feasible for the patient? What factors may prevent the patient from accomplishing the goal?</td>
<td>Why is achieving this goal important? What patient values does this goal reflect?</td>
<td>When will the patient reach his or her goal? Again, if his or her goal is particularly large, try breaking it down into smaller goals with appropriate incremental deadlines</td>
</tr>
</tbody>
</table>

We will monitor the CAP implementation and success until we meet the performance standard. We will report on the status of each CAP to KDOC and OHCC as required. We provide more details about our CQI and CAP process in our response to RFP Section 4.10, Quality Improvement Program.
Centurion has read, understands, and will comply with the requirements and specifications in Section 4.26, *Liquidated Damages*, identified herein.

Centurion hereby acknowledges our understanding of liquidated damages requirements set forth in the RFP. Specifically, we understand that, under these requirements, if the KDOC determines that Centurion is noncompliant with any term of this contract not covered by RFP Sections 4.24, *Staffing Deductions*, and 4.25, *Clinical Performance Guarantees*, the KDOC can impose per occurrence, per day liquidated damages. The amount of these damages can increase after every 30 days that the item of non-compliance remains unresolved.

In such cases, the Director of Health Care Compliance will provide written cure notice, with a cure period of at least 30 days, to our Regional Vice President when the KDOC determines that Centurion is in non-compliance. If Centurion fails to address the deficiency within the cure period, the KDOC can assess liquidated damages starting the first day following the end of the cure period.
We understand that the KDOC and the OHCC can extend the cure period if Centurion has not fully resolved the issue of non-compliance but has shown improvement during the cure period. Liquidated damages will accrue until Centurion has addressed the deficiency to the satisfaction of the KDOC and OHCC.

The KDOC will collect damages in the form of an offset against the monthly payment to Centurion until fully recouped at the following amounts:

- Liquidated damages for the first 30 days following the expiration of the cure period: $125 per occurrence, per day
- For each subsequent 30-day period: amount will increase by $25 per occurrence, per day (i.e., $125 for days 31 – 60, $150 for days 61-90, etc.), until Centurion resolves the deficiency
4.27 Per Capita Adjustments

4.27.1 To account for fluctuations in the inmate population, adjustments to monthly payment shall as the actual average daily population (ADP) for that month at each facility increases or decreases. The per capita rate will be applied to difference between the contract capacity and actual ADP.

4.27.2 No adjustments shall be made until the monthly ADP is 10% above or below the contract capacity as shown in Appendix F. The adjustments shall continue until the monthly ADP returns to within 10% of the contract capacity. Further adjustments may be made when the monthly ADP increases/decreases in increments of 10%, consistent with the per capita rates included in the cost proposal.

4.27.3 Per capita adjustment shall be considered full compensation and the only payment for all offender services for those offenders over the facility capacity and are in no way related to monies owed for offenders counted within the facility capacity. Per capita payments by KDOC to the Contractor are considered comprehensive and shall include all costs to provide health care needs to the population, including, but not limited to:

4.27.3.1 Staffing.
4.27.3.2 Supplies.
4.27.3.3 Pharmaceutical costs.
4.27.3.4 Administrative overhead costs.
4.27.3.5 Treatment and related services.
4.27.3.6 On-site specialty services.
4.27.3.7 Off-site specialty services.
4.27.3.8 Any hospitalizations covered under this contract.

4.27.4 In the event KDOC elects to open or close facilities, both parties shall negotiate the compensation and staffing levels for that facility providing KDOC elects to contract for health care services at any such facility.

4.27.5 Any future consolidation or separation of any current facility shall not affect the duty of the Contractor to provide services pursuant to this contract in the same manner as though the consolidation or separation had not occurred. Capacity expansion at existing facilities shall not be interpreted as a new facility.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.27, *Per Capita Adjustments*, identified herein.
Centurion confirms our understanding and acceptance of the Per Capita Adjustments noted. Specifically, we acknowledge and agree that:

- To account for fluctuations in the inmate population, the KDOC will apply the per capita rate to the difference between the contract capacity and actual ADP.

- The KDOC will not make adjustments until the monthly ADP is 10% above or below the contract capacity as shown in Appendix F of the RFP. The adjustments will continue until the monthly ADP returns to within 10% of the contract capacity. The Department can make further adjustments when the monthly ADP increases or decreases in increments of 10%, consistent with the per capita rates included in the cost proposal.

- The KDOC will consider per capita adjustment as the full compensation and the only payment for all offender services for those offenders over the facility capacity and will not be related to monies owed for offenders counted within the facility capacity. We recognize that the KDOC considers per capita payments by KDOC to Centurion as comprehensive. These payments will include all costs to provide healthcare needs to the population, including, but not limited to:
  - Staffing
  - Supplies
  - Pharmaceutical costs
  - Administrative overhead costs
  - Treatment and related services
  - Onsite specialty services
  - Offsite specialty services
  - Any hospitalizations covered under this contract

- In the event the Department elects to open or close facilities, Centurion and the KDOC will negotiate the compensation and staffing levels for that facility, providing that the KDOC elects to contract for healthcare services at any such facility.

- Any future consolidation or separation of any current facility will not affect Centurion’s duty to provide services pursuant to this contract in the same manner as though the consolidation or separation had not occurred. We understand that the KDOC does not interpret capacity expansion at existing facilities as a new facility.
4.28 Criminal Background Investigations

Contractor agrees to provide personnel information, including fingerprints, as may be required by the Secretary of Corrections and to allow criminal justice agencies to perform background checks and investigations on any of its personnel.

Centurion has read, understands, and will comply with the requirements and specifications in Section 4.28, Criminal Background Investigation, identified herein.

As part of our credentialing process, described in our response to RFP Section 4.22.4, Credentialing, Centurion requires that all staff undergo a full background investigation. For the KDOC program, we will require that all staff complete a background investigation, including fingerprints and other inquiries required by criminal justice organizations. We will submit this information to the Department as required.
Dmeter Dragovich, Jr.
Regional Vice President of Operations

Education

- Master of Business Administration, Health Care Administration, Avila University
- Bachelor of Science, Biology, University of South Florida

Current Position

Centurion, LLC 2019 – Present
Regional Vice President of Operations
- Oversees, manages, and directs company-wide resources to ensure all contractual aspects for the Pima County, Bernalillo County and New Mexico regional Centurion programs
- Provides direction and oversight of all aspects of contractual and client relation functions.
- Directs company-wide resources to ensure the efficient and accountable management
- Responsible for contract operations, and personnel management
- Ensures contract compliance and delivery of a community standard of care program

Previous Relevant Experience

Banner Health 2017 – 2019
Senior Administrator, Banner University Medical Group

Truman Medical Centers 2003 – 2017
Vice President, Managed Care & Integrated Health Services (2016 – 2017)
Vice President, Practice Management (2012 – 2016)
Director, Managed Care & Hospital Hill Medical Pavilion (2003 – 2012)

Cigna Healthcare of Kansas/Missouri, Inc. 2001 – 2003
Director, Provider Contracting

Humana, Inc. 1999 – 2001
Director, Provider Contracting

Manager, Provider Contracting

Kaiser Foundation Health Plan, Inc. 1991 – 1996
Senior Contract Specialist
Samantha M. Phillips, MPS  
Vice President of Operations

Education

- Bachelor of Science, University of Tennessee at Martin
- Master of Professional Studies, Tennessee State University

Current Position

Centurion of Tennessee  
Vice President of Operations  
2018 – Present

- Administratively responsible for oversight and supervision of the Tennessee healthcare contract, including 11 TDOC facilities.
- Oversaw the development and implementation of a comprehensive patient registry for tracking patients diagnosed with HCV.
- Managed the implementation a transitional management approach to inpatient utilization services to enhance patient care delivery and accountabilities.
- Facilitated collaboration between all stakeholders to reduce missed appointments and tardy arrivals for specialist clinics and hospital procedures.

Regional Administrator (2013 – 2018)

- Administratively responsible for oversight and supervision of up to five health care services units in the Tennessee Department of Correction.

Health Services Administrator (2002 – 2013)

- Initially hired through the TDOC’s contract with Northwest Community Services Agency to work at Northwest Correctional Complex (NWCX) in Tiptonville, TN, responsible for the administrative oversight and management of the Health Services unit.
- Position moved to TDOC in 2005. Served as Health Administrator at West Tennessee State Penitentiary in Henning, TN, overseeing delivery of both health and mental health services at a 2500-inmate facility and intake center 2006-2008.
- Returned to NWCX 2008-2013.

Previous Relevant Experience

Baptist Memorial Hospital  
Director of Behavioral Health Services (1998 – 2002)

- Contracted through Cornerstone (now Sunstone) to oversee management of a 10-bed geriatric psychiatric unit. Later included responsibility for a day treatment and outpatient program.

Community Education Director (1993 – 1998)

- Contracted through Cornerstone (now Sunstone) to provide community education regarding behavioral health issues and serve as a liaison to primary care providers and other health care professionals in the service area.
Wendy M. Orm, MD
Chief Medical Officer

Education

- Family Medicine Resident, Phoenix Baptist Hospital, 1999
- Fellow, Vanguard Leadership Academy, 2011
- Fellow, National Institute of Program Director Development, Association of Family Medicine Residency Directors, 2007
- Fellow, Faculty Development Fellowship Program, University of Arizona College of Medicine, 2002
- Doctorate of Medicine, University of California, Irvine College of Medicine, 1996
- Bachelor of Science in Chemistry, California State University – Fresno, 1992

Licensure/Certification

- License, Physician & Surgeon, State of Arizona (issued 8/15/97)
- DEA certificate, unrestricted
- Basic Life Support (BLS)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Instructor certificate, Neonatal Resuscitation Program (NRP)
- Instructor certificate, Advance Life Support in Obstetrics (ALSO)
- Mentor status, American Society for Colposcopy and Cervical Pathology (ASCCP)

Current Position

Centurion, LLC 2019 – Present
Chief Medical Officer – Centurion of Arizona, LLC

Previous Relevant Experience

Maricopa County Correctional Health Services 2016 – Present
Employed Physician

Tatum Highlands Medical Associates 2015 – 2016
Employed Physician

Phoenix Baptist Family Medicine Residency Program 2005 – 2015
Program Director

Phoenix Baptist Hospital and Medical Center 2005 – 2015
Director of Medical Education (2005 – 2015)
Chair – Department of Clinical Care (2011 – 2015)
Section Chair – Department of Primary Care Services (2007 – 2010)
Chair – Department of Family Medicine (2005 – 2007)

Regional Staff Resumes

Attachment A: Key Regional Staff Resumes
Wendy M. Orm, MD
Chief Medical Officer

Arizona Family Medicine Residency Director Consortium
   Chair
   2007 – 2013

Arizona Academy of Family Physicians – Board of Directors
   Ex-Officio Director
   2007 – 2013

Phoenix Baptist Family Medicine Residency Program
   Assistant Residency Director
   2000 – 2005

Phoenix Baptist Hospital and Medical Center
   Medical Director
   2000 – 2012

Union Hills Family Medicine Center – Arrowhead Community Hospital
   Staff Physician
   1999 – 2000

Phoenix Baptist Hospital
   Licensed Physician – Emergency Room
   1997 – 2000

Professional Organizations

- American Academy of Family Physicians
- Arizona Academy of Family Physicians
- American Association of Physician Leadership
- Society of Teachers of Family Medicine
- American Society for Colposcopy and Cervical Pathology
- Association of Family Medicine Residency Directors

Teaching Activities

University of Arizona College of Medicine
   Clinical Assistant Professor
   2000 – Present

Midwestern College of Osteopathic Medicine
   Clinical Community Faculty
   2000 – Present

Kirksville College of Osteopathic Medicine
   Clinical Community Faculty
   2000 – Present

Phoenix Baptist Family Medicine Residency Program
   Adjunct Faculty (2003 – 2005)
   2000 – 2014
Harry Hatch  
Regional Dental Director

Education

- Doctor of Dental Services, Emory University
- Bachelor of Science, Biology, Springfield College

Current Position

Centurion, LLC  2017 – Present
Regional Dental Director, Florida Program

- Directs all dental services throughout 72 facilities in the state of Florida.
- Oversees the Dental program and delivery of dental services while supervising over 250 employees (Dentists, Hygienists, and Dental assistants).
- Coordinates and implements policy and procedure directives, standardizes and calibrates dental operations for all 64 dental clinics located at all major correctional institutions in the state of Florida, which provide dental care to approx. 100,000 inmate patients.

Previous Relevant Experience

Smallwood Prison Dental Services  2013 – 2017
Florida State Dental Director

Coffee Correctional Facility  2013
Senior Dentist

Taylor Correctional Institution  2004 – 2013
Senior Dentist

Jefferson Correctional Institution  1999 – 2004
Senior Dentist

Taylor Correctional Institution  1996 – 1999
Senior Dentist

Martin Correctional Institution  1987 – 1996
Senior Dentist

Florida State Hospital  1986 – 1987
Staff Dentist

Appalachee Correctional Institution  1986 – 1987
Staff Dentist
Dauda Griffin, MD, CCHP  
Statewide Psychiatric Director

Education

- Fellowship – Child and Adolescent Psychiatry, Emory University
- Residency and Internship – Adult Psychiatry, Cambridge Hospital, Harvard Medical School
- Degree of Medical Doctor, The George Washington University School of Medicine
- Bachelors Degree of Anthropology, The George Washington University

Licensure and Certifications

- American Board of Psychiatry and Neurology Board Certification General Psychiatry
- American Board of Psychiatry and Neurology Board Certification Child and Adolescent Psychiatry

Current Position

Centurion, LLC  
Statewide Psychiatric Director – Georgia Program  
2016 – Present

- Provides interface with client’s clinical and administrative leadership on issues related to psychiatric services.
- Directs, coordinates, and evaluates psychiatric treatments in collaboration with the mental health multidisciplinary team.
- Collaborates in the monitoring of offenders requiring on-going mental health services and the development of individualized mental health treatment plans and continuity of care.
- Provides clinical direction and leadership to psychiatrists, nurse practitioners and other mental health staff.
- Ensures patient care is appropriate, accurate, and received in a timely manner and in compliance with NCCHC and other relevant standards of care.
- Monitors psychotropic medication utilization within the contract.

Previous Relevant Experience

Wellstar Psychiatry  
2012 – 2016

Various Positions/Duties

- Clinical practice in outpatient psychiatry clinic (children, adolescents, and adults)
- Behavioral Health Service Line cabinet member
- Pediatric Service Line cabinet member

Mindfull Strategies, LLC  
2008 – 2011

Founder and Managing Member

Fayette Counseling Center  
2009 – 2010

Staff Supervision

Inner Harbour Hospital  
2008 – 2009

Attending Psychiatrist

Regional Staff Resumes

Attachment A: Key Regional Staff Resumes
Education

- Bachelor of Arts in Psychology, Ferrum College
- Masters in Social Work, Salem State College

Current Position

Centurion, LLC  2014 – Present
Corporate Clinical Operations Associate

Assists in monitoring compliance and development of policies and procedures of prison, jail and community alternatives to incarceration mental health programs based on contractual agreements, policy expectations as well as national standards (NCCHC, ACA).

Provides consultation and training to mental health staff, correctional staff, and healthcare staff in various mental health topics.

Consults on the development and implementation of treatment programs, staff training modules and group psychoeducational curricula related to mental health services in correctional settings.

Previous Relevant Experience

MHM Services, Inc.  2011 – 2014
Mental Health Director (2013 – 2014)

Coordinated provision and documentation of mental health services at assigned correctional facilities to ensure the identification, assessment, and treatment was provided in accordance with policies and standards of MHM/MPCH, the Massachusetts Department of Correction, National Commission on Correctional Healthcare (NCCHC) and American Correctional Association (ACA).

Behavior Management Unit Coordinator (2011 – 2013)

Coordinated services provided within a specialized correctional housing unit designed to address the needs of inmate/patients with behavioral challenges and serious personality disorders and psychopathy.

Advocates Inc.  2009 – 2011
Unit Director

Oversaw administrative, clinical operations and program implementation to a county jail system (Worcester County House of Corrections).

MHM Services, Inc.  2007 – 2008
Secure Treatment Program Coordinator

Created and implemented policy and procedures to develop a newly introduced treatment unit within the Massachusetts Department of Corrections developed to address the needs of inmate/patients with serious and persistent mental illness and behavior dysregulation.
**Katie Wingate, RN, MSN, CCHP**  
Corporate Director of Nursing

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**Education**

- Masters of Science, University of Phoenix
- Bachelors of Science, University of North Carolina at Greensboro

**Licensure and Certifications**

- Professional Licenses: RN 091776 in AZ with Multi-State Licensure Privileges; RN 9418743 in Florida
- Certified Correctional Health Professional (CCHP)
- NCCHC Surveyor for Correctional Facilities/Jails and Prisons
- Sigma Theta Tau International (STTI) - Honor Society of Nursing
- American Nurses Association (ANA)
- Certified Trainer (Uniform Health Assessment Training/Florida)
- BLS for Health Care Providers (CPR & AED)

**Current Position**

**Centurion, LLC**  
2017 – Present

**Corporate Director of Nursing (2017 – Present)**

- Directs nursing staff as senior member of multidisciplinary treatment team, ensuring patient continuity of care by developing, implementing, evaluating, and supervising all nursing services and associated administrative and operational activities. Communicates with team members individually, at team meetings and with written documentation as needed.
- Ensures that patient care orders are followed correctly and in compliance with federal, state, company, and facility, rules, policy, procedures, standards, regulations and statutes.

**Previous Relevant Experience**

**Armor Correctional Health Services, Inc.**  
2015 – 2016

**Vice President of Clinical Operations/ SEALL**

- Various roles include technical assistance to corporate and facility sites regarding nursing issues; represent clinical operations/nursing on Clinical Executive Team; participation in meetings and committees.

**Maricopa County Correctional Health Services**  
2010 – 2015

**Director of Nursing**

- Provided oversight of the operational management of nursing and clinical support services for patients incarcerated in Maricopa County Jails.

**Arizona Department of Corrections**  
2006 – 2010

**Nursing Program Manager**

- Provided clinical oversight of Nursing Division (270 nurses) in a state prison system.
Steven H. Wheeler
Chief Executive Officer

Education

- Bachelor of Science, Florida International University

Current Position

Centurion, LLC
Chief Executive Officer

2011 – Present

- Serves as a member of the Board of Managers.
- Oversees operational, financial, administrative, and client relations functions.

Previous Relevant Experience

MHM Services, Inc.
President and Chief Operating Officer

1994 – 2018

- Oversaw operational, financial, administrative, and client relations functions.
- Directed company-wide resources to ensure efficient, accountable management of contracts.
- Directed executive, corporate, and field staff to ensure full compliance with contract requirements and budgetary guidelines.
- Maintained direct communication with client agency managers to ensure full transparency and the consistent delivery of services at optimal performance levels.

Quality Behavioral Health
Senior Consultant

1994 – 1995

- Managed product development and delivery of managed care consulting for provider sponsored health plans.

Florida Psychiatric Group
Director of Business Operations

1993 – 1994

- Directed business operations of psychiatric group practice in three counties, including contracts with United States Parole and Probations, Dade County Sex Offender Treatment Services, and Dade County Children and Family Services.

Psych Options, Inc.
General Manager

1992 – 1993

- Managed operation of innovative outpatient crisis center.
- Conducted start-up activities for a facility serving managed care clients in a “23-hour” crisis intervention model that included nursing, psychiatric, and therapeutic care.
Keith Lueking  
Chief Operating Officer

Education

- Bachelor of Science in Accounting, University of Illinois

Licensure and Certification

- Certified CPA, Illinois

Current Position

Centurion, LLC  
Chief Operating Officer  
2013 – Present

- Provides corporate oversight of Network Development, Utilization Management, Clinical Systems, and Claims Operations.

Previous Relevant Experience

Centene Corporation  
2007 – 2012

- VP of Operations, Specialty Business Unit
- Director of Operations, Specialty Business Unit

- Provided oversight of Centene’s Specialty Business Unit Companies including Managed Behavioral Health, Pharmacy Benefits Management, Lifestyle / Disease Management, Nurse Advice Line, Managed Vision.
- Responsible for ongoing operations, business integration and due diligence.

Spartech Corporation  
2002 – 2007

- Director – IT Applications
- Assistant Controller
Education

- Bachelor of Science in Commerce, Triple Major: Finance, Accounting and Economics, University of Virginia

Current Position

Centurion, LLC  2013 – Present
Chief Financial Officer, Executive Vice President
- Manages all accounting, finance and IT functions, including accounting and reporting, forecasting and budgeting, financial analysis, and treasury.

Previous Relevant Experience

UnitedHealth Group  2007 – 2013
Chief Financial Officer
- Managed all accounting and finance functions, including accounting and reporting, financial analysis, forecasting and budgeting, developing actionable programs to meet financial targets, prioritizing management activity, monitoring results of strategic plans, medical economics, and encounters.
- Oversaw growth of subsidiary to $525 million and two most profitable years in company history despite difficult economic environment. Profitability over double historical average for subsidiary. In first 3 months of employment, identified three different streams of missed revenue opportunities totaling over $3 million in continuing annual revenue.

Elder Health, Inc.  2006
Vice President, Financial Planning
- Created corporate investment policy governing the investment of $125 million. Developed detailed annual budget. Negotiated covenants for $120 million term loan.

Amerigroup Corporation  2000 – 2006
Associate Vice President, Finance/Director/Senior manager/Manager
- Progressively promoted from Manager to Associate Vice President over six years. Wide breadth of experience including working on the company’s IPO, follow-on offering, shelf registration, SEC reporting, mergers & acquisitions, credit facility negotiations, forecasting, executive compensation analysis, new market COA filings, accounting research, insurance and competitive analysis.
- Prepared financial analysis, performed due diligence, reviewed definitive agreements and performed post-transaction analysis for six acquisitions, including the $126 million acquisition of CarePlus Health Plan in New York and the $121 million acquisition of Physician's Healthcare Plans in Florida.

KPMG  1998 – 2000
Accountant
- Financial statement and HEDIS Compliance auditor.
- Passed CPA exam on first sitting.
John Campbell
Chief Financial Officer, Executive Vice President

- Became acting in-charge auditor after only six months of employment.
- Audited SEC filings, including quarterly filings, annual filings and registration statements (including S-3 and S-1 related to an IPO) for three different public clients.

Lehman Brothers 1997
Investment Banking Analyst
- Only analyst to receive highest possible score on post-training exam.
Education

- Residency, Seton Hall University
- Intern, Seton Hall University
- Doctor of Medicine, St. George’s University School of Medicine
- Bachelor of Arts in Biology, Johns Hopkins University

Licensure and Certification

- Medical Licensure – New Jersey, Washington, Connecticut
- Academy of Correctional Health Professionals
- American Board of Internal Medicine

Current Position

**Centurion, LLC**

**Chief of Clinical Operations (2019 – Present)**

**Chief Medical Officer – Prisons (2018 – 2019)**

- Ensures that all patients receive appropriate care that is timely and accurate.
- Performs a routine behavioral health exam on inmates referred by nursing, medical professional staff, correctional staff, and social workers, under established guidelines. Provides psychiatric treatment and orders; studies, tests, referrals, and ancillary services that are required consistent with medical/psychiatric authority’s commitment to provide basic behavioral health care services.
- Orders medications for behavioral health needs while adhering to the established formulary, and in compliance with Centurion policies and procedures.
- Evaluates inmates on psychotropic medications and conduct psychotropic medication reviews.

Previous Relevant Experience

**UCONN Health Correctional Managed Health Care**

**Director of Medical Services**

**Medical Director**

**Rutgers Health University Correctional Health Care**

**Chief Operating Officer**

**Acting Statewide Medical Director**

**Regional Medical Director**

**Guam Memorial Hospital Authority**

**Consultant**
Johnny Wu, MD, FACP, F ACCP, CCHP-P, CCHP-A
Chief of Clinical Operations

<table>
<thead>
<tr>
<th>National Commission on Correctional Health Care</th>
<th>2012 – Present</th>
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<tbody>
<tr>
<td>Board of Directors</td>
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<tr>
<td>Accreditation Committee Member</td>
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<td>Education Committee Member</td>
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<td>NCCHC Physician Surveyor</td>
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<tr>
<td>NRI Technical Assistant Consultant</td>
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| Washington State Department of Corrections     | 2006 – 2008   |
| Medical Director, Health Services Unit         |               |

| PrimeCare Medical Consultants, LLC             | 2002 – 2006   |
| President and CEO                             |               |
John May, MD, FACP
Chief Medical Officer

Education
- Primary Care/Internal Medicine, Cook County Hospital
- Doctor of Medicine, Loyola University Stritch School of Medicine
- Bachelor of Science Pre-Professional, University of Notre Dame

Licensure/Certification
- Board Certified – Internal Medicine

Current Position
Centurion, LLC  2018 – Present
Chief Medical Officer
- Ensures that all patients receive appropriate care that is timely and accurate.
- Performs a routine behavioral health exam on inmates referred by nursing, medical professional staff, correctional staff, and social workers, under established guidelines. Provides psychiatric treatment and orders; studies, tests, referrals, and ancillary services that are required consistent with medical/psychiatric authority’s commitment to provide basic behavioral health care services.
- Orders medications for behavioral health needs while adhering to the established formulary, and in compliance with Centurion policies and procedures.
- Evaluates inmates on psychotropic medications and conduct psychotropic medication reviews.

Previous Relevant Experience
Armor Correctional Health Services, Inc.
Chief Medical Officer

Nova Southeastern University College of Orthopedic Medicine
Clinical Assistant Professor

Emory University Rollins School of Public Health
Affiliated Professor, Office of Applied Health

Correctional Health Care
Consultant

Health Through Walls
President
Julie Buehler, BS, MPA, RRT, CCHP
Vice President of Medical Operations

Education

- Master of Arts in Public Administration, University of Missouri
- Bachelor of Science in Respiratory Therapy, University of Missouri

Licensure and Certification

- Registered Respiratory Therapist
- Certified Correctional Healthcare Professional

Current Position

Centurion, LLC 2012 – Present
Vice President of Medical Operations

- Manages formulation of policy, procedure and clinical infrastructure to support and monitor comprehensive contracts.
- Assists in development of proposal and program for new and existing business.
- Promoted to Director of Clinical Operations in 2013, previously Clinical Operations Specialist.

Previous Relevant Experience

Correctional Medical Services 1995 – 2012
Regional Manager

- Oversaw the successful operational and financial coordination of comprehensive healthcare contracts.
- Responsibility included oversight of fiscal, administrative and program management, development and maintenance of client relations, formulation of new business and management of site professional and non-professional staff.

Clinical Programs Manager

- Served in a consultative role, coordinating all aspects of new business implementation, monitoring and reviewing current contracts for maintenance of quality programming, process improvement identification, accreditation prep, policy and procedure review & development and performance of site, regional and corporate education programs.
- Served as the Clinical Project Team Leader for requirement development for a corporate clinical scheduling and data reporting system.

Clinical Systems Support Director

- Business Sponsor for development and implementation of the Indiana Electronic medical Record project.
Sharen Barboza, PhD, CCHP-MH  
Vice President of Clinical Operations – Mental Health

**Education**

- Doctor of Philosophy in Clinical Psychology, Fairleigh Dickenson University
- Master of Science in Experimental Psychology, Tufts University
- Bachelor of Science in Psychology, Tufts University

**Current Position**

Centurion, LLC  
Present  
Vice President of Clinical Operations – Mental Health

- Serves as a Vice President of Clinical Operations, overseeing the auditing of clinical services and contract compliance of mental health services being provided with institutional settings.
- Creates the development of therapeutic program curricula for seriously mentally ill inmates and sexual offenders; Develop and deliver training programs to mental and medical health, and corrections professionals.

**Previous Relevant Experience**

MHM Services, Inc.  
2007 – 2014

- Director of Clinical Operations (2008-2014)

Central New York Psychiatric Center  
2005 – 2007

- Director, Sex Offender Treatment Program

Central New York Psychiatric Center  
2004 – 2007

- Chief Psychologist

Juvenile Sexual Offender Treatment Program  
2001 – 2003

- Risk Assessment Consultant

Bedford Hills Correctional Facility  
2001 – 2004

- Licensed Psychologist/Psychologist II

Hudson River Psychiatric Center  
2000 – 2001

- Clinical Psychology Intern

Center for Psychological Services  
1996 – 1997

- Clinical Assistant
Joel T. Andrade, Ph.D., LICSW, CCHP-MH
Director of Clinical Operations – Mental Health

Education

- Doctor of Philosophy in Social Work, Boston College Graduate School of Social Work
- Master of Social Work, Boston College Graduate School of Social Work
- Bachelor of Arts in Psychology and Social & Rehabilitation Services

Licensure/Certification

- Licensed Independent Clinical Social Worker, Massachusetts

Current Position

Centurion, LLC

2010 – Present

Director of Clinical Operations, Mental Health (2014 – Present)
Mental Health Program Director (BSH & Prisons) (2010 – 2014)

- Directs statewide mental health services provided to the MADOC Prisons and medical and mental health services at BSH.
- Provides clinical and administrative oversight of 300 staff.
- Develops behavior management plans; develops, approves and maintains mental health policies and procedures.
- Supervises the criteria development and process management for all residential and special mental health programs throughout the MADOC, conducts clinical evaluations for complex cases.
- Implements and manages the Mental Health Classification designation process.


Previous Relevant Experience

Bridgewater State Hospital

2003 – 2009

Admission Coordinator (2003 – 2008)

Sexual Disorders Clinic—Community Health Link

2004 – 2007

Director of Assessment

New England Forensic Associates (NEFA)

2005 – 2006

Laboratory Consultant

Bridgewater State Hospital—Correctional Medical Services

1999 – 2002

Forensic Clinical Social
Deana Johnson, Esq.
Executive Vice President and General Counsel

Education

- Juris Doctor, Loyola University of Chicago School of Law
- Bachelor of Arts in Journalism, Northwestern University

Current Position

Centurion, LLC
Executive Vice President and General Counsel

- Serves as Head of Legal department for $220 million correctional healthcare company.
- Areas of responsibility include risk management, claims management, contracts, corporate transactions, litigation management.
- Maintains daily contact with insurance adjusters, brokers and defense counsel nationwide.

Previous Relevant Experience

Insley & Race, LLC
Partner

- Specialized in representing healthcare providers in both prison and jail settings, including claims for state medical negligence and violations of federal civil rights.
- Provided advice on matters ranging from employment to contract negotiations and risk management.
- Past and present correctional medical clients include MHM Services, Inc., Wexford Health Sources, Inc., Correctional Medical Services and Correctional Healthcare Services.

Cruser & Mitchell, LLP
Partner

Drew, Eckl & Farnham
1999 – 2000

William Tinkler, P.C.
1993 – 1999

Organizations

- Georgia State Bar
- Georgia Supreme Court and Court of Appeals
- United States Supreme Court
- United States Court of Appeals for the Eleventh Circuit
- United States District Court for the Northern, Southern, Middle District of Georgia
Tracey Titus, RN, CCHP-RN
Corporate Director of Policy and Accreditation

Education

- General Education, University of Evansville
- Associate Nursing, Indiana Vocational Technical College
- RN to MSN Program, University of Southern Indiana

Current Position

Centurion, LLC 2019 – Present
Corporate Director of Policy and Accreditation
- Leads company NCCHC and ACA accreditation maintenance efforts.
- Assists DDOC in achieving ongoing accreditation compliance.
- Oversees health service administrators to ensure the completion of the documentation, policies, and procedures that are necessary to achieve or maintain accreditation.

Previous Relevant Experience

Vice President of Accreditation
- Oversaw correctional health care accreditation program of nearly 500 facilities nationwide.
- Oversaw surveyor program for over 100 health care professionals nationwide.
- Oversaw revision process for NCCHC Standards for Health Services.

NCCHC Resources, Inc. 2016 – 2018
Project Manager

Vanderburgh County Sheriff’s Office 1994 – 2013
Nurse Manager (2000 – 2013)
Staff Nurse (1994 – 2000)

Office Nurse

Deaconess Hospital 1989 – 1993
Hospital Staff Nurse (1991 – 1993)
Education

- Master of Science in Business Administration, New York Institute of Technology
- Bachelor of Science in Nursing, Old Dominion University

Current Position

Centurion, LLC  
Director of Continuous Quality Improvement
2016 – Present

- Implements comprehensive CQI program for MHM and Centurion contracts.
- Provides site, regional and corporate level CQI training.
- Implements contract specific auditing, process assessment and corrective action plan templates.
- Implements statistical analysis and reporting templates.
- Collaborates with mental health, state medical directors, Risk Management Taskforce and Centurion Compliance Committee to identify areas that need improvement.

Previous Relevant Experience

Correct Care Solutions  
Regional Vice President of Operations
2012 – 2016

- Provided leadership and monitor daily operations for the statewide system in AR with P & L - $160M/yr., 450 FTEs with 23 managers, caring for over 17,000 patients at 26 sites.

Interim Positions

Hospice Staff Nurse
2009 – 2012

Owner/President, A Step Ahead Virtual Office Services

Correctional Medical Services  
Regional Manager of Operations (2008-2009)
2006 – 2009

- Responsible for daily operations of 11 sites, 250 FTEs and 11 managers.

Health Services Administrator (2006-2008)

- Responsible for the daily operations of 3 sites, 100 FTEs and 3 managers caring for 1,200 male, female and juvenile patients.

Ocala Regional/West Marion Community Hospital  
Director, Emergency Services
2002 – 2006

- Provided leadership for daily operations of 18-bed Emergency Department (ORMC), a 12-bed Emergency Department (WMCH), and an 8-bed Quick Care department with a combined average annual patient census of 50,000.
Darren Isaak, MBA, BSN, RN
Senior Director of Utilization Management

**Education**

- Master of Business Administration, Bellevue University
- Bachelor of Science in Nursing, Deaconess College of Nursing

**Current Position**

**Centurion, LLC**

**Senior Director of Utilization Management**

- Serves as leader of the corporate UM team and ensures a quality UM program is in place, corporate UM team is comprised of trainers, a data analyst, and a pool of corporate UM nurses.
- Ensures individual solutions and the execution of our processes to ensure the overall mission of each of our programs.

**Previous Relevant Experience**

**Centene Corporation**

**Senior Director of Medical Management Operations**

- Served as the project lead for Care Management Transformation focusing on standardizing processes while still supporting the overall mission of the organization.
- Employee Engagement Champion that led a group a individuals producing visibility, collaboration, and engagement across the functional areas within Medical Management that led to improved employee engagement.
- Supported various health plans (IlliniCare and California Health and Wellness) as interim Vice President of Medical Management.
- Collaborated with Centene Leadership and McKinsey Consulting focusing on improving efficiency within UM processes.
- Provided oversight of corporate Medical Management training team supporting existing markets and new business implementation.

**Coventry/Aetna**

**Director Health Services Mid-America Market**

- Proficient in CMS and NCQA statutory regulations.
- Recipient of Top Talent award within Aetna.
- Regional responsibility of Pre-Authorization processes.
- Facilitated the integration of a single Pre-Authorization list for the Mid-America Region.
- Health Services lead for the development and integration of carve out vendors.
Shenita Freeman, MSHIA, MPH, RHIA, CPHIMS, HSISSP, CPH
Director of Analytics and Informatics

Education

- Doctor of Science in Cybersecurity, Marymount University (expected 2021)
- Master of Science in Health Informatics Administration, University of Maryland University College
- Master of Public Health Epidemiology, University of Colorado
- Bachelor of Arts Chemistry, Metropolitan State University

Licenses and Certifications

- Certified Professional in Health Information and Management Systems (CHIMPS)
- Base SAS 9 Certification
- Emergency Medical Technician Certification

Current Position

Centurion, LLC 2017 – Present

Director of Analytics and Informatics

- Harnesses clinical and administrative data to improve care quality and outcomes, reduce costs, and celebrate success.
- Supports organizational divisions with knowledge about data use to improve patient health and the delivery of health care services.
- Collaborates to develop an enterprise data warehouse, evaluate and implement business intelligence platforms, and develops enterprise and contract-specific key performance indicators.

Previous Relevant Experience

The Coordinating Center 2016 – 2017

Program Director

- Built relationships with hospitals, providers, and community.
- Directed and performed analyses to inform deliverables, operational strategies, quality improvement initiatives, and program evaluation activities using proprietary database systems and CRISP the regional health information exchange.

Truven Health Analytics 2016

Senior Manager of Client Services

- Guided the National Project Management Office to anticipate client needs and mitigate associated risks and issues.
Johnnie Lambert, RN, CCHP-A, LHRM  
Corporate Policy and Accreditation Coordinator

Education

- Nursing Diploma, Mobile Infirmary – Mobile College Division of Nursing
- Cleveland State University
- University of South Alabama

Licensure and Certification

- Licensed Nurse in Ohio, Alabama, South Carolina, Florida and Georgia
- Licensed Healthcare Risk Manager
- NCCHC Certified Correctional Health Professional

Current Position

Centurion, LLC  
Corporate Policy and Accreditation Coordinator (2019- Present)  
Clinical Operations Specialist (2016-2019)

- Possesses expertise in the development and writing of policy and procedures, NCCHC and ACA standards, program auditing, grievance processes, preparation for ACA and NCCHC Surveys.
- Handles requests for changes to Centurion forms.

Previous Relevant Experience

Armor Correctional Health Services, Inc.  
Vice-President of Policy and Accreditation (2005 – 2015)

- Wrote and revised policies, procedures, nursing treatment manuals.
- Evaluated and monitored Armor systems compliance with appropriate accreditation bodies.

Correctional Medical Management  

- Evaluated and monitored system activities based on NCCHC, ACA standards.
- Monitored contractual health care services for correctional facilities.

Health Services Administrator (2003 – 2004)

- Performed overall administration of healthcare unit in large county jail with over 3,000 inmate population.
- Managed medical staff of over 117 FTE.
- Managed $11 mil/annum budget for health care.

Duval Pre-Trial Detention Facility  

Correctional Medical Services  
South Area Regional Administrator (2000 – 2001)
Brenda Sue Medley-Lane, RN, CCHP-A
Corporate Infection Prevention and Control Coordinator

Education

- RN to BSN Program, West Governor’s University (anticipated 2021)
- Yearly completion of 100 Continuing Education hours
- Associate of Science in Nursing, Kennesaw State

Licensure/Certifications

- CCHP-A Certification, NCCHC
- ICE 1 – Infection Control Course (Epi 101 Sponsored by APIC – National)
- FEMA – Medical Mass Casualty Disaster Training
- FEMA – National Stockpile Distribution Training
- Tuberculosis in Corrections, Train the Trainer
- Tuberculosis and HIV mini residency

Current Position

Centurion, LLC 2016 – Present
Corporate Infection Prevention and Control Coordinator

- Develops and updates policies and procedures related to infection prevention and control with current standards of practice, rules and regulations in collaboration with healthcare clinical leadership.
- Develops, updates, and instructor for training in infection prevention and control including OSHA requirements.
- Ensures that the infection control practices of all staff are in accordance with policies and procedures.
- Ensures compliance with isolation techniques and procedures to provide optimum care for offenders.
- Works closely with healthcare staff, laboratory staff, security staff, and state and local agencies in prevention of infection.
- Provides onsite and remote support for all infection prevention and control for clinical operations and on site staff.
- Consults and monitors infectious/communicable disease reports of contracted sites.

Previous Relevant Experience

University of Florida 2006 – Present
Adjunct Faculty, Trainer Southeastern National Tuberculosis Center for Disease Control

Armor Correctional Health Services 2007 – 2016
Infection Control Coordinator and Utilization Manager

Broward Health North 2013 – 2017
Per Diem – Case Manager – Acute Care

Director of Correctional Healthcare Services, Director of Infection Control (2004-2007)
Infection Control and Disease Surveillance Nurse (2001-2004)
Brenda Sue Medley-Lane, RN, CCHP-A
Corporate Infection Prevention and Control Coordinator

ATC Nursing, Quest 1997 – 2001
Independent Contractor – Georgia trauma, critical care, housing supervisor

CEO, Director of Marketing, Nurse Education

American Nursing Services 1983 – 1986
Independent Contractor – Georgia trauma, critical care, housing supervisor

North Beach Medical Center 1980 – 1981
Registered Nurse – Infection Control

American Nursing Services 1983 – 1986
Independent Contractor

Kennestone Hospital 1975 – 1980
Registered Nurse – Recovery Room, Anesthesia Assistant

Professional Organizations

- Academy of Correctional Health Professionals – Chairman
- NCCHC CCHP Board of Trustees
- The Association for Professionals in Infection Control and Epidemiology
- National Commission of Correctional Health Care Lead Surveyor, Convention Presenter, and article contributor
- National Tuberculosis Controllers Association
- Southeastern National Training Center
- TB Educational and Training Network
- Recovery Room Nurses Association
Gregg L. Puffenberger, PharmD, MBA  
Vice President of Pharmacy Management

Education

- Doctor of Pharmacy, University of Maryland
- Master of Business Administration, Shenandoah University
- Bachelor of Science in Pharmacy, West Virginia University

Licensure and Certification

- Licensed Pharmacist in North Carolina, Virginia, and West Virginia

Current Position

Centurion, LLC  
2006 – Present

Vice President of Pharmacy Management

- Implements medication management to track utilization and prescription metrics to ensure optimal usage, compliance, and cost effectiveness for each contractual program.
- Improves pharmacy management, cost containment, and medication tracking systems to enhance client service.
- Collaborates with medical and pharmacy providers for multi-provider contracts.

Previous Relevant Experience

Dorothea Dix Hospital  
2005 – 2006

Clinical Pharmacist

Central Carolina Hospital  
2004 – 2005

Clinical Pharmacy Coordinator

UNC Hospitals  
2003 – 2004

Clinical Pharmacist

Scotland Memorial Hospital and LTC  
2003

Pharmacy Manager

City Hospital, Inc.  
1992 – 2002

Director of Pharmacy, Assistant Director, Chief Pharmacist

Shenandoah County Memorial Hospital  
1988 – 1992

Vice President of Operations promoted from Pharmacy Director
Education

- Master of Science in Nursing, State University of New York at Binghamton
- Bachelor of Science in Nursing, Valparaiso University

Licensure and Certification

- Missouri RN License
- Certified Correctional Health Professional, National Commission on Correctional Health Care

Current Position

Centurion, LLC 2011 – Present

**Senior Strategist of Operations Development**

- Drives operations development and success in existing business and throughout the launching of Centurion, LLC.
- Introduces new business solutions.
- Participates in proposal development by crafting staffing plans to ensure accurate program coverage.
- Ensures seamless startups and transitions.
- Advisor regarding comprehensive medical services programming to Centene and Centurion executive staff.

Previous Relevant Experience

Mid America Health, Inc. 2011

**Vice President**

- Drove business development success and operations excellence throughout the organization.
- Created strategic sales plan for introduction of new North American telehealth solution.
- Introduced telehealth solution to various key organization stakeholders, to familiarize with service and to influence purchasing decisions.
- Sold first telehealth contract within four months of commencement of sales process.

Correctional Medical Services, Inc. (now Corizon Health) 1985 – 2011

**Director, Business Development (1995-2011)**

- Lobbied state legislators and county representatives to influence purchasing decisions.
- Assisted in crafting of legislation to increase government insurance plans for underserved.
- Bridged gap between corrections clientele and public health services to assure continuity of care for inmates upon release, establishing benchmarks and outcome data by which to measure partnership success.
- Established and maintained relationships with various not-for-profit organizations.
- Responsible for company growth from $135M in CY’95- $820M in CY’10.

**Area Sales Manager (1990-1995)**

**Clinical Programs Manager (1988-1990)**

**Health Services Administrator (1985-1988)**
Shant Tossounian  
Vice President of Information Technology

Education

- Diploma in Information Technology, The Chubb Institute of Technology - Parsippany, NJ
- Diploma, Hasbrouck Heights High School - Hasbrouck Heights, NJ

Current Position

Centurion, LLC  
2016 – Present

Vice President of Information Technology (IT) (2019)
Director of IT (2016 – Present)

- Directs and manages all aspects of IT to include Security, Operations, Infrastructure & Support totaling 5 Managers and 27 team members.

Previous Relevant Experience

New Directions Technologies  
2014 – 2016

Network Operations Manager (USPTO)

Blue Ridge Networks  
2007 – 2014

Director of Operations & Network Engineering

Fitchratings  
2001 – 2007

Infrastructure Technician Level II (2001 – 2005)

Lincoln Financial Group  
2000 – 2001

Network Administrator

Chase Manhattan Mortgage  
1999 – 2000

Network Assistant

Nobel Systems  
1999

Technical Account Representative
Christopher Bourque, LPN, CCHP
Director of Electronic Health Records

Education

- Associate of Arts, New Mexico State University
- Associate of Arts, Brevard Community College
- Postsecondary Adult Vocational Certificate – Practical Nursing

Licensure and Certification

- Licensed Practical Nursing – Florida
- Certified Correctional Health Professional
- Member, Academy of Correctional Health Professionals

Current Position

Centurion, LLC 2016 – Present

Director of Electronic Health Records

- Oversees all aspects involving Electronic Health Records within the company.
- Ensures that EHR is as effective a tool as it can be to best serve our staff and ultimately our patients.

Previous Relevant Experience

Armor Correctional Health Services 2007 – 2016

Vice President of Clinical Technology (2014 – 2016)

- Implemented, directed, and managed the administrative, operational, and technical systems required to deploy technology assets within a correctional facility, including oversight of all facets of Electronic Health Record implementation, maintenance, training, day-to-day management, system analysis, and program improvement.

Regional Vice President (2013 – 2014)

- Ensured Armor patient care standards were maintained in compliance with accreditation regulations.
- Developed and monitored budgets for several multi-site health care systems.

Regional Manager (2010 – 2012)

- Responsible for supervision of medical staff and healthcare delivery at three client sites.
- Managed budgets and client reports, directed client service, and client relations.

Health Services Administrator (2007 – 2010)

- Supervised facility employees including performance appraisals, scheduling, training, employee development, disciplinary actions, and conflict mediation.
- Developed procedures and assigned work tasks to improve efficiency.
Jennifer Tyrrell  
Vice President of Human Resources

Education

- Master of Science in Adult Learning and Human Resource Development, Virginia Polytechnic Institute and State University
- Bachelor of Science in Residential Property Management, Virginia Polytechnic Institute and State University

Licensure and Certification

- Certified Property Manager, CPM
- Certified Apartment Manager, CAM
- Advisory Board of VA Tech Residential Property Management Program
- Myers-Briggs Type Indicator & FIRO-B, Crucial Conversations & CDP

Current Position

Centurion, LLC  
2018 – Present

Senior Director of Human Resources & Vice President of Human Resources

- Supports all Centurion contracts to ensure effective contract delivery and compliance.
- Manages a team of HR professionals to deliver services across all programs in uniform practice and consistence communication.
- Ensures effectively aligned HR initiatives with the Company’s strategic and operational plans.

Previous Relevant Experience

MHM Services, Inc.  
2012 – 2018

Senior Director, Human Resources (2018 – Present)
Senior Director, Talent & Organizational Development (2015 – 2018)
Director of Training and Development (2013 – 2015)
Manager of Training and Development (2012 – 2013)

The Bozzuto Group  
2010 – 2012

Director of Learning and Organizational Development

- Responsible for the oversight of learning & development initiatives for 1,100 employees across five business units; Property Management, Construction Services, Homes, Development and Corporate operations.

Equity Residential Properties, Metro DC and North Carolina  
1998 – 2010

Regional Education Director/Regional Learning Manager, 7+ years
Regional Training Specialist, 1 year
Property Manager/Assistant Manager, 2 years
Regina M. Morris  
Vice President of Recruiting

Education

- Bachelor of Science, State University of New York

Current Position

Centurion, LLC  
Vice President of Recruiting (2014 – Present)  
Director of Recruiting (2006 – 2014)

- Directs national network of professional recruiters.
- Coordinates recruiting plans designed for each contract.
- Oversees recruitment process.
- Manages advertising and Internet resources.

Previous Relevant Experience

Contemporary Nursing Solutions  
Senior Vice President of Business Integration  
2003 – 2006

Sparks Personnel Services  
Branch Manager  
2002 – 2003

Eagen Enterprises  
Corporate Affairs Director  
2001 – 2002

Mind Bank  
Director of Business Development  
2000 – 2001

Advantage Human Resourcing  
Area Director  
Director of Sales (1998 – 1999)  
2001 – 2000

Advantage Human Resourcing  
Staffing Consultant  
1997 – 1998

Volt Services Group  
Human Resources Consultant  
1996 – 1997
Education

- Bachelor of Arts, Florida State University

Current Position

Centurion, LLC  
Director of Allied Recruiting  
2019 – Present

- Provides supervision, leadership, guidance, training, and development to the Nursing and Clinical Recruiting Department. Oversees recruiting for the company nationwide to include medical, mental health and dental specialties as well as program and regional staff. These specialties include: general administrative, management and regional staff, all levels of nursing and nursing management positions, all levels of mental health staff and mental health management positions, dental staff positions, technician and clerical positions.

Previous Relevant Experience

Centurion, LLC  
Director of Nursing and Recruitment (2016 – Present)  
Recruiting Manager (2006 – Present)

- Provides guidance to the Recruiters in the following job functions: client and program relationship development, reporting, candidate screening and presentation, use of recruiting database and other recruiting technology, knowledge of the market, using a multitude of recruiting strategies and tools, negotiation skills, job fairs, academic outreach, and more.
- Works on a variety of special projects supporting recruitment, retention, and potential new business.

Prison Health Services, Inc.  
Manager, Recruitment and Staffing  
1999 – 2006

- Oversaw the recruiting function for the company and provided ongoing recruitment for jails and prisons nationwide.
- Recruited staff for medical, mental health, dental, management, and administrative positions.
- Participated in orienting new Health Services Administrators/Managers on a routine basis.

MedPartners/InPhyNet Medical Management/EMSA  
Manager, Government Services, Support Services Department (1998 – 1999)  

- Managed product development and delivery of managed care consulting for provider sponsored health plans
- Primary focus and responsibilities were to recruit, credential, and hire personnel for a nationwide medical management company in correctional facilities, hospitals, and managed care facilities, and to supervise department staff.
- Coordinated new contract “start-ups” including employee recruitment, interviewing, hiring, credentialing, and orientation.
Mindy Halpern  
**Director of Allied Recruiting**

- Provided on-going recruitment and credentialing services for all sites and assisted in the development of salary scales and benefits packages for individual sites.

- Primary focus and responsibilities involved the recruitment, hiring, and credentialing of physicians on a nationwide basis.

**Home Intensive Care, Inc. 1988 – 1989**

**Personnel Manager/Director of Materials Management**
- Managed and organized personnel department of a 1200 employee, home health company.
- Recruited, hired, and oriented personnel and administered benefits program.
- Managed health, dental, disability, and malpractice insurance plans.

**Humana Hospital Corporation 1986 – 1988**

**Purchasing Agent**
- Responsible for purchasing medical supplies for two area hospitals; Humana Hospital Biscayne and Humana Hospital South Broward.

**Continental Services Group 1985 – 1986**

**Purchasing Agent**
- Responsible for preparing price quotes and purchasing a variety of medical supplies for export.
Dawn Sechrest  
Director of Provider Networking

Education

- Bachelor of Science, Florida State University

Current Position

Centurion, LLC  
Director of Provider Networking  
2018 – Present

- Manages a group of recruiters to coordinate all recruiting and staffing efforts for Centurion programs.
- Creates robust recruitment strategies for the department.
- Meets the ever-changing challenges of provider recruitment and retention.

Previous Relevant Experience

Centurion, LLC/MHM Services, Inc.  
2003 – 2006

- Physician Recruiter (2006 – 2009)

- Led and managed the team of Physician Recruiters to ensure vacancies were filled and program staffing needs were being met.
- Worked closely with the VP of Recruiting, Operation VPs and Program Managers to ensure recruitment activities and results were comprehensive and effective.

Aetna Health Plans  
Physician Services Representative  
1997 – 2000

- Worked as an outside representative for a region of primary care and specialist physician practices for purposes of recruitment.
- Duties also included being a liaison to these physician offices for Aetna claims, plan questions, initiatives, and strategies.

InPhyNet (DBA Team Health)  
Director of Physician Services  
Physician Recruiter  

- Handled all of the physician recruitment for a larger territory of emergency room, urgent care and correctional facilities throughout the nation.
- Promoted to Director of Physician Services and served as a manager in the recruiting department.
Jill S. Washburn  
Physician Recruiter  

**Education**

- Bachelor of Art in Communications, Concordia University & Milwaukee Area Technical College *(Pursued)*

**Current Position**

**Centurion, LLC**  
2014 – Present  
*Physician Recruiter*

*Promoted to Lead Physician Recruiter (2019)*

- Responsible for overseeing the recruitment of physicians, dentists, nurse practitioners, and physician assistants for four of the company’s programs.
- Builds ongoing relationships through memberships in various professional organizations and online groups.
- Provides constant and consistent communication with physician employees, directors and prospective candidates.
- Presents detailed information to educate physicians about the unique advantages of a career in correctional medicine.
- Serves as a key member of the start-up team for three, new contracts. Responsible for identifying, hiring and on-boarding physicians during the critical first year.
- Responsible for full cycle in-house recruitment of physicians and mid-level providers including sourcing, identifying, contacting and interviewing qualified physicians.
- Creates and implements effective marketing plans which include journal and online advertisements, email broadcasts, direct mail, cold calling and social media strategies.
- Attends regional and national conferences and professional meetings to promote the Centurion brand and identify potential candidates.
- Establishes credibility and relationships with residency and training programs.
- Performs research analysis for current market trends, salaries and competitor data.

**Previous Relevant Experience**

**Strelcheck & Associates**  
2003 – 2013  
*Physician Recruitment Consultant*

- Recruited physicians and physician executives for hospitals and medical groups throughout the United States.
- Met with prospective clients.
- Filled vacancies using oral, written and online communication.
November 13, 2019

Ed Frost  
Aeris Consulting  
707A Mantua Pike  
West Deptford, NJ 08096

Re: Letter of Intent for Sleep Studies

Dear Mr. Frost,

This Letter of Intent (“Letter”) shall set forth certain understandings between Aeris Consulting & Management, Inc. (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to CAbernathy@Centene.com.

Sincerely,

Crystal Abernathy  
Manager, Purchasing  
Centurion, LLC  
314-445-0347  
CAbernathy@Centene.com

By: ___________________________  
Printed Name: Edwin C. Frost, R.R.T.  
Title: President  
Date: 11/15/2019
### Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>Aeris Consulting &amp; Management, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>707A Mantua Pike</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>West Deptford, NJ  08096</td>
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<tr>
<td>State in which Organization is formed</td>
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</tr>
<tr>
<td>Primary Contact Name</td>
<td>Edwin C. Frost, R.R.T.</td>
</tr>
<tr>
<td>&amp; Title</td>
<td>President</td>
</tr>
<tr>
<td>Phone Number</td>
<td>1-877-354-5110</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:efrost@aerisconsulting.com">efrost@aerisconsulting.com</a></td>
</tr>
</tbody>
</table>

### Qualifications

Aeris is a multi-skilled post-acute care that performs and provides treatment for sleep disorders, expert respiratory care consultations, Holter monitoring and other durable medical equipment.

### Responsibilities Under this Proposed Contract

In facility sleep testing, consultations, equipment procurement related to sleep disordered breathing, respiratory care consultative services and Holter monitoring.
October 28, 2019

Michael McCullough, CFO
Ascension Health
929 North Saint Francis
Wichita, KS 67214

Re: Letter of Intent for Hospital Services

Dear Michael,

This Letter of Intent ("Letter") shall set forth certain understandings between Ascension Health ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider's facilities and affiliated professional providers' names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to carysmith@centurionmanagedcare.com.

Sincerely,

Cary Smith
Director, Network Development
Centurion, LLC
407-388-4882
carysmith@centurionmanagedcare.com

By: Mike Moore
Title: Director, Managed Care
Date: 12/4/2019
**Proposed Subcontractor Information**

<table>
<thead>
<tr>
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<th>Ascension Via Christ Health, Inc.</th>
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<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>8200 E Thorn Drive</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Wichita, KS 67226</td>
</tr>
<tr>
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<td>Inc.</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Kansas</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Mike Moore</td>
</tr>
<tr>
<td>Phone Number</td>
<td>316-719-1401</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:mike.moore2@ascension.org">mike.moore2@ascension.org</a></td>
</tr>
</tbody>
</table>

**Responsibilities Under this Proposed Contract**

**Do you have telemedicine capabilities in the following specialties?:**

- Cardiology
- Dermatology
- Endocrinology
- General surgery
- Hematology
- Immunology
- Infectious disease
- Neurology
- Orthopedics
- Pulmonology
- Rheumatology
- Wound care
November 20, 2019

Drew Wingert
Audicus, Inc.
115 W. 27th St, 8th Floor
New York, NY 10001

Re: Letter of Intent for On-site Audiology and Hearing Aid Services

Dear Drew,

This Letter of Intent ("Letter") shall set forth certain understandings between Audicus, Inc. ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider's facilities and affiliated professional providers' names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to LRossics@Centene.com.

Sincerely,

Lisa Rossics
Director, Network Development
Centurion, LLC
314-445-0378
LRossics@Centene.com

By: ___________________________  Printed Name:  Drew Wingert

Title: Director, Business Development  Date:  11/22/2019
### Proposed Subcontractor Information

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<th>Legal Name of Organization</th>
<th>Audicus, Inc</th>
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<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>115 w 27th Street, 8th Floor</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>New York, NY 10001</td>
</tr>
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<td>State in which Organization is formed</td>
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<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Drew Wingert, Director</td>
</tr>
<tr>
<td>Phone Number</td>
<td>469-337-5635</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:drew@audicus.com">drew@audicus.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>Director of Business Development</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>Building the operational structure of the Audiology services that will be provided.</td>
</tr>
</tbody>
</table>
November 18, 2019

Sujaya Swaroop, Director of Correctional Care
BioReference Laboratories, Inc.
481 Edward H. Ross Drive
Elmwood Park, NJ 07407

Re: Letter of Intent for Clinical Laboratory Services

Dear Sujaya,

This Letter of Intent (“Letter”) shall set forth certain understandings between BioReference Laboratories, Inc. (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to LRossics@Centene.com.

Sincerely,

Lisa Rossics
Director, Network Development
Centurion, LLC
314-445-0378
LRossics@Centene.com

By: Cindy Jacke                  Printed Name: Cindy Jacke
Title: Senior Vice President of Sales                      Date: 11/19/2019
## Proposed Subcontractor Information

<table>
<thead>
<tr>
<th><strong>Legal Name of Organization</strong></th>
<th>Bio-Reference Laboratories, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DBA (if applicable)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>481 Edward H. Ross Drive</td>
</tr>
<tr>
<td><strong>City, State, Zip</strong></td>
<td>Elmwood Park, NJ 07407</td>
</tr>
<tr>
<td><strong>Form of Organization (i.e. LLC, PA, Inc.)</strong></td>
<td>Inc.</td>
</tr>
<tr>
<td><strong>State in which Organization is formed</strong></td>
<td>New Jersey</td>
</tr>
<tr>
<td><strong>Primary Contact Name &amp; Title</strong></td>
<td>Sujaya Swaroop, Director of Correctional Care</td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
<td>201-218-6530</td>
</tr>
<tr>
<td><strong>E-mail Address</strong></td>
<td><a href="mailto:sswaroop@bioreference.com">sswaroop@bioreference.com</a></td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
<td>CLIA</td>
</tr>
<tr>
<td></td>
<td>CAP</td>
</tr>
<tr>
<td><strong>Responsibilities Under this Proposed Contract</strong></td>
<td>Clinical Laboratory Testing</td>
</tr>
</tbody>
</table>
November 12, 2019

Jason Combs, President
CharDonnay Dialysis, Inc.
807 W. Fairchild
Danville, IL  61832

Re: Letter of Intent for Dialysis Services

Dear Joe,

This Letter of Intent (“Letter”) shall set forth certain understandings between CharDonnay Dialysis, Inc. (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to LRossics@Centene.com.

Sincerely,

Lisa Rossics
Director, Network Development
Centurion, LLC
314-445-0378
LRossics@Centene.com

By: Jason Combs
Title: President
Printed Name: Jason Combs
Date: 11/12/2019
**Proposed Subcontractor Information**

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>CharDonnay Dialysis, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>807 West Fairchild St.</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Danville, IL 61832</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>S-Corp</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Nevada</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Christian Catron, VP of Business Development</td>
</tr>
<tr>
<td>Phone Number</td>
<td>512-497-2993</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:Christian.Catron@cdihealth.com">Christian.Catron@cdihealth.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>CharDonnay operates 49 facilities in 20 states, employing 25 nephrology-training physicians, 140 licensed Registered Nurses, 105 Certified Dialysis Technicians, and 18 Biomedical Technicians.</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>Dialysis Services</td>
</tr>
</tbody>
</table>
November 15, 2019

Christi Throneberry  
Clinical Solutions, LLC  
416 Mary Lindsay Polk Drive, Suite 515  
Franklin, TN 37067

Re: Letter of Intent for Pharmacy Services

Dear Christi Throneberry,

This Letter of Intent (“Letter”) shall set forth certain understandings between Clinical Solutions, LLC (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to gpuffenberger@TeamCenturion.com

Sincerely,

Gregg Puffenberger  
Vice President Pharmacy Management  
Centurion LLC  
540-539-6079  
gpuffenberger@TeamCenturion.com

By: __________________________ Printed Name: Christi Throneberry
Title: CEO and Owner Date: 11/15/19
### Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>Clinical Solutions, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>416 Mary Lindsay Polk Drive, Suite 515</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Franklin, TN 37067</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>LLC</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>TN</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Christi Throneberry, CEO and Owner</td>
</tr>
<tr>
<td>Phone Number</td>
<td>615-403-4422</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:Christi@Clinicalsolutionspharmacy.com">Christi@Clinicalsolutionspharmacy.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>Clinical Solutions Pharmacy was established in 2004 and provides mail order pharmacy services and consulting services for over 300 correctional facilities in 16 states. In addition, Clinical Solutions provides on-site staffing and management/consulting services for state DOCs and county jails who operate their own in-house pharmacies.</td>
</tr>
</tbody>
</table>
| Responsibilities Under this Proposed Contract | Provider will:  
1. Receive prescriptions  
2. Fill and deliver prescriptions  
3. Track shipments  
4. Label and package prescriptions as required by law.  
5. Provide drug utilization review  
6. Assist in development of policies and procedures.  
7. Participate in Pharmacy and Therapeutics Committee meetings.  
8. Provide monthly pharmacy statistical reports.  
9. Provide emergency medication through a network of local pharmacies.  
10. Provide intravenous solutions and related administration sets.  
11. Dispense all medication generically unless there is no generic substitute.  
12. Perform a monthly review of non-formulary medications with written recommendations to staff physicians regarding formulary alternatives. |
November 14, 2019

Mr. Lee Keddie  
President and CEO  
CompuMed, Inc.  
5777 West Century Boulevard, #360  
Los Angeles, CA 90045

Re: Letter of Intent for EKG Equipment and Services

Dear Mr. Keddie,

This Letter of Intent (“Letter”) shall set forth certain understandings between CompuMed, Inc. (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a supply agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to CAbernathy@Centene.com.

Sincerely,

Crystal Abernathy  
Manager, Purchasing  
Centurion, LLC  
314-445-0347  
CAbernathy@Centene.com

By:__________________________  
Printed Name: Laura Carroll

Title: CFO  
Date: CFO
## Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>CompuMed, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>5777 West Century Boulevard, #360</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Los Angeles, CA 90045</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>Inc.</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Delaware</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Eric Larsen</td>
</tr>
<tr>
<td>Phone Number</td>
<td>310-463-3844</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:elarsen@compumedinc.com">elarsen@compumedinc.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>See attached</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>EKG services</td>
</tr>
</tbody>
</table>
November 19, 2019

Ed Moore, CEO
Diagnostic Imaging Centers, P.A.
6650 W. 110th St., Ste 200
Overland Park, KS 66211

Re: Letter of Intent for Mobile Mammography Services

Dear Mr. Moore,

This Letter of Intent (“Letter”) shall set forth certain understandings between Diagnostic Imaging Centers, P.A. (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to L.Rossics@Centene.com.

Sincerely,

Lisa Rossies
Director, Network Development
Centurion, LLC
314-445-0378
L.Rossics@Centene.com

By: [Signature]  
Title: CEO
Printed Name: Ed Moore
Date: 11/22/19

7700 Forsyth Blvd, Clayton, MO 63105
### Proposed Subcontractor Information

<table>
<thead>
<tr>
<th><strong>Legal Name of Organization</strong></th>
<th><strong>Diagnostic Imaging Centers, PA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DBA (if applicable)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>6850 W. 110th St.</td>
</tr>
<tr>
<td><strong>City, State, Zip</strong></td>
<td>Overland Park, KS 66211</td>
</tr>
<tr>
<td><strong>Form of Organization (i.e. LLC, PA, Inc.)</strong></td>
<td><strong>PA</strong></td>
</tr>
<tr>
<td><strong>State in which Organization is formed</strong></td>
<td><strong>Kansas</strong></td>
</tr>
<tr>
<td><strong>Primary Contact Name &amp; Title</strong></td>
<td><strong>Abbie Sanderson - Public Relations</strong></td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
<td>913-222-9769</td>
</tr>
<tr>
<td><strong>E-mail Address</strong></td>
<td><a href="mailto:asanderson@dic-ks.com">asanderson@dic-ks.com</a></td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Responsibilities Under this Proposed Contract</strong></td>
<td><strong>Organizes mobile mammography visits to Topeka correctional</strong></td>
</tr>
</tbody>
</table>
October 28, 2019

Jimmie Hansel, CEO
Edwards County Hospital & Healthcare Center
West Eighth Street
Kingsley, KS 67547

Re: Letter of Intent for Hospital Services

Dear Jimmie,

This Letter of Intent ("Letter") shall set forth certain understandings between Edwards County Hospital & Healthcare Center ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider's facilities and affiliated professional providers' names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to carsmith@centurionmanagedcare.com.

Sincerely,

[Signature]

Cary Smith
Director, Network Development
Centurion, LLC
407-388-4882
carysmith@centurionmanagedcare.com

By: [Signature] Printed Name: Jimmie Hansel
Title: CEO Date: Dec 9, 2019
### Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Edwards County Hospital</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>DBA (if applicable)</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>Edwards County Medical Center</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
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</tr>
</thead>
<tbody>
<tr>
<td>620 West 8th Street</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kingman, Kansas, 67547</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Form of Organization (i.e. LLC, PA, Inc.)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CAH</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State in which Organization is formed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kansas</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Contact Name &amp; Title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jimmie Hansel, CEO</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>620-659-3621</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>E-mail Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:jhansel@edcomed.com">jhansel@edcomed.com</a></td>
<td></td>
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<table>
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<tr>
<th>Qualifications</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibilities Under this Proposed Contract</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide requested medical services.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have telemedicine capabilities in the following specialties?:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes: 50% . We have the capability. Looking for providers in same areas</td>
<td></td>
</tr>
</tbody>
</table>

| ☑ Cardiology |  |
| ☑ Dermatology |  |
| ☑ Endocrinology |  |
| ☑ General surgery consults |  |
| ☑ Hematology |  |
| ☑ Immunology |  |
| ☑ Infectious disease |  |
| ☑ Neurology |  |
| ☑ Orthopedics |  |
| ☑ Pulmonology |  |
| ☑ Rheumatology |  |
| ☑ Wound care |  |
October 28, 2019

Andrew P. Bair, CEO
Ellsworth County Medical Center
1604 Aylward Avenue
Ellsworth, KS 67439

Re: Letter of Intent for Hospital Services

Dear Andrew Bair,

This Letter of Intent ("Letter") shall set forth certain understandings between Ellsworth County Medical Center ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to carysmith@centurionmanagedcare.com.

Sincerely,

[Signature]

Cary Smith
Director, Network Development
Centurion, LLC
407-388-4882
carysmith@centurionmanagedcare.com

By: [Signature]  Printed Name: [Signature]
# Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>Ellsworth County Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td>N/A</td>
</tr>
<tr>
<td>Address</td>
<td>1604 Aylward Ave.</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Ellsworth, KS 67439</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>We are a county-owned governmental hospital.</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Kansas</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>CEO, Andrew Bair Executive Assistant, Kayla Timms (x 314)</td>
</tr>
<tr>
<td>Phone Number/ Website</td>
<td>785-472-3111 <a href="http://www.ewmed.com">www.ewmed.com</a></td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:ktimms@ewmed.com">ktimms@ewmed.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>ECMC became a county owned hospital in 1993. The building ECMC holds medical services now, was constructed in 1998-1999. Our 19 bed Critical Access state status has been in effect since 1999/2000 and we continue to be the most technologically advanced hospital in the area. We also serve our community with 4 Rural Health Clinics.</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>Provisions of care to referred patients in an inpatient/ outpatient setting.</td>
</tr>
</tbody>
</table>

Do you have telemedicine capabilities in the following specialties?:

- We also have telemed capability for **Psychology**.

- Cardiology
- Dermatology
- Endocrinology
- General surgery
- Hematology
- Immunology
- Infectious disease
- Neurology
- Orthopedics
- Pulmonology
- Rheumatology
- Wound care
January 3, 2020

Andrew P. Blair, CEO
Ellsworth County Medical Center
1604 Aylward Avenue
Ellsworth, KS 67439

Re: Letter of Intent for Hospital Services

Dear Andrew,

This Letter of Intent (“Letter”) shall set forth certain understandings between Ellsworth County Medical Center (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

The parties shall work together in good faith to utilize the Provider’s 340B capability to implement and provide 340B services to Centurion and the state’s inmate population.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to carysmith@centurionmanagedcare.com.

Sincerely,

Cary Smith
Director, Network Development
Centurion, LLC
407-388-4882
carysmith@centurionmanagedcare.com

By: [Signature]
Title: CEO
Date: 1/1/2020
October 28, 2019

Ken Johnson, CEO
Hutchinson Regional Medical Center
1701 East 23rd Avenue
Hutchinson, KS 67502

Re: Letter of Intent for Hospital Services

Dear Ken,

This Letter of Intent ("Letter") shall set forth certain understandings between Hutchinson Regional Medical Center ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to carysmith@centurionmanagedcare.com.

Sincerely,

[Signature]

Cary Smith
Director, Network Development
Centurion, LLC
407-388-4882
carysmith@centurionmanagedcare.com

By: [Signature]  Printed Name: Duane Miller
Title: CFO               Date: 12-6-19
### Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>Hutchinson Regional Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>1701 E 23rd Ave</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Hutchinson KS 67502</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>Inc.</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Kansas</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Duane Miller, CFO</td>
</tr>
<tr>
<td>Phone Number</td>
<td>620-513-4556</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:millerd@hutchregional.com">millerd@hutchregional.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>Acute Care Facility Level III Trauma Center</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td></td>
</tr>
</tbody>
</table>

**Do you have telemedicine capabilities in the following specialties?:**

- [ ] Cardiology
- [ ] Dermatology
- [ ] Endocrinology
- [ ] General surgery
- [ ] Hematology
- [ ] Immunology
- [ ] Infectious disease
- [ ] Neurology
- [ ] Orthopedics
- [ ] Pulmonology
- [ ] Rheumatology
- [ ] Wound care
November 12, 2019

Jeffrey Lose, O.D.
Institutional Eye Care
27499 Riverview Center Blvd, Ste 429
Bonita Springs, FL 34134

Re: Letter of Intent for Optometry, Eyeglass and Ocular Health Management Services

Dear Dr. Lose,

This Letter of Intent ("Letter") shall set forth certain understandings between Institutional Eye Care ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to LRossics@Centene.com.

Sincerely,

[Signature]

Lisa Rossics
Director, Network Development
Centurion, LLC
314-445-0378
LRossics@Centene.com

By: [Signature] Printed Name: Jeffrey R Lose OD

Title: President and Member Institutional Eye Care LLC Date: November 12, 2019
### Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Proposed Subcontractor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Name of Organization</strong></td>
</tr>
<tr>
<td><strong>DBA (if applicable)</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip</strong></td>
</tr>
<tr>
<td><strong>Form of Organization (i.e. LLC, PA, Inc.)</strong></td>
</tr>
<tr>
<td><strong>State in which Organization is formed</strong></td>
</tr>
<tr>
<td><strong>Primary Contact Name &amp; Title</strong></td>
</tr>
<tr>
<td><strong>Phone Number</strong></td>
</tr>
<tr>
<td><strong>E-mail Address</strong></td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
</tr>
</tbody>
</table>
| **Responsibilities Under this Proposed Contract** | On-site Optometry Services  
  On-site Ocular Health Management  
  Rx Eyeglasses |
October 28, 2019

Steven Granzow, CEO
Lincoln County Hospital
624 North Second Street
Lincoln, KS 67455

Re: Letter of Intent for Hospital Services

Dear Steven,

This Letter of Intent ("Letter") shall set forth certain understandings between Lincoln County Hospital ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider's facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for the benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to carysmith@centurionmanagedcare.com.

Sincerely,

Cary Smith
Director, Network Development
Centurion, LLC
407-388-4882
carysmith@centurionmanagedcare.com

By: ___________________________ Printed Name: ___________________________
## Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>LINCOLN COUNTY HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>624 N. SECOND ST PO BOX 406</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>LINCOLN, KS 67455</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>COUNTY HOSPITAL</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>KANSAS</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>CEO</td>
</tr>
<tr>
<td>Phone Number</td>
<td>785-524-4403 ext 211</td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Qualifications</td>
<td>CRITICAL ACCESS HOSPITAL</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>GENERAL PRIMARY CARE, EMERGENCY CARE, STABILIZATION, TRANSFER</td>
</tr>
</tbody>
</table>
| Do you have telemedicine capabilities in the following specialties?: | ☐ Cardiology  
☐ Dermatology  
☐ Endocrinology  
☐ General surgery  
☐ Hematology  
☐ Immunology  
☐ Infectious disease  
☐ Neurology  
☐ Orthopedics  
☐ Pulmonology  
☐ Rheumatology  
☐ Wound care |
| ER. AVERA EMERGENCY |                         |
December 20, 2019

Ralf Salke
Rx Outreach
3717 Riverport Tech Center Drive
Maryland Heights, MO 63043

Re: Letter of Intent for the provision of medications for offenders from day 31-90 post release from the Kansas Department of Corrections

Dear Ralf,

This Letter of Intent ("Letter") shall set forth certain understandings between Rx Outreach ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to LRossies@Centene.com.

Sincerely,

Lisa Rossies
Director, Network Development
Centurion, LLC
314-445-0378
LRossies@Centene.com
### Proposed Subcontractor Information

<table>
<thead>
<tr>
<th><strong>Legal Name of Organization</strong></th>
<th>Rx Outreach, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DBA (if applicable)</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td>3171 Riverport Tech Center Drive</td>
</tr>
<tr>
<td><strong>City, State, Zip</strong></td>
<td>Maryland Heights, MO 63043</td>
</tr>
<tr>
<td><strong>Form of Organization (i.e. LLC, PA, Inc.)</strong></td>
<td>Nonprofit Corporation</td>
</tr>
<tr>
<td><strong>State in which Organization is formed</strong></td>
<td>Missouri</td>
</tr>
</tbody>
</table>
| **Primary Contact Name & Title** | Roy Jefferson, Healthy Reentry Coordinator  
Ralf Salke, Consultant for Healthy Reentry |
| **Phone Number**              | Roy Jefferson: 314.627.6178  
Ralf Salke: 573.821.4609 |
| **E-mail Address**            | Roy.Jefferson@rxoutreach.org  
Rsalke@aol.com |
| **Qualifications**            | Offender post-release pharmacy and medication services. RXO is a fully licensed, mail-order pharmacy licensed and located in the State of Missouri, fully automated and able to mail medications to its clients with verifiable addresses. |
| **Responsibilities Under this Proposed Contract** | RXO will provide medications (excluding controlled substances) to offenders being discharged from the KS Dept of Corrections for an additional 60 days over the required 30 days. RXO will ship medications to individual’s homes in separate 30 day supplies in child proof/resistant containers thus bridging the gap in medications and time to obtain an appointment for a new prescription |
November 14, 2019

Mr. John Campbell  
Vice President, Government Sales  
McKesson Medical-Surgical Supply Inc,  
12755 Highway 55 #R200  
Plymouth, MN 55441

Re: Letter of Intent for Medical Supplies and Equipment

Dear Mr. Campbell,

This Letter of Intent (“Letter”) shall set forth certain understandings between McKesson Medical-Surgical Minnesota Supply, Inc. (“Supplier”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a supply agreement or letter of agreement (“Supply Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Supply Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Supply Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Supply Agreement.

2. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Supply Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to CAbernathy@Centene.com.

Sincerely,

Crystal Abernathy  
Manager, Purchasing  
Centurion, LLC  
314-445-0347  
CAbernathy@Centene.com

By: ___________________________________  
Printed Name:__________________________  
Title: Vice President, Government Sales  
Date:_________________________________
Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>McKesson Medical-Surgical Minnesota Supply, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>12755 Highway 55, R200</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Plymouth, MN 55441</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>Inc.</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Minnesota</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Tony Nudo, Government Field Director</td>
</tr>
<tr>
<td>Phone Number</td>
<td>630-945-7018</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:Tony.Nudo@McKesson.com">Tony.Nudo@McKesson.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>McKesson Medical Surgical Minnesota Supply, Inc. is a subsidiary of McKesson Corporation (“McKesson”) and a leading distributor of medical surgical supplies with 47 distribution centers throughout the United States. McKesson was founded in 1833 and is a publicly traded, Fortune 5 corporation with more than 150 years of experience.</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>Provide medical supplies and equipment.</td>
</tr>
</tbody>
</table>
December 11, 2019

Dan Heneghan, CEO  
MyWoundDoctor, LLC  
204 23rd Avenue North, Ste 200  
Nashville, TN  37203

Re: Letter of Intent for Wound Care Services

Dear Dan,

This Letter of Intent (“Letter”) shall set forth certain understandings between MyWoundDoctor, LLC (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to L.Rossics@Centene.com.

Sincerely,

Lisa Rossics  
Director, Network Development  
Centurion, LLC  
314-445-0378  
L.Rossics@Centene.com

By: Printed Name: Daniel Heneghan

Title: Chief Executive Officer Date: December 12, 2019
### Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>MyWoundDoctor, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td>MyWoundDoctor</td>
</tr>
<tr>
<td>Address</td>
<td>204 23rd Avenue North, Suite 200 Nashville, TN 37203</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>LLC</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Delaware</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Daniel F. Heneghan, CEO</td>
</tr>
<tr>
<td>Phone Number</td>
<td>410-458-0271 or 516-537-5777, ext. 1</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:dheneghan@mywounddoctor.com">dheneghan@mywounddoctor.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>Certified Wound Specialist Physicians (1) Certified Wound Ostomy Nurses (2)</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>Support Centurion clinicians on site at correctional facilities with telehealth-enabled clinical review of patient wounds, propose wound care protocols and wound care supply formularies to help heal the patient wound, thereby providing patients access to evidence-based care without requiring offsite transports.</td>
</tr>
</tbody>
</table>
November 12, 2019

Patrick Roberts, CEO
On Site Endo, LLC
10503 Maumelle Blvd Ste 4B
North Little Rock, AR 72113

Re: Letter of Intent for On-site Endoscopy Services

Dear Patrick,

This Letter of Intent (“Letter”) shall set forth certain understandings between On Site Endo, LLC (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to L.Rossics@Centene.com.

Sincerely,

Lisa Rossics
Director, Network Development
Centurion, LLC
314-445-0378
L.Rossics@Centene.com

By: Patrick Roberts
Title: CEO
Date: 11/13/19

Printed Name: Patrick Roberts
# Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>On Site Endo, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>10503 Maumelle Blvd Ste 4B</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>North Little Rock, AR 72113</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>LLC</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>CO</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Patrick Roberts, CEO</td>
</tr>
<tr>
<td>Phone Number</td>
<td>303-656-9758</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:patrick@onsiteendo.com">patrick@onsiteendo.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>Seven years providing on-site GI endoscopy procedures at various correctional facilities across the country including KS since 2014.</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>Equipment, staff and supplies for the successful completion of on-site mobile GI endoscopy procedures within correctional facilities (IE: colonoscopy and EGD).</td>
</tr>
</tbody>
</table>
November 11, 2019

Mr. Richard Heysquierdo
Patterson Dental Supply, Inc.
1031 Mendota Heights Road
St. Paul, MN 55120

Re: Letter of Intent for Dental Supplies and Equipment

Dear Mr. Heysquierdo,

This Letter of Intent ("Letter") shall set forth certain understandings between Patterson Dental Supply, Inc. ("Supplier") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a supply agreement or letter of agreement ("Supply Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Supply Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Supply Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Service Agreement.

2. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Supply Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to CAbernathy@Centene.com.

Sincerely,

Crystal Abernathy
Manager, Purchasing
Centurion, LLC
314-445-0347
CAbernathy@Centene.com

By: [Signature] Printed Name: Rick Heysquierdo
Title: [Title] Date: 11-11-2019

Proposed Subcontractor Information
<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>Patterson Dental Supply, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>103 Mendota Heights Road</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>St. Paul, MN 55120</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>Inc.</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td></td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Rick Heysquierdo, Regional Manager, Strategic Accounts, South Central Region</td>
</tr>
<tr>
<td>Phone Number</td>
<td>713-882-8047</td>
</tr>
<tr>
<td>E-mail Address</td>
<td>Rick. <a href="mailto:Heysquierdo@PattersonDental.com">Heysquierdo@PattersonDental.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>Patterson has been serving dental professionals since the company’s founding in 1877. Since then, Patterson has grown to meet the needs of private practices and large group dental networks through more than 70 branch offices in the United States and Canada. As one of North America’s largest providers of dental products and solutions, Patterson Dental offers more than 100,000 products and a wide range of innovative equipment, software, technology solutions and services. Patterson currently provides dental supplies and equipment to Centurion for all Florida business.</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>Provision of dental supplies and equipment</td>
</tr>
</tbody>
</table>
November 13, 2019

Mr. Jon Brookings  
Propét USA, Inc.  
2415 West Valley Highway North  
Auburn, WA  98001

Re: Letter of Intent for Diabetic Footwear

Dear Mr. Brookings,

This Letter of Intent (“Letter”) shall set forth certain understandings between Propet, Inc. (“Supplier”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a supply agreement or letter of agreement (“Supply Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Supply Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Supply Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Supply Agreement.

2. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Supply Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to CAbernathy@Centene.com.

Sincerely,

Crystal Abernathy  
Manager, Purchasing  
Centurion, LLC  
314-445-0347  
CAbernathy@Centene.com

By: ___________________________  
Printed Name: _________________  
Date: _________________

Attachment C: Supplier Letters of Intent
## Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>Propet USA, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td>N/A</td>
</tr>
<tr>
<td>Address</td>
<td>2415 West Valley Highway North</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Auburn, WA  98001</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>Inc.</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Washington</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Denise Day</td>
</tr>
<tr>
<td>Phone Number</td>
<td>603-669-0972</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:shubabee@aol.com">shubabee@aol.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>For 30 years Propet has offered perfect fit in comfort footwear. Currently providing footwear to Centurion for contracts in FL, MN, MS, NM, Pima County, AZ, TN and VT.</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td>Provide required diabetic and orthotic footwear.</td>
</tr>
</tbody>
</table>
November 12, 2019

Surgical Specialists, P.A.
Dr. Jerry Gason
4013 N. Ridge Rd, Ste 210
Wichita, KS 67205

Re: Letter of Intent for On-site General Surgery & Endoscopy Services

Dear Dr. Gaston,

This Letter of Intent (“Letter”) shall set forth certain understandings between Surgical Specialists, P.A. (“Provider”) and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities (“Centurion”) with respect to the execution of a participating provider agreement or letter of agreement (“Provider Agreement”) for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections (“RFP”).

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to LRossics@Centene.com.

Sincerely,

Lisa Rossics
Director, Network Development
Centurion, LLC
314-445-0378
LRossics@Centene.com

By: [Signature]  D.O.
Title: President Surgical
Specialties
Printed Name: Jerry Gaston
Date: 11-20-19
### Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>Surgical Specialists PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>4013 N Ridge Rd #210</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Wichita, KS 67205</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>S corp</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Kansas</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Treva Whiteside (Admin)</td>
</tr>
<tr>
<td>Phone Number</td>
<td>316-945-7309</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:Whiteside@sspaonline.com">Whiteside@sspaonline.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td>General Surgery Endoscopy</td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td></td>
</tr>
</tbody>
</table>
October 28, 2019

Samuel Moore, CFO
University of Kansas Health System Saint Francis Campus
1700 SW 7th Street
Topeka, KS 66606

Re: Letter of Intent for Hospital Services

Dear Samuel,

This Letter of Intent ("Letter") shall set forth certain understandings between University of Kansas Health System Saint Francis Campus ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to carysmith@centurionmanagedcare.com.

Sincerely,

Cary Smith
Director, Network Development
Centurion, LLC
407-388-4882
carysmith@centurionmanagedcare.com

Printed Name: Samuel Moore

By: ___________________________
## Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>Topeka Hospital, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td>The University of Kansas Health System St. Francis Campus</td>
</tr>
<tr>
<td>Address</td>
<td>1700 SW 7th Street</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Topeka, KS 66606</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>LLC</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Delaware</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Samuel Moore, CFO</td>
</tr>
<tr>
<td>Phone Number</td>
<td>785-270-7636</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:Samuel.moore@ku.topeka.com">Samuel.moore@ku.topeka.com</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td></td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td></td>
</tr>
</tbody>
</table>

### Do you have telemedicine capabilities in the following specialties?:

- [ ] Cardiology
- [ ] Dermatology
- [ ] Endocrinology
- [ ] General surgery
- [ ] Hematology
- [ ] Immunology
- [ ] Infectious disease
- [ ] Neurology
- [ ] Orthopedics
- [ ] Pulmonology
- [ ] Rheumatology
- [ ] Wound care
October 28, 2019

William Voloch, CEO
Wesley Medical Center
5500 North Hillside
Wichita, KS 67214

Re: Letter of Intent for Hospital Services

Dear William,

This Letter of Intent ("Letter") shall set forth certain understandings between Wesley Medical Center ("Provider") and Centurion of Kansas, LLC, its subsidiaries, partnerships, joint ventures, parent corporations and related entities ("Centurion") with respect to the execution of a participating provider agreement or letter of agreement ("Provider Agreement") for the provision of services in conjunction with Request for Proposal RFX0001420 for Comprehensive Health Care Services for the Kansas Department of Corrections ("RFP").

1. The parties shall negotiate in good faith and make their best efforts to arrive at a Provider Agreement. Any binding agreement between parties shall arise only as a result of the execution and delivery by the parties of a definitive Provider Agreement. Neither party hereto shall bring any claim against the other party based upon this Letter or as a result of any failure by the parties to agree on or enter into the Provider Agreement.

2. If applicable, Provider consents to the listing of Provider’s facilities and affiliated professional providers’ names in the RFP response; provided that any reference to such names shall be accompanied by a notation that such reference is based on a Letter of Intent.

3. This letter shall be construed and interpreted in accordance with the laws of the state of Kansas.

This Letter is solely for benefit of the parties hereto and shall not be construed to give rise to or create any liability or obligation to, or to afford any claim or cause of action to, any other person or entity. This Letter will be superseded in its entirety by the provisions of the Provider Agreement upon the execution and delivery thereof.

We look forward to the opportunity to partner with you. Please complete the information on page 2, sign, scan, and e-mail this document to carysmith@centurionmanagedcare.com.

Sincerely,

Cary Smith
Director, Network Development
Centurion, LLC
407-388-4882
carysmith@centurionmanagedcare.com

By: ___________________________ Printed Name: William Voloch

Title: CEO Date: 12/23/19
## Proposed Subcontractor Information

<table>
<thead>
<tr>
<th>Legal Name of Organization</th>
<th>Wesley Medical Center, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA (if applicable)</td>
<td>Wesley Medical Center</td>
</tr>
<tr>
<td>Address</td>
<td>550 N. Hillside</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Wichita, KS 67214</td>
</tr>
<tr>
<td>Form of Organization (i.e. LLC, PA, Inc.)</td>
<td>LLC</td>
</tr>
<tr>
<td>State in which Organization is formed</td>
<td>Kansas</td>
</tr>
<tr>
<td>Primary Contact Name &amp; Title</td>
<td>Misty Dockers, Contract Administrator</td>
</tr>
<tr>
<td>Phone Number</td>
<td>316.962.2031</td>
</tr>
<tr>
<td>E-mail Address</td>
<td><a href="mailto:Misty.DockERS@WESLEYMC.COM">Misty.DockERS@WESLEYMC.COM</a></td>
</tr>
<tr>
<td>Qualifications</td>
<td></td>
</tr>
<tr>
<td>Responsibilities Under this Proposed Contract</td>
<td></td>
</tr>
</tbody>
</table>

### Do you have telemedicine capabilities in the following specialties?:

- ☑ Cardiology
- ☑ General surgery
- ☑ Neurology
- ☑ Orthopedics
- ☑ Pulmonology
- ☑ Wound care
- ☐ Dermatology
- ☐ Endocrinology
- ☐ Hematology
- ☐ Immunology
- ☐ Infectious disease
- ☐ Rheumatology

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Attachment C - Supplier Letters of Intent
## PART I
### FINANCIAL INFORMATION

### ITEM 1. Financial Statements.

**CENTENE CORPORATION AND SUBSIDIARIES**

**CONSOLIDATED BALANCE SHEETS**

(In millions, except shares in thousands and per share data in dollars)

<table>
<thead>
<tr>
<th></th>
<th>September 30, 2019</th>
<th>December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td>(Unaudited)</td>
<td></td>
</tr>
<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 6,215</td>
<td>$ 5,342</td>
</tr>
<tr>
<td>Premium and trade receivables</td>
<td>5,606</td>
<td>5,150</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>804</td>
<td>722</td>
</tr>
<tr>
<td>Other current assets</td>
<td>832</td>
<td>784</td>
</tr>
<tr>
<td>Total current assets</td>
<td>13,457</td>
<td>11,998</td>
</tr>
<tr>
<td><strong>Long-term investments</strong></td>
<td>7,815</td>
<td>6,863</td>
</tr>
<tr>
<td><strong>Restricted deposits</strong></td>
<td>655</td>
<td>555</td>
</tr>
<tr>
<td>Property, software and equipment, net</td>
<td>1,993</td>
<td>1,706</td>
</tr>
<tr>
<td>Goodwill</td>
<td>6,872</td>
<td>7,015</td>
</tr>
<tr>
<td>Intangible assets, net</td>
<td>2,086</td>
<td>2,239</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>1,274</td>
<td>527</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$ 34,252</td>
<td>$ 30,901</td>
</tr>
</tbody>
</table>

| **LIABILITIES, REDEEMABLE NONCONTROLLING INTERESTS AND STOCKHOLDERS’ EQUITY** | |
| **Current liabilities:** | | |
| Medical claims liability | $ 7,975 | $ 6,831 |
| Accounts payable and accrued expenses | 4,010 | 4,051 |
| Return of premium payable | 848 | 666 |
| Unearned revenue | 381 | 385 |
| **Total current liabilities** | 13,280 | 11,971 |
| **Long-term debt** | 6,975 | 6,648 |
| **Other long-term liabilities** | 1,561 | 1,259 |
| **Total liabilities** | 21,816 | 19,878 |
| **Commitments and contingencies** | | |
| **Redeemable noncontrolling interests** | 31 | 10 |
| **Stockholders’ equity:** | | |
| Preferred stock, $0.001 par value; authorized 10,000 shares; no shares issued or outstanding at September 30, 2019 and December 31, 2018 | — | — |
| Common stock, $0.001 par value; authorized 800,000 shares; 419,667 issued and 413,793 outstanding at September 30, 2019, and 417,695 issued and 412,478 outstanding at December 31, 2018 | — | — |
| Additional paid-in capital | 7,571 | 7,449 |
| Accumulated other comprehensive earnings (loss) | 145 | (56) |
| Retained earnings | 4,775 | 3,663 |
| Treasury stock, at cost (5,874 and 5,217 shares, respectively) | (180) | (139) |
| **Total Centene stockholders’ equity** | 12,311 | 10,917 |
| **Nonredeemable Noncontrolling interest** | 94 | 96 |
| **Total stockholders’ equity** | 12,405 | 11,013 |
| **Total liabilities, redeemable noncontrolling interests and stockholders’ equity** | $ 34,252 | $ 30,901 |

The accompanying notes to the consolidated financial statements are an integral part of these statements.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premium</td>
<td>$17,472</td>
<td>$14,623</td>
<td>$50,229</td>
<td>$38,639</td>
</tr>
<tr>
<td>Service</td>
<td>745</td>
<td>732</td>
<td>2,123</td>
<td>2,147</td>
</tr>
<tr>
<td>Premium and service revenues</td>
<td>18,215</td>
<td>15,355</td>
<td>52,352</td>
<td>40,786</td>
</tr>
<tr>
<td>Premium tax and health insurer fee</td>
<td>761</td>
<td>827</td>
<td>3,424</td>
<td>2,771</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>18,976</td>
<td>16,182</td>
<td>55,776</td>
<td>43,557</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical costs</td>
<td>15,406</td>
<td>12,626</td>
<td>43,642</td>
<td>33,045</td>
</tr>
<tr>
<td>Cost of services</td>
<td>619</td>
<td>622</td>
<td>1,778</td>
<td>1,823</td>
</tr>
<tr>
<td>Selling, general and administrative expenses</td>
<td>1,617</td>
<td>1,934</td>
<td>4,800</td>
<td>4,487</td>
</tr>
<tr>
<td>Amortization of acquired intangible assets</td>
<td>65</td>
<td>65</td>
<td>194</td>
<td>149</td>
</tr>
<tr>
<td>Premium tax expense</td>
<td>822</td>
<td>716</td>
<td>3,587</td>
<td>2,451</td>
</tr>
<tr>
<td>Health insurer fee expense</td>
<td>—</td>
<td>178</td>
<td>—</td>
<td>532</td>
</tr>
<tr>
<td>Goodwill and intangible impairment</td>
<td>271</td>
<td>271</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>18,800</td>
<td>16,141</td>
<td>54,272</td>
<td>42,487</td>
</tr>
<tr>
<td><strong>Earnings from operations</strong></td>
<td>176</td>
<td>41</td>
<td>1,504</td>
<td>1,070</td>
</tr>
<tr>
<td><strong>Other income (expense):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment and other income</td>
<td>98</td>
<td>80</td>
<td>317</td>
<td>186</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(99)</td>
<td>(97)</td>
<td>(299)</td>
<td>(245)</td>
</tr>
<tr>
<td>Earnings from operations, before income tax expense</td>
<td>175</td>
<td>24</td>
<td>1,522</td>
<td>1,011</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>79</td>
<td>8</td>
<td>415</td>
<td>358</td>
</tr>
<tr>
<td>Net earnings</td>
<td>96</td>
<td>16</td>
<td>1,107</td>
<td>653</td>
</tr>
<tr>
<td>(Earnings) loss attributable to noncontrolling interests</td>
<td>(1)</td>
<td>3</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td><strong>Net earnings attributable to Centene Corporation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$95</td>
<td>$19</td>
<td>$1,112</td>
<td>$659</td>
</tr>
<tr>
<td><strong>Net earnings per common share attributable to Centene Corporation:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic earnings per common share</td>
<td>$0.23</td>
<td>$0.05</td>
<td>$2.69</td>
<td>$1.72</td>
</tr>
<tr>
<td>Diluted earnings per common share</td>
<td>$0.23</td>
<td>$0.05</td>
<td>$2.65</td>
<td>$1.68</td>
</tr>
<tr>
<td><strong>Weighted average number of common shares outstanding:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic</td>
<td>413,616</td>
<td>410,591</td>
<td>413,302</td>
<td>383,257</td>
</tr>
<tr>
<td>Diluted</td>
<td>419,956</td>
<td>419,043</td>
<td>419,700</td>
<td>391,266</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of these statements.
### CENTENE CORPORATION AND SUBSIDIARIES
### CONSOLIDATED STATEMENTS OF COMPREHENSIVE EARNINGS

(In millions)

<table>
<thead>
<tr>
<th></th>
<th>Three Months Ended September 30,</th>
<th>Nine Months Ended September 30,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2019</td>
<td>2018</td>
</tr>
<tr>
<td>Net earnings</td>
<td>$ 96</td>
<td>$ 16</td>
</tr>
<tr>
<td>Reclassification adjustment, net of tax</td>
<td>(1)</td>
<td>1</td>
</tr>
<tr>
<td>Change in unrealized gain (loss) on investments, net of tax</td>
<td>34</td>
<td>(12)</td>
</tr>
<tr>
<td>Foreign currency translation adjustments</td>
<td>(7)</td>
<td>(1)</td>
</tr>
<tr>
<td>Other comprehensive earnings (loss)</td>
<td>26</td>
<td>(12)</td>
</tr>
<tr>
<td>Comprehensive earnings</td>
<td>122</td>
<td>4</td>
</tr>
<tr>
<td>Comprehensive (earnings) loss attributable to noncontrolling interests</td>
<td>(1)</td>
<td>3</td>
</tr>
<tr>
<td>Comprehensive earnings attributable to Centene Corporation</td>
<td>$ 121</td>
<td>$ 7</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of these statements.
<table>
<thead>
<tr>
<th>Common Stock</th>
<th>Treasury Stock</th>
<th>Non-redeemable Non-controlling Interest</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.001 Par Value Shares</td>
<td>Amt</td>
<td>$0.001 Par Value Shares</td>
<td>Amt</td>
</tr>
<tr>
<td>Balance, December 31, 2018</td>
<td>417,695</td>
<td>$ —</td>
<td>$ 7,449</td>
</tr>
<tr>
<td>Comprehensive Earnings:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net earnings (loss)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other comprehensive earnings, net of $30 tax</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for employee benefit plans</td>
<td>1,363</td>
<td>—</td>
<td>4</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Stock compensation expense</td>
<td>—</td>
<td>—</td>
<td>38</td>
</tr>
<tr>
<td>Balance, March 31, 2019</td>
<td>419,058</td>
<td>$ —</td>
<td>$ 7,491</td>
</tr>
<tr>
<td>Comprehensive Earnings:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net earnings</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other comprehensive earnings, net of $25 tax</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for employee benefit plans</td>
<td>261</td>
<td>—</td>
<td>6</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Stock compensation expense</td>
<td>—</td>
<td>—</td>
<td>34</td>
</tr>
<tr>
<td>Balance, June 30, 2019</td>
<td>419,319</td>
<td>$ —</td>
<td>$ 7,531</td>
</tr>
<tr>
<td>Comprehensive Earnings:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net earnings</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other comprehensive earnings, net of $11 tax</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for employee benefit plans</td>
<td>348</td>
<td>—</td>
<td>6</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Stock compensation expense</td>
<td>—</td>
<td>—</td>
<td>34</td>
</tr>
<tr>
<td>Balance, September 30, 2019</td>
<td>419,667</td>
<td>$ —</td>
<td>$ 7,571</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of this statement.
### CENTENE CORPORATION AND SUBSIDIARIES

**CONSOLIDATED STATEMENTS OF STOCKHOLDERS’ EQUITY**

(In millions, except shares in thousands and per share data in dollars)

(Unaudited)

**Nine Months Ended September 30, 2018**

#### Centene Stockholders’ Equity

<table>
<thead>
<tr>
<th></th>
<th>50.001 Par Value Shares</th>
<th>Additional Paid-in Capital</th>
<th>Accumulated Other Comprehensive Earnings (Loss)</th>
<th>Retained Earnings</th>
<th>50.001 Par Value Shares</th>
<th>Amt</th>
<th>Non-redeemable Non-controlling Interest</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance, December 31, 2017</strong></td>
<td>360,758</td>
<td>$ —</td>
<td>$ 4,349</td>
<td>(3)</td>
<td>$ 2,748</td>
<td>13,884</td>
<td>$ (244)</td>
<td>$ 14</td>
</tr>
<tr>
<td><strong>Comprehensive Earnings:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net earnings</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>—</td>
</tr>
<tr>
<td>Other comprehensive loss, net of $(51) tax</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>(51)</td>
<td>—</td>
<td>—</td>
<td></td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for acquisitions</td>
<td>—</td>
<td>210</td>
<td>—</td>
<td>—</td>
<td>(6,351)</td>
<td>114</td>
<td></td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for employee benefit plans</td>
<td>529</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>—</td>
<td>4</td>
<td>—</td>
<td>—</td>
<td>165</td>
<td>(9)</td>
<td></td>
<td>(9)</td>
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<tr>
<td>Cumulative-effect of accounting guidance</td>
<td>—</td>
<td>—</td>
<td>16</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Purchase of noncontrolling interests</td>
<td>—</td>
<td>(4)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>(4)</td>
</tr>
<tr>
<td>Acquisition resulting in noncontrolling interests</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>62</td>
</tr>
<tr>
<td><strong>Balance, March 31, 2018</strong></td>
<td>361,287</td>
<td>$ —</td>
<td>$ 4,592</td>
<td>(54)</td>
<td>$ 3,104</td>
<td>7,698</td>
<td>$ (139)</td>
<td>$ 77</td>
</tr>
<tr>
<td><strong>Comprehensive Earnings:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Net earnings</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>—</td>
</tr>
<tr>
<td>Other comprehensive loss, net of $(3) tax</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>(13)</td>
<td>—</td>
<td>—</td>
<td></td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for acquisitions</td>
<td>—</td>
<td>121</td>
<td>—</td>
<td>—</td>
<td>(3,457)</td>
<td>62</td>
<td></td>
<td>183</td>
</tr>
<tr>
<td>Common stock issued for stock offering</td>
<td>53,200</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>2,779</td>
</tr>
<tr>
<td>Common stock issued for employee benefit plans</td>
<td>330</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>—</td>
<td>35</td>
<td>—</td>
<td>—</td>
<td>71</td>
<td>(4)</td>
<td></td>
<td>(4)</td>
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<tr>
<td>Cumulative-effect of accounting guidance</td>
<td>—</td>
<td>—</td>
<td>(1)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>(1)</td>
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<tr>
<td>Purchase of noncontrolling interests</td>
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<td>(177)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>(177)</td>
</tr>
<tr>
<td>Acquisition resulting in noncontrolling interests</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>10</td>
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<tr>
<td><strong>Balance, June 30, 2018</strong></td>
<td>414,826</td>
<td>$ —</td>
<td>$ 7,354</td>
<td>(54)</td>
<td>$ 3,104</td>
<td>4,332</td>
<td>$ (139)</td>
<td>$ 87</td>
</tr>
<tr>
<td><strong>Comprehensive Earnings:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net earnings (loss)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>(4)</td>
<td>—</td>
<td></td>
<td>(4)</td>
</tr>
<tr>
<td>Other comprehensive loss, net of $(54) tax</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>(12)</td>
<td>—</td>
<td>—</td>
<td></td>
<td>(12)</td>
</tr>
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<td>Common stock issued for employee benefit plans</td>
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<td>4</td>
<td>—</td>
<td>—</td>
<td>60</td>
<td>(4)</td>
<td></td>
<td>(4)</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>(37)</td>
<td>—</td>
<td></td>
<td>(37)</td>
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<td>Contribution from noncontrolling interest</td>
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<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>3</td>
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<tr>
<td>Purchase of noncontrolling interests</td>
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<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>(15)</td>
</tr>
<tr>
<td>Acquisition resulting in noncontrolling interests</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td><strong>Balance, September 30, 2018</strong></td>
<td>415,100</td>
<td>$ —</td>
<td>$ 7,395</td>
<td>(79)</td>
<td>$ 3,422</td>
<td>4,392</td>
<td>$ (183)</td>
<td>$ 97</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of this statement.
## CONSOLIDATED STATEMENTS OF CASH FLOWS

(In millions, unaudited)

<table>
<thead>
<tr>
<th>Nine Months Ended September 30,</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net earnings</td>
<td>$1,107</td>
<td>$653</td>
</tr>
<tr>
<td>Adjustments to reconcile net earnings to net cash provided by operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>475</td>
<td>354</td>
</tr>
<tr>
<td>Stock compensation expense</td>
<td>106</td>
<td>105</td>
</tr>
<tr>
<td>Goodwill and intangible impairment</td>
<td>271</td>
<td>—</td>
</tr>
<tr>
<td>Deferred income taxes</td>
<td>(75)</td>
<td>(103)</td>
</tr>
<tr>
<td>Changes in assets and liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premium and trade receivables</td>
<td>(319)</td>
<td>(696)</td>
</tr>
<tr>
<td>Other assets</td>
<td>14</td>
<td>65</td>
</tr>
<tr>
<td>Medical claims liabilities</td>
<td>1,091</td>
<td>1,380</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td>(10)</td>
<td>(150)</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>(552)</td>
<td>35</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>68</td>
<td>199</td>
</tr>
<tr>
<td>Other operating activities, net</td>
<td>(14)</td>
<td>26</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>$2,134</td>
<td>$1,868</td>
</tr>
<tr>
<td><strong>Cash flows from investing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital expenditures</td>
<td>(530)</td>
<td>(489)</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(2,074)</td>
<td>(2,691)</td>
</tr>
<tr>
<td>Sales and maturities of investments</td>
<td>1,247</td>
<td>1,575</td>
</tr>
<tr>
<td>Acquisitions, net of cash acquired</td>
<td>(31)</td>
<td>(1,958)</td>
</tr>
<tr>
<td><strong>Net cash used in investing activities</strong></td>
<td>(1,388)</td>
<td>(3,563)</td>
</tr>
<tr>
<td><strong>Cash flows from financing activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from the issuance of common stock</td>
<td>—</td>
<td>2,779</td>
</tr>
<tr>
<td>Proceeds from long-term debt</td>
<td>12,456</td>
<td>5,480</td>
</tr>
<tr>
<td>Payments of long-term debt</td>
<td>(12,293)</td>
<td>(3,692)</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>(41)</td>
<td>(17)</td>
</tr>
<tr>
<td>Purchase of noncontrolling interest</td>
<td>—</td>
<td>(63)</td>
</tr>
<tr>
<td>Debt issuance costs</td>
<td>(6)</td>
<td>(25)</td>
</tr>
<tr>
<td>Other financing activities, net</td>
<td>12</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>Net cash provided by financing activities</strong></td>
<td>128</td>
<td>4,460</td>
</tr>
<tr>
<td><strong>Net increase in cash, cash equivalents and restricted cash and cash equivalents</strong></td>
<td>878</td>
<td>2,765</td>
</tr>
<tr>
<td><strong>Cash, cash equivalents, and restricted cash and cash equivalents, beginning of period</strong></td>
<td>$6,228</td>
<td>$6,854</td>
</tr>
<tr>
<td><strong>Cash, cash equivalents, and restricted cash and cash equivalents, end of period</strong></td>
<td>$6,228</td>
<td>$6,854</td>
</tr>
</tbody>
</table>

### Supplemental disclosures of cash flow information:

- Interest paid: $213, $213
- Income taxes paid: $511, $340
- Equity issued in connection with acquisitions: $507

The accompanying notes to the consolidated financial statements are an integral part of these statements.
1. Organization and Operations

Basis of Presentation

The accompanying interim financial statements have been prepared under the presumption that users of the interim financial information have either read or have access to the audited financial statements included in the Form 10-K for the fiscal year ended December 31, 2018. The unaudited interim financial statements herein have been prepared pursuant to the rules and regulations of the Securities and Exchange Commission. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2018 audited financial statements have been omitted from these interim financial statements, where appropriate. In the opinion of management, these financial statements reflect all adjustments, consisting only of normal recurring adjustments, which are necessary for a fair presentation of the results of the interim periods presented.

Certain 2018 amounts in the consolidated financial statements and notes to the consolidated financial statements have been reclassified to conform to the 2019 presentation. These reclassifications have no effect on net earnings or stockholders' equity as previously reported.

On December 12, 2018, our Board of Directors declared a two-for-one split of our common stock in the form of a 100% stock dividend distributed on February 6, 2019 to stockholders of record as of December 24, 2018. All historical share and per share information presented in this Form 10-Q has been adjusted for the two-for-one stock split.

Recently Adopted Accounting Guidance

In February 2016, the Financial Accounting Standards Board (FASB) issued an Accounting Standards Update (ASU) that introduces a lessee model that requires the majority of leases to be recognized on the balance sheet. The new standard also aligns many of the underlying principles of the new lessor model with those in Accounting Standards Codification 606, the FASB's new revenue recognition standard, and addresses other concerns related to the current lessee model. The standard also requires lessors to increase the transparency of their exposure to changes in value of their residual assets and how they manage that exposure. The Company adopted the new guidance in the first quarter of 2019 using the modified retrospective transition approach. In addition, the Company elected the package of practical expedients permitted under the transition guidance within the new standard, which allows an entity to not reassess lease classification for existing leases. The impact of the new guidance is further discussed in Note 8.

In January 2017, the FASB issued an ASU simplifying the test for goodwill impairment. The amendments in this ASU eliminate Step 2 from the goodwill impairment test. Thus, an entity will no longer be required to compare the implied fair value of a reporting unit's goodwill to its carrying amount. Instead, under the new guidance, an entity should perform the goodwill impairment test by comparing the fair value of a reporting unit with its carrying amount and should recognize an impairment charge for the amount by which the carrying amount exceeds the fair value. The impairment charge should be limited to the total amount of goodwill allocated to that reporting unit. Under the new guidance, an entity still has the option to first perform the qualitative assessment for a reporting unit to determine if the quantitative impairment test is necessary. The new standard is effective for an entity's annual or interim goodwill impairment tests in fiscal years beginning after December 15, 2019. Early adoption is permitted, including adoption in an interim period. The Company adopted the new guidance in the third quarter of 2019. The Company has an immaterial amount of goodwill at reporting units with negative carrying value.

In March 2017, the FASB issued an ASU that changes the period over which premiums on callable debt securities are amortized. The new standard requires the premiums on callable debt securities to be amortized to the earliest call date rather than to the contractual maturity date of the instrument. The new guidance more closely aligns the amortization period of premiums to expectations incorporated in the market pricing of the underlying securities. The Company adopted the new guidance in the first quarter of 2019. The new guidance did not have a material impact on the Company's consolidated financial position, results of operations or cash flows.

In August 2017, the FASB issued an ASU that amends the hedge accounting model to enable entities to better align the economics of risk management activities and financial reporting. In addition, the new standard enhances the understandability of hedge results and simplifies the application of hedge accounting in certain situations. The Company adopted the new guidance in the first quarter of 2019. The new guidance did not have a material impact on the Company's consolidated financial position, results of operations or cash flows.
In June 2016, the FASB issued an ASU which changes how entities will measure credit losses for most financial assets and certain other investments that are not measured at fair value through net income. The ASU is intended to improve financial reporting by requiring timelier recording of credit losses on loans and other financial instruments held by financial institutions and other organizations. The amended guidance requires the measurement of all expected credit losses for financial assets (or groups of financial assets) and available for sale debt securities held at the reporting date over the remaining life based on historical experience, current conditions, and reasonable and supportable forecasts. The guidance is effective for annual and interim periods beginning after December 15, 2019. The Company is evaluating its portfolio of financial instruments for compliance with the amended guidance. The new guidance is not expected to have a material impact on the Company’s consolidated financial position, results of operations or cash flows.

2. Acquisitions

WellCare Transaction

On March 26, 2019, the Company entered into an Agreement and Plan of Merger (the Merger Agreement) with Wellington Merger Sub I, Inc., a direct, wholly owned subsidiary of the Company (Merger Sub I), Wellington Merger Sub II, Inc., a direct, wholly owned subsidiary of the Company (Merger Sub II), and WellCare, providing for (i) the merger of Merger Sub I with and into WellCare (the First Merger), with WellCare continuing as the surviving corporation of the First Merger and a direct, wholly owned subsidiary of the Company (the Surviving Corporation), and (ii) immediately after the effective time of the First Merger (the First Effective Time), the merger of the Surviving Corporation with and into Merger Sub II (the Second Merger), with Merger Sub II continuing as the surviving corporation of the Second Merger and a direct, wholly owned subsidiary of the Company. At the First Effective Time, each share of common stock of WellCare issued and outstanding immediately prior to the First Effective Time will be automatically canceled and converted into the right to receive 3.38 of validly issued, fully paid and nonassessable shares of Centene common stock and $120.00 in cash, without interest. The WellCare transaction is valued at approximately $17.3 billion, including existing WellCare debt (based on the Centene closing stock price of $57.05 on March 25, 2019).

In June 2019, the Company and WellCare announced the transaction was approved by both the Centene and WellCare shareholders. The WellCare Transaction has recently received approvals from insurance and healthcare departments in Arizona, Connecticut, Georgia, New York, Ohio and Texas, bringing the total number of approvals to 25 states. Completion of the WellCare transaction remains subject to clearance under the Hart-Scott-Rodino Act, receipt of required state regulatory approvals and other customary closing conditions. The transaction is expected to close by the first half of 2020.

In September 2019, the Company and WellCare announced a subsidiary of WellCare had entered into a definitive agreement under which Anthem, Inc. (Anthem) will acquire WellCare's Missouri and Nebraska Medicaid plans. The closing of the transaction with Anthem is subject to U.S. federal antitrust clearance, receipt of Missouri and Nebraska state regulatory approvals and other customary closing conditions, as well as the closing of the WellCare Transaction.

Fidelis Care Acquisition

On July 1, 2018, the Company acquired substantially all of the assets of Fidelis Care for approximately $3.6 billion of cash consideration, including a working capital adjustment. The Fidelis Care acquisition expanded the Company's scale and presence to New York State.

The acquisition of Fidelis Care was accounted for as a business combination using the acquisition method of accounting that requires assets acquired and liabilities assumed to be recognized at fair value as of the acquisition date. The valuation of all assets acquired and liabilities assumed was finalized in the second quarter of 2019.
The Company's allocation of the fair value of assets acquired and liabilities assumed as of the acquisition date of July 1, 2018 is as follows ($ in millions):

<table>
<thead>
<tr>
<th>Assets acquired and liabilities assumed</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>2,001</td>
</tr>
<tr>
<td>Premium and related receivables</td>
<td>442</td>
</tr>
<tr>
<td>Other current assets</td>
<td>32</td>
</tr>
<tr>
<td>Restricted deposits</td>
<td>495</td>
</tr>
<tr>
<td>Property, software and equipment, net</td>
<td>48</td>
</tr>
<tr>
<td>Intangible assets (a)</td>
<td>956</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total assets acquired</strong></td>
<td><strong>3,976</strong></td>
</tr>
<tr>
<td>Medical claims liability</td>
<td>1,218</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>238</td>
</tr>
<tr>
<td>Return of premium payable</td>
<td>123</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td>115</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>324</td>
</tr>
<tr>
<td><strong>Total liabilities assumed</strong></td>
<td><strong>2,018</strong></td>
</tr>
<tr>
<td><strong>Total identifiable net assets</strong></td>
<td><strong>1,958</strong></td>
</tr>
<tr>
<td><strong>Goodwill (b)</strong></td>
<td><strong>1,663</strong></td>
</tr>
<tr>
<td><strong>Total assets acquired and liabilities assumed</strong></td>
<td><strong>3,621</strong></td>
</tr>
</tbody>
</table>

Significant fair value adjustments are noted as follows:

(a) The identifiable intangible assets acquired are to be measured at fair value as of the completion of the acquisition. The fair value of intangible assets is determined primarily using variations of the "income approach," which is based on the present value of the future after tax cash flows attributable to each identified intangible asset. Other valuation methods, including the market approach and cost approach, were also considered in estimating the fair value. The Company has estimated the fair value of intangible assets to be $956 million with a weighted average life of 13 years. The identifiable intangible assets include customer relationships, trade names, provider contracts and developed technologies.

(b) The acquisition resulted in $1.7 billion of goodwill related primarily to synergies expected from the acquisition and the assembled workforce of Fidelis Care. All of the goodwill has been assigned to the Managed Care segment. The goodwill is deductible for income tax purposes.
Table of Contents

3. Short-term and Long-term Investments, Restricted Deposits

Short-term and long-term investments and restricted deposits by investment type consist of the following ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>September 30, 2019</th>
<th>December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amortized Cost</td>
<td>Gross Unrealized Gains</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$ 221</td>
<td>$ 1</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>3,705</td>
<td>110</td>
</tr>
<tr>
<td>Restricted certificates of deposit</td>
<td>479</td>
<td>—</td>
</tr>
<tr>
<td>Restricted cash equivalents</td>
<td>13</td>
<td>—</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>2,342</td>
<td>73</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>724</td>
<td>6</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>486</td>
<td>9</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>416</td>
<td>13</td>
</tr>
<tr>
<td>Private equity investments</td>
<td>643</td>
<td>—</td>
</tr>
<tr>
<td>Life insurance contracts</td>
<td>141</td>
<td>—</td>
</tr>
<tr>
<td>Total</td>
<td>$ 9,170</td>
<td>$ 212</td>
</tr>
</tbody>
</table>

The Company's investments are debt securities classified as available-for-sale with the exception of life insurance contracts and certain private equity investments. The Company's investment policies are designed to provide liquidity, preserve capital and maximize total return on invested assets with the focus on high credit quality securities. The Company limits the size of investment in any single issuer other than U.S. treasury securities and obligations of U.S. government corporations and agencies. As of September 30, 2019, 97% of the Company's investments in rated securities carry an investment grade rating by nationally recognized statistical rating organizations. At September 30, 2019, the Company held certificates of deposit, life insurance contracts and private equity investments that did not carry a credit rating.

The Company's residential mortgage-backed securities are primarily issued by the Federal National Mortgage Association, Government National Mortgage Association or Federal Home Loan Mortgage Corporation, which carry implicit or explicit guarantees of the U.S. government. The Company's commercial mortgage-backed securities are primarily senior tranches with a weighted average rating of AA+ and a weighted average duration of 4 years at September 30, 2019.

The fair value of available-for-sale debt securities with gross unrealized losses by investment type and length of time that individual securities have been in a continuous unrealized loss position were as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>September 30, 2019</th>
<th>December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrealized Losses</td>
<td>Fair Value</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$ —</td>
<td>$ 39</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>(3)</td>
<td>249</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>120</td>
<td>—</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>—</td>
<td>123</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>—</td>
<td>42</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>—</td>
<td>56</td>
</tr>
<tr>
<td>Total</td>
<td>$ (41)</td>
<td>$ 629</td>
</tr>
</tbody>
</table>

Attachment D: Audited Financial Statements – Two Years
As of September 30, 2019, the gross unrealized losses were generated from 765 positions out of a total of 4,503 positions. The change in fair value of fixed income securities is primarily a result of movement in interest rates subsequent to the purchase of the security.

For each security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings. The Company does not intend to sell these securities prior to maturity and it is not likely that the Company will be required to sell these securities prior to maturity; therefore, there is no indication of other-than-temporary impairment for these securities.

The contractual maturities of short-term and long-term investments and restricted deposits are as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>September 30, 2019</th>
<th>December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amortized Cost</td>
<td>Fair Value</td>
</tr>
<tr>
<td>One year or less</td>
<td>$ 710</td>
<td>$ 711</td>
</tr>
<tr>
<td>One year through five years</td>
<td>3,137</td>
<td>3,205</td>
</tr>
<tr>
<td>Five years through ten years</td>
<td>2,962</td>
<td>3,068</td>
</tr>
<tr>
<td>Greater than ten years</td>
<td>81</td>
<td>83</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>1,626</td>
<td>1,652</td>
</tr>
<tr>
<td>Total</td>
<td>$ 8,516</td>
<td>$ 8,719</td>
</tr>
</tbody>
</table>

Actual maturities may differ from contractual maturities due to call or prepayment options. Private equity investments and life insurance contracts are included in the five years through ten years category. Residential mortgage-backed securities and commercial mortgage-backed securities are included in the asset-backed securities category. The Company has an option to redeem at amortized cost substantially all of the securities included in the greater than ten years category listed above.

The Company continuously monitors investments for other-than-temporary impairment. Certain investments have experienced a decline in fair value due to changes in credit quality, market interest rates and/or general economic conditions. The Company recognizes an impairment loss for investments when evidence demonstrates that it is other-than-temporarily impaired. Evidence of a loss in value that is other-than-temporary may include the absence of an ability to recover the carrying amount of the investment or the inability of the investee to sustain a level of earnings that would justify the carrying amount of the investment.

4. Fair Value Measurements

Assets and liabilities recorded at fair value in the Consolidated Balance Sheets are categorized based upon observable or unobservable inputs used to estimate fair value. Level inputs are as follows:

<table>
<thead>
<tr>
<th>Level Input</th>
<th>Input Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td>Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.</td>
</tr>
<tr>
<td>Level II</td>
<td>Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.</td>
</tr>
<tr>
<td>Level III</td>
<td>Unobservable inputs that reflect management’s best estimate of what market participants would use in pricing the asset or liability at the measurement date.</td>
</tr>
</tbody>
</table>
Table of Contents

The following table summarizes fair value measurements by level at September 30, 2019, for assets and liabilities measured at fair value on a recurring basis ($ in millions):

<table>
<thead>
<tr>
<th>Assets</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 6,215</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 6,215</td>
</tr>
<tr>
<td>Investments available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations</td>
<td>$ 85</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 85</td>
</tr>
<tr>
<td>of U.S. government corporations and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate securities</td>
<td>$ 3,792</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 3,792</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>$ 2,406</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 2,406</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>$ 730</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 730</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>$ 493</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 493</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>$ 429</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 429</td>
</tr>
<tr>
<td>Total investments</td>
<td>$ 85</td>
<td>$ 7,850</td>
<td>$ —</td>
<td>$ 7,935</td>
</tr>
<tr>
<td>Restricted deposits available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 13</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 13</td>
</tr>
<tr>
<td>Certificates of deposit</td>
<td>$ 479</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 479</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>$ 18</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 18</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>$ 8</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 8</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations</td>
<td>$ 137</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 137</td>
</tr>
<tr>
<td>of U.S. government corporations and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total restricted deposits</td>
<td>$ 150</td>
<td>$ 505</td>
<td>$ —</td>
<td>$ 655</td>
</tr>
<tr>
<td>Other long-term assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest rate swap agreements</td>
<td>$ —</td>
<td>$ 13</td>
<td>$ —</td>
<td>$ 13</td>
</tr>
<tr>
<td>Total assets at fair value</td>
<td>$ 6,450</td>
<td>$ 8,368</td>
<td>$ —</td>
<td>$ 14,818</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other long-term liabilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest rate swap agreements</td>
<td>$ —</td>
<td>$ 11</td>
<td>$ —</td>
<td>$ 11</td>
</tr>
<tr>
<td>Total liabilities at fair value</td>
<td>$ —</td>
<td>$ 11</td>
<td>$ —</td>
<td>$ 11</td>
</tr>
</tbody>
</table>
The following table summarizes fair value measurements by level at December 31, 2018, for assets and liabilities measured at fair value on a recurring basis ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$5,342</td>
<td>$—</td>
<td>$—</td>
<td>$5,342</td>
</tr>
<tr>
<td>Investments available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$247</td>
<td>$—</td>
<td>$—</td>
<td>$247</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>$3,146</td>
<td>$—</td>
<td>$—</td>
<td>$3,146</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>$2,187</td>
<td>$—</td>
<td>$—</td>
<td>$2,187</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>$683</td>
<td>$—</td>
<td>$—</td>
<td>$683</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>$444</td>
<td>$—</td>
<td>$—</td>
<td>$444</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>$361</td>
<td>$—</td>
<td>$—</td>
<td>$361</td>
</tr>
<tr>
<td>Total investments</td>
<td>$247</td>
<td>$6,821</td>
<td>$—</td>
<td>$7,068</td>
</tr>
<tr>
<td>Restricted deposits available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$8</td>
<td>$—</td>
<td>$—</td>
<td>$8</td>
</tr>
<tr>
<td>Certificates of deposit</td>
<td>$433</td>
<td>$—</td>
<td>$—</td>
<td>$433</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$114</td>
<td>$—</td>
<td>$—</td>
<td>$114</td>
</tr>
<tr>
<td>Total restricted deposits</td>
<td>$122</td>
<td>$433</td>
<td>$—</td>
<td>$555</td>
</tr>
<tr>
<td>Total assets at fair value</td>
<td>$5,711</td>
<td>$7,254</td>
<td>$—</td>
<td>$12,965</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other long-term liabilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest rate swap agreements</td>
<td>$—</td>
<td>$95</td>
<td>$—</td>
<td>$95</td>
</tr>
<tr>
<td>Total liabilities at fair value</td>
<td>$—</td>
<td>$95</td>
<td>$—</td>
<td>$95</td>
</tr>
</tbody>
</table>

The Company utilizes matrix-pricing services to estimate fair value for securities that are not actively traded on the measurement date. The Company designates these securities as Level II fair value measurements. In addition, the aggregate carrying amount of the Company’s life insurance contracts and other private equity investments, which approximates fair value, was $784 million and $515 million as of September 30, 2019 and December 31, 2018, respectively.
5. Medical Claims Liability

The following table summarizes the change in medical claims liability ($ in millions):

<table>
<thead>
<tr>
<th>Nine Months Ended September 30,</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, January 1</td>
<td>$6,831</td>
<td>$4,286</td>
</tr>
<tr>
<td>Less: Reinsurance recoverable</td>
<td>27</td>
<td>18</td>
</tr>
<tr>
<td>Balance, January 1, net</td>
<td>6,804</td>
<td>4,268</td>
</tr>
<tr>
<td>Acquisitions and purchase accounting adjustments</td>
<td>57</td>
<td>1,319</td>
</tr>
<tr>
<td>Inurred related to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year</td>
<td>44,283</td>
<td>33,465</td>
</tr>
<tr>
<td>Prior years</td>
<td>(641)</td>
<td>(420)</td>
</tr>
<tr>
<td>Total incurred</td>
<td>43,642</td>
<td>33,045</td>
</tr>
<tr>
<td>Paid related to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year</td>
<td>36,972</td>
<td>28,194</td>
</tr>
<tr>
<td>Prior years</td>
<td>5,577</td>
<td>3,485</td>
</tr>
<tr>
<td>Total paid</td>
<td>42,549</td>
<td>31,679</td>
</tr>
<tr>
<td>Balance at September 30, net</td>
<td>7,954</td>
<td>6,953</td>
</tr>
<tr>
<td>Plus: Reinsurance recoverable</td>
<td>21</td>
<td>30</td>
</tr>
<tr>
<td>Balance, September 30</td>
<td>$7,975</td>
<td>$6,983</td>
</tr>
</tbody>
</table>

Reinsurance recoverables related to medical claims are included in premium and trade receivables. Changes in estimates of incurred claims for prior years are primarily attributable to reserving under moderately adverse conditions. Additionally, as a result of development within "Inurred related to: Prior years" due to minimum health benefits ratio (HBR) and other return of premium programs, we recorded $64 million and $23 million as a reduction from premium revenues in the nine months ended September 30, 2019 and 2018, respectively.

Incurred but not reported (IBNR) plus expected development on reported claims as of September 30, 2019 was $5,769 million. Total IBNR plus expected development on reported claims represents estimates for claims incurred but not reported, development on reported claims, and estimates for the costs necessary to process unpaid claims at the end of each period. We estimate our liability using actuarial methods that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. These actuarial methods consider factors such as historical data for payment patterns, cost trends, product mix, seasonality, utilization of healthcare services and other relevant factors.

6. Affordable Care Act

The Affordable Care Act contains risk spreading premium stabilization programs as well as a minimum annual MLR and cost sharing reductions. The Company's net receivables (payables) for each of the ongoing programs are as follows ($ in millions):

<table>
<thead>
<tr>
<th>September 30, 2019</th>
<th>December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk adjustment</td>
<td>(727)</td>
</tr>
<tr>
<td>Minimum MLR</td>
<td>(301)</td>
</tr>
<tr>
<td>Cost sharing reductions</td>
<td>73</td>
</tr>
</tbody>
</table>

On June 28, 2019, the Centers for Medicare and Medicaid Services (CMS) announced the final risk adjustment transfers for the 2018 benefit year. As a result of the announcement, the Company reduced its risk adjustment net payables by $238 million from December 31, 2018. After consideration of minimum MLR, Risk Adjustment Data Validation (RADV) audit results, and other related impacts, the net pre-tax benefit recognized was approximately $131 million recorded in the second quarter of 2019.
7. Debt

Debt consists of the following ($ in millions):

<table>
<thead>
<tr>
<th>September 30, 2019</th>
<th>December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,400 million 5.625% Senior notes, due February 15, 2021</td>
<td>$1,400</td>
</tr>
<tr>
<td>$1,000 million 4.75% Senior notes, due May 15, 2022</td>
<td>1,004</td>
</tr>
<tr>
<td>$1,000 million 6.125% Senior notes, due February 15, 2024</td>
<td>1,000</td>
</tr>
<tr>
<td>$1,200 million 4.75% Senior notes, due January 15, 2025</td>
<td>1,200</td>
</tr>
<tr>
<td>$1,800 million 5.375% Senior notes, due June 1, 2026</td>
<td>1,800</td>
</tr>
<tr>
<td>Fair value of interest rate swap agreements</td>
<td>2</td>
</tr>
<tr>
<td>Total senior notes</td>
<td>6,406</td>
</tr>
<tr>
<td>Revolving credit agreement</td>
<td>415</td>
</tr>
<tr>
<td>Mortgage notes payable</td>
<td>55</td>
</tr>
<tr>
<td>Construction loan payable</td>
<td>119</td>
</tr>
<tr>
<td>Finance leases and other</td>
<td>112</td>
</tr>
<tr>
<td>Debt issuance costs</td>
<td>(66)</td>
</tr>
<tr>
<td>Total debt</td>
<td>7,041</td>
</tr>
<tr>
<td>Less current portion</td>
<td>(66)</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>$6,975</td>
</tr>
</tbody>
</table>

**Ravolving Credit Agreement and Term Loan Credit Facility**

In May 2019, the Company amended and restated its existing credit agreement (Revolving Credit Facility) to, among other things, increase the revolving commitments thereunder from $1,500 million to $2,000 million. The agreement has a maturity date of May 7, 2024. At the Company’s option, borrowings under the credit agreement will bear interest at LIBOR, EURIBOR, CDOR, BBR or base rates plus, in each case, an applicable margin.

In September 2019, the Company amended and restated its existing credit agreement to provide a new $1,450 million unsecured delayed-draw term loan facility (Term Loan Facility) in addition to the existing $2,000 million Revolving Credit Facility. At the Company’s option, borrowings under the Term Loan Facility bears interest at LIBOR or base rates plus, in each case, an applicable margin. The Term Loan Facility will mature on September 11, 2022.

In October 2019, the Company borrowed $1,450 million under the Term Loan Facility. The proceeds of the Term Loan Facility were used to fund the redemption of senior notes discussed below and pay fees and expenses in connection therewith, with any remaining proceeds to be used for general corporate purposes.

**Senior Note Redemption**

In October 2019, the Company redeemed the outstanding principal balance on the $1,400 million 5.625% Senior Notes due February 15, 2021, plus applicable premium for early redemption and accrued and unpaid interest through the redemption date. The Company recognized a pre-tax loss on extinguishment of $30 million on the redemption of the $1,400 million 5.625% Senior Notes in the fourth quarter of 2019, including the call premium, the write-off of unamortized debt issuance costs and a loss on the termination of the $600 million interest rate swap agreement associated with the notes.

8. Leases

In February 2016, the FASB issued ASU No. 2016-02, Leases, which introduced a lessee model that requires the majority of leases to be recognized on the balance sheet. On January 1, 2019, the Company adopted the ASU using the modified retrospective transition approach and elected the transition option to recognize the adjustment in the period of adoption rather than in the earliest period presented. Adoption of the new guidance resulted in the initial recognition of right-of-use (ROU) assets of $661 million, ROU lease liabilities of $774 million and the elimination of $113 million of straight-line lease liabilities.

The Company records ROU assets and liabilities for non-cancelable operating leases primarily for real estate and equipment. Leases with an initial term of 1 year are not recorded on the balance sheet. Expense related to leases is recorded on a straight-line basis over the lease term, including rent holidays. During the three and nine months ended September 30, 2019, the Company recognized operating lease expense of $50 million and $150 million, respectively.
The following table sets forth the ROU assets and liabilities as of September 30, 2019 ($ in millions):

<table>
<thead>
<tr>
<th>September 30, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
</tr>
<tr>
<td>ROU assets (recorded within other long-term assets) $656</td>
</tr>
<tr>
<td>Liabilities</td>
</tr>
<tr>
<td>Short-term (recorded within accounts payable and accrued expenses) $157</td>
</tr>
<tr>
<td>Long-term (recorded within other long-term liabilities) 620</td>
</tr>
<tr>
<td>Total ROU liabilities $777</td>
</tr>
</tbody>
</table>

During the three and nine months ended September 30, 2019, the Company reduced its ROU liabilities by $54 million and $171 million, respectively, for cash paid. In addition, during the three and nine months ended September 30, 2019, new operating leases commenced resulting in the recognition of ROU assets and liabilities of $63 million and $114 million, respectively. As of September 30, 2019, the Company had additional operating leases that have not yet commenced of $287 million, which included three significant leases executed during the third quarter. These operating leases will commence in 2019 and 2020 with lease terms of 1 year to 16 years.

As of September 30, 2019, the weighted average remaining lease term of the Company's operating leases was 6.7 years. The ROU liabilities as of September 30, 2019 reflect a weighted average discount rate of 4.5%. Lease payments over the next five years and thereafter are as follows ($ in millions):

<table>
<thead>
<tr>
<th>September 30, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 $40</td>
</tr>
<tr>
<td>2020 199</td>
</tr>
<tr>
<td>2021 161</td>
</tr>
<tr>
<td>2022 121</td>
</tr>
<tr>
<td>2023 92</td>
</tr>
<tr>
<td>2024 71</td>
</tr>
<tr>
<td>Thereafter 211</td>
</tr>
<tr>
<td>Total lease payments $895</td>
</tr>
<tr>
<td>Less: imputed interest (118)</td>
</tr>
<tr>
<td>Total ROU liabilities $777</td>
</tr>
</tbody>
</table>

The following discussion relates to the Company's lease accounting policy under ASC Topic 840 for the year ended December 31, 2018. Annual noncancellable minimum lease payments over the next five years and thereafter were as follows ($ in millions):

<table>
<thead>
<tr>
<th>December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 $174</td>
</tr>
<tr>
<td>2020 176</td>
</tr>
<tr>
<td>2021 145</td>
</tr>
<tr>
<td>2022 101</td>
</tr>
<tr>
<td>2023 71</td>
</tr>
<tr>
<td>Thereafter 200</td>
</tr>
<tr>
<td>Total lease payments $867</td>
</tr>
</tbody>
</table>
9. Earnings Per Share

The following table sets forth the calculation of basic and diluted net earnings per common share ($ in millions, except per share data in dollars and shares in thousands):

<table>
<thead>
<tr>
<th>Earnings attributable to Centene Corporation</th>
<th>Three Months Ended September 30, 2019</th>
<th>2018</th>
<th>Nine Months Ended September 30, 2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>95</td>
<td>$</td>
<td>19</td>
<td>$</td>
</tr>
<tr>
<td>Shares used in computing per share amounts:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighted average number of common shares outstanding</td>
<td>413,616</td>
<td>410,591</td>
<td>413,302</td>
<td>383,257</td>
</tr>
<tr>
<td>Common stock equivalents (as determined by applying the treasury stock method)</td>
<td>6,340</td>
<td>8,452</td>
<td>6,398</td>
<td>8,009</td>
</tr>
<tr>
<td>Weighted average number of common shares and potential dilutive common shares outstanding</td>
<td>419,956</td>
<td>419,043</td>
<td>419,700</td>
<td>391,266</td>
</tr>
<tr>
<td>Net earnings per common share attributable to Centene Corporation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic earnings per common share</td>
<td>$ 0.23</td>
<td>$ 0.05</td>
<td>$ 2.69</td>
<td>$ 1.72</td>
</tr>
<tr>
<td>Diluted earnings per common share</td>
<td>$ 0.23</td>
<td>$ 0.05</td>
<td>$ 2.65</td>
<td>$ 1.68</td>
</tr>
</tbody>
</table>

The calculation of diluted earnings per common share for the three and nine months ended September 30, 2019 excludes the impact of 1.5 million and 1.4 million shares, respectively, related to anti-dilutive stock options, restricted stock and restricted stock units.

The calculation of diluted earnings per common share for the three and nine months ended September 30, 2018 excludes the impact of 20 thousand and 53 thousand shares, respectively, related to anti-dilutive stock options, restricted stock and restricted stock units.

10. Segment Information

Centene operates in two segments: Managed Care and Specialty Services. The Managed Care segment consists of Centene's health plans, including all of the functions needed to operate them. The Specialty Services segment consists of Centene’s specialty companies offering auxiliary healthcare services and products.

Segment information for the three months ended September 30, 2019, follows ($ in millions):

<table>
<thead>
<tr>
<th>Segment Information</th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 18,087</td>
<td>$ 889</td>
<td>—</td>
<td>$ 18,976</td>
</tr>
<tr>
<td>Total revenues from internal customers</td>
<td>44</td>
<td>2,675</td>
<td>(2,719)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 18,131</td>
<td>$ 3,564</td>
<td>(2,719)</td>
<td>$ 18,976</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 385</td>
<td>$ (209)</td>
<td>—</td>
<td>$ 176</td>
</tr>
</tbody>
</table>

Segment information for the three months ended September 30, 2018, follows ($ in millions):

<table>
<thead>
<tr>
<th>Segment Information</th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 15,420</td>
<td>$ 762</td>
<td>—</td>
<td>$ 16,182</td>
</tr>
<tr>
<td>Total revenues from internal customers</td>
<td>26</td>
<td>2,350</td>
<td>(2,376)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 15,446</td>
<td>$ 3,112</td>
<td>(2,376)</td>
<td>$ 16,182</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 92</td>
<td>$ (51)</td>
<td>—</td>
<td>$ 41</td>
</tr>
</tbody>
</table>
Table of Contents

Segment information for the nine months ended September 30, 2019, follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 53,283</td>
<td>$ 2,493</td>
<td>—</td>
<td>$ 55,776</td>
</tr>
<tr>
<td>Total revenues from internal customers</td>
<td>116</td>
<td>7,681</td>
<td>(7,797)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 53,399</td>
<td>$ 10,174</td>
<td>(7,797)</td>
<td>$ 55,776</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 1,587</td>
<td>(83)</td>
<td>—</td>
<td>$ 1,504</td>
</tr>
</tbody>
</table>

Segment information for the nine months ended September 30, 2018, follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 41,153</td>
<td>$ 2,404</td>
<td>—</td>
<td>$ 43,557</td>
</tr>
<tr>
<td>Total revenues from internal customers</td>
<td>76</td>
<td>6,919</td>
<td>(6,995)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 41,229</td>
<td>$ 9,323</td>
<td>(6,995)</td>
<td>$ 43,557</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 983</td>
<td>87</td>
<td>—</td>
<td>$ 1,070</td>
</tr>
</tbody>
</table>

11. Contingencies

Overview

The Company records reserves and accrues costs for certain legal proceedings and regulatory matters to the extent that it determines an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. While such reserves and accrued costs reflect the Company’s best estimate of the probable loss for such matters, the recorded amounts may differ materially from the actual amount of any such losses. In some cases, no estimate of the possible loss or range of loss in excess of amounts accrued, if any, can be made because of the inherently unpredictable nature of legal and regulatory proceedings, which may be exacerbated by various factors, including but not limited to, they may involve indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or legal uncertainties; involve disputed facts; represent a shift in regulatory policy; involve a large number of parties, claimants or regulatory bodies; are in the early stages of the proceedings; involve a number of separate proceedings and/or a wide range of potential outcomes; or result in a change of business practices.

As of the date of this report, amounts accrued for legal proceedings and regulatory matters were not material. However, it is possible that in a particular quarter or annual period the Company’s financial condition, results of operations, cash flow and/or liquidity could be materially adversely affected by an ultimate unfavorable resolution of or development in legal and/or regulatory proceedings, including as described below. Except for the proceedings discussed below, the Company believes that the ultimate outcome of any of the regulatory and legal proceedings that are currently pending against it should not have a material adverse effect on financial condition, results of operations, cash flow or liquidity.
On October 20, 2015, the Company's California subsidiary, Health Net of California, Inc. (Health Net California), was named as a defendant in a California taxpayer action filed in Los Angeles County Superior Court, captioned as Michael D. Myers v. State Board of Equalization, Dave Jones, Insurance Commissioner of the State of California, Betty T. Yee, Controller of the State of California, et al., Los Angeles Superior Court Case No. BS158655. This action is brought under a California statute that permits an individual taxpayer to sue a governmental agency when the taxpayer believes the agency has failed to enforce governing law. Plaintiff contends that Health Net California, a California licensed Health Care Service Plan (HCSP), is an “insurer” for purposes of taxation despite acknowledging it is not an “insurer” under regulatory law. Under California law, “insurer” must pay a gross premiums tax (GPT), calculated as 2.35% on gross premiums. As a licensed HCSP, Health Net California has paid the California Corporate Franchise Tax (CFT), the tax generally paid by California businesses. Plaintiff contends that Health Net California must pay the GPT rather than the CFT. Plaintiff seeks a writ of mandate directing the California taxing agencies to collect the GPT, and seeks an order requiring Health Net California to pay GPT, interest and penalties for a period dating to eight years prior to the October 2015 filing of the complaint. This lawsuit is being coordinated with similar lawsuits filed against other entities (collectively, “Related Actions”). In March 2018, the Court overruled the Company's demurrer seeking to dismiss the complaint and denied the Company's motion to strike allegations seeking retroactive relief. In August 2018, the trial court stayed all the Related Actions pending determination of a writ of mandate by the California Court of Appeals in two of the Related Actions. In March 2019, the California Court of Appeals denied the writ of mandate. The defendants in those Related Actions sought review by the California Supreme Court, which declined to review the matter. The case is back before the trial court which has scheduled a hearing in February 2020 to consider a motion for summary judgment by Health Net California. In the meantime, discovery will proceed. No trial date has been set. The Company intends to vigorously defend itself against these claims; however, this matter is subject to many uncertainties, and an adverse outcome in this matter could potentially have a materially adverse impact on our financial position, results of operations and cash flows.

Federal Securities Class Action

On November 14, 2016, a putative federal securities class action, Israel Sanchez v. Centene Corp., et al., was filed against the Company and certain of its executives in the U.S. District Court for the Central District of California. In March 2017, the court entered an order transferring the matter to the U.S. District Court for the Eastern District of Missouri. In July 2017, the lead plaintiff filed a Consolidated Class Action Complaint. The Company filed a motion to dismiss in September 2017. In August 2019, the Court granted the Company's motion to dismiss in part and denied it in part, dismissing allegations regarding certain statements and thereby narrowing the time period to which the allegations will be subject. The case will now move into the discovery phase.

The Company denies any wrongdoing and is vigorously defending itself against these claims. Nevertheless, this matter is subject to many uncertainties and the Company cannot predict how long this litigation will last or what the ultimate outcome will be, and an adverse outcome in this matter could potentially have a materially adverse impact on our financial position and results of operations.

Additionally, on January 24, 2018, a derivative derivative action was filed by plaintiff Harkesh Parekh on behalf of Centene Corporation against the Company and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of the Company against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. The derivative complaint repeats many of the allegations in the securities class action described above and asserts that defendants made inaccurate or misleading statements, and/or failed to correct the alleged misstatements.

A second shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund on behalf of Centene Corporation against the Company and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. This second derivative complaint repeats many of the allegations in the securities class action and the first derivative suit.
A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenters Pension Fund of Illinois and Iron Workers Local 11 Pension Fund on behalf of Centene Corporation against the Company and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. This third derivative action repeats many of the allegations in the securities class action and the other derivative suits and adds additional allegations asserting violations of securities laws, breach of fiduciary duty, insider trading and unjust enrichment. The three derivative suits have been consolidated. Lead plaintiffs and counsel have been appointed. On July 11, 2019, the Court entered an order staying the consolidated derivative action, pending resolution of the motion to dismiss that is under submission in the Sanchez matter. As a result of the August 2019 ruling in the Sanchez matter described above, the parties filed a joint status report and a motion to lift the stay in the consolidated derivative action. The court entered an order lifting the stay and set a briefing schedule on a motion to dismiss. Pursuant to that schedule, defendants are to file a motion to dismiss on October 31, 2019.

Medicare Parts C and D Matter

In December 2016, a Civil Investigative Demand (CID) was issued to Health Net by the United States Department of Justice regarding Health Net's submission of risk adjustment claims to CMS under Parts C and D of Medicare. The CID may be related to a federal qui tam lawsuit filed under seal in 2011 naming more than a dozen health insurers including Health Net. The lawsuit was unsealed in February 2017 when the Department of Justice intervened in the case with respect to one of the insurers (not Health Net). In subsequent pleadings, both the Department of Justice and the Relator excluded Health Net from the lawsuit. The Company is complying with the CID and will vigorously defend any lawsuits. At this point, it is not possible to determine what level of liability, if any, the Company may face as a result of this matter.

Veterans Administration Matter

In October 2017, a CID was issued to Health Net Federal Services, LLC (HNFS) by the United States Department of Justice. The CID seeks documents and interrogatory responses concerning whether HNFS submitted, or caused to be submitted, excessive, duplicative or otherwise improper claims to the U.S. Department of Veterans Affairs (VA) under a contract to provide healthcare coordination services for veterans. The contract began in late 2014 and ended September 30, 2018. In 2016, modifications to the contract were made to allow for possible duplicate billings with a reconciliation period at the end of the contract term. The Company is complying with the CID and believes it has met its contractual obligations. At this point, it is not possible to determine what level of liability, if any, the Company may face as a result of this matter. This matter is separate from the negotiated settlements with the VA in connection with the contract expiration on September 30, 2018.

Ambetter Class Action

On January 11, 2018, a putative class action lawsuit was filed by Cynthia Harvey and Steven A. Milman against the Company and certain subsidiaries in the U.S. District Court for the Eastern District of Washington. The complaint alleges that the Company failed to meet federal and state requirements for provider networks and directories with regard to its Ambetter policies, denied coverage and/or refused to pay for covered benefits, and failed to address grievances adequately, causing some members to incur unexpected costs. In March 2018, the Company filed separate motions to dismiss each defendant. In July 2018, the plaintiff voluntarily filed a First Amended Complaint that removed Steven Milman as a plaintiff, dropped Centene Corporation and Superior Health Plan as defendants, abandoned certain claims, narrowed the putative class to Washington State only, and added Centene Management Company as a defendant. In August 2018, the Company moved to dismiss the First Amended Complaint. In response, the plaintiff voluntarily filed a Second Amended Complaint. In September 2018, the Company filed a motion to dismiss the Second Amended Complaint. On November 21, 2018, the Court granted in part and denied in part the Company's motion to dismiss. Plaintiff Cynthia Harvey filed a Third Amended Complaint, on November 28, 2018, against Centene Management Company and Coordinated Care Corporation (“Defendants”), both subsidiaries of the Company. Defendants filed an answer on December 12, 2018. Class certification discovery is occurring. The Company intends to vigorously defend itself against these claims. Nevertheless, this matter is subject to many uncertainties and the Company cannot predict how long this litigation will last or what the ultimate outcome will be, and an adverse outcome in this matter could potentially have a materially adverse impact on our financial position and results of operations.
Miscellaneous Proceedings

Excluding the matters discussed above, the Company is also routinely subjected to legal and regulatory proceedings in the normal course of business. These matters can include, without limitation:

- periodic compliance and other reviews and investigations by various federal and state regulatory agencies with respect to requirements applicable to the Company's business, including, without limitation, those related to payment of out-of-network claims, submissions to CMS for risk adjustment payments or the False Claims Act, pre-authorization penalties, timely review of grievances and appeals, timely and accurate payment of claims, and the Health Insurance Portability and Accountability Act of 1996;

- litigation arising out of general business activities, such as tax matters, disputes related to healthcare benefits coverage or reimbursement, putative securities class actions and medical malpractice, privacy, real estate, intellectual property and employment-related claims;

- disputes regarding reinsurance arrangements, claims arising out of the acquisition or divestiture of various assets, class actions and claims relating to the performance of contractual and non-contractual obligations to providers, members, employer groups and others, including, but not limited to, the alleged failure to properly pay claims and challenges to the manner in which the Company processes claims and claims alleging that the Company has engaged in unfair business practices.

Among other things, these matters may result in awards of damages, fines or penalties, which could be substantial, and/or could require changes to the Company’s business. The Company intends to vigorously defend itself against the miscellaneous legal and regulatory proceedings to which it is currently a party; however, these proceedings are subject to many uncertainties. In some of the cases pending against the Company, substantial non-economic or punitive damages are being sought.

12. Goodwill and Intangible Impairment

During the third quarter of 2019, the Company recorded $271 million of non-cash goodwill ($259 million) and intangible asset ($12 million) impairment, substantially all associated with the Company's U.S. Medical Management (USMM) physician home health business in the Specialty Services segment. The impairment was identified as part of the Company's quarterly review procedures, which included an analysis of new information related to its shared savings demonstration programs, slower than expected penetration of the physician home health business model into its Medicaid population, and the related impact to revised forecasts. The Company conducted an impairment analysis of the identifiable intangible assets and goodwill of the reporting unit using the income approach, in which fair value is derived based on the present value of discounted expected cash flows.
Report of Independent Registered Public Accounting Firm

To the Stockholders and Board of Directors
Centene Corporation:

Opinion on the Consolidated Financial Statements

We have audited the accompanying consolidated balance sheets of Centene Corporation and subsidiaries (the Company) as of December 31, 2018 and 2017, the related consolidated statements of operations, comprehensive earnings, stockholders’ equity, and cash flows for each of the years in the three-year period ended December 31, 2018, and the related notes (collectively, the consolidated financial statements). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2018 and 2017, and the results of its operations and its cash flows for each of the years in the three-year period ended December 31, 2018, in conformity with U.S. generally accepted accounting principles.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Company’s internal control over financial reporting as of December 31, 2018, based on criteria established in Internal Control - Integrated Framework (2013) issued by the Committee of Sponsoring Organizations of the Treadway Commission, and our report dated February 19, 2019 expressed an unqualified opinion on the effectiveness of the Company’s internal control over financial reporting.

Basis for Opinion

These consolidated financial statements are the responsibility of the Company’s management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the consolidated financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that our audits provide a reasonable basis for our opinion.

/s/ KPMG LLP

We have served as the Company’s auditor since 2005.

St. Louis, Missouri
February 19, 2019
### CENTENE CORPORATION AND SUBSIDIARIES

#### CONSOLIDATED BALANCE SHEETS

(Insets millions, except shares in thousands and per share data in dollars)

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 5,342</td>
<td>$ 4,072</td>
</tr>
<tr>
<td>Premium and trade receivables</td>
<td>5,150</td>
<td>3,413</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>722</td>
<td>531</td>
</tr>
<tr>
<td>Other current assets</td>
<td>784</td>
<td>685</td>
</tr>
<tr>
<td>Total current assets</td>
<td>11,998</td>
<td>8,703</td>
</tr>
<tr>
<td>Long-term investments</td>
<td>6,861</td>
<td>5,312</td>
</tr>
<tr>
<td>Restricted deposits</td>
<td>555</td>
<td>135</td>
</tr>
<tr>
<td>Property, software and equipment, net</td>
<td>1,706</td>
<td>1,104</td>
</tr>
<tr>
<td>Goodwill</td>
<td>7,015</td>
<td>4,749</td>
</tr>
<tr>
<td>Intangible assets, net</td>
<td>2,239</td>
<td>1,399</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>527</td>
<td>454</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$ 30,901</td>
<td>$ 21,855</td>
</tr>
</tbody>
</table>

| **LIABILITIES, REDEEMABLE NONCONTROLLING INTERESTS AND STOCKHOLDERS' EQUITY** |                   |                   |
| Current liabilities:                                                 |                   |                   |
| Medical claims liability                                            | $ 6,831           | $ 4,286           |
| Accounts payable and accrued expenses                               | 4,051             | 4,165             |
| Return of premium payable                                           | 666               | 549               |
| Unearned revenue                                                    | 385               | 328               |
| Current portion of long-term debt                                   | 38                | 4                 |
| **Total current liabilities**                                       | 11,971            | 9,332             |
| Long-term debt                                                      | 6,648             | 4,695             |
| Other long-term liabilities                                         | 1,259             | 952               |
| **Total liabilities**                                               | 19,878            | 14,979            |
| Commitments and contingencies                                       |                   |                   |
| **Redeemable noncontrolling interests**                             | 10                | 12                |

#### Stockholders' equity:

- Preferred stock, $.001 par value; authorized 10,000 shares; no shares issued or outstanding at December 31, 2018 and December 31, 2017
- Common stock, $.001 par value; authorized 800,000 shares; 417,695 issued and 412,478 outstanding at December 31, 2018, and 360,758 issued and 346,874 outstanding at December 31, 2017

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional paid-in capital</td>
<td>7,449</td>
<td>4,349</td>
</tr>
<tr>
<td>Accumulated other comprehensive loss</td>
<td>(56)</td>
<td>(5)</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>3,663</td>
<td>2,748</td>
</tr>
<tr>
<td>Treasury stock, at cost (5,217 and 13,884 shares, respectively)</td>
<td>(139)</td>
<td>(244)</td>
</tr>
<tr>
<td><strong>Total Centene stockholders' equity</strong></td>
<td>10,917</td>
<td>6,850</td>
</tr>
<tr>
<td>Noncontrolling interest</td>
<td>96</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total stockholders' equity</strong></td>
<td>11,013</td>
<td>6,864</td>
</tr>
<tr>
<td><strong>Total liabilities, redeemable noncontrolling interests and stockholders' equity</strong></td>
<td>$ 30,901</td>
<td>$ 21,855</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of these statements.
### CENTENE CORPORATION AND SUBSIDIARIES
### CONSOLIDATED STATEMENTS OF OPERATIONS
(Year Ended December 31, 2018, 2017, 2016)

#### Revenues:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium</td>
<td>$53,629</td>
<td>$43,353</td>
<td>$35,399</td>
</tr>
<tr>
<td>Service</td>
<td>2,806</td>
<td>2,267</td>
<td>2,180</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>$56,435</td>
<td>$45,620</td>
<td>$37,579</td>
</tr>
</tbody>
</table>

#### Expenses:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical costs</td>
<td>$46,057</td>
<td>$37,851</td>
<td>$30,636</td>
</tr>
<tr>
<td>Cost of services</td>
<td>2,386</td>
<td>1,847</td>
<td>1,864</td>
</tr>
<tr>
<td>Selling, general and administrative expenses</td>
<td>6,043</td>
<td>4,446</td>
<td>3,673</td>
</tr>
<tr>
<td>Amortization of acquired intangible assets</td>
<td>211</td>
<td>156</td>
<td>147</td>
</tr>
<tr>
<td>Premium tax expense</td>
<td>3,252</td>
<td>2,883</td>
<td>2,563</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>$58,658</td>
<td>$47,183</td>
<td>$39,344</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>1,458</td>
<td>1,199</td>
<td>1,263</td>
</tr>
</tbody>
</table>

#### Other income (expense):

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment and other income</td>
<td>253</td>
<td>190</td>
<td>114</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(343)</td>
<td>(255)</td>
<td>(217)</td>
</tr>
<tr>
<td><strong>Earnings from operations, before income tax expense</strong></td>
<td>1,368</td>
<td>1,134</td>
<td>1,160</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>474</td>
<td>326</td>
<td>599</td>
</tr>
<tr>
<td><strong>Net earnings</strong></td>
<td>894</td>
<td>808</td>
<td>561</td>
</tr>
<tr>
<td>Loss attributable to noncontrolling interests</td>
<td>6</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td><strong>Net earnings attributable to Centene Corporation</strong></td>
<td>$900</td>
<td>$828</td>
<td>$562</td>
</tr>
</tbody>
</table>

#### Net earnings per common share attributable to Centene Corporation:

<table>
<thead>
<tr>
<th></th>
<th>Basic earnings per common share</th>
<th>Diluted earnings per common share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2.31</td>
<td>$2.40</td>
</tr>
<tr>
<td></td>
<td>$2.26</td>
<td>$2.34</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of these statements.
## CENTENE CORPORATION AND SUBSIDIARIES
### CONSOLIDATED STATEMENTS OF COMPREHENSIVE EARNINGS
(In millions)

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net earnings</strong></td>
<td>$894</td>
<td>$808</td>
<td>$561</td>
</tr>
<tr>
<td><strong>Reclassification adjustment, net of tax</strong></td>
<td>2</td>
<td>(2)</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>Change in unrealized (loss) gain on investments, net of tax</strong></td>
<td>(52)</td>
<td>28</td>
<td>(22)</td>
</tr>
<tr>
<td><strong>Defined benefit pension plan net gain arising during the period, net of tax</strong></td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Foreign currency translation adjustments</strong></td>
<td>(4)</td>
<td>6</td>
<td>(3)</td>
</tr>
<tr>
<td><strong>Other comprehensive (loss) earnings</strong></td>
<td>(53)</td>
<td>33</td>
<td>(26)</td>
</tr>
<tr>
<td><strong>Comprehensive earnings</strong></td>
<td>841</td>
<td>841</td>
<td>535</td>
</tr>
<tr>
<td><strong>Comprehensive loss attributable to the noncontrolling interests</strong></td>
<td>6</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td><strong>Comprehensive earnings attributable to Centene Corporation</strong></td>
<td>$847</td>
<td>$861</td>
<td>$536</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of these statements.
## Centene Stockholders’ Equity

<table>
<thead>
<tr>
<th></th>
<th>Common Stock</th>
<th></th>
<th>Treasury Stock</th>
<th></th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.001 Par Value Shares</td>
<td>Additional Paid-in Capital</td>
<td>Accumulated Other Comprehensive Income (Loss)</td>
<td>Retained Earnings</td>
<td>$0.001 Par Value Shares</td>
<td>Non controlling Interest</td>
<td></td>
</tr>
<tr>
<td><strong>Balance, December 31, 2015</strong></td>
<td>253,710</td>
<td>$ 956</td>
<td>(10)</td>
<td>1,358</td>
<td>13,024</td>
<td>(147)</td>
<td>1</td>
</tr>
<tr>
<td><strong>Net earnings</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>562</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Other comprehensive loss, net of ($14) tax</strong></td>
<td>—</td>
<td>—</td>
<td>(26)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Common stock issued for acquisitions</strong></td>
<td>96,436</td>
<td>—</td>
<td>3,074</td>
<td>—</td>
<td>—</td>
<td>(2,750)</td>
<td>31</td>
</tr>
<tr>
<td><strong>Common stock issued for employee benefit plans</strong></td>
<td>6,122</td>
<td>—</td>
<td>12</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Stock compensation expense</strong></td>
<td>—</td>
<td>—</td>
<td>148</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Contribution from noncontrolling interest</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Balance, December 31, 2016</strong></td>
<td>356,268</td>
<td>$ 4,190</td>
<td>(36)</td>
<td>1,920</td>
<td>12,430</td>
<td>(179)</td>
<td>14</td>
</tr>
<tr>
<td><strong>Net earnings</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>828</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Other comprehensive earnings, net of $15 tax</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>33</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Common stock issued for employee benefit plans</strong></td>
<td>4,490</td>
<td>—</td>
<td>11</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Common stock repurchases</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>1,454</td>
<td>65</td>
<td>—</td>
</tr>
<tr>
<td><strong>Stock compensation expense</strong></td>
<td>—</td>
<td>—</td>
<td>135</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Purchase of noncontrolling interest</strong></td>
<td>—</td>
<td>—</td>
<td>13</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Balance, December 31, 2017</strong></td>
<td>360,758</td>
<td>$ 4,349</td>
<td>(3)</td>
<td>2,748</td>
<td>13,884</td>
<td>(244)</td>
<td>14</td>
</tr>
<tr>
<td><strong>Net earnings</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>900</td>
<td>—</td>
<td>—</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>Other comprehensive loss, net of ($15) tax</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>(53)</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Common stock issued for acquisitions</strong></td>
<td>—</td>
<td>—</td>
<td>331</td>
<td>—</td>
<td>—</td>
<td>(9,787)</td>
<td>176</td>
</tr>
<tr>
<td><strong>Common stock issued for stock offering</strong></td>
<td>53,207</td>
<td>—</td>
<td>2,779</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Common stock issued for employee benefit plans</strong></td>
<td>3,730</td>
<td>—</td>
<td>17</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Common stock repurchases</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>1,120</td>
<td>71</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Stock compensation expense</strong></td>
<td>—</td>
<td>—</td>
<td>145</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Cumulative-effect of adopting new accounting guidance</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>15</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Purchase of noncontrolling interest</strong></td>
<td>—</td>
<td>—</td>
<td>(172)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Acquisition resulting in noncontrolling interest</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Balance, December 31, 2018</strong></td>
<td>417,695</td>
<td>$ 7,449</td>
<td>(36)</td>
<td>3,663</td>
<td>5,217</td>
<td>(139)</td>
<td>96</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of this statement.
### CENTENE CORPORATION AND SUBSIDIARIES
#### CONSOLIDATED STATEMENTS OF CASH FLOWS

(In millions)

<table>
<thead>
<tr>
<th>Year Ended December 31,</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net earnings</td>
<td>$894</td>
<td>$808</td>
<td>$561</td>
</tr>
<tr>
<td>Adjustments to reconcile net earnings to net cash provided by operating activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>495</td>
<td>361</td>
<td>278</td>
</tr>
<tr>
<td>Stock compensation expense</td>
<td>145</td>
<td>135</td>
<td>148</td>
</tr>
<tr>
<td>Debt extinguishment costs</td>
<td>—</td>
<td>—</td>
<td>(7)</td>
</tr>
<tr>
<td>Deferred income taxes</td>
<td>(129)</td>
<td>(108)</td>
<td>92</td>
</tr>
<tr>
<td>Premium and trade receivables</td>
<td>(1,173)</td>
<td>(50)</td>
<td>74</td>
</tr>
<tr>
<td>Medical claims liabilities</td>
<td>1,325</td>
<td>359</td>
<td>145</td>
</tr>
<tr>
<td>Other assets</td>
<td>(38)</td>
<td>(146)</td>
<td>167</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td>(129)</td>
<td>(108)</td>
<td>92</td>
</tr>
<tr>
<td>Other operating activities, net</td>
<td>42</td>
<td>(10)</td>
<td>9</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>$1,234</td>
<td>$1,489</td>
<td>$1,851</td>
</tr>
</tbody>
</table>

| **Cash flows from investing activities:** |        |        |        |
| Capital expenditures | (675)  | (422)  | (306)  |
| Purchases of investments | (3,846) | (2,656) | (2,432) |
| Sales and maturities of investments | 1,991  | 1,862  | 1,566  |
| Investments in acquisitions, net of cash acquired | (2,055) | (50)  | (1,297) |
| Other investing activities, net | —      | 12     | —      |
| **Net cash used in investing activities** | (4,585) | (1,254) | (2,469) |

| **Cash flows from financing activities:** |        |        |        |
| Proceeds from issuance of common stock | 2,779  | —      | —      |
| Proceeds from borrowings | 6,077  | 1,400  | 8,946  |
| Payment of long-term debt | (4,083) | (1,353) | (6,076) |
| Common stock repurchases | (71)   | (65)   | (65)   |
| Purchase of noncontrolling interest | (74)   | (66)   | (14)   |
| Debt issuance costs | (25)   | (3)    | (76)   |
| Other financing activities, net | 9      | 5      | —      |
| **Net cash provided by (used in) financing activities** | 4,612  | (82)   | 2,717  |
| Effect of exchange rate changes on cash, cash equivalents and restricted cash | —      | —      | (1)    |
| **Net increase in cash, cash equivalents and restricted cash** | 1,261  | 153    | 2,098  |
| **Cash, cash equivalents, and restricted cash and cash equivalents, beginning of period** | 4,089  | 3,936  | 1,838  |
| **Cash, cash equivalents, and restricted cash and cash equivalents, end of period** | $5,350 | $4,089 | $3,936 |

**Supplemental disclosures of cash flow information:**
- **Interest paid:** $323, $237, $165
- **Income taxes paid:** $448, $496, $556
- **Equity issued in connection with acquisitions:** $507, $—, $3,105

The accompanying notes to the consolidated financial statements are an integral part of these statements.
1. Organization and Operations

On December 12, 2018, the Board of Directors declared a two-for-one split of Centene's common stock in the form of a 100% stock dividend distributed on February 6, 2019 to stockholders of record as of December 24, 2018. All share and per share information presented in this Form 10-K has been adjusted for the two-for-one stock split.

Centene Corporation, or the Company, is a diversified, multi-national healthcare enterprise operating in two segments: Managed Care and Specialty Services. The Managed Care segment provides health plan coverage to individuals through government subsidized programs, including Medicaid, the State Children's Health Insurance Program (CHIP), Long-Term Services and Supports (LTSS), Foster Care, Medicare-Medicaid Plans (MMP), which cover beneficiaries who are dually eligible for Medicare and Medicaid, the Supplemental Security Income Program, also known as the Aged, Blind or Disabled Program (ABD), Medicare, and the Health Insurance Marketplace. The Company also offers a variety of individual, small group, and large group commercial healthcare products, both to employers and directly to members in the Managed Care segment. The Specialty Services segment consists of our specialty companies offering auxiliary healthcare services and products to state programs, correctional facilities, healthcare organizations, employer groups and other commercial organizations, as well as to our own subsidiaries. The Specialty Service segment also includes the Government Contracts business which includes the Company's government-sponsored managed care support contract with the U.S. Department of Defense (DoD) under the TRICARE program, the Military Family and Life Counseling (MFLC) contract with the DoD, and other healthcare related government contracts.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements include the accounts of Centene Corporation and all majority owned subsidiaries and subsidiaries over which the Company exercises the power and control to direct activities significantly impacting financial performance. All material intercompany balances and transactions have been eliminated.

In January 2017, the Company reclassified Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan from the Specialty Services segment to the Managed Care segment due to a reorganization of the Arizona management structure following the Health Net integration. As a result, the financial results of Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan have been reclassified from the Specialty Services segment to the Managed Care segment for all periods presented.

Certain amounts in the consolidated financial statements and notes have been reclassified to conform to the 2018 presentation. These reclassifications have no effect on net earnings or stockholders' equity as previously reported.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Future events and their effects cannot be predicted with certainty; accordingly, the accounting estimates require the exercise of judgment. The accounting estimates used in the preparation of the consolidated financial statements will change as new events occur, as more experience is acquired, as additional information is obtained and as the operating environment changes. The Company evaluates and updates its assumptions and estimates on an ongoing basis and may employ outside experts to assist in its evaluation, as considered necessary. Actual results could differ from those estimates.

Business Combinations

Business combinations are accounted for using the acquisition method of accounting. The Company allocates the fair value of purchase consideration to the assets acquired and liabilities assumed based on their fair values at the acquisition date. The excess of the fair value of consideration transferred over the fair value of the net assets acquired is recorded as goodwill. Goodwill is generally attributable to the value of the synergies between the combined companies and the value of the acquired assembled workforce, neither of which qualifies for recognition as an intangible asset.
The Company uses its best estimates and assumptions to value assets acquired and liabilities assumed at the acquisition date; however, these estimates are sometimes preliminary and, in some instances, all information required to value the assets acquired and liabilities assumed may not be available or final as of the end of a reporting period subsequent to the business combination. If the accounting for the business combination is incomplete, provisional amounts are recorded. The provisional amounts are updated during the period determined, up to one year from the acquisition date. The Company includes the results of operations of acquired businesses in the Company's consolidated results prospectively from the date of acquisition.

Acquisition related expenses and post-acquisition restructuring costs are recognized separately from the business combination and are expensed as incurred.

**Cash and Cash Equivalents**

Investments with original maturities of three months or less are considered to be cash equivalents. Cash equivalents consist of money market funds, bank certificates of deposit and savings accounts.

The Company maintains amounts on deposit with various financial institutions, which may exceed federally insured limits. However, management periodically evaluates the credit-worthiness of those institutions, and the Company has not experienced any losses on such deposits.

**Investments**

Short-term investments include securities with maturities greater than three months to one year. Long-term investments include securities with maturities greater than one year.

Short-term and long-term investments are generally classified as available for sale and are carried at fair value. Certain equity investments are recorded using the fair value or equity method. Unrealized gains and losses on debt investments available for sale are excluded from earnings and reported in accumulated other comprehensive income, a separate component of stockholders' equity, net of income tax effects. Premiums and discounts are amortized or accreted over the life of the related security using the effective interest method. The Company monitors the difference between the cost and fair value of investments. Investments that experience a decline in value that is judged to be other than temporary are written down to fair value and a realized loss is recorded in investment and other income. To calculate realized gains and losses on the sale of investments, the Company uses the specific amortized cost of each investment sold. Realized gains and losses are recorded in investment and other income.

The Company uses the equity method to account for its investments in entities that it does not control but has the ability to exercise significant influence over operating and financial policies. These investments are recorded at the lower of their cost or fair value adjusted for the Company’s proportionate share of earnings or losses.

**Restricted Deposits**

Restricted deposits consist of investments required by various state statutes to be deposited or pledged to state agencies. These investments are classified as long-term, regardless of the contractual maturity date, due to the nature of the states' requirements. The Company is required to annually adjust the amount of the deposit pledged to certain states.

**Fair Value Measurements**

In the normal course of business, the Company invests in various financial assets and incurs various financial liabilities. Fair values are disclosed for all financial instruments, whether or not such values are recognized in the Consolidated Balance Sheets. Management obtains quoted market prices and other observable inputs for these disclosures. The carrying amounts reported in the Consolidated Balance Sheets for cash and cash equivalents, premium and trade receivables, medical claims liability, accounts payable and accrued expenses, unearned revenue, and certain other current assets and liabilities are carried at cost, which approximates fair value because of their short-term nature.

The following methods and assumptions were used to estimate the fair value of each financial instrument:

- **Available for sale investments and restricted deposits**: The carrying amount is stated at fair value, based on quoted market prices, where available. For securities not actively traded, fair values were estimated using values obtained from independent pricing services or quoted market prices of comparable instruments.
- **Senior unsecured notes**: Estimated based on third-party quoted market prices for the same or similar issues.
• Variable rate debt: The carrying amount of our floating rate debt approximates fair value since the interest rates adjust based on market rate adjustments.
• Interest rate swap: Estimated based on third-party market prices based on the forward 1-month or 3-month LIBOR curve.
• Contingent consideration: Estimated based on expected achievement of metrics included in the acquisition agreement considering circumstances that exist as of the acquisition date.

Property, Software and Equipment

Property, software and equipment are stated at cost less accumulated depreciation. Computer hardware and software includes certain costs incurred in the development of internal-use software, including external direct costs of materials and services and payroll costs of employees devoted to specific software development. Depreciation is calculated principally by the straight-line method over estimated useful lives. Leasehold improvements are depreciated using the straight-line method over the shorter of the expected useful life or the remaining term of the lease. Property, software and equipment are depreciated over the following periods:

<table>
<thead>
<tr>
<th>Fixed Asset</th>
<th>Depreciation Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings and land improvements</td>
<td>5 - 40 years</td>
</tr>
<tr>
<td>Computer hardware and software</td>
<td>2 - 7 years</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>3 - 10 years</td>
</tr>
<tr>
<td>Land improvements</td>
<td>3 - 20 years</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>1 - 20 years</td>
</tr>
</tbody>
</table>

The carrying amounts of all long-lived assets are evaluated to determine if adjustment to the depreciation and amortization period or to the unamortized balance is warranted. Such evaluation is based principally on the expected utilization of the long-lived assets.

The Company retains fully depreciated assets in property and accumulated depreciation accounts until it removes them from service. In the case of sale, retirement, or disposal, the asset cost and related accumulated depreciation balance is removed from the respective account, and the resulting net amount, less any proceeds, is included as a component of earnings from operations in the Consolidated Statements of Operations.

Goodwill and Intangible Assets

Intangible assets represent assets acquired in purchase transactions and consist primarily of purchased contract rights, provider contracts, customer relationships, trade names, developed technologies and goodwill. Intangible assets are amortized using the straight-line method over the following periods:

<table>
<thead>
<tr>
<th>Intangible Asset</th>
<th>Amortization Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased contract rights</td>
<td>5 - 15 years</td>
</tr>
<tr>
<td>Provider contracts</td>
<td>4 - 15 years</td>
</tr>
<tr>
<td>Customer relationships</td>
<td>3 - 15 years</td>
</tr>
<tr>
<td>Trade names</td>
<td>7 - 20 years</td>
</tr>
<tr>
<td>Developed technologies</td>
<td>2 - 7 years</td>
</tr>
</tbody>
</table>

The Company tests for impairment of intangible assets as well as long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset or asset group (hereinafter referred to as “asset group”) may not be recoverable by comparing the sum of the estimated undiscounted future cash flows expected to result from use of the asset group and its eventual disposition to the carrying value. Such factors include, but are not limited to, significant changes in membership, state funding, state contracts and provider networks and contracts. If the sum of the estimated undiscounted future cash flows is less than the carrying value, an impairment determination is required. The amount of impairment is calculated by subtracting the fair value of the asset group from the carrying value of the asset group. An impairment charge, if any, is recognized within earnings from operations.
The Company tests goodwill for impairment using a fair value approach. The Company is required to test for impairment at least annually, absent a triggering event, which could include a significant decline in operating performance that would require an impairment assessment. Absent any impairment indicators, the Company performs its goodwill impairment testing during the fourth quarter of each year. The Company recognizes an impairment charge for any amount by which the carrying amount of goodwill exceeds its implied fair value.

The Company first assesses qualitative factors to determine whether it is necessary to perform the two-step quantitative goodwill impairment test. The Company generally does not calculate the fair value of a reporting unit unless it determines, based on a qualitative assessment, that it is more likely than not that its fair value is less than its carrying amount. However, in certain circumstances, such as recent acquisitions, the Company may elect to perform a quantitative assessment without first assessing qualitative factors.

If the two-step quantitative test is deemed necessary, the Company determines an appropriate valuation technique to estimate a reporting unit's fair value as of the testing date. The Company utilizes either the income approach or the market approach, whichever is most appropriate for the respective reporting unit. The income approach is based on an internally developed discounted cash flow model that includes many assumptions related to future growth rates, discount factors, future tax rates, etc. The market approach is based on financial multiples of comparable companies derived from current market data. The second step of the goodwill impairment test, used to measure the amount of impairment loss, compares the implied fair value of reporting unit goodwill with the carrying amount of that goodwill. If the carrying amount of reporting unit goodwill exceeds the implied fair value of that goodwill, an impairment loss shall be recognized in an amount equal to that excess. Changes in economic and operating conditions impacting assumptions used in our analyses could result in goodwill impairment in future periods.

Medical Claims Liability

Medical claims liability includes claims reported but not yet paid, or inventory, estimates for claims incurred but not reported, or IBNR, and estimates for the costs necessary to process unpaid claims at the end of each period. The Company estimates its medical claims liability using actuarial methods that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. These actuarial methods consider factors such as historical data for payment patterns, cost trends, product mix, seasonality, utilization of healthcare services and other relevant factors.

Actuarial Standards of Practice generally require that the medical claims liability estimates be adequate to cover obligations under moderately adverse conditions. Moderately adverse conditions are situations in which the actual claims are expected to be higher than the otherwise estimated value of such claims at the time of estimate. In many situations, the claims amounts ultimately settled will be different than the estimate that satisfies the Actuarial Standards of Practice. The Company includes in its IBNR an estimate for medical claims liability under moderately adverse conditions which represents the risk of adverse deviation of the estimates in its actuarial method of reserving.

The Company uses its judgment to determine the assumptions to be used in the calculation of the required estimates. The assumptions it considers when estimating IBNR include, without limitation, claims receipt and payment experience (and variations in that experience), changes in membership, provider billing practices, healthcare service utilization trends, cost trends, product mix, seasonality, prior authorization of medical services, benefit changes, known outbreaks of disease or increased incidence of illness such as influenza, provider contract changes, changes to fee schedules, and the incidence of high dollar or catastrophic claims.

The Company's development of the medical claims liability estimate is a continuous process which it monitors and refines on a monthly basis as additional claims receipts and payment information becomes available. As more complete claims information becomes available, the Company adjusts the amount of the estimates, and includes the changes in estimates in medical costs in the period in which the changes are identified. In every reporting period, the operating results include the effects of more completely developed medical claims liability estimates associated with previously reported periods. The Company consistently applies its reserving methodology from period to period. As additional information becomes known, it adjusts the actuarial model accordingly to establish medical claims liability estimates.

The Company periodically reviews actual and anticipated experience compared to the assumptions used to establish medical costs. The Company establishes premium deficiency reserves if actual and anticipated experience indicates that existing policy liabilities together with the present value of future gross premiums will not be sufficient to cover the present value of future benefits, settlement and maintenance costs.
Revenue Recognition

The Company's health plans generate revenues primarily from premiums received from the states in which it operates health plans, premiums received from its members and CMS for its Medicare product, and premiums from members of its commercial health plans. In addition to member premium payments, its Marketplace contracts also generate revenues from subsidies received from CMS. The Company generally receives a fixed premium per member per month pursuant to its contracts and recognizes premium revenues during the period in which it is obligated to provide services to its members at the amount reasonably estimable. In some instances, the Company's base premiums are subject to an adjustment, or risk score, based on the acuity of its membership. Generally, the risk score is determined by the State or CMS analyzing submissions of processed claims data to determine the acuteness of the Company's membership relative to the entire state's membership. The Company estimates the amount of risk adjustment based upon the processed claims data submitted and expected to be submitted to Centers for Medicare and Medicaid Services (CMS) and records revenues on a risk adjusted basis. Some contracts allow for additional premiums related to supplemental services provided such as maternity deliveries.

The Company's contracts with states may require us to maintain a minimum health benefits ratio (HBR) or may require us to share profits in excess of certain levels. In certain circumstances, including commercial plans, its plans may be required to return premium to the state or policyholders in the event profits exceed established levels. The Company estimates the effect of these programs and recognizes reductions in revenue in the current period. Other states may require us to meet certain performance and quality metrics in order to receive additional or full contractual revenue. For performance-based contracts, the Company does not recognize revenue subject to refund until data is sufficient to measure performance.

Revenues are recorded based on membership and eligibility data provided by the states or CMS, which is adjusted on a monthly basis by the states or CMS for retroactive additions or deletions to membership data. These eligibility adjustments are estimated monthly and subsequent adjustments are made in the period known. The Company continuously reviews and updates those estimates as new information becomes available. It is possible that new information could require us to make additional adjustments, which could be significant, to these estimates.

The Company's Medicare Advantage contracts are with CMS. CMS deploys a risk adjustment model which apportions premiums paid to all health plans according to health severity and certain demographic factors. The CMS risk adjustment model pays more for members whose medical history would indicate that they are expected to have higher medical costs. Under this risk adjustment methodology, CMS calculates the risk adjusted premium payment using diagnosis data from hospital inpatient, hospital outpatient, physician treatment settings as well as prescription drug events. The Company and the healthcare providers collect, compile and submit the necessary and available diagnosis data to CMS within prescribed deadlines. The Company estimates risk adjustment revenues based upon the diagnosis data submitted and expected to be submitted to CMS and records revenues on a risk adjusted basis.

The Company's specialty services generate revenues under contracts with state and federal programs, healthcare organizations and other commercial organizations, as well as from our own subsidiaries. Revenues are recognized when the related services are provided or as ratably earned over the covered period of services. The Company recognizes revenue related to administrative services under the TRICARE government-sponsored managed care support contract for the DoD's TRICARE program on a straight-line basis over the option period, when the fees become fixed and determinable. The TRICARE contract includes various performance-based measures. For each of the measures, an estimate of the amount that has been earned is made at each interim date, and revenue is recognized accordingly.

Some states enact premium taxes, similar assessments and provider pass-through payments, collectively premium taxes, and these taxes are recorded as a separate component of both revenues and operating expenses. Additionally, the Company's insurance subsidiaries are subject to the Affordable Care Act annual health insurer fee (HIF). absent a HIF moratorium. The ACA imposed the HIF in 2014, 2015, 2016 and 2018. The HIF was suspended in 2017 and 2019. If the Company is able to negotiate reimbursement of portions of these premium taxes or the HIF, it recognizes revenue associated with the HIF on a straight-line basis when we have binding agreements for such reimbursements, including the “gross-up” to reflect the HIFs non-tax deductible nature. Collectively, this revenue is recorded as premium tax and health insurer fee revenue in the Consolidated Statements of Operations. For certain products, premium taxes, state assessments and the HIF are not pass-through payments and are recorded as premium revenue and premium tax expense or health insurer fee expense in the Consolidated Statements of Operations.

70
Affordable Care Act

The Affordable Care Act (ACA) established risk spreading premium stabilization programs effective January 1, 2014. These programs, commonly referred to as the "three Rs", include a permanent risk adjustment program, a transitional reinsurance program, and a temporary risk corridor program. Additionally, the ACA established a minimum annual medical loss ratio (MLR) and cost sharing reductions. Each of the three R programs are taken into consideration to determine if the Company's estimated annual medical costs are less than the minimum loss ratio and require an adjustment to premium revenues to meet the minimum MLR.

The Company’s accounting policies for the programs are as follows:

Risk Adjustment

The permanent risk adjustment program established by the ACA transfers funds from qualified individual and small group insurance plans with below average risk scores to those plans with above average risk scores within each state. The Company estimates the receivable or payable under the risk adjustment program based on its estimated risk score compared to the state average risk score. The Company may record a receivable or payable as an adjustment to premium revenues to reflect the year-to-date impact of the risk adjustment based on its best estimate. The Company refines its estimate as new information becomes available.

Reinsurance

The ACA established a transitional 2014 to 2016 three-year reinsurance program whereby the Company's claims costs incurred for qualified members will be reimbursed when they exceed a specific threshold. For the 2016 benefit year, qualified member claims that exceeded $90,000 entitled the Company to reimbursement from the programs at 50% coinsurance. The Company accounts for reinsurance recoveries as a reduction of medical costs based on each individual case that exceeds the reinsurance threshold established by the program.

Risk Corridor

The temporary 2014 to 2016 three-year risk corridor program established by the ACA applied to qualified individual and small group health plans operating both inside and outside of the Health Insurance Marketplace. The risk corridor program limited the Company's gains and losses in the Health Insurance Marketplace by comparing certain medical and administrative costs to a target amount and sharing the risk for allowable costs with the federal government. Allowable medical costs were adjusted for risk adjustment settlements, transitional reinsurance recoveries and cost sharing reductions received from the federal government. The Company recorded a risk corridor receivable or payable as an adjustment to premium revenues on a year-to-date basis based on where its estimated annual costs fall within the risk corridor range.

Minimum Medical Loss Ratio

Additionally, the ACA established a minimum annual MLR for the Health Insurance Marketplace. Each of the three R programs described above are taken into consideration to determine if the Company's estimated annual medical costs are less than the minimum loss ratio and require an adjustment to premium revenues to meet the minimum MLR.

Cost Sharing Reductions (CSRs)

The ACA directs issuers to reduce the Company's members' cost sharing for essential health benefits for individuals with Federal Poverty Levels (FPLs) between 100% and 250% who are enrolled in a silver tier product; eliminate cost sharing for Indians/Alaska Natives with an FPL less than 300% and eliminate cost sharing for Indians/Alaska Natives regardless of FPL level when services are provided by an Indian Health Service. In order to compensate issuers for reduced cost sharing provided to enrollees, CMS pays an advance CSR payment to the Company each month based on the Company's certification data provided at the time of the qualified health plan application. After the close of the benefit year, the Company is required to provide CMS with data on the value of the CSRs provided to enrollees based on either a ‘simplified’ or ‘standard’ approach. A reconciliation will occur in order to calculate the difference between the Company's CSR advance payments received and the value of CSRs provided to enrollees. This reconciliation will produce either a payable or receivable to/from CMS. The Company has elected the standard methodology approach. In October 2017, the Trump Administration issued an executive order that immediately ceased payments of CSRs to issuers, and 2018 premium rates for Health Insurance Marketplace were set without factoring in the cost sharing subsidy payments from the federal government.

71
Table of Contents

Premium and Trade Receivables and Unearned Revenue

Premium and service revenues collected in advance are recorded as unearned revenue. For performance-based contracts, the Company does not recognize revenue subject to refund until data is sufficient to measure performance. Premiums and service revenues due to the Company are recorded as premium and trade receivables and are recorded net of an allowance based on historical trends and management's judgment on the collectibility of these accounts. As the Company generally receives payments during the month in which services are provided, the allowance is typically not significant in comparison to total revenues and does not have a material impact on the presentation of the financial condition or results of operations. Amounts receivable under federal contracts are comprised primarily of contractually defined billings, accrued contract incentives under the terms of the contract and amounts related to change orders for services not originally specified in the contract.

Activity in the allowance for uncollectible accounts for the years ended December 31, is summarized below ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowances, beginning of year</td>
<td>$24</td>
<td>$29</td>
<td>$10</td>
</tr>
<tr>
<td>Amounts charged to expense</td>
<td>134</td>
<td>35</td>
<td>33</td>
</tr>
<tr>
<td>Write-offs of uncollectible receivables</td>
<td>(35)</td>
<td>(40)</td>
<td>(14)</td>
</tr>
<tr>
<td>Allowances, end of year</td>
<td>$123</td>
<td>$24</td>
<td>$29</td>
</tr>
</tbody>
</table>

The increase in the amounts charged to expense in 2018 primarily relates to costs associated with the expiration of the Company's contract to provide health care coordination services to the U.S. Department of Veterans Affairs under the Patient-Centered Community Care and Veterans Choice Programs.

Significant Customers

Centene receives the majority of its revenues under contracts or subcontracts with state Medicaid managed care programs. Customers where the aggregate annual contract revenues exceeded 10% of total annual revenues included the State of California, where the percentage of the Company's total revenue was 13%, 18% and 21% for the years ended December 31, 2018, 2017 and 2016, respectively; and the State of Texas, where the percentage of the Company's total revenue was 10%, 12% and 13% for the years ended December 31, 2018, 2017 and 2016, respectively.

Other Income (Expense)

Other income (expense) consists principally of investment income, interest expense and equity method earnings from investments. Investment income is derived from the Company's cash, cash equivalents, restricted deposits and investments. Interest expense relates to borrowings under the senior notes, interest rate swaps, credit facilities, and interest on capital leases.

Income Taxes

Deferred tax assets and liabilities are recorded for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax law or tax rates is recognized in income in the period that includes the enactment date.

Valuation allowances are provided when it is considered more likely than not that deferred tax assets will not be realized. In determining if a deductible temporary difference or net operating loss can be realized, the Company considers future reversals of existing taxable temporary differences, future taxable income, taxable income in prior carryback periods and tax planning strategies.

Contingencies

The Company accrues for loss contingencies associated with outstanding litigation, claims and assessments for which it has determined it is probable that a loss contingency exists and the amount of loss can be reasonably estimated. The Company expenses professional fees associated with litigation claims and assessments as incurred.
**Stock Based Compensation**

The fair value of the Company's employee share options and similar instruments are estimated using the Black-Scholes option-pricing model. That cost is recognized over the period during which an employee is required to provide service in exchange for the award. Excess tax benefits related to stock compensation are presented as a cash inflow from operating activities for the years ended December 31, 2018, 2017 and 2016. The Company accounts for forfeitures when they occur.

**Foreign Currency Translation**

The Company is exposed to foreign currency exchange risk through its international subsidiaries whose functional currencies include the Euro and British Pound. The assets and liabilities of the Company's subsidiaries are translated into United States dollars at the balance sheet date. The Company translates its proportionate share of earnings using average rates during the year. The resulting foreign currency translation adjustments are recorded as a separate component of accumulated other comprehensive income.

**Recently Adopted Accounting Guidance**

In August 2018, the Financial Accounting Standards Board (FASB) issued an Accounting Standards Update (ASU) which modifies the disclosure requirements on fair value measurements. The amendments in this ASU remove the requirements to disclose the amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy, the policy for timing of transfers between levels and the valuation processes for Level 3 fair value measurements. The amendments require public entities to disclose the changes in unrealized gains and losses for the period included in other comprehensive income for recurring Level 3 fair value measurements for instruments held at the end of the reporting period, and the range and weighted average used to develop significant inputs for Level 3 fair value measurements. For investments in certain entities that calculate net asset value, the standard requires the disclosure of the period of time over which the underlying assets might be liquidated if the investee has announced the timing publicly. The Company adopted the new guidance in the third quarter of 2018. The new guidance did not have any impact on the Company's consolidated financial position, results of operations or cash flows.

In June 2018, the FASB issued an ASU that simplifies the accounting for share-based payment arrangements with non-employees for goods and services. Under the ASU, the guidance on such payments to non-employees is aligned with the accounting for share-based payments granted to employees, including the measurement of equity-classified awards, which is fixed at the grant date under the new guidance. The Company adopted the new guidance in the second quarter of 2018 using the modified retrospective approach with an immaterial cumulative-effect adjustment to retained earnings.

In February 2018, the FASB issued an ASU which allows a reclassification from accumulated other comprehensive income (OCI) to retained earnings for stranded tax effects resulting from the Tax Cuts and Job Acts (TCJA). Consequently, the amendments eliminate the stranded tax effects resulting from the TCJA and will improve the usefulness of information reported to financial statement users. However, because the amendments only relate to the reclassification of the income tax effects of the TCJA, the underlying guidance that requires that the effect of a change in tax laws or rates be included in income from continuing operations is not affected. The amendments in this ASU also require certain disclosures about stranded tax effects. The Company adopted the new guidance in the first quarter of 2018 and elected to reclassify stranded tax effects as a result of the TCJA related to unrealized gains and losses on investments and defined benefit plan obligations. The Company uses the individual security approach to release income tax effects from accumulated OCI. The new guidance did not have a material impact on the Company's consolidated financial position, results of operations or cash flows.

In November 2016, the FASB issued an ASU clarifying the classification and presentation of changes in restricted cash on the statement of cash flows. The amendments in this ASU require that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and restricted cash. Therefore, amounts generally described as restricted cash should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The Company adopted the new guidance in the first quarter of 2018. The new guidance did not have a material impact on the Company's consolidated financial position, results of operations or cash flows. Cash, cash equivalents, and restricted cash and cash equivalents reported on the Consolidated Statements of Cash Flows includes restricted cash and cash equivalents of $78 million, $6 million, $17 million and $8 million as of December 31, 2015, December 31, 2016, December 31, 2017 and December 31, 2018, respectively.
In January 2016, the FASB issued an ASU which requires entities to measure equity investments at fair value and recognize any change in fair value in net income. The standard does not apply to accounting methods that result in consolidation of the investee and those accounted for under the equity method. The standard also requires entities to record changes in instrument-specific credit risk for financial liabilities measured under the fair value option in other comprehensive income. Companies are required to record a cumulative-effect adjustment to the statement of financial position as of the beginning of the fiscal year in which the guidance is adopted, with the exception of amendments related to equity investments without readily determinable fair values, which will be applied prospectively to all investments that exist as of the date of adoption. The Company adopted the new guidance in the first quarter of 2018. The new guidance did not have a material impact on the Company's consolidated financial position, results of operations or cash flows.

In May 2014, the FASB issued an ASU which supersedes existing revenue recognition standards with a single model unless those contracts are within the scope of other standards (e.g., an insurance entity's insurance contracts). Under the new standard, recognition of revenue occurs when a customer obtains control of promised goods or services in an amount that reflects the consideration which the entity expects to receive in exchange for those goods or services. In addition, the standard requires disclosure of the nature, amount, timing and uncertainty of revenue and cash flows arising from contracts with customers. The Company adopted the new guidance in the first quarter of 2018 using the modified retrospective approach with a cumulative-effect increase to retained earnings of $16 million. The Company also elected the practical expedient of applying the new guidance only to contracts that are not completed as of the date of initial application. The majority of the Company's revenues are derived from insurance contracts and are excluded from the new standard.

Recent Accounting Guidance Not Yet Adopted

In August 2018, the FASB issued an ASU which aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software (and hosting arrangements that include an internal use software license). The accounting for the service element of a hosting arrangement that is a service contract is not affected by the amendments in this update. The amendments in this ASU require an entity that is the customer in a hosting arrangement to follow the guidance on internal-use software to determine which implementation costs to capitalize and which costs to expense. The standard also requires an entity that is the customer to expense the capitalized implementation costs of a hosting arrangement over the term of the hosting arrangement. The new guidance requires an entity to present the expense related to the capitalized implementation costs in the same line item in the statement of income as the fees associated with the hosting element of the arrangement and classify payments for capitalized implementation costs in the statement of cash flows in the same manner as payments made for fees associated with the hosting element. The entity is also required to present the capitalized implementation costs in the statement of financial position in the same line item that a prepayment for the fees of the associated hosting arrangement would be presented. The guidance is effective for annual and interim periods beginning after December 15, 2019. Early adoption is permitted. The new guidance is not expected to have a material impact on the Company’s consolidated financial position, results of operations or cash flows.

In August 2017, the FASB issued an ASU which amends the hedge accounting model to enable entities to better align the economics of risk management activities and financial reporting. In addition, the new standard enhances the understandability of hedge results and simplifies the application of hedge accounting in certain situations. The Company adopted the new guidance in the first quarter of 2019. The new guidance did not have a material impact on the Company’s consolidated financial position, results of operations or cash flows.

In March 2017, the FASB issued an ASU which changes the period over which premiums on callable debt securities are amortized. The new standard requires the premiums on callable debt securities to be amortized to the earliest call date rather than to the contractual maturity date of the instrument. The new guidance more closely aligns the amortization period of premiums to expectations incorporated in the market pricing on the underlying securities. The Company adopted the new guidance in the first quarter of 2019. The new guidance did not have a material impact on the Company's consolidated financial position, results of operations or cash flows.
In January 2017, the FASB issued an ASU simplifying the test for goodwill impairment. The amendments in this ASU eliminate Step 2 from the goodwill impairment test. Thus, an entity will no longer be required to compare the implied fair value of a reporting unit’s goodwill to its carrying amount. Instead, under the new guidance, an entity should perform the goodwill impairment test by comparing the fair value of a reporting unit with its carrying amount and should recognize an impairment charge for the amount by which the carrying amount exceeds the fair value. The impairment charge should be limited to the total amount of goodwill allocated to that reporting unit. Under the new guidance, an entity still has the option to first perform the qualitative assessment for a reporting unit to determine if the quantitative impairment test is necessary. The new standard is effective for an entity’s annual or interim goodwill impairment tests in fiscal years beginning after December 15, 2019. Early adoption is permitted, including adoption in an interim period. The new guidance is not expected to have a material impact on the Company’s consolidated financial position, results of operations or cash flows.

In February 2016, the FASB issued an ASU which introduces a lessee model that requires the majority of leases to be recognized on the balance sheet. The new standard also aligns many of the underlying principles of the new lessor model with those in Accounting Standards Codification 606, the FASB’s new revenue recognition standard, and addresses other concerns related to the current lessee model. The standard also requires lessors to increase the transparency of their exposure to changes in value of their residual assets and how they manage that exposure. It is effective for annual and interim periods beginning after December 15, 2018. Early adoption is permitted. The Company adopted the new guidance in the first quarter of 2019 using the modified retrospective transition approach and elected the transition option to recognize a cumulative-effect adjustment to the opening balance of retained earnings in the period of adoption rather than in the earliest period presented. In addition, the Company elected the package of practical expedients permitted under the transition guidance within the new standard, which allows an entity to not reassess lease classification for existing leases. Adoption of the new guidance resulted in the recognition of right-of-use (ROU) assets and lease liabilities of approximately $800 million for operating leases. The new guidance did not have a material impact on the Company’s consolidated results of operations or cash flows.

The Company has determined that there are no other recently issued accounting pronouncements that will have a material impact on its consolidated financial position, results of operations or cash flows.

3. Fidelis Care Acquisition

On July 1, 2018, the Company acquired substantially all of the assets of Fidelis Care for approximately $3,604 million of cash consideration, which includes a working capital adjustment. The purchase price continues to be subject to adjustments related to changes in working capital through June 2019. The acquisition consideration was funded through the issuance of 53.2 million shares of Centene common stock as further discussed in Note 11 Stockholders Equity and the issuance of long-term debt as further discussed in Note 10 Debt. The Fidelis Care acquisition expanded the Company’s scale and presence to New York State.

The acquisition of Fidelis Care was accounted for as a business combination using the acquisition method of accounting which requires assets acquired and liabilities assumed to be recognized at fair value as of the acquisition date. Any necessary adjustments from preliminary estimates will be finalized within one year from the date of acquisition. Measurement period adjustments will be recorded in the period in which they are determined, as if they had been completed at the acquisition date. The Company has completed its valuation procedures on cash and cash equivalents, restricted deposits, and property, software and equipment, but the valuation of all remaining assets and liabilities has not been finalized. The Company has performed preliminary valuation procedures on all assets acquired and liabilities assumed and accordingly has recorded provisional amounts which are subject to adjustment. The Company is waiting on additional information related to certain liabilities and performing a detailed analysis on the valuation of premium and related receivables.
The Company's preliminary allocation of the fair value of assets acquired and liabilities assumed as of the acquisition date of July 1, 2018 is as follows ($ in millions):

<table>
<thead>
<tr>
<th>Assets acquired and liabilities assumed</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>2,001</td>
</tr>
<tr>
<td>Premium and related receivables</td>
<td>508</td>
</tr>
<tr>
<td>Other current assets</td>
<td>33</td>
</tr>
<tr>
<td>Restricted deposits</td>
<td>495</td>
</tr>
<tr>
<td>Property, software and equipment</td>
<td>48</td>
</tr>
<tr>
<td>Intangible assets (a)</td>
<td>922</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>1</td>
</tr>
<tr>
<td>Total assets acquired</td>
<td>4,008</td>
</tr>
<tr>
<td>Medical claims liability</td>
<td>1,204</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>289</td>
</tr>
<tr>
<td>Return of premium payable</td>
<td>124</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td>115</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>299</td>
</tr>
<tr>
<td>Total liabilities assumed</td>
<td>2,031</td>
</tr>
<tr>
<td>Total identifiable net assets</td>
<td>1,977</td>
</tr>
<tr>
<td>Goodwill (b)</td>
<td>1,627</td>
</tr>
<tr>
<td>Total assets acquired and liabilities assumed</td>
<td>$ 3,604</td>
</tr>
</tbody>
</table>

The Company has made the following preliminary fair value adjustments based on information reviewed through December 31, 2018. Significant fair value adjustments are noted as follows:

(a) The identifiable intangible assets acquired are to be measured at fair value as of the completion of the acquisition. The fair value of intangible assets is determined primarily using variations of the “income approach,” which is based on the present value of the future after tax cash flows attributable to each identified intangible asset. Other valuation methods, including the market approach and cost approach, were also considered in estimating the fair value. The Company has estimated the fair value of intangible assets to be $922 million with a weighted average life of 13 years. The identifiable intangible assets include customer relationships, provider contracts, trade names and developed technology.

The fair values and weighted average useful lives for identifiable intangible assets acquired are as follows:

<table>
<thead>
<tr>
<th>Fair Value</th>
<th>Weighted Average Useful Life (in years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer relationships</td>
<td>$ 677</td>
</tr>
<tr>
<td>Trade name</td>
<td>196</td>
</tr>
<tr>
<td>Provider contracts</td>
<td>33</td>
</tr>
<tr>
<td>Developed technologies</td>
<td>16</td>
</tr>
<tr>
<td>Total intangible assets acquired</td>
<td>$ 922</td>
</tr>
</tbody>
</table>

(b) The acquisition resulted in $1.6 billion of goodwill related primarily to synergies expected from the acquisition and the assembled workforce of Fidelis Care. All of the goodwill has been assigned to the Managed Care segment. The goodwill is deductible for income tax purposes.

**Statement of Operations**

From the acquisition date through December 31, 2018, the Company's Consolidated Statements of Operations include total Fidelis Care revenues of $5,628 million. It is impracticable to determine the effect on net income resulting from the Fidelis Care acquisition for the year ended December 31, 2018, as the Company began immediately integrating Fidelis Care into its ongoing operations.
Unaudited Pro Forma Financial Information

The unaudited pro forma total revenues for the year ended December 31, 2018 were $65,792 million. It is impracticable for the Company to determine the pro forma earnings information for the year ended December 31, 2018 due to the nature of obtaining that information as the Company began immediately integrating Fidelis Care into its ongoing operations. The following table presents supplemental pro forma information for the year ended December 31, 2017 ($ in millions, except per share data):

<table>
<thead>
<tr>
<th></th>
<th>Year Ended December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues</td>
<td>$58,275</td>
</tr>
<tr>
<td>Net earnings attributable to Centene Corporation</td>
<td>$936</td>
</tr>
<tr>
<td>Diluted earnings per share</td>
<td>$2.27</td>
</tr>
</tbody>
</table>

The pro forma results do not reflect any anticipated synergies, efficiencies, or other cost savings of the acquisition. Accordingly, the unaudited pro forma financial information is not indicative of the results if the acquisition had been completed on January 1, 2017 and is not a projection of future results.

The unaudited pro forma financial information reflects the historical results of Centene and Fidelis Care adjusted as if the acquisition had occurred on January 1, 2017, primarily for the following:

- Additional premium tax expense related to Fidelis Care no longer being a not-for-profit entity.
- Additional Health Insurer Fee revenue in 2018 related to Fidelis Care as some of those revenues will be subject to the Health Insurer Fee following the first year of the closing of the Fidelis Care acquisition, absent a Health Insurer Fee moratorium.
- Reduced Fidelis Care investment income to reflect lower investment balances and mix of investments associated with the acquired assets.
- Interest expense associated with debt incurred to finance the transaction.
- An adjustment to basic and diluted shares outstanding to reflect the shares issued by Centene to finance the transaction.
- Elimination of acquisition related costs.

Commitments

As part of the regulatory approval process, in connection with the acquisition of Fidelis Care, the Company entered into certain undertakings with the New York State Department of Health. These undertakings contain various commitments by the Company effective upon completion of the Fidelis Care acquisition. One of the undertakings includes a $340 million contribution by the Company to the State of New York to be paid over a five-year period for initiatives consistent with our mission of providing high quality healthcare to vulnerable populations within New York State. As a result of the closing of the Fidelis Care acquisition, the present value of the $340 million contribution to the State of New York, approximately $328 million, was expensed during 2018.
4. Short-term and Long-term Investments, Restricted Deposits

Short-term and long-term investments and restricted deposits by investment type consist of the following ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th></th>
<th></th>
<th>December 31, 2017</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amortized Cost</td>
<td>Gross Unrealized Gains</td>
<td>Gross Unrealized Losses</td>
<td>Fair Value</td>
<td>Amortized Cost</td>
<td>Gross Unrealized Gains</td>
<td>Gross Unrealized Losses</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$362</td>
<td>$1</td>
<td>$2</td>
<td>$361</td>
<td>$311</td>
<td>$—</td>
<td>$2</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>$3,190</td>
<td>8</td>
<td>(52)</td>
<td>$3,146</td>
<td>12</td>
<td>(10)</td>
<td>2,210</td>
</tr>
<tr>
<td>Restricted certificates of deposit</td>
<td>433</td>
<td>—</td>
<td>—</td>
<td>433</td>
<td>4</td>
<td>—</td>
<td>4</td>
</tr>
<tr>
<td>Restricted cash equivalents</td>
<td>8</td>
<td>—</td>
<td>—</td>
<td>8</td>
<td>17</td>
<td>—</td>
<td>17</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>2,196</td>
<td>9</td>
<td>(18)</td>
<td>2,187</td>
<td>12</td>
<td>(10)</td>
<td>2,087</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>686</td>
<td>1</td>
<td>(4)</td>
<td>683</td>
<td>1</td>
<td>(1)</td>
<td>427</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>452</td>
<td>1</td>
<td>(9)</td>
<td>444</td>
<td>1</td>
<td>(6)</td>
<td>332</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>366</td>
<td>1</td>
<td>(6)</td>
<td>361</td>
<td>272</td>
<td>1</td>
<td>(2)</td>
</tr>
<tr>
<td>Private equity investments</td>
<td>387</td>
<td>—</td>
<td>—</td>
<td>387</td>
<td>176</td>
<td>—</td>
<td>176</td>
</tr>
<tr>
<td>Life insurance contracts</td>
<td>128</td>
<td>—</td>
<td>—</td>
<td>128</td>
<td>135</td>
<td>—</td>
<td>135</td>
</tr>
<tr>
<td>Total</td>
<td>$8,208</td>
<td>$21</td>
<td>(91)</td>
<td>$8,138</td>
<td>$5,982</td>
<td>$27</td>
<td>(31)</td>
</tr>
</tbody>
</table>

The Company's investments are debt securities classified as available-for-sale with the exception of life insurance contracts and certain private equity investments. The Company's investment policies are designed to provide liquidity, preserve capital and maximize total return on invested assets with the focus on high credit quality securities. The Company limits the size of investment in any single issuer other than U.S. treasury securities and obligations of U.S. government corporations and agencies. As of December 31, 2018, 96% of the Company’s investments in rated securities carry an investment grade rating by nationally recognized statistical rating organizations. At December 31, 2018, the Company held certificates of deposit, life insurance contracts and private equity investments which did not carry a credit rating.

The Company's residential mortgage-backed securities are primarily issued by the Federal National Mortgage Association, Government National Mortgage Association or Federal Home Loan Mortgage Corporation, which carry implicit or explicit guarantees of the U.S. government. The Company's commercial mortgage-backed securities are primarily senior tranches with a weighted average rating of AA+ and a weighted average duration of 3.7 years at December 31, 2018.

In March 2018, the Company completed a 25% investment in RxAdvance, a full-service pharmacy benefit manager. In May 2018, the Company made an additional investment, bringing the total ownership to 28%. The investment is being accounted for using the equity method of accounting. In September 2018, the Company made an additional investment in RxAdvance in the form of convertible preferred stock.
The fair value of available-for-sale debt securities with gross unrealized losses by investment type and length of time that individual securities have been in a continuous unrealized loss position were as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrealized Losses</td>
<td>Fair Value</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$ —</td>
<td>$ 59</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>(27) 1,389</td>
<td>(25) 871</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>(4) 591</td>
<td>(14) 806</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>(2) 318</td>
<td>(2) 168</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>(1) 61</td>
<td>(8) 233</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>(2) 137</td>
<td>(4) 140</td>
</tr>
<tr>
<td>Total</td>
<td>(36) $ 2,555</td>
<td>(55) $ 2,420</td>
</tr>
</tbody>
</table>

As of December 31, 2018, the gross unrealized losses were generated from 3,096 positions out of a total of 4,190 positions. The change in fair value of fixed income securities is primarily a result of movement in interest rates subsequent to the purchase of the security.

For each security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings. The Company does not intend to sell these securities prior to maturity and it is not likely that the Company will be required to sell these securities prior to maturity; therefore, there is no indication of other-than-temporary impairment for these securities.

The contractual maturities of short-term and long-term investments and restricted deposits are as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Investments</td>
<td>Restricted Deposits</td>
</tr>
<tr>
<td>One year or less</td>
<td>$ 647 646</td>
<td>$ 205 205</td>
</tr>
<tr>
<td>One year through five years</td>
<td>3,026 2,998</td>
<td>351 356</td>
</tr>
<tr>
<td>Five years through ten years</td>
<td>2,387 2,362</td>
<td>— —</td>
</tr>
<tr>
<td>Greater than ten years</td>
<td>88 89</td>
<td>— —</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>1,504 1,488</td>
<td>— —</td>
</tr>
<tr>
<td>Total</td>
<td>$ 7,652 7,583</td>
<td>$ 556 555</td>
</tr>
</tbody>
</table>

Actual maturities may differ from contractual maturities due to call or prepayment options. Private equity investments and life insurance contracts are included in the five years through ten years category. The Company has the option to redeem at amortized cost substantially all of the securities included in the greater than ten years category listed above.

The Company continuously monitors investments for other-than-temporary impairment. Certain investments have experienced a decline in fair value due to changes in credit quality, market interest rates and/or general economic conditions. The Company recognizes an impairment loss for private equity investments when evidence demonstrates that it is other-than-temporarily impaired. Evidence of a loss in value that is other-than-temporary may include the absence of an ability to recover the carrying amount of the investment or the inability of the investee to sustain a level of earnings that would justify the carrying amount of the investment.
# 5. Fair Value Measurements

Assets and liabilities recorded at fair value in the Consolidated Balance Sheets are categorized based upon observable or unobservable inputs used to estimate fair value. Level inputs are as follows:

<table>
<thead>
<tr>
<th>Level Input</th>
<th>Input Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td>Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.</td>
</tr>
<tr>
<td>Level II</td>
<td>Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.</td>
</tr>
<tr>
<td>Level III</td>
<td>Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.</td>
</tr>
</tbody>
</table>

The following table summarizes fair value measurements by level at December 31, 2018, for assets and liabilities measured at fair value on a recurring basis ($ in millions):

<table>
<thead>
<tr>
<th>Assets</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$5,342</td>
<td>$—</td>
<td>$—</td>
<td>$5,342</td>
</tr>
<tr>
<td>Investments available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$247</td>
<td>$—</td>
<td>$—</td>
<td>$247</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>$—</td>
<td>$3,146</td>
<td>$—</td>
<td>$3,146</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>$—</td>
<td>$2,187</td>
<td>$—</td>
<td>$2,187</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>$—</td>
<td>$683</td>
<td>$—</td>
<td>$683</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>$—</td>
<td>$444</td>
<td>$—</td>
<td>$444</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>$—</td>
<td>$361</td>
<td>$—</td>
<td>$361</td>
</tr>
<tr>
<td>Total investments</td>
<td>$247</td>
<td>$6,821</td>
<td>$—</td>
<td>$7,068</td>
</tr>
<tr>
<td>Restricted deposits available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$8</td>
<td>$—</td>
<td>$—</td>
<td>$8</td>
</tr>
<tr>
<td>Certificates of deposit</td>
<td>$—</td>
<td>$433</td>
<td>$—</td>
<td>$433</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$114</td>
<td>$—</td>
<td>$—</td>
<td>$114</td>
</tr>
<tr>
<td>Total restricted deposits</td>
<td>$122</td>
<td>$433</td>
<td>$—</td>
<td>$555</td>
</tr>
<tr>
<td>Total assets at fair value</td>
<td>$5,711</td>
<td>$7,254</td>
<td>$—</td>
<td>$12,965</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other long-term liabilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest rate swap agreements</td>
<td>$—</td>
<td>$95</td>
<td>$—</td>
<td>$95</td>
</tr>
<tr>
<td>Total liabilities at fair value</td>
<td>$—</td>
<td>$95</td>
<td>$—</td>
<td>$95</td>
</tr>
</tbody>
</table>

80
The following table summarizes fair value measurements by level at December 31, 2017, for assets and liabilities measured at fair value on a recurring basis ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 4,072</td>
<td>—</td>
<td>—</td>
<td>$ 4,072</td>
</tr>
<tr>
<td>Investments available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$ 195</td>
<td>—</td>
<td>—</td>
<td>$ 195</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>—</td>
<td>2,210</td>
<td>—</td>
<td>2,210</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>—</td>
<td>2,087</td>
<td>—</td>
<td>2,087</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>—</td>
<td>437</td>
<td>—</td>
<td>437</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>—</td>
<td>332</td>
<td>—</td>
<td>332</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>—</td>
<td>271</td>
<td>—</td>
<td>271</td>
</tr>
<tr>
<td>Total investments</td>
<td>$ 195</td>
<td>$ 5,337</td>
<td>—</td>
<td>$ 5,532</td>
</tr>
<tr>
<td>Restricted deposits available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 17</td>
<td>—</td>
<td>—</td>
<td>$ 17</td>
</tr>
<tr>
<td>Certificates of deposit</td>
<td>4</td>
<td>—</td>
<td>—</td>
<td>4</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>114</td>
<td>—</td>
<td>—</td>
<td>114</td>
</tr>
<tr>
<td>Total restricted deposits</td>
<td>$ 135</td>
<td>—</td>
<td>—</td>
<td>$ 135</td>
</tr>
<tr>
<td>Other long-term assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest rate swap agreements</td>
<td>—</td>
<td>$ 1</td>
<td>—</td>
<td>$ 1</td>
</tr>
<tr>
<td>Total assets at fair value</td>
<td>$ 4,402</td>
<td>$ 5,338</td>
<td>—</td>
<td>$ 9,740</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other long-term liabilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest rate swap agreements</td>
<td>—</td>
<td>$ 72</td>
<td>—</td>
<td>$ 72</td>
</tr>
<tr>
<td>Total liabilities at fair value</td>
<td>$ —</td>
<td>$ 72</td>
<td>—</td>
<td>$ 72</td>
</tr>
</tbody>
</table>

The Company utilizes matrix pricing services to estimate fair value for securities which are not actively traded on the measurement date. The Company designates these securities as Level II fair value measurements. In addition, the aggregate carrying amount of the Company's life insurance contracts and other private equity investments, which approximates fair value, was $515 million and $311 million as of December 31, 2018, and December 31, 2017, respectively.

### 6. Property, Software and Equipment

Property, software and equipment consist of the following as of December 31 ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$201</td>
<td>$130</td>
</tr>
<tr>
<td>Building</td>
<td>614</td>
<td>367</td>
</tr>
<tr>
<td>Computer software</td>
<td>757</td>
<td>542</td>
</tr>
<tr>
<td>Computer hardware</td>
<td>308</td>
<td>248</td>
</tr>
<tr>
<td>Furniture and office equipment</td>
<td>335</td>
<td>186</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>291</td>
<td>221</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>2,506</td>
<td>1,694</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(800)</td>
<td>(590)</td>
</tr>
<tr>
<td>Property, software and equipment, net</td>
<td>$1,706</td>
<td>$1,104</td>
</tr>
</tbody>
</table>

Depreciation expense for the years ended December 31, 2018, 2017 and 2016 was $237 million, $161 million and $101 million, respectively.

81
7. Goodwill and Intangible Assets

The following table summarizes the changes in goodwill by operating segment ($ in millions):

<table>
<thead>
<tr>
<th>Segment</th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as of December 31, 2016</td>
<td>$ 4,015</td>
<td>$ 697</td>
<td>$ 4,712</td>
</tr>
<tr>
<td>Acquisitions and purchase accounting adjustments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance as of December 31, 2017</td>
<td>4,015</td>
<td>734</td>
<td>4,749</td>
</tr>
<tr>
<td>Acquisitions and purchase accounting adjustments</td>
<td>1,671</td>
<td>595</td>
<td>2,266</td>
</tr>
<tr>
<td>Balance as of December 31, 2018</td>
<td>$ 5,686</td>
<td>$ 1,329</td>
<td>$ 7,015</td>
</tr>
</tbody>
</table>

The majority of the increase in the managed care segment goodwill was related to the acquisition and fair value allocations discussed in Note 3. *Fidelis Care Acquisition.* The majority of the increase in the specialty services segment goodwill related to other acquisitions discussed in Note 11. *Stockholders’ Equity.*

Intangible assets at December 31, consist of the following ($ in millions):

<table>
<thead>
<tr>
<th>Intangible Asset</th>
<th>2018</th>
<th>2017</th>
<th>2018</th>
<th>2017</th>
<th>Weighted Average Life in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased contract rights</td>
<td>$ 1,173</td>
<td>$ 1,177</td>
<td>12.6</td>
<td>12.6</td>
<td>12.6</td>
</tr>
<tr>
<td>Provider contracts</td>
<td>311</td>
<td>274</td>
<td>12.3</td>
<td>11.9</td>
<td>8.2</td>
</tr>
<tr>
<td>Customer relationships</td>
<td>769</td>
<td>22</td>
<td>10.9</td>
<td>8.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Trade names</td>
<td>361</td>
<td>162</td>
<td>15.2</td>
<td>9.6</td>
<td>9.6</td>
</tr>
<tr>
<td>Developed technologies</td>
<td>180</td>
<td>109</td>
<td>5.2</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Other Intangibles</td>
<td>6</td>
<td>2</td>
<td>2.7</td>
<td>2.8</td>
<td>2.8</td>
</tr>
<tr>
<td>Total accumulated amortization</td>
<td>$ (560)</td>
<td>(349)</td>
<td></td>
<td></td>
<td>11.6</td>
</tr>
<tr>
<td>Intangible assets, net</td>
<td>$ 2,239</td>
<td>$ 1,398</td>
<td></td>
<td></td>
<td>11.6</td>
</tr>
</tbody>
</table>

Intangible assets, net $2,239 million, $1,398 million

Amortization expense was $211 million, $156 million and $147 million for the years ended December 31, 2018, 2017 and 2016, respectively. Estimated total amortization expense related to intangible assets for each of the five succeeding fiscal years is as follows ($ in millions):

<table>
<thead>
<tr>
<th>Year</th>
<th>Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$252</td>
</tr>
<tr>
<td>2020</td>
<td>$244</td>
</tr>
<tr>
<td>2021</td>
<td>$223</td>
</tr>
<tr>
<td>2022</td>
<td>$217</td>
</tr>
<tr>
<td>2023</td>
<td>$214</td>
</tr>
</tbody>
</table>
8. Medical Claims Liability

In January 2017, the Company reclassified Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan from the Specialty Services segment to the Managed Care segment due to a reorganization of the Arizona management structure following the Health Net integration. As a result, the financial results of Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan have been reclassified from the Specialty Services segment to the Managed Care segment for all periods presented. Due to this change in segment reporting, the Specialty Services segment now has an insignificant amount of medical claims liability and, therefore, disclosures related to medical claims liabilities have been aggregated and are presented on a consolidated basis.

The following table summarizes the change in medical claims liability ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance, January 1</strong></td>
<td>$4,286</td>
<td>$3,929</td>
<td>$2,298</td>
</tr>
<tr>
<td>Less: reinsurance recoverable</td>
<td>18</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Balance, January 1, net</strong></td>
<td>$4,268</td>
<td>$3,924</td>
<td>$2,298</td>
</tr>
<tr>
<td>Acquisitions</td>
<td>1,264</td>
<td></td>
<td>1,482</td>
</tr>
<tr>
<td>Less: acquired reinsurance recoverable</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Incurred related to:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year</td>
<td>46,484</td>
<td>38,225</td>
<td>30,946</td>
</tr>
<tr>
<td>Prior years</td>
<td>(427)</td>
<td>(374)</td>
<td>(310)</td>
</tr>
<tr>
<td><strong>Total incurred</strong></td>
<td>46,057</td>
<td>37,851</td>
<td>30,636</td>
</tr>
<tr>
<td><strong>Paid related to:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year</td>
<td>41,161</td>
<td>34,196</td>
<td>28,532</td>
</tr>
<tr>
<td>Prior years</td>
<td>3,556</td>
<td>3,311</td>
<td>1,960</td>
</tr>
<tr>
<td><strong>Total paid</strong></td>
<td>44,717</td>
<td>37,507</td>
<td>30,492</td>
</tr>
<tr>
<td>Balance at December 31</td>
<td>$6,804</td>
<td>$4,268</td>
<td>$3,924</td>
</tr>
<tr>
<td>Plus: reinsurance recoverable</td>
<td>27</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td><strong>Balance, December 31</strong></td>
<td>$6,831</td>
<td>$4,286</td>
<td>$3,929</td>
</tr>
</tbody>
</table>

Reinsurance recoverables related to medical claims are included in premium and trade receivables. Changes in estimates of incurred claims for prior years are primarily attributable to reserving under moderately adverse conditions. Additionally, as a result of minimum HBR and other return of premium programs, approximately $25 million, $1 million, and $39 million of the “Incurred related to: Prior years” was recorded as a reduction to premium revenues in 2018, 2017, and 2016, respectively. Further, claims processing initiatives yielded increased claim payment recoveries and coordination of benefits related to prior year dates of service. Changes in medical utilization and cost trends and the effect of medical management initiatives may also contribute to changes in medical claim liability estimates. While the Company has evidence that medical management initiatives are effective on a case by case basis, medical management initiatives primarily focus on events and behaviors prior to the incurrence of the medical event and generation of a claim. Accordingly, any change in behavior, leveling of care, or coordination of treatment occurs prior to claim generation and as a result, the costs prior to the medical management initiative are not known by the Company. Additionally, certain medical management initiatives are focused on member and provider education with the intent of influencing behavior to appropriately align the medical services provided with the member's acuity. In these cases, determining whether the medical management initiative changed the behavior cannot be determined. Because of the complexity of its business, the number of states in which it operates, and the volume of claims that it processes, the Company is unable to practically quantify the impact of these initiatives on its changes in estimates of IBNR.

The Company periodically reviews actual and anticipated experience compared to the assumptions used to establish medical costs. The Company establishes premium deficiency reserves if actual and anticipated experience indicates that existing policy liabilities together with the present value of future gross premiums will not be sufficient to cover the present value of future benefits, settlement and maintenance costs.

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83

Attachment D: Audited Financial Statements – Two Years
Information about incurred and paid claims development as of December 31, 2018 is included in the table below and is inclusive of claims incurred and paid related to the Health Net and Fidelis Care businesses prior and subsequent to their respective acquisition dates. The claims development information for all periods preceding the most recent reporting period is considered required supplementary information. Incurred and paid claims development as of December 31, 2018 is as follows ($ in millions):

<table>
<thead>
<tr>
<th>Claim Year</th>
<th>2016 (unaudited)</th>
<th>2017 (unaudited)</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>$42,512</td>
<td>$41,947</td>
<td>$41,890</td>
</tr>
<tr>
<td>2017</td>
<td>47,310</td>
<td>46,738</td>
<td>46,738</td>
</tr>
<tr>
<td>2018</td>
<td>51,309</td>
<td></td>
<td>51,309</td>
</tr>
<tr>
<td>Total incurred claims</td>
<td></td>
<td></td>
<td>$139,937</td>
</tr>
</tbody>
</table>

Cumulative Incurred Claims and Allocated Claim Adjustment Expenses, Net of Reinsurance

For the Years Ended December 31,

<table>
<thead>
<tr>
<th>Claim Year</th>
<th>2016 (unaudited)</th>
<th>2017 (unaudited)</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>$37,876</td>
<td>$41,679</td>
<td>$41,803</td>
</tr>
<tr>
<td>2017</td>
<td>41,972</td>
<td>46,512</td>
<td>46,512</td>
</tr>
<tr>
<td>2018</td>
<td>44,818</td>
<td></td>
<td>44,818</td>
</tr>
<tr>
<td>Total payment of incurred claims</td>
<td></td>
<td></td>
<td>$133,133</td>
</tr>
</tbody>
</table>

Medical claims liability, net of reinsurance $6,804

Incurred claims and allocated claim adjustment expenses, net of reinsurance, total IBNR plus expected development on reported claims and cumulative claims data as of December 31, 2018 are included in the following table and are inclusive of the acquired Health Net and Fidelis Care businesses. For claims frequency information summarized below, a claim is defined as the financial settlement of a single medical event in which remuneration was paid to the servicing provider. Total IBNR plus expected development on reported claims represents estimates for claims incurred but not reported, development on reported claims, and estimates for the costs necessary to process unpaid claims at the end of each period. We estimate our liability using actuarial methods that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. These actuarial methods consider factors such as historical data for payment patterns, cost trends, product mix, seasonality, utilization of healthcare services and other relevant factors. Information is summarized as follows (in millions):

| December 31, 2018 |
|-------------------|-------------------|-----------------|------|
| Incurred Claims and Allocated Claim Adjustment Expenses, Net of Reinsurance | Total IBNR Plus Expected Development on Reported Claims | Cumulative Paid Claims |
| 2016           | $41,890          | 3               | 228.8 |
| 2017           | 46,738           | 60              | 256.7 |
| 2018           | 51,309           | 5,092           | 266.8 |

9. Affordable Care Act

The Affordable Care Act (ACA) established risk spreading premium stabilization programs effective January 1, 2014. These programs, commonly referred to as the “three Rs,” include a permanent risk adjustment program, a transitional reinsurance program, and a temporary risk corridor program. Additionally, the ACA established a minimum annual MLR and cost sharing reductions. Each of the three R programs are taken into consideration to determine if the Company’s estimated annual medical costs are less than the minimum loss ratio and require an adjustment to premium revenues to meet the minimum MLR.
During 2018, the Company recognized a $79 million net pre-tax benefit related to the reconciliation of the 2017 risk adjustment program, compared to a $48 million net pre-tax benefit in 2017 related to the reconciliation of the 2016 risk adjustment and reinsurance programs.

The Company’s receivables (payables) for each of these programs are as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk adjustment</td>
<td>(928)</td>
<td>(677)</td>
</tr>
<tr>
<td>Reinsurance</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Risk corridor</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Minimum MLR</td>
<td>(265)</td>
<td>(22)</td>
</tr>
<tr>
<td>Cost sharing reductions</td>
<td>(50)</td>
<td>(96)</td>
</tr>
</tbody>
</table>

10. Debt

Debt consists of the following ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,400 million 5.625% Senior notes, due February 15, 2021</td>
<td>$1,400</td>
<td>$1,400</td>
</tr>
<tr>
<td>$1,000 million 4.75% Senior notes, due May 15, 2022</td>
<td>1,005</td>
<td>1,006</td>
</tr>
<tr>
<td>$1,000 million 6.125% Senior notes, due February 15, 2024</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>$1,200 million 4.75% Senior notes, due January 15, 2025</td>
<td>1,200</td>
<td>1,200</td>
</tr>
<tr>
<td>$1,800 million 5.375% Senior notes, due June 1, 2026</td>
<td>1,800</td>
<td>—</td>
</tr>
<tr>
<td>Fair value of interest rate swap agreements</td>
<td>(95)</td>
<td>(71)</td>
</tr>
<tr>
<td>Total senior notes</td>
<td>6,310</td>
<td>4,535</td>
</tr>
<tr>
<td>Revolving credit agreement</td>
<td>284</td>
<td>150</td>
</tr>
<tr>
<td>Mortgage notes payable</td>
<td>57</td>
<td>61</td>
</tr>
<tr>
<td>Construction loan payable</td>
<td>63</td>
<td>—</td>
</tr>
<tr>
<td>Capital leases and other</td>
<td>47</td>
<td>18</td>
</tr>
<tr>
<td>Debt issuance costs</td>
<td>(75)</td>
<td>(65)</td>
</tr>
<tr>
<td>Total debt</td>
<td>6,686</td>
<td>4,699</td>
</tr>
<tr>
<td>Less current portion</td>
<td>(38)</td>
<td>(4)</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>$6,648</td>
<td>$4,695</td>
</tr>
</tbody>
</table>

Senior Notes

In May 2018, a wholly-owned unrestricted subsidiary of the Company (Escrow Issuer) issued $1,800 million in aggregate principal amount of 5.375% senior notes due 2026 at par. In connection with the closing of the Fidelis Care acquisition, the Escrow Issuer merged with and into the Company and the Company assumed the obligations of the Escrow Issuer under the 5.375% senior notes due 2026. The Company used the net proceeds of the offering to finance a portion of the cash consideration for the Fidelis Care acquisition, which closed in July 2018, to pay related fees and expenses, and for general corporate purposes, including the repayment of outstanding indebtedness.

The indentures governing the senior notes listed in the table above contain restrictive covenants of Centene Corporation. At December 31, 2018, the Company was in compliance with all covenants.
Interest Rate Swaps

The Company uses interest rate swap agreements to convert a portion of its interest rate exposure from fixed rates to floating rates to more closely align interest expense with interest income received on its cash equivalent and variable rate investment balances. The following is a summary of the notional amounts of the Company's interest rate swap agreements as of December 31, 2018 and 2017 ($ in millions):

<table>
<thead>
<tr>
<th>Expiration Date</th>
<th>Notional Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 15, 2021</td>
<td>$ 600</td>
</tr>
<tr>
<td>May 15, 2022</td>
<td>500</td>
</tr>
<tr>
<td>February 15, 2024</td>
<td>1,000</td>
</tr>
<tr>
<td>January 15, 2025</td>
<td>600</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 2,700</strong></td>
</tr>
</tbody>
</table>

The fair value of the swap agreements shown above are recorded in other long-term liabilities in the Consolidated Balance Sheets. Under the swap agreements, the Company receives a fixed rate of interest and pays an average variable rate of either the one or three month LIBOR plus 3.61% adjusted monthly or quarterly, based on the terms of the individual swap agreements. At December 31, 2018, the weighted average rate was 6.19%.

The swap agreements are formally designated and qualify as fair value hedges. Gains and losses due to changes in fair value of the interest rate swap agreements completely offset changes in the fair value of the hedged portion of the underlying debt. Therefore, no gain or loss has been recognized due to hedge ineffectiveness. Offsetting changes in fair value of both the interest rate swaps and the hedged portion of the underlying debt both were recognized in interest expense in the Consolidated Statements of Operations. The Company does not hold or issue any derivative instrument for trading or speculative purposes.

The fair value of the Swap Agreements excludes accrued interest and takes into consideration current interest rates and current likelihood of the swap counterparties’ compliance with its contractual obligations.

Revolving Credit Agreement

The Company has an unsecured $1,500 million revolving credit facility. The agreement has a maturity date of December 14, 2022. Borrowings under the agreement bear interest based upon LIBOR, EURIBOR rates, the Federal Funds Rate or the Prime Rate. As of December 31, 2018, the Company had $284 million of borrowings outstanding under the agreement with a weighted average interest rate of 4.42%, and the Company was in compliance with all covenants.

The revolving credit facility contains non-financial and financial covenants, including requirements of minimum fixed charge coverage ratios and maximum debt-to-EBITDA ratios. The Company is required to not exceed a maximum debt-to-EBITDA ratio of 3.5 to 1.0. As of December 31, 2018, there were no limitations on the availability under the revolving credit agreement as a result of the debt-to-EBITDA ratio.

Mortgage Notes Payable

The Company has a non-recourse mortgage note of $57 million at December 31, 2018 collateralized by its corporate headquarters building. The mortgage note is due January 1, 2021 and bears a 5.14% interest rate. The collateralized property had a net book value of $162 million at December 31, 2018.

Construction Loan

The Company has a $200 million non-recourse construction loan to fund the expansion of the Company's corporate headquarters. The loan bears interest based on the one month LIBOR plus 2.70% and matures in April 2021 with an optional one-year extension. The agreement contains financial and non-financial covenants aligning with the Company's revolving credit agreement. The Company has guaranteed completion of the construction project associated with the loan. As of December 31, 2018, the Company had $63 million in borrowings outstanding under the loan.
Letters of Credit & Surety Bonds

The Company had outstanding letters of credit of $56 million as of December 31, 2018, which were not part of the revolving credit facility. The Company also had letters of credit for $27 million (valued at December 31, 2018 conversion rate), or €24 million, representing its proportional share of the letters of credit issued to support Ribera Salud's outstanding debt, which are a part of the revolving credit facility. Collectively, the letters of credit bore interest at 0.99% as of December 31, 2018. The Company had outstanding surety bonds of $496 million as of December 31, 2018.

Aggregate maturities for the Company's debt are as follows ($ in millions):

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$38</td>
</tr>
<tr>
<td>2020</td>
<td>4</td>
</tr>
<tr>
<td>2021</td>
<td>1,514</td>
</tr>
<tr>
<td>2022</td>
<td>1,293</td>
</tr>
<tr>
<td>2023</td>
<td>—</td>
</tr>
<tr>
<td>Thereafter</td>
<td>4,002</td>
</tr>
<tr>
<td>Total</td>
<td>$6,851</td>
</tr>
</tbody>
</table>

The fair value of outstanding debt was approximately $6,619 million and $4,751 million at December 31, 2018 and 2017, respectively.

11. Stockholders' Equity

The Company has 10 million authorized shares of preferred stock at $.001 par value. At December 31, 2018, there were no preferred shares outstanding.

The Company’s Board of Directors has authorized a stock repurchase program for up to 16 million shares of the Company's common stock from time to time on the open market or through privately negotiated transactions. No duration has been placed on the repurchase program. The Company has 7 million available shares remaining under the program as of December 31, 2018. The Company reserves the right to discontinue the repurchase program at any time. During the year ended December 31, 2018, the Company did not repurchase any shares through this publicly announced program.

As a component of the employee stock compensation plan, employees can use shares of stock which have vested to satisfy statutory tax withholding obligations. As part of this plan, the Company repurchased 1 million shares at an aggregate cost of $71 million in 2018 and 1 million shares at an aggregate cost of $65 million in 2017. These shares are included in the Company's treasury stock.

In May 2018, the Company completed a registered offering of 53 million shares of Centene common stock with a fair value of $2,860 million. This included the 10% over allotment option to purchase additional shares from the Company which was exercised in full by the underwriters. Net proceeds after underwriting discounts and commissions was $2,779 million. The Company used the net proceeds of the offering to finance a portion of the cash consideration in connection with the Fidelis Care acquisition, to pay related fees and expenses, and for general corporate purposes, including the repayment of outstanding indebtedness.

In April 2018, the Company acquired MHB Services Inc. (MHB) and issued 3 million shares of Centene common stock to the selling shareholders, with a fair value of $183 million.

In March 2018, the Company acquired Community Medical Holdings Corp., d/b/a Community Medical Group (CMG) and issued 3 million shares of Centene common stock to the selling shareholders, with a fair value of $149 million.

In March 2018, the Company acquired an additional 61% of Interpreta Holdings, Inc. (Interpreta) and issued 3 million shares of Centene common stock to the selling shareholders, with a fair value of $175 million.
12. Statutory Capital Requirements and Dividend Restrictions

Various state laws require Centene's regulated subsidiaries to maintain minimum capital levels specified by each state and restrict the amount of dividends that may be paid without prior regulatory approval. At December 31, 2018 and 2017, Centene's subsidiaries had aggregate statutory capital and surplus of $7,259 million and $5,153 million, respectively, compared with the required minimum aggregate statutory capital and surplus of $3,279 million and $2,251 million, respectively. As of December 31, 2018, the amount of capital and surplus or net worth that was unavailable for the payment of dividends or return of capital to the Company was $3,279 million in the aggregate.

13. Income Taxes

The consolidated income tax expense consists of the following for the years ended December 31 ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current provision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>$498</td>
<td>$421</td>
<td>$485</td>
</tr>
<tr>
<td>State and local</td>
<td>107</td>
<td>14</td>
<td>22</td>
</tr>
<tr>
<td>Total current provision</td>
<td>605</td>
<td>435</td>
<td>507</td>
</tr>
<tr>
<td>Deferred provision</td>
<td>(131)</td>
<td>(109)</td>
<td>92</td>
</tr>
<tr>
<td>Total income tax expense</td>
<td>$474</td>
<td>$326</td>
<td>$599</td>
</tr>
</tbody>
</table>

The reconciliation of the tax provision at the U.S. federal statutory rate to income tax expense for the years ended December 31 is as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from operations, before income tax expense</td>
<td>$1,368</td>
<td>$1,134</td>
<td>$1,160</td>
</tr>
<tr>
<td>Loss (earnings) attributable to flow through noncontrolling interest</td>
<td>4</td>
<td>15</td>
<td>(8)</td>
</tr>
<tr>
<td>Earnings from operations, less noncontrolling interest, before income tax expense</td>
<td>1,372</td>
<td>1,149</td>
<td>1,152</td>
</tr>
<tr>
<td>Tax provision at the U.S. federal statutory rate</td>
<td>288</td>
<td>402</td>
<td>402</td>
</tr>
<tr>
<td>State income taxes, net of federal income tax benefit</td>
<td>52</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Nondeductible compensation</td>
<td>33</td>
<td>58</td>
<td>23</td>
</tr>
<tr>
<td>ACA Health Insurer Fee</td>
<td>149</td>
<td></td>
<td>162</td>
</tr>
<tr>
<td>Income Tax Reform</td>
<td>(125)</td>
<td>(162)</td>
<td>(162)</td>
</tr>
<tr>
<td>Valuation Allowance</td>
<td>(28)</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>Other, net</td>
<td>(20)</td>
<td>(34)</td>
<td>(8)</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>$474</td>
<td>$326</td>
<td>$599</td>
</tr>
</tbody>
</table>
The tax effects of temporary differences which give rise to deferred tax assets and liabilities are presented below for the years ended December 31 ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred tax assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical claims liability</td>
<td>$ 78</td>
<td>$ 46</td>
</tr>
<tr>
<td>Nondeductible liabilities</td>
<td>128</td>
<td>41</td>
</tr>
<tr>
<td>Net operating loss and tax credit carryforwards</td>
<td>77</td>
<td>94</td>
</tr>
<tr>
<td>Compensation accruals</td>
<td>109</td>
<td>129</td>
</tr>
<tr>
<td>Premium and trade receivables</td>
<td>76</td>
<td>45</td>
</tr>
<tr>
<td>Other</td>
<td>61</td>
<td>11</td>
</tr>
<tr>
<td>Deferred tax assets</td>
<td>529</td>
<td>366</td>
</tr>
<tr>
<td>Valuation allowance</td>
<td>(53)</td>
<td>(81)</td>
</tr>
<tr>
<td>Net deferred tax assets</td>
<td>$ 476</td>
<td>$ 285</td>
</tr>
</tbody>
</table>

Deferred tax liabilities:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intangible assets</td>
<td>$ 343</td>
<td>$ 342</td>
</tr>
<tr>
<td>Prepaid assets</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Fixed assets</td>
<td>132</td>
<td>84</td>
</tr>
<tr>
<td>Investments in joint ventures</td>
<td>27</td>
<td>20</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Deferred tax liabilities</td>
<td>558</td>
<td>512</td>
</tr>
<tr>
<td>Net deferred tax assets (liabilities)</td>
<td>$ (82)</td>
<td>$ (227)</td>
</tr>
</tbody>
</table>

Valuation allowances are provided when it is considered more likely than not that deferred tax assets will not be realized. The valuation allowances primarily relate to future tax benefits on certain federal, state and foreign net operating loss and tax credit carryforwards. The $28 million decrease in valuation allowance relates to an increase in current taxable income of a subsidiary whose annual net operating loss deduction is limited by law.

Federal net operating loss carryforwards of $19 million expire beginning in 2020 through 2038; state net operating loss and tax credit carryforwards of $44 million expire beginning in 2019 through 2038. Substantially all of the non-U.S. tax loss carryforwards have indefinite carryforward periods.

The Company maintains a reserve for uncertain tax positions that may be challenged by a tax authority. A rollforward of the beginning and ending amount of uncertain tax positions, exclusive of related interest and penalties, is as follows:

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross unrecognized tax benefits, beginning of period</td>
<td>$ 257</td>
<td>$ 102</td>
</tr>
<tr>
<td>Gross increases:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year tax positions</td>
<td>7</td>
<td>43</td>
</tr>
<tr>
<td>Prior year tax positions</td>
<td>14</td>
<td>113</td>
</tr>
<tr>
<td>Gross decreases:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statute of limitation lapses</td>
<td>(1)</td>
<td>(1)</td>
</tr>
<tr>
<td>Gross unrecognized tax benefits, end of period</td>
<td>$ 277</td>
<td>$ 257</td>
</tr>
</tbody>
</table>

Uncertain tax positions increased $20 million due to various federal positions. As of December 31, 2018, $248 million of unrecognized tax benefits would impact the Company's effective tax rate in future periods, if recognized. The Company believes it is reasonably possible that its liability for unrecognized tax benefits will decrease in the next twelve months by $15 million as a result of the expiration of statutes of limitations and projected audit settlements in certain jurisdictions.
The table above excludes interest, net of related tax benefits, which is treated as income tax expense (benefit) under the Company's accounting policy. For the year ended December 31, 2018, the Company recognized net interest expense related to uncertain positions of $5 million. The Company had $14 million and $9 million of accrued interest and penalties for uncertain tax positions as of December 31, 2018 and 2017, respectively.

The Company files tax returns for federal as well as numerous state tax jurisdictions. As of December 31, 2018, Health Net is under federal examination for tax years 2011 through its final return in 2016. Additionally, Centene's tax returns for years 2014 through 2017 are subject to federal examination.

The Company has completed its accounting of the effects of the TCJA on current and deferred income taxes. No material changes were made to the tax effects recorded in 2017.

14. Stock Incentive Plans

The Company's stock incentive plans allow for the granting of restricted stock or restricted stock unit awards and options to purchase common stock. Both incentive stock options and non-qualified stock options can be awarded under the plans. However, an immaterial amount of options were granted, exercised, or outstanding in 2018. The plans have 11 million shares available for future awards. Compensation expense for stock options and restricted stock unit awards is recognized on a straight-line basis over the vesting period, generally three to five years for stock options and one to three years for restricted stock or restricted stock unit awards. Vesting is accelerated by one year for individuals who qualify under the Company's retirement eligible provisions. Certain restricted stock unit awards contain performance-based as well as service-based provisions. Certain awards provide for accelerated vesting if there is a change in control as defined in the plans. The total compensation cost that has been charged against income for the stock incentive plans was $145 million, $135 million and $148 million for the years ended December 31, 2018, 2017 and 2016, respectively. The total income tax benefit recognized in the income statement for stock-based compensation arrangements was $34 million, $50 million and $67 million for the years ended December 31, 2018, 2017 and 2016, respectively.

A summary of the Company's non-vested restricted stock and restricted stock unit shares as of December 31, 2018, and changes during the year ended December 31, 2018, is presented below (shares in thousands):

<table>
<thead>
<tr>
<th>Shares</th>
<th>Weighted Average Grant Date Fair Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-vested balance as of December 31, 2017</td>
<td>8,138 $ 34.65</td>
</tr>
<tr>
<td>Granted</td>
<td>2,710 $ 65.31</td>
</tr>
<tr>
<td>Vested</td>
<td>(3,299) $ 34.26</td>
</tr>
<tr>
<td>Forfeited</td>
<td>(384) $ 32.45</td>
</tr>
<tr>
<td>Non-vested balance as of December 31, 2018</td>
<td>7,365 $ 47.42</td>
</tr>
</tbody>
</table>

The total fair value of restricted stock and restricted stock units vested during the years ended December 31, 2018, 2017 and 2016, was $209 million, $174 million and $147 million, respectively.

As of December 31, 2018, there was $265 million of total unrecognized compensation cost related to non-vested share-based compensation arrangements granted under the plans; that cost is expected to be recognized over a weighted-average period of 2.3 years.

The Company maintains an employee stock purchase plan and issued 256 thousand shares, 258 thousand shares, and 236 thousand shares in 2018, 2017 and 2016, respectively.

15. Retirement Plan

Centene has a defined contribution plan which covers substantially all employees who are at least twenty-one years of age. Under the plan, eligible employees may contribute a percentage of their base salary, subject to certain limitations. Centene may elect to match a portion of the employee's contribution. Company expense related to matching contributions to the plan was $53 million, $42 million and $37 million during the years ended December 31, 2018, 2017 and 2016, respectively.
16. Commitments

Centene and its subsidiaries lease office facilities and various equipment under non-cancelable operating leases which may contain escalation provisions. The rental expense related to these leases is recorded on a straight-line basis over the lease term, including rent holidays. Tenant improvement allowances are recorded as a liability and amortized against rent expense over the term of the lease. Rent expense was $207 million, $171 million and $137 million for the years ended December 31, 2018, 2017 and 2016, respectively. Annual non-cancelable minimum lease payments over the next five years and thereafter are as follows ($ in millions):

<table>
<thead>
<tr>
<th>Year</th>
<th>Minimum Lease Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>$174</td>
</tr>
<tr>
<td>2020</td>
<td>$176</td>
</tr>
<tr>
<td>2021</td>
<td>$145</td>
</tr>
<tr>
<td>2022</td>
<td>$101</td>
</tr>
<tr>
<td>2023</td>
<td>$71</td>
</tr>
<tr>
<td>Thereafter</td>
<td>$200</td>
</tr>
</tbody>
</table>

$867

In connection with obtaining regulatory approval of the Fidelis Care acquisition, the Company entered into certain undertakings with the New York State Department of Health in 2018. See Note 3, Fidelis Care Acquisition for further details. The Company also committed to certain undertakings with the California Department of Insurance and the California Department of Managed Health Care in connection with obtaining regulatory approval of the Health Net acquisition in 2016. The Health Net commitments related to the undertakings are as follows:

- invest an additional $30 million through the California Organized Investment Network over the five years following completion of the acquisition;
- build a service center in an economically distressed community in California, investing $200 million over 10 years and employing at least 300 people, of which the Company has incurred $8 million through 2018;
- contribute $85 million to improve enrollee health outcomes ($10 million over five years), support locally-based consumer assistance programs ($5 million over five years), and strengthen the healthcare delivery system ($50 million over five years), of which the Company has contributed $13 million through 2018, and;
- invest $75 million of its investment portfolio in vehicles supporting California’s healthcare infrastructure, of which the Company has invested $12 million through 2018.

17. Contingencies

Overview

The Company records reserves and accrues costs for certain legal proceedings and regulatory matters to the extent that it determines an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. While such reserves and accrued costs reflect the Company’s best estimate of the probable loss for such matters, the recorded amounts may differ materially from the actual amount of any such losses. In some cases, no estimate of the possible loss or range of loss in excess of amounts accrued, if any, can be made because of the inherently unpredictable nature of legal and regulatory proceedings, which may be exacerbated by various factors, including but not limited to, they may involve indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or legal uncertainties; involve disputed facts; represent a shift in regulatory policy; involve a large number of parties, claimants or regulatory bodies; are in the early stages of the proceedings; involve a number of separate proceedings and/or a wide range of potential outcomes; or result in a change of business practices.

As of the date of this report, amounts accrued for legal proceedings and regulatory matters were not material. However, it is possible that in a particular quarter or annual period the Company’s financial condition, results of operations, cash flow and/or liquidity could be materially adversely affected by an ultimate unfavorable resolution of or development in legal and/or regulatory proceedings, including as described below. Except for the proceedings discussed below, the Company believes that the ultimate outcome of any of the regulatory and legal proceedings that are currently pending against it should not have a material adverse effect on financial condition, results of operations, cash flow or liquidity.
California

On October 20, 2015, the Company's California subsidiary, Health Net of California, Inc. (Health Net California), was named as a defendant in a California taxpayer action filed in Los Angeles County Superior Court, captioned as Michael D. Myers v. State Board of Equalization, Dave Jones, Insurance Commissioner of the State of California, Betty T. Yee, Controller of the State of California, et al., Los Angeles Superior Court Case No. BS158655. This action is brought under a California statute that permits an individual taxpayer to sue a governmental agency when the taxpayer believes the agency has failed to enforce governing law. Plaintiff contends that Health Net California, a California licensed Health Care Service Plan (HCSP), is an “insurer” for purposes of taxation despite acknowledging it is not an “insurer” under regulatory law. Under California law, “insurers” must pay a gross premiums tax (GPT), calculated as 2.35% on gross premiums. As a licensed HCSP, Health Net California has paid the California Corporate Franchise Tax (CFT), the tax generally paid by California businesses. Plaintiff contends that Health Net California must pay the GPT rather than the CFT. Plaintiff seeks a writ of mandate directing the California taxing agencies to collect the GPT, and seeks an order requiring Health Net California to pay GPT, interest and penalties for a period dating to eight years prior to the October 2015 filing of the complaint. This lawsuit is being coordinated with similar lawsuits filed against other entities (collectively, "Related Actions"). In September 2017, the Company filed a demurrer seeking to dismiss the complaint, and a motion to strike the allegations seeking retroactive relief. In March 2018, the Court overruled the Company's demurrer and denied the motion to strike. In August 2018, the trial court stayed all the Related Actions pending determination of a writ of mandate by the California Court of Appeals in two of the Related Actions. The Company intends to vigorously defend itself against these claims; however, this matter is subject to many uncertainties, and an adverse outcome in this matter could potentially have a materially adverse impact on our financial position, results of operations and cash flows.

Federal Securities Class Action

On November 14, 2016, a putative federal securities class action, Israel Sanchez v. Centene Corp., et al., was filed against the Company and certain of its executives in the U.S. District Court for the Central District of California. In March 2017, the court entered an order transferring the matter to the U.S. District Court for the Eastern District of Missouri. The plaintiffs in the lawsuit allege that the Company's accounting and related disclosures for certain liabilities acquired in the acquisition of Health Net violated federal securities laws. In July 2017, the lead plaintiff filed a Consolidated Class Action Complaint. The Company filed a motion to dismiss this complaint in September 2017. In February 2018, the Court held a hearing on the motion to dismiss but has not yet issued a ruling.

The Company denies any wrongdoing and is vigorously defending itself against these claims. Nevertheless, this matter is subject to many uncertainties and the Company cannot predict how long this litigation will last or what the ultimate outcome will be, and an adverse outcome in this matter could potentially have a materially adverse impact on our financial position and results of operations.

Additionally, on January 24, 2018, a separate derivative action was filed by plaintiff Harkesh Parekh on behalf of Centene Corporation against the Company and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of the Company against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. The derivative complaint repeats many of the allegations in the federal securities class action described above and asserts that defendants made inaccurate or misleading statements, and/or failed to correct the alleged misstatements.

Another shareholder derivative action was filed on March 9, 2018, by plaintiffs Laura Wood and Peoria Police Pension Fund on behalf of Centene Corporation against the Company and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. This second derivative complaint repeats many of the allegations in the securities class action and the first derivative suit.

A third shareholder derivative action was filed on December 14, 2018, by plaintiffs Carpenter Pension Fund of Illinois and Iron Workers Local 11 Pension Fund on behalf of Centene Corporation against the Company and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. This third derivative action repeats many of the allegations in the securities class action and the other derivative suits and adds additional allegations asserting violations of securities laws, breach of fiduciary duty, insider trading and unjust enrichment. On January 9, 2019, the Court consolidated the three derivative suits and established a schedule for determining lead plaintiff and lead counsel.

92
Medicare Parts C and D Matter

In December 2016, a Civil Investigative Demand (CID) was issued to Health Net by the United States Department of Justice regarding Health Net's submission of risk adjustment claims to CMS under Parts C and D of Medicare. The CID may be related to a federal qui tam lawsuit filed under seal in 2011 naming more than a dozen health insurers including Health Net. The lawsuit was unsealed in February 2017 when the Department of Justice intervened in the case with respect to one of the insurers (not Health Net). In subsequent pleadings, both the Department of Justice and the Relator excluded Health Net from the lawsuit. The Company is complying with the CID and will vigorously defend any lawsuits. At this point, it is not possible to determine what level of liability, if any, the Company may face as a result of this matter.

Veterans Administration Matter

In October 2017, a CID was issued to Health Net Federal Services, LLC (HNFS) by the United States Department of Justice. The CID seeks documents and interrogatory responses concerning whether HNFS submitted, or caused to be submitted, excessive, duplicative or otherwise improper claims to the U.S. Department of Veterans Affairs (VA) under a contract to provide health care coordination services for veterans. The contract began in late 2014 and ended September 30, 2018. In 2016, modifications to the contract were made to allow for possible duplicate billings with a reconciliation period at the end of the contract term. The Company is complying with the CID and believes it has been meeting its contractual obligations. At this point, it is not possible to determine what level of liability, if any, the Company may face as a result of this matter. This matter is separate from the negotiated settlements with the VA in connection with the contract expiration on September 30, 2018.

Ambetter Class Action

On January 11, 2018, a putative class action lawsuit was filed by Cynthia Harvey and Steven A. Milman against the Company and certain subsidiaries in the U.S. District Court for the Eastern District of Washington. The complaint alleges that the Company failed to meet federal and state requirements for provider networks and directories with regard to its Ambetter policies, denied coverage and/or refused to pay for covered benefits, and failed to address grievances adequately, causing some members to incur unexpected costs. In March 2018, the Company filed separate motions to dismiss each defendant. In July 2018, the plaintiff voluntarily filed a First Amended Complaint that removed Steven Milman as a plaintiff, dropped Centene Corporation and Superior Health Plan as defendants, abandoned certain claims, narrowed the putative class to Washington State only, and added Centene Management Company as a defendant. In August 2018, the Company moved to dismiss the First Amended Complaint. In response, the plaintiff voluntarily filed a Second Amended Complaint. In September 2018, the Company filed a motion to dismiss the Second Amended Complaint. On November 21, 2018, the Court granted in part and denied in part the Company's motion to dismiss. Plaintiff Cynthia Harvey filed a Third Amended Complaint, on November 28, 2018, against Centene Management Company and Coordinated Care Corporation (“Defendants”), both subsidiaries of the Company. Defendants filed an answer on December 12, 2018 and the matter is expected to proceed. The Company intends to vigorously defend itself against these claims. Nevertheless, this matter is subject to many uncertainties and the Company cannot predict how long this litigation will last or what the ultimate outcome will be, and an adverse outcome in this matter could potentially have a materially adverse impact on our financial position and results of operations.

Miscellaneous Proceedings

Excluding the matters discussed above, the Company is also routinely subjected to legal and regulatory proceedings in the normal course of business. These matters can include, without limitation:

- periodic compliance and other reviews and investigations by various federal and state regulatory agencies with respect to requirements applicable to the Company's business, including, without limitation, those related to payment of out-of-network claims, submissions to CMS for risk adjustment payments or the False Claims Act, pre-authorization penalties, timely review of grievances and appeals, timely and accurate payment of claims, and the Health Insurance Portability and Accountability Act of 1996;
- litigation arising out of general business activities, such as tax matters, disputes related to healthcare benefits coverage or reimbursement, putative securities class actions and medical malpractice, privacy, real estate, intellectual property and employment-related claims;
disputes regarding reinsurance arrangements, claims arising out of the acquisition or divestiture of various assets, class actions and claims relating to the performance of contractual and non-contractual obligations to providers, members, employer groups and others, including, but not limited to, the alleged failure to properly pay claims and challenges to the manner in which the Company processes claims and claims alleging that the Company has engaged in unfair business practices.

Among other things, these matters may result in awards of damages, fines or penalties, which could be substantial, and/or could require changes to the Company's business. The Company intends to vigorously defend itself against the miscellaneous legal and regulatory proceedings to which it is currently a party; however, these proceedings are subject to many uncertainties. In some of the cases pending against the Company, substantial non-economic or punitive damages are being sought.

18. Earnings Per Share

The following table sets forth the calculation of basic and diluted net earnings per common share for the years ended December 31 ($ in millions, except shares in thousands and per share data in dollars):

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings attributable to Centene Corporation</td>
<td>$ 900</td>
<td>$ 828</td>
<td>$ 562</td>
</tr>
</tbody>
</table>

Shares used in computing per share amounts:

<table>
<thead>
<tr>
<th>Shares used in computing per share amounts</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted average number of common shares outstanding</td>
<td>390,248</td>
<td>344,853</td>
<td>319,135</td>
</tr>
<tr>
<td>Common stock equivalents (as determined by applying the treasury stock method)</td>
<td>8,258</td>
<td>8,551</td>
<td>8,816</td>
</tr>
<tr>
<td>Weighted average number of common shares and potential dilutive common shares outstanding</td>
<td>398,506</td>
<td>353,404</td>
<td>327,951</td>
</tr>
</tbody>
</table>

Net earnings per common share attributable to Centene Corporation:

<table>
<thead>
<tr>
<th>Net earnings per common share attributable to Centene Corporation</th>
<th>2018</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic earnings per common share</td>
<td>$ 2.31</td>
<td>$ 2.40</td>
<td>$ 1.76</td>
</tr>
<tr>
<td>Diluted earnings per common share</td>
<td>$ 2.26</td>
<td>$ 2.34</td>
<td>$ 1.71</td>
</tr>
</tbody>
</table>

The calculation of diluted earnings per common share for 2018, 2017 and 2016 excludes the impact of 58 thousand shares, 106 thousand shares and 252 thousand shares, respectively, related to anti-dilutive stock options, restricted stock and restricted stock units.

19. Segment Information

Centene operates in two segments: Managed Care and Specialty Services.

The Managed Care segment consists of Centene's health plans including all of the functions needed to operate them. The Specialty Services segment consists of Centene's specialty companies offering auxiliary healthcare services and products. Factors used in determining the reportable business segments include the nature of operating activities, the existence of separate senior management teams, and the type of information presented to the Company's chief operating decision-maker to evaluate all results of operations.

In January 2017, the Company reclassified Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan from the Specialty Services segment to the Managed Care segment due to a reorganization of the Arizona management structure following the Health Net integration. As a result, the financial results of Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan have been reclassified from the Specialty Services segment to the Managed Care segment for all periods presented.
Segment information as of and for the year ended December 31, 2018, follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 56,999</td>
<td>$ 3,117</td>
<td>—</td>
<td>$ 60,116</td>
</tr>
<tr>
<td>Total revenues internal customers</td>
<td>$ 100</td>
<td>9,389</td>
<td>(9,489)</td>
<td></td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 57,099</td>
<td>$ 12,500</td>
<td>(9,489)</td>
<td>$ 60,116</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 1,310</td>
<td>148</td>
<td>—</td>
<td>1,458</td>
</tr>
<tr>
<td>Total assets</td>
<td>$ 27,627</td>
<td>2,274</td>
<td>—</td>
<td>30,901</td>
</tr>
</tbody>
</table>

Segment information as of and for the year ended December 31, 2017, follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 45,798</td>
<td>$ 2,584</td>
<td>—</td>
<td>48,382</td>
</tr>
<tr>
<td>Total revenues internal customers</td>
<td>44</td>
<td>9,471</td>
<td>(9,515)</td>
<td></td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 45,842</td>
<td>$ 12,055</td>
<td>(9,515)</td>
<td>48,382</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 917</td>
<td>262</td>
<td>—</td>
<td>1,199</td>
</tr>
<tr>
<td>Total assets</td>
<td>$ 19,959</td>
<td>1,896</td>
<td>—</td>
<td>21,855</td>
</tr>
</tbody>
</table>

Segment information as of and for the year ended December 31, 2016, follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 38,182</td>
<td>$ 2,425</td>
<td>—</td>
<td>40,607</td>
</tr>
<tr>
<td>Total revenues internal customers</td>
<td>200</td>
<td>5,952</td>
<td>(6,152)</td>
<td></td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 38,382</td>
<td>$ 8,377</td>
<td>(6,152)</td>
<td>40,607</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 1,080</td>
<td>183</td>
<td>—</td>
<td>1,263</td>
</tr>
<tr>
<td>Total assets</td>
<td>$ 18,423</td>
<td>2,774</td>
<td>—</td>
<td>20,197</td>
</tr>
</tbody>
</table>

20. Quarterly Selected Financial Information

Quarterly selected financial information for 2018 and 2017 is as follows:

<table>
<thead>
<tr>
<th></th>
<th>March 31, 2018</th>
<th>June 30, 2018</th>
<th>September 30, 2018</th>
<th>December 31, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues</td>
<td>$ 13,194</td>
<td>$ 14,181</td>
<td>$ 16,182</td>
<td>$ 16,559</td>
</tr>
<tr>
<td>Net earnings attributable to Centene Corporation</td>
<td>$ 340</td>
<td>$ 360</td>
<td>$ 19</td>
<td>$ 241</td>
</tr>
</tbody>
</table>

Net earnings per common share attributable to Centene Corporation:

- Basic earnings per common share: $ 0.98 $ 0.77 $ 0.05 $ 0.59
- Diluted earnings per common share: $ 0.96 $ 0.75 $ 0.05 $ 0.57
## Table of Contents

- For the Quarter Ended
  - March 31, 2017
  - June 30, 2017
  - September 30, 2017
  - December 31, 2017

### Total revenues

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 11,724</td>
<td>$ 11,954</td>
<td>$ 11,898</td>
<td>$ 12,806</td>
</tr>
</tbody>
</table>

### Net earnings attributable to Centene Corporation

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 139</td>
<td>$ 254</td>
<td>$ 205</td>
<td>$ 230</td>
</tr>
</tbody>
</table>

### Net earnings per common share attributable to Centene Corporation:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic earnings per common share</td>
<td>$ 0.40</td>
<td>$ 0.74</td>
<td>$ 0.59</td>
<td>$ 0.67</td>
</tr>
<tr>
<td>Diluted earnings per common share</td>
<td>$ 0.39</td>
<td>$ 0.72</td>
<td>$ 0.58</td>
<td>$ 0.65</td>
</tr>
</tbody>
</table>
## Condensed Balance Sheets

(In millions, except shares in thousands and per share data in dollars)

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2018</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 6</td>
<td>$ 6</td>
</tr>
<tr>
<td>Short-term investments, at fair value (amortized cost $2 and $2, respectively)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other current assets</td>
<td>61</td>
<td>46</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>69</td>
<td>54</td>
</tr>
<tr>
<td>Long-term investments, at fair value (amortized cost $14 and $17, respectively)</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Investment in subsidiaries</td>
<td>17,409</td>
<td>11,303</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>278</td>
<td>302</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$ 17,770</td>
<td>$ 11,676</td>
</tr>
</tbody>
</table>

| **LIABILITIES, REDEEMABLE NONCONTROLLING INTERESTS AND STOCKHOLDERS’ EQUITY** |                   |                   |
| Current liabilities | $ 109             | $ 100             |
| Long-term debt      | 6,521             | 4,624             |
| **Total liabilities** | 6,747           | 4,800             |
| Redeemable noncontrolling interest | 10               | 12               |

**Stockholders' equity:**

| Preferred stock, $.001 par value; authorized 10,000 shares; no shares issued or outstanding at December 31, 2018 and December 31, 2017 | —               | —               |
| Common stock, $.001 par value; authorized 800,000 shares; 417,695 issued and 412,478 outstanding at December 31, 2018, and 360,758 issued and 346,874 outstanding at December 31, 2017 | —               | —               |
| **Additional paid-in capital** | 7,449            | 4,249            |
| Accumulated other comprehensive loss | (56)            | (3)              |
| **Total Centene stockholders' equity** | 10,917           | 6,850           |
| Noncontrolling interest | 96              | 14              |
| **Total stockholders' equity** | 11,013           | 6,864           |
| **Total liabilities, redeemable noncontrolling interests and stockholders' equity** | $ 17,770         | $ 11,676         |

See notes to condensed financial information of registrant.
### Condensed Statements of Operations

<table>
<thead>
<tr>
<th></th>
<th>Year Ended December 31,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
</tr>
<tr>
<td>Selling, general and administrative expenses</td>
<td>$ 24</td>
</tr>
<tr>
<td><strong>Other income (expense):</strong></td>
<td></td>
</tr>
<tr>
<td>Investment and other income</td>
<td>3</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(334)</td>
</tr>
<tr>
<td>Earnings (loss) before income taxes</td>
<td>(355)</td>
</tr>
<tr>
<td><strong>Income tax benefit:</strong></td>
<td></td>
</tr>
<tr>
<td>Net earnings (loss) before equity in subsidiaries</td>
<td>(291)</td>
</tr>
<tr>
<td>Equity in earnings from subsidiaries</td>
<td>1,185</td>
</tr>
<tr>
<td><strong>Net earnings</strong></td>
<td>894</td>
</tr>
<tr>
<td><strong>Loss attributable to noncontrolling interests</strong></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td><strong>Net earnings attributable to Centene</strong></td>
<td>$ 900</td>
</tr>
</tbody>
</table>

**Net earnings per share:**

- Basic earnings per common share: $ 2.31, $ 2.40, $ 1.76
- Diluted earnings per common share: $ 2.26, $ 2.34, $ 1.71

See notes to condensed financial information of registrant.

---

98
Centene Corporation (Parent Company Only)
Condensed Statements of Cash Flows
(In millions)

<table>
<thead>
<tr>
<th>Year Ended December 31,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Cash flows from operating activities:</td>
</tr>
<tr>
<td>Dividends from subsidiaries, return on investment</td>
</tr>
<tr>
<td>Other operating activities, net</td>
</tr>
<tr>
<td>Net cash (used in) provided by operating activities</td>
</tr>
<tr>
<td>Cash flows from investing activities:</td>
</tr>
<tr>
<td>Capital contributions to subsidiaries</td>
</tr>
<tr>
<td>Purchases of investments</td>
</tr>
<tr>
<td>Sales and maturities of investments</td>
</tr>
<tr>
<td>Dividends from subsidiaries, return of investment</td>
</tr>
<tr>
<td>Investments in acquisitions</td>
</tr>
<tr>
<td>Intercompany activities</td>
</tr>
<tr>
<td>Other investing activities, net</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
</tr>
<tr>
<td>Cash flows from financing activities:</td>
</tr>
<tr>
<td>Proceeds from the issuance of common stock</td>
</tr>
<tr>
<td>Proceeds from borrowings</td>
</tr>
<tr>
<td>Payment of long-term debt</td>
</tr>
<tr>
<td>Common stock repurchases</td>
</tr>
<tr>
<td>Debt issuance costs</td>
</tr>
<tr>
<td>Purchase of noncontrolling interest</td>
</tr>
<tr>
<td>Other financing activities, net</td>
</tr>
<tr>
<td>Net cash provided by (used in) financing activities</td>
</tr>
<tr>
<td>Net increase in cash and cash equivalents</td>
</tr>
<tr>
<td>Cash and cash equivalents, beginning of period</td>
</tr>
<tr>
<td>Cash and cash equivalents, end of period</td>
</tr>
</tbody>
</table>

See notes to condensed financial information of registrant.

Notes to Condensed Financial Information of Registrant

Note A - Basis of Presentation and Significant Accounting Policies

The parent company only financial statements should be read in conjunction with Centene Corporation's audited consolidated financial statements and the notes to consolidated financial statements included in this Form 10-K.

The parent company's investment in subsidiaries is stated at cost plus equity in undistributed earnings of the subsidiaries. The parent company's share of net income of its unconsolidated subsidiaries is included in income using the equity method of accounting. Certain unrestricted subsidiaries receive monthly management fees from our restricted subsidiaries. The management and service fees received by our unrestricted subsidiaries are associated with all of the functions required to manage the restricted subsidiaries including but not limited to salaries and wages for all personnel, rent, utilities, medical management, provider contracting, compliance, member services, claims processing, information technology, cash management, finance and accounting, and other services. The management fees are based on a percentage of the restricted subsidiaries revenue.
Report of Independent Registered Public Accounting Firm

To the stockholders and board of directors
Centene Corporation:

Opinion on the Consolidated Financial Statements

We have audited the accompanying consolidated balance sheets of Centene Corporation and subsidiaries (the "Company") as of December 31, 2017 and 2016, the related consolidated statements of operations, comprehensive earnings, stockholders' equity, and cash flows for each of the years in the three-year period ended December 31, 2017, and the related notes (collectively, the "consolidated financial statements"). In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2017 and 2016, and the results of their operations and their cash flows for each of the years in the three-year period ended December 31, 2017, in conformity with U.S. generally accepted accounting principles.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) ("PCAOB"), the Company's internal control over financial reporting as of December 31, 2017, based on criteria established in Internal Control - Integrated Framework (2013) issued by the Committee of Sponsoring Organizations of the Treadway Commission, and our report dated February 20, 2018 expressed an unqualified opinion on the effectiveness of the Company's internal control over financial reporting.

Basis for Opinion

These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the consolidated financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements. We believe that our audits provide a reasonable basis for our opinion.

/s/ KPMG LLP

We have served as the Company's auditor since 2005.

St. Louis, Missouri

February 20, 2018
### CENTENE CORPORATION AND SUBSIDIARIES
### CONSOLIDATED BALANCE SHEETS

(In millions, except shares in thousands and per share data in dollars)

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2017</th>
<th>December 31, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 4,072</td>
<td>$ 3,930</td>
</tr>
<tr>
<td>Premium and trade receivables</td>
<td>3,413</td>
<td>3,215</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>531</td>
<td>505</td>
</tr>
<tr>
<td>Other current assets</td>
<td>687</td>
<td>715</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>8,703</strong></td>
<td><strong>8,365</strong></td>
</tr>
<tr>
<td>Long-term investments</td>
<td>5,312</td>
<td>4,545</td>
</tr>
<tr>
<td>Restricted deposits</td>
<td>135</td>
<td>138</td>
</tr>
<tr>
<td>Property, software and equipment, net</td>
<td>1,104</td>
<td>797</td>
</tr>
<tr>
<td>Goodwill</td>
<td>4,749</td>
<td>4,712</td>
</tr>
<tr>
<td>Intangible assets, net</td>
<td>1,398</td>
<td>1,545</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>454</td>
<td>95</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$ 21,855</strong></td>
<td><strong>$ 20,197</strong></td>
</tr>
<tr>
<td><strong>LIABILITIES, REDEEMABLE NONCONTROLLING INTERESTS AND STOCKHOLDERS' EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical claims liability</td>
<td>$ 4,286</td>
<td>$ 3,929</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>4,165</td>
<td>3,763</td>
</tr>
<tr>
<td>Return of premium payable</td>
<td>549</td>
<td>614</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td>328</td>
<td>315</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>9,332</strong></td>
<td><strong>8,623</strong></td>
</tr>
<tr>
<td>Long-term debt</td>
<td>4,695</td>
<td>4,651</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>952</td>
<td>869</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>14,979</strong></td>
<td><strong>14,143</strong></td>
</tr>
<tr>
<td>Commitments and contingencies</td>
<td>12</td>
<td>145</td>
</tr>
<tr>
<td>Redeemable noncontrolling interests</td>
<td>12</td>
<td>145</td>
</tr>
<tr>
<td><strong>Stockholders’ equity:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred stock, $.001 par value; authorized 10,000 shares; no shares issued or outstanding at December 31, 2017 and December 31, 2016</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Common stock, $.001 par value; authorized 400,000 shares; 180,379 issued and 173,437 outstanding at December 31, 2017, and 178,134 issued and 171,919 outstanding at December 31, 2016</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Additional paid-in capital</td>
<td>4,349</td>
<td>4,190</td>
</tr>
<tr>
<td>Accumulated other comprehensive loss</td>
<td>(3)</td>
<td>(36)</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>2,748</td>
<td>1,920</td>
</tr>
<tr>
<td>Treasury stock, at cost (6,942 and 6,215 shares, respectively)</td>
<td>(244)</td>
<td>(179)</td>
</tr>
<tr>
<td><strong>Total Centene stockholders’ equity</strong></td>
<td><strong>6,850</strong></td>
<td><strong>5,895</strong></td>
</tr>
<tr>
<td>Noncontrolling interest</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total stockholders’ equity</strong></td>
<td><strong>6,864</strong></td>
<td><strong>5,909</strong></td>
</tr>
<tr>
<td><strong>Total liabilities, redeemable noncontrolling interests and stockholders’ equity</strong></td>
<td><strong>$ 21,855</strong></td>
<td><strong>$ 20,197</strong></td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of these statements.
### CENTENE CORPORATION AND SUBSIDIARIES
### CONSOLIDATED STATEMENTS OF OPERATIONS

(In millions, except per share data in dollars)

<table>
<thead>
<tr>
<th>Year Ended December 31,</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premium</td>
<td>$43,353</td>
<td>$35,399</td>
<td>$19,389</td>
</tr>
<tr>
<td>Service</td>
<td>2,267</td>
<td>2,180</td>
<td>1,876</td>
</tr>
<tr>
<td><strong>Premium and service revenues</strong></td>
<td>45,620</td>
<td>37,579</td>
<td>21,265</td>
</tr>
<tr>
<td>Premium tax and health insurer fee</td>
<td>2,762</td>
<td>3,028</td>
<td>1,495</td>
</tr>
<tr>
<td><strong>Total revenues</strong></td>
<td>48,382</td>
<td>40,607</td>
<td>22,760</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical costs</td>
<td>37,851</td>
<td>30,636</td>
<td>17,242</td>
</tr>
<tr>
<td>Cost of services</td>
<td>1,847</td>
<td>1,864</td>
<td>1,621</td>
</tr>
<tr>
<td>Selling, general and administrative expenses</td>
<td>4,446</td>
<td>3,676</td>
<td>1,802</td>
</tr>
<tr>
<td>Amortization of acquired intangible assets</td>
<td>156</td>
<td>147</td>
<td>24</td>
</tr>
<tr>
<td>Premium tax expense</td>
<td>2,883</td>
<td>2,563</td>
<td>1,151</td>
</tr>
<tr>
<td><strong>Health insurer fee expense</strong></td>
<td>—</td>
<td>461</td>
<td>215</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td>47,183</td>
<td>39,347</td>
<td>22,055</td>
</tr>
<tr>
<td><strong>Earnings from operations</strong></td>
<td>1,199</td>
<td>1,260</td>
<td>705</td>
</tr>
<tr>
<td><strong>Other income (expense):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment and other income</td>
<td>190</td>
<td>114</td>
<td>35</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(255)</td>
<td>(217)</td>
<td>(43)</td>
</tr>
<tr>
<td><strong>Earnings from continuing operations, before income tax expense</strong></td>
<td>1,134</td>
<td>1,157</td>
<td>697</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>326</td>
<td>599</td>
<td>339</td>
</tr>
<tr>
<td><strong>Earnings from continuing operations, net of income tax expense</strong></td>
<td>808</td>
<td>558</td>
<td>358</td>
</tr>
<tr>
<td><strong>Discontinued operations, net of income tax expense (benefit)</strong></td>
<td>—</td>
<td>3</td>
<td>(1)</td>
</tr>
<tr>
<td><strong>Net earnings</strong></td>
<td>808</td>
<td>561</td>
<td>357</td>
</tr>
<tr>
<td><strong>(Earnings) loss attributable to noncontrolling interests</strong></td>
<td>20</td>
<td>1</td>
<td>(2)</td>
</tr>
<tr>
<td><strong>Net earnings attributable to Centene Corporation</strong></td>
<td>$828</td>
<td>$562</td>
<td>$355</td>
</tr>
<tr>
<td><strong>Amounts attributable to Centene Corporation common shareholders:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings from continuing operations, net of income tax expense</td>
<td>$828</td>
<td>$559</td>
<td>$356</td>
</tr>
<tr>
<td><strong>Discontinued operations, net of income tax expense (benefit)</strong></td>
<td>—</td>
<td>3</td>
<td>(1)</td>
</tr>
<tr>
<td><strong>Net earnings</strong></td>
<td>$828</td>
<td>$562</td>
<td>$355</td>
</tr>
<tr>
<td><strong>Net earnings (loss) per common share attributable to Centene Corporation:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>$4.80</td>
<td>$3.50</td>
<td>$2.99</td>
</tr>
<tr>
<td>Discontinued operations</td>
<td>—</td>
<td>0.02</td>
<td>(0.01)</td>
</tr>
<tr>
<td><strong>Basic earnings per common share</strong></td>
<td>$4.80</td>
<td>$3.52</td>
<td>$2.98</td>
</tr>
<tr>
<td>Diluted:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>$4.69</td>
<td>$3.41</td>
<td>$2.89</td>
</tr>
<tr>
<td>Discontinued operations</td>
<td>—</td>
<td>0.02</td>
<td>(0.01)</td>
</tr>
<tr>
<td><strong>Diluted earnings per common share</strong></td>
<td>$4.69</td>
<td>$3.43</td>
<td>$2.88</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of these statements.

65
## CENTENE CORPORATION AND SUBSIDIARIES  
### CONSOLIDATED STATEMENTS OF COMPREHENSIVE EARNINGS  
(In millions)  

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net earnings</td>
<td>$808</td>
<td>$561</td>
<td>$357</td>
</tr>
<tr>
<td>Reclassification adjustment, net of tax</td>
<td>(2)</td>
<td>(2)</td>
<td>—</td>
</tr>
<tr>
<td>Change in unrealized gain (loss) on investments, net of tax</td>
<td>28</td>
<td>(22)</td>
<td>(4)</td>
</tr>
<tr>
<td>Defined benefit pension plan net gain arising during the period, net of tax</td>
<td>1</td>
<td>1</td>
<td>—</td>
</tr>
<tr>
<td>Foreign currency translation adjustments</td>
<td>6</td>
<td>(3)</td>
<td>(5)</td>
</tr>
<tr>
<td>Other comprehensive earnings (loss)</td>
<td>33</td>
<td>(26)</td>
<td>(9)</td>
</tr>
<tr>
<td>Comprehensive earnings</td>
<td>841</td>
<td>535</td>
<td>348</td>
</tr>
<tr>
<td>Comprehensive earnings attributable to the noncontrolling interests</td>
<td>20</td>
<td>1</td>
<td>(3)</td>
</tr>
<tr>
<td>Comprehensive earnings attributable to Centene Corporation</td>
<td>$861</td>
<td>$536</td>
<td>$346</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of these statements.
## CENTENE CORPORATION AND SUBSIDIARIES

### CONSOLIDATED STATEMENTS OF STOCKHOLDERS' EQUITY

(In millions, except shares in thousands and per share data in dollars)

<table>
<thead>
<tr>
<th>Centene Stockholders’ Equity</th>
<th>Common Stock</th>
<th>Treasury Stock</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$.001 Par Value Shares</td>
<td>Amt</td>
</tr>
<tr>
<td>Balance, December 31, 2014</td>
<td>124,275</td>
<td>$ —</td>
</tr>
<tr>
<td>Net earnings</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other comprehensive earnings (loss), net of $(3) tax</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for acquisitions</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for employee benefit plans</td>
<td>2,580</td>
<td>—</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Stock compensation expense</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Excess tax benefits from stock compensation</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Contribution from noncontrolling interest</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Reclassification to redeemable noncontrolling interest</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Balance, December 31, 2015</td>
<td>126,855</td>
<td>$ —</td>
</tr>
<tr>
<td>Net earnings</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other comprehensive earnings (loss), net of $(14) tax</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for acquisitions</td>
<td>48,218</td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for employee benefit plans</td>
<td>3,061</td>
<td>—</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Stock compensation expense</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Contribution from noncontrolling interest</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Balance, December 31, 2016</td>
<td>178,134</td>
<td>$ —</td>
</tr>
<tr>
<td>Net earnings</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other comprehensive earnings, net of $(15) tax</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Common stock issued for employee benefit plans</td>
<td>2,245</td>
<td>—</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Stock compensation expense</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Purchase of noncontrolling interest</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Balance, December 31, 2017</td>
<td>180,379</td>
<td>$ —</td>
</tr>
</tbody>
</table>

The accompanying notes to the consolidated financial statements are an integral part of this statement.
# CENTENE CORPORATION AND SUBSIDIARIES
## CONSOLIDATED STATEMENTS OF CASH FLOWS

(In millions)

<table>
<thead>
<tr>
<th>Year Ended December 31,</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from operating activities:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net earnings</td>
<td>$ 808</td>
<td>$ 561</td>
<td>$ 357</td>
</tr>
<tr>
<td>Adjustments to reconcile net earnings to net cash provided by operating activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>361</td>
<td>278</td>
<td>111</td>
</tr>
<tr>
<td>Stock compensation expense</td>
<td>135</td>
<td>148</td>
<td>71</td>
</tr>
<tr>
<td>Debt extinguishment costs</td>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred income taxes</td>
<td>(108)</td>
<td>92</td>
<td>(17)</td>
</tr>
<tr>
<td>Gain on contingent consideration</td>
<td>(1)</td>
<td>(5)</td>
<td>(44)</td>
</tr>
<tr>
<td>Goodwill and intangible adjustment</td>
<td>—</td>
<td></td>
<td>38</td>
</tr>
<tr>
<td><strong>Changes in assets and liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premium and trade receivables</td>
<td>(50)</td>
<td>74</td>
<td>(360)</td>
</tr>
<tr>
<td>Other assets</td>
<td>(146)</td>
<td>167</td>
<td>(102)</td>
</tr>
<tr>
<td>Medical claims liabilities</td>
<td>359</td>
<td>145</td>
<td>536</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td>19</td>
<td>43</td>
<td>(27)</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>53</td>
<td>402</td>
<td>39</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>68</td>
<td>(61)</td>
<td>51</td>
</tr>
<tr>
<td>Other operating activities, net</td>
<td>(9)</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>$1,489</td>
<td>$1,851</td>
<td>$658</td>
</tr>
</tbody>
</table>

| **Cash flows from investing activities:** | | | |
| Capital expenditures            | (422)| (386)| (150)|
| Purchases of investments        | (2,704)| (2,450)| (1,321)|
| Sales and maturities of investments | 1,899| 1,656| 669 |
| Investments in acquisitions, net of cash acquired | (50) | (1,297) | (18) |
| Other investing activities, net | 12   | —    | 7    |
| **Net cash used in investing activities** | (1,265)| (2,397)| (813)|

| **Cash flows from financing activities:** | | | |
| Proceeds from borrowings         | 1,400| 8,946| 1,925|
| Payment of long-term debt        | (1,353)| (6,076)| (1,583)|
| Common stock repurchases         | (65) | (63) | (53) |
| Purchase of noncontrolling interest | (66) | (14) | —    |
| Debt issuance costs              | (3)  | (76) | (4)  |
| Other financing activities, net  | 5    | —    | 20   |
| **Net cash (used in) provided by financing activities** | (82) | 2,717| 305 |

| **Effect of exchange rate changes on cash and cash equivalents** | | | |
| **Net increase in cash and cash equivalents** | 142 | 2,170 | 150 |

| **Cash and cash equivalents, beginning of period** | 3,930| 1,760| 1,610|
| **Cash and cash equivalents, end of period** | $4,072| $3,930| $1,760|

| **Supplemental disclosures of cash flow information:** | | | |
| Interest paid | $ 237| $ 165| $ 55 |
| Income taxes paid | $ 496| $ 556| $ 328|
| Equity issued in connection with acquisitions | $ — | $ 3,105| $ 12 |

The accompanying notes to the consolidated financial statements are an integral part of these statements.
1. Organization and Operations

Centene Corporation, or the Company, is a diversified, multi-national healthcare enterprise operating in two segments: Managed Care and Specialty Services. The Managed Care segment provides health plan coverage to individuals through government subsidized programs, including Medicaid, the State Children's Health Insurance Program (CHIP), Long-Term Services and Supports (LTSS), Foster Care, Medicare-Medicaid Plans (MMP), which cover beneficiaries who are dually eligible for Medicare and Medicaid, and the Supplemental Security Income Program, also known as the Aged, Blind or Disabled Program (ABD), Medicare, and the Health Insurance Marketplace. The Company also offers a variety of individual, small group, and large group commercial healthcare products, both to employers and directly to members in the Managed Care segment. The Specialty Services segment consists of our specialty companies offering auxiliary healthcare services and products to state programs, correctional facilities, healthcare organizations, employer groups and other commercial organizations, as well as to our own subsidiaries. The Specialty Service segment also includes the Government Contracts business which includes the Company's government-sponsored managed care support contract with the U.S. Department of Defense (DoD) under the TRICARE program, the Military Family and Life Counseling (MFLC) contract with the DoD, and other healthcare related government contracts, including the Patient Centered Community Care (PC3) contract with the U.S. Department of Veterans Affairs (VA).

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements include the accounts of Centene Corporation and all majority owned subsidiaries and subsidiaries over which the Company exercises the power and control to direct activities significantly impacting financial performance. All material intercompany balances and transactions have been eliminated. The assets, liabilities and results of operations of Kentucky Spirit Health Plan (Kentucky Spirit) are classified as discontinued operations for all periods presented.

In January 2017, the Company reclassified Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan from the Specialty Services segment to the Managed Care segment due to a reorganization of the Arizona management structure following the Health Net integration. As a result, the financial results of Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan have been reclassified from the Specialty Services segment to the Managed Care segment for all periods presented.

Certain amounts in the consolidated financial statements and notes have been reclassified to conform to the 2017 presentation. These reclassifications have no effect on net earnings or stockholders' equity as previously reported.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Future events and their effects cannot be predicted with certainty; accordingly, the accounting estimates require the exercise of judgment. The accounting estimates used in the preparation of the consolidated financial statements will change as new events occur, as more experience is acquired, as additional information is obtained and as the operating environment changes. The Company evaluates and updates its assumptions and estimates on an ongoing basis and may employ outside experts to assist in its evaluation, as considered necessary. Actual results could differ from those estimates.

Business Combinations

Business combinations are accounted for using the acquisition method of accounting. The Company allocates the fair value of purchase consideration to the assets acquired and liabilities assumed based on their fair values at the acquisition date. The excess of the fair value of consideration transferred over the fair value of the net assets acquired is recorded as goodwill. Goodwill is generally attributable to the value of the synergies between the combined companies and the value of the acquired assembled workforce, neither of which qualifies for recognition as an intangible asset.
The Company uses its best estimates and assumptions to value assets acquired and liabilities assumed at the acquisition date; however, these estimates are sometimes preliminary and, in some instances, all information required to value the assets acquired and liabilities assumed may not be available or final as of the end of a reporting period subsequent to the business combination. If the accounting for the business combination is incomplete, provisional amounts are recorded. The provisional amounts are updated during the period determined, up to one year from the acquisition date. The Company includes the results of operations of acquired businesses in the Company's consolidated results prospectively from the date of acquisition.

Acquisition related expenses and post-acquisition restructuring costs are recognized separately from the business combination and are expensed as incurred.

**Cash and Cash Equivalents**

Investments with original maturities of three months or less are considered to be cash equivalents. Cash equivalents consist of money market funds, bank certificates of deposit and savings accounts.

The Company maintains amounts on deposit with various financial institutions, which may exceed federally insured limits. However, management periodically evaluates the credit-worthiness of those institutions, and the Company has not experienced any losses on such deposits.

**Investments**

Short-term investments include securities with maturities greater than three months to one year. Long-term investments include securities with maturities greater than one year.

Short-term and long-term investments are generally classified as available for sale and are carried at fair value. Certain equity investments are recorded using the cost or equity method. Unrealized gains and losses on investments available for sale are excluded from earnings and reported in accumulated other comprehensive income, a separate component of stockholders' equity, net of income tax effects. Premiums and discounts are amortized or accreted over the life of the related security using the effective interest method. The Company monitors the difference between the cost and fair value of investments. Investments that experience a decline in value that is judged to be other than temporary are written down to fair value and a realized loss is recorded in investment and other income. To calculate realized gains and losses on the sale of investments, the Company uses the specific amortized cost of each investment sold. Realized gains and losses are recorded in investment and other income.

The Company uses the equity method to account for its investments in entities that it does not control but has the ability to exercise significant influence over operating and financial policies. These investments are recorded at the lower of their cost or fair value adjusted for the Company's proportionate share of earnings or losses.

**Restricted Deposits**

Restricted deposits consist of investments required by various state statutes to be deposited or pledged to state agencies. These investments are classified as long-term, regardless of the contractual maturity date, due to the nature of the states' requirements. The Company is required to annually adjust the amount of the deposit pledged to certain states.

**Fair Value Measurements**

In the normal course of business, the Company invests in various financial assets and incurs various financial liabilities. Fair values are disclosed for all financial instruments, whether or not such values are recognized in the Consolidated Balance Sheets. Management obtains quoted market prices and other observable inputs for these disclosures. The carrying amounts reported in the Consolidated Balance Sheets for cash and cash equivalents, premium and trade receivables, medical claims liability, accounts payable and accrued expenses, unearned revenue, and certain other current assets and liabilities are carried at cost, which approximates fair value because of their short-term nature.

The following methods and assumptions were used to estimate the fair value of each financial instrument:

- **Available for sale investments and restricted deposits**: The carrying amount is stated at fair value, based on quoted market prices, where available. For securities not actively traded, fair values were estimated using values obtained from independent pricing services or quoted market prices of comparable instruments.
- **Senior unsecured notes**: Estimated based on third-party quoted market prices for the same or similar issues.
Variable rate debt: The carrying amount of our floating rate debt approximates fair value since the interest rates adjust based on market rate adjustments.

Interest rate swap: Estimated based on third-party market prices based on the forward 3-month LIBOR curve.

Contingent consideration: Estimated based on expected achievement of metrics included in the acquisition agreement considering circumstances that exist as of the acquisition date.

## Property, Software and Equipment

Property, software and equipment are stated at cost less accumulated depreciation. Capitalized software includes certain costs incurred in the development of internal-use software, including external direct costs of materials and services and payroll costs of employees devoted to specific software development. Depreciation is calculated principally by the straight-line method over estimated useful lives. Leasehold improvements are depreciated using the straight-line method over the shorter of the expected useful life or the remaining term of the lease. Property, software and equipment are depreciated over the following periods:

<table>
<thead>
<tr>
<th>Fixed Asset</th>
<th>Depreciation Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings and land improvements</td>
<td>5 - 40 years</td>
</tr>
<tr>
<td>Computer hardware and software</td>
<td>2 - 7 years</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>3 - 10 years</td>
</tr>
<tr>
<td>Land improvements</td>
<td>3 - 20 years</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>1 - 20 years</td>
</tr>
</tbody>
</table>

The carrying amounts of all long-lived assets are evaluated to determine if adjustment to the depreciation and amortization period or to the unamortized balance is warranted. Such evaluation is based principally on the expected utilization of the long-lived assets.

The Company retains fully depreciated assets in property and accumulated depreciation accounts until it removes them from service. In the case of sale, retirement, or disposal, the asset cost and related accumulated depreciation balance is removed from the respective account, and the resulting net amount, less any proceeds, is included as a component of earnings from operations in the Consolidated Statements of Operations.

## Goodwill and Intangible Assets

Intangible assets represent assets acquired in purchase transactions and consist primarily of purchased contract rights, provider contracts, customer relationships, trade names, developed technologies and goodwill. Intangible assets are amortized using the straight-line method over the following periods:

<table>
<thead>
<tr>
<th>Intangible Asset</th>
<th>Amortization Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased contract rights</td>
<td>5 - 15 years</td>
</tr>
<tr>
<td>Provider contracts</td>
<td>4 - 15 years</td>
</tr>
<tr>
<td>Customer relationships</td>
<td>3 - 15 years</td>
</tr>
<tr>
<td>Trade names</td>
<td>7 - 20 years</td>
</tr>
<tr>
<td>Developed technologies</td>
<td>5 years</td>
</tr>
</tbody>
</table>

The Company tests for impairment of intangible assets as well as long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset or asset group (hereinafter referred to as “asset group”) may not be recoverable by comparing the sum of the estimated undiscounted future cash flows expected to result from use of the asset group and its eventual disposition to the carrying value. Such factors include, but are not limited to, significant changes in membership, state funding, state contracts and provider networks and contracts. If the sum of the estimated undiscounted future cash flows is less than the carrying value, an impairment determination is required. The amount of impairment is calculated by subtracting the fair value of the asset group from the carrying value of the asset group. An impairment charge, if any, is recognized within earnings from operations.

The Company tests goodwill for impairment using a fair value approach. The Company is required to test for impairment at least annually, absent a triggering event, which could include a significant decline in operating performance that would require an impairment assessment. Absent any impairment indicators, the Company performs its goodwill impairment testing during the fourth quarter of each year. The Company recognizes an impairment charge for any amount by which the carrying amount of goodwill exceeds its implied fair value.
The Company first assesses qualitative factors to determine whether it is necessary to perform the two-step quantitative goodwill impairment test. The Company generally does not calculate the fair value of a reporting unit unless it determines, based on a qualitative assessment, that it is more likely than not that its fair value is less than its carrying amount. However, in certain circumstances, such as recent acquisitions, the Company may elect to perform a quantitative assessment without first assessing qualitative factors.

If the two-step quantitative test is deemed necessary, the Company determines an appropriate valuation technique to estimate a reporting unit's fair value as of the testing date. The Company utilizes either the income approach or the market approach, whichever is most appropriate for the respective reporting unit. The income approach is based on an internally developed discounted cash flow model that includes many assumptions related to future growth rates, discount factors, future tax rates, etc. The market approach is based on financial multiples of comparable companies derived from current market data. Changes in economic and operating conditions impacting assumptions used in our analyses could result in goodwill impairment in future periods.

**Medical Claims Liability**

Medical claims liability includes claims reported but not yet paid, or inventory, estimates for claims incurred but not reported, or IBNR, and estimates for the costs necessary to process unpaid claims at the end of each period. The Company estimates its medical claims liability using actuarial methods that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. These actuarial methods consider factors such as historical data for payment patterns, cost trends, product mix, seasonality, utilization of healthcare services and other relevant factors.

Actuarial Standards of Practice generally require that the medical claims liability estimates be adequate to cover obligations under moderately adverse conditions. Moderately adverse conditions are situations in which the actual claims are expected to be higher than the otherwise estimated value of such claims at the time of estimate. In many situations, the claims amounts ultimately settled will be different than the estimate that satisfies the Actuarial Standards of Practice. The Company includes in its IBNR an estimate for medical claims liability under moderately adverse conditions which represents the risk of adverse deviation of the estimates in its actuarial method of reserving.

The Company uses its judgment to determine the assumptions to be used in the calculation of the required estimates. The assumptions it considers when estimating IBNR include, without limitation, claims receipt and payment experience (and variations in that experience), changes in membership, provider billing practices, healthcare service utilization trends, cost trends, product mix, seasonality, prior authorization of medical services, benefit changes, known outbreaks of disease or increased incidence of illness such as influenza, provider contract changes, changes to fee schedules, and the incidence of high dollar or catastrophic claims.

The Company's development of the medical claims liability estimate is a continuous process which it monitors and refines on a monthly basis as additional claims receipts and payment information becomes available. As more complete claims information becomes available, the Company adjusts the amount of the estimates, and includes the changes in estimates in medical costs in the period in which the changes are identified. In every reporting period, the operating results include the effects of more completely developed medical claims liability estimates associated with previously reported periods. The Company consistently applies its reserving methodology from period to period. As additional information becomes known, it adjusts the actuarial model accordingly to establish medical claims liability estimates.

The Company periodically reviews actual and anticipated experience compared to the assumptions used to establish medical costs. The Company establishes premium deficiency reserves if actual and anticipated experience indicates that existing policy liabilities together with the present value of future gross premiums will not be sufficient to cover the present value of future benefits, settlement and maintenance costs.
Revenue Recognition

The Company's health plans generate revenues primarily from premiums received from the states in which it operates health plans. The Company generally receives a fixed premium per member per month pursuant to its state contracts and recognizes premium revenues during the period in which it is obligated to provide services to its members at the amount reasonably estimable. In some instances, the Company's base premiums are subject to an adjustment, or risk score, based on the acuity of its membership. Generally, the risk score is determined by the State analyzing submissions of processed claims data to determine the acuity of the Company's membership relative to the entire state's Medicaid membership. The Company estimates the amount of risk adjustment based upon the processed claims data submitted and expected to be submitted to Centers for Medicare and Medicaid Services (CMS) and records revenues on a risk adjusted basis. Some contracts allow for additional premiums related to certain supplemental services provided such as maternity deliveries.

The Company's contracts with states may require us to maintain a minimum health benefits ratio (HBR) or may require us to share profits in excess of certain levels. In certain circumstances, our plans may be required to return premium to the state in the event profits exceed established levels. We estimate the effect of these programs and recognize reductions in revenue in the current period. Other states may require us to meet certain performance and quality metrics in order to receive additional or full contractual revenue. For performance-based contracts, we do not recognize revenue subject to refund until data is sufficient to measure performance.

Revenues are recorded based on membership and eligibility data provided by the states, which is adjusted on a monthly basis by the states for retroactive additions or deletions to membership data. These eligibility adjustments are estimated monthly and subsequent adjustments are made in the period known. The Company continuously reviews and updates those estimates as new information becomes available. It is possible that new information could require us to make additional adjustments, which could be significant, to these estimates.

The Company's Medicare Advantage contracts are with CMS. CMS deploys a risk adjustment model which apportions premiums paid to all health plans according to health severity and certain demographic factors. The CMS risk adjustment model pays more for members whose medical history would indicate that they are expected to have higher medical costs. Under this risk adjustment methodology, CMS calculates the risk adjusted premium payment using diagnosis data from hospital inpatient, hospital outpatient, physician treatment settings as well as prescription drug events. The Company and the healthcare providers collect, compile and submit the necessary and available diagnosis data to CMS within prescribed deadlines. The Company estimates risk adjustment revenues based upon the diagnosis data submitted and expected to be submitted to CMS and records revenues on a risk adjusted basis.

The Company's specialty services generate revenues under contracts with state and federal programs, healthcare organizations and other commercial organizations, as well as from our own subsidiaries. Revenues are recognized when the related services are provided or as ratably earned over the coverage period of services. The Company recognizes revenue related to administrative services under the TRICARE government-sponsored managed care support contract for the DoD's TRICARE program on a straight-line basis over the option period, when the fees become fixed and determinable. The TRICARE contract includes various performance-based incentives and penalties. For each of the incentives or penalties, the Company adjusts revenue accordingly based on the amount that it has earned or incurred at each interim date and are legally entitled to in the event of a contract termination.

Some states enact premium taxes, similar assessments and provider pass-through payments, collectively premium taxes, and these taxes are recorded as a separate component of both revenues and operating expenses. Additionally, the Company's insurance subsidiaries are subject to the Affordable Care Act annual health insurer fee (HIF), absent a HIF moratorium. If the Company is able to negotiate reimbursement of portions of these premium taxes or the HIF, it recognizes revenue associated with the HIF on a straight-line basis when we have binding agreements for such reimbursements, including the “gross-up” to reflect the HIF's non-tax deductible nature. Collectively, this revenue is recorded as premium tax and health insurer fee revenue in the Consolidated Statements of Operations.

Affordable Care Act

The Affordable Care Act (ACA) established risk spreading premium stabilization programs effective January 1, 2014. These programs, commonly referred to as the “three Rs”, include a permanent risk adjustment program, a transitional reinsurance program, and a temporary risk corridor program. Additionally, the ACA established a minimum annual medical loss ratio (MLR) and cost sharing reductions. Each of the three R programs are taken into consideration to determine if the Company's estimated annual medical costs are less than the minimum loss ratio and require an adjustment to premium revenues to meet the minimum MLR.

73
The Company’s accounting policies for the programs are as follows:

**Risk Adjustment**

The permanent risk adjustment program established by the ACA transfers funds from qualified individual and small group insurance plans with below average risk scores to those plans with above average risk scores within each state. The Company estimates the receivable or payable under the risk adjustment program based on its estimated risk score compared to the state average risk score. The Company may record a receivable or payable as an adjustment to premium revenues to reflect the year to date impact of the risk adjustment based on its best estimate. The Company expects to refine its estimate as new information becomes available.

**Reinsurance**

The ACA established a transitional 2014 to 2016 three-year reinsurance program whereby the Company’s claims costs incurred for qualified members will be reimbursed when they exceed a specific threshold. For the 2016 benefit year, qualified member claims that exceeded $90,000 entitled the Company to reimbursement from the programs at 50% coinsurance. The Company accounts for reinsurance recoveries as a reduction of medical costs based on each individual case that exceeds the reinsurance threshold established by the program.

**Risk Corridor**

The temporary 2014 to 2016 three-year risk corridor program established by the ACA applies to qualified individual and small group health plans operating both inside and outside of the Health Insurance Marketplace. The risk corridor program limits the Company’s gains and losses in the Health Insurance Marketplace by comparing certain medical and administrative costs to a target amount and sharing the risk for allowable costs with the federal government. Allowable medical costs are adjusted for risk adjustment settlements, transitional reinsurance recoveries, and cost sharing reductions received from the federal government. The Company records a risk corridor receivable or payable as an adjustment to premium revenues on a year to date basis based on where its estimated annual costs fall within the risk corridor range.

**Minimum Medical Loss Ratio**

Additionally, the ACA established a minimum annual MLR for the Health Insurance Marketplace. Each of the three R programs described above are taken into consideration to determine if the Company’s estimated annual medical costs are less than the minimum loss ratio and require an adjustment to premium revenues to meet the minimum MLR.

**Cost Sharing Reductions (CSRs)**

The ACA directs issuers to reduce the Company’s members' cost sharing for essential health benefits for individuals with Federal Poverty Levels (FPLs) between 100% and 250% who are enrolled in a silver tier product; eliminate cost sharing for Indians/Alaska Natives with an FPL less than 300% and eliminate cost sharing for Indians/Alaska Natives regardless of FPL level when services are provided by an Indian Health Service. In order to compensate issuers for reduced cost sharing provided to enrollees, CMS pays an advance CSR payment to the Company each month based on the Company’s certification data provided at the time of the qualified health plan application. After the close of the benefit year, the Company is required to provide CMS with data on the value of the CSRs paid to enrollees based on the Company’s certification data provided at the time of the qualified health plan application. A reconciliation will occur in order to calculate the difference between the Company’s CSR advance payments received and the value of CSRs provided to enrollees. This reconciliation will produce either a payable or receivable to/from CMS. The Company has elected the standard methodology approach. In October 2017, the Trump Administration issued an executive order that immediately ceased payments of CSRs to issuers.
Premium and Trade Receivables and Unearned Revenue

Premium and service revenues collected in advance are recorded as unearned revenue. For performance-based contracts, the Company does not recognize revenue subject to refund until data is sufficient to measure performance. Premiums and service revenues due to the Company are recorded as premium and trade receivables and are recorded net of an allowance based on historical trends and management's judgment on the collectibility of these accounts. As the Company generally receives payments during the month in which services are provided, the allowance is typically not significant in comparison to total revenues and does not have a material impact on the presentation of the financial condition or results of operations. Amounts receivable under federal contracts are comprised primarily of contractually defined billings, accrued contract incentives under the terms of the contract and amounts related to change orders for services not originally specified in the contract.

Activity in the allowance for uncollectible accounts for the years ended December 31, is summarized below ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allowances, beginning of year</td>
<td>$29</td>
<td>$10</td>
<td>$5</td>
</tr>
<tr>
<td>Amounts charged to expense</td>
<td>35</td>
<td>33</td>
<td>12</td>
</tr>
<tr>
<td>Write-offs of uncollectible receivables</td>
<td>(40)</td>
<td>(14)</td>
<td>(7)</td>
</tr>
<tr>
<td>Allowances, end of year</td>
<td>$24</td>
<td>$29</td>
<td>$10</td>
</tr>
</tbody>
</table>

Significant Customers

Centene receives the majority of its revenues under contracts or subcontracts with state Medicaid managed care programs. The current contracts expire on various dates between February 28, 2018 and December 31, 2022. Customers where the aggregate annual contract revenues exceeded 10% of total annual revenues included the State of California, where the percentage of the Company's total revenue was 18%, 21% and 3% for the years ended December 31, 2017, 2016 and 2015, respectively; the State of Florida, where the percentage of the Company's total revenue was 14% for the year ended December 31, 2015; and the State of Texas, where the percentage of the Company's total revenue was 12%, 13% and 22% for the years ended December 31, 2017, 2016 and 2015, respectively.

Other Income (Expense)

Other income (expense) consists principally of investment income, interest expense and equity method earnings from investments. Investment income is derived from the Company's cash, cash equivalents, restricted deposits and investments. Interest expense relates to borrowings under the senior notes, interest rate swaps, credit facilities, interest on capital leases and credit facility fees.

Income Taxes

Deferred tax assets and liabilities are recorded for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax law or tax rates is recognized in income in the period that includes the enactment date.

Valuation allowances are provided when it is considered more likely than not that deferred tax assets will not be realized. In determining if a deductible temporary difference or net operating loss can be realized, the Company considers future reversals of existing taxable temporary differences, future taxable income, taxable income in prior carryback periods and tax planning strategies.

Contingencies

The Company accrues for loss contingencies associated with outstanding litigation, claims and assessments for which it has determined it is probable that a loss contingency exists and the amount of loss can be reasonably estimated. The Company expenses professional fees associated with litigation claims and assessments as incurred.
Stock Based Compensation

The fair value of the Company's employee share options and similar instruments are estimated using the Black-Scholes option-pricing model. That cost is recognized over the period during which an employee is required to provide service in exchange for the award. Excess tax benefits related to stock compensation are presented as a cash inflow from financing activities for the year ended December 31, 2015 and as a cash inflow from operating activities for the years ended December 31, 2017 and 2016 due to the prospective adoption of employee share-based payment guidance in 2016. The Company accounts for forfeitures when they occur.

Foreign Currency Translation

The Company is exposed to foreign currency exchange risk through its equity method investment in Ribera Salud S.A. (Ribera Salud), a Spanish health management group whose functional currency is the Euro. The assets and liabilities of the Company's investment are translated into United States dollars at the balance sheet date. The Company translates its proportionate share of earnings using average rates during the year. The resulting foreign currency translation adjustments are recorded as a separate component of accumulated other comprehensive income.

Recently Adopted Accounting Guidance

In August 2016, the Financial Accounting Standards Board (FASB) issued an Accounting Standard Update (ASU) which clarifies how entities should classify certain cash receipts and cash payments on the statement of cash flows. The new guidance also clarifies how the predominance principle should be applied when cash receipts and cash payments have aspects of more than one class of cash flows. The Company early adopted the new guidance in the fourth quarter of 2017. The new guidance did not have a material impact on the Company's consolidated financial statements.

Recent Accounting Guidance Not Yet Adopted

In August 2016, the FASB issued an ASU which amends the hedge accounting model to enable entities to better align the economics of risk management activities and financial reporting. In addition, the new standard enhances the understandability of hedge results and simplifies the application of hedge accounting in certain situations. The new guidance is effective for annual and interim periods beginning after December 15, 2018. Early adoption is permitted. The new guidance is not expected to have a material impact on the Company’s consolidated financial position, results of operations or cash flows.

In March 2017, the FASB issued an ASU which changes the period over which premiums on callable debt securities are amortized. The new standard requires the premiums on callable debt securities to be amortized to the earliest call date rather than to the contractual maturity date of the instrument. The new guidance more closely aligns the amortization period of premiums to expectations incorporated in the market pricing on the underlying securities. The new guidance is effective for annual and interim periods beginning after December 15, 2018. Early adoption is permitted. The new guidance is not expected to have a material impact on the Company’s consolidated financial position, results of operations or cash flows.

In January 2017, the FASB issued an ASU simplifying the test for goodwill impairment. The amendments in this ASU eliminate Step 2 from the goodwill impairment test. Thus, an entity will no longer be required to compare the implied fair value of a reporting unit's goodwill to its carrying amount. Instead, under the new guidance, an entity should perform the goodwill impairment test by comparing the fair value of a reporting unit with its carrying amount and should recognize an impairment charge for the amount by which the carrying amount exceeds the fair value. The impairment charge should be limited to the total amount of goodwill allocated to that reporting unit. Under the new guidance, an entity still has the option to first perform the qualitative assessment for a reporting unit to determine if the quantitative impairment test is necessary. The new standard is effective for an entity's annual or interim goodwill impairment tests in fiscal years beginning after December 15, 2019. Early adoption is permitted, including adoption in an interim period. The new guidance is not expected to have a material impact on the Company's consolidated financial position, results of operations or cash flows.

In November 2016, the FASB issued an ASU clarifying the classification and presentation of changes in restricted cash on the statement of cash flows. The amendments in this ASU require that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and restricted cash. Therefore, amounts generally described as restricted cash should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The new standard is effective for annual periods beginning after December 15, 2017, including interim periods within those annual reporting periods. Early adoption is permitted, including adoption in an interim period. The new guidance is not expected to have a material impact on the Company's consolidated financial position, results of operations or cash flows.

Foreign Currency Translation

The Company is exposed to foreign currency exchange risk through its equity method investment in Ribera Salud S.A. (Ribera Salud), a Spanish health management group whose functional currency is the Euro. The assets and liabilities of the Company's investment are translated into United States dollars at the balance sheet date. The Company translates its proportionate share of earnings using average rates during the year. The resulting foreign currency translation adjustments are recorded as a separate component of accumulated other comprehensive income.

Recently Adopted Accounting Guidance

In August 2016, the Financial Accounting Standards Board (FASB) issued an Accounting Standard Update (ASU) which clarifies how entities should classify certain cash receipts and cash payments on the statement of cash flows. The new guidance also clarifies how the predominance principle should be applied when cash receipts and cash payments have aspects of more than one class of cash flows. The Company early adopted the new guidance in the fourth quarter of 2017. The new guidance did not have a material impact on the Company's consolidated financial statements.
In March 2016, the FASB issued an ASU which requires entities to measure equity investments at fair value and recognize any change in fair value in net income. The standard does not apply to equity methods that result in consolidation of the investee and those accounted for under the equity method. The standard also requires entities to record changes in instrument-specific credit risk for financial liabilities measured under the fair value option in other comprehensive income, early adoption is permitted for this component of the new standard. Companies are required to record a cumulative-effect adjustment to the statement of financial position as of the beginning of the fiscal year in which the guidance is adopted, with the exception of amendments related to equity investments without readily determinable fair values, which will be applied prospectively to all investments that exist as of the date of adoption. The Company adopted the new guidance in the first quarter of 2018. The new guidance is not expected to have a material impact on the Company's consolidated financial position, results of operations or cash flows.

In February 2016, the FASB issued an ASU which introduces a lessee model that requires the majority of leases to be recognized on the balance sheet. The new standard also aligns many of the underlying principles of the new lessee model with those in Accounting Standards Codification 606, the FASB's new revenue recognition standard, and addresses other concerns related to the current lessee model. The standard also requires lessors to increase the transparency of their exposure to changes in value of their residual assets and how they manage that exposure. It is effective for annual and interim periods beginning after December 15, 2018. Early adoption is permitted. The new standard presently requires a modified retrospective transition approach, with application, including disclosures, in all comparative periods presented. The FASB has proposed an amendment to the new guidance that allows companies the option of using the effective date of the new standard as the date of initial application. The Company is currently evaluating the effect of the new lease guidance.

In May 2014, the FASB issued an ASU which supersedes existing revenue recognition standards with a single model unless those contracts are within the scope of other standards (e.g., an insurance entity's insurance contracts). Under the new standard, recognition of revenue occurs when a customer obtains control of promised goods or services in an amount that reflects the consideration which the entity expects to receive in exchange for those goods or services. In addition, the standard requires disclosure of the nature, amount, timing and uncertainty of revenue and cash flows arising from contracts with customers. The guidance is effective for annual and interim periods beginning after December 15, 2017. The Company adopted the new guidance in the first quarter of 2018 using the modified retrospective approach with a cumulative-effect increase to retained earnings of approximately $17 million. The Company also elected the practical expedient of applying the new guidance only to contracts that are not completed as of the date of initial application. The majority of the Company's revenues are derived from insurance contracts and are excluded from the new standard. The new guidance did not have a material impact on the Company's consolidated financial position, results of operations or cash flows.

The Company has determined that there are no other recently issued accounting pronouncements that will have a material impact on its consolidated financial position, results of operations or cash flows.

3. Health Net

On March 24, 2016, the Company acquired all of the issued and outstanding shares of Health Net, a publicly traded managed care organization that delivers healthcare services through health plans and government-sponsored managed care plans. The transaction was valued at approximately $5.990 million, including the assumption of $703 million of outstanding debt. The acquisition allows the Company to offer a more comprehensive and scalable portfolio of solutions and provides opportunity for additional growth across the combined company's markets.

The total consideration for the acquisition was $5.287 million, consisting of Centene common shares valued at $3.038 million (based on Centene's stock price of $62.70), $2.247 million in cash, and $2 million related to the fair value adjustment to stock based compensation associated with pre-combination service. Each Health Net share was converted into 0.622 of a validly issued, fully paid, non-assessable share of Centene common stock and $28.25 in cash. In total, 48,449 thousand shares of Centene common stock were issued in connection with the transaction. The cash portion of the acquisition consideration was funded through the issuance of long-term debt as further discussed in Note 11, Debt. For the years ended December 31, 2017, 2016 and 2015, the Company also recognized acquisition related expenses of $7 million, $234 million, $27 million respectively, related to the Health Net acquisition, which were recorded in selling, general and administrative (SG&A) expense in the Consolidated Statements of Operations.

The acquisition of Health Net has been accounted for as a business combination using the acquisition method of accounting which requires assets acquired and liabilities assumed to be recognized at fair value as of the acquisition date. The valuation of all the assets acquired and liabilities assumed was finalized in the fourth quarter of 2016.
The Company's allocation of the fair value of assets acquired and liabilities assumed as of the acquisition date of March 24, 2016, is as follows ($ in millions):

<table>
<thead>
<tr>
<th>Assets Acquired and Liabilities Assumed</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>956</td>
</tr>
<tr>
<td>Premium and trade receivables <strong>(a)</strong></td>
<td>1,890</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>74</td>
</tr>
<tr>
<td>Other current assets</td>
<td>524</td>
</tr>
<tr>
<td>Long-term investments</td>
<td>2,037</td>
</tr>
<tr>
<td>Restricted deposits</td>
<td>30</td>
</tr>
<tr>
<td>Property, software and equipment, net</td>
<td>41</td>
</tr>
<tr>
<td>Intangible assets <strong>(b)</strong></td>
<td>1,530</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>136</td>
</tr>
<tr>
<td><strong>Total assets acquired</strong></td>
<td>7,218</td>
</tr>
<tr>
<td>Medical claims liability <strong>(c)</strong></td>
<td>1,482</td>
</tr>
<tr>
<td>Borrowings under revolving credit facility</td>
<td>285</td>
</tr>
<tr>
<td>Accounts payable and accrued expenses <strong>(d)</strong></td>
<td>2,297</td>
</tr>
<tr>
<td>Return of premium payable</td>
<td>435</td>
</tr>
<tr>
<td>Unearned revenue</td>
<td>130</td>
</tr>
<tr>
<td>Long-term deferred tax liabilities <strong>(e)</strong></td>
<td>311</td>
</tr>
<tr>
<td>Long-term debt <strong>(f)</strong></td>
<td>418</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>432</td>
</tr>
<tr>
<td><strong>Total liabilities assumed</strong></td>
<td>5,790</td>
</tr>
<tr>
<td><strong>Total identifiable net assets</strong></td>
<td>1,428</td>
</tr>
<tr>
<td>Goodwill <strong>(g)</strong></td>
<td>3,859</td>
</tr>
<tr>
<td><strong>Total assets acquired and liabilities assumed</strong></td>
<td>$5,287</td>
</tr>
</tbody>
</table>

Significant fair value adjustments are noted as follows:

(a) The fair value of premium and trade receivables approximated their historical cost, with the exception of the risk corridor receivable associated with the Health Insurance Marketplace. The fair value of the risk corridor receivable was estimated at $9 million.

(b) The identifiable intangible assets acquired are to be measured at fair value as of the completion of the acquisition. The fair value of intangible assets is determined primarily using variations of the "income approach," which is based on the present value of the future after-tax cash flows attributable to each identified intangible asset. Other valuation methods, including the market approach and cost approach, were also utilized in estimating the fair value of certain intangible assets. The Company determined the fair value of intangibles to be $1,530 million with a weighted average life of 12 years. Intangible assets include purchased contract rights, provider contracts, trade names and developed technologies.

(c) Medical claims liability and accounts payable and accrued expenses include $160 million of reserves associated with substance abuse rehabilitation claims primarily related to periods prior to the acquisition date.

(d) Accounts payable and accrued expenses include approximately $253 million related to premium deficiency reserves based on cost trends existing prior to the acquisition date. The premium deficiency reserves are primarily associated with losses in the individual commercial business, largely in California, unfavorable performance in the Arizona commercial business as well as unfavorable performance in the Medicare business primarily in Oregon and Arizona.

(e) The deferred tax liabilities are presented net of $365 million of deferred tax assets.
(f) Debt is required to be measured at fair value under the acquisition method of accounting. The fair value of Health Net's $400 million Senior Notes assumed in the acquisition was $418 million. The $18 million increase was initially being amortized as a reduction to interest expense over the remaining life of the debt; however, in November 2016, this debt was redeemed. See further discussion in Note 11, Debt.

(g) The acquisition resulted in $3,859 million of goodwill related primarily to buyer specific synergies expected from the acquisition and the assembled workforce of Health Net. This goodwill is not deductible for income tax purposes. The Company assigned $3,643 million of goodwill to the Managed Care segment and $216 million of goodwill to the Specialty Services segment.

The fair values and weighted average useful lives for identifiable intangible assets acquired are as follows:

<table>
<thead>
<tr>
<th>Intangible Asset</th>
<th>Fair Value</th>
<th>Weighted Average Useful Life (in years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased contract rights</td>
<td>$1,095</td>
<td>13</td>
</tr>
<tr>
<td>Provider contracts</td>
<td>181</td>
<td>11</td>
</tr>
<tr>
<td>Trade names</td>
<td>150</td>
<td>10</td>
</tr>
<tr>
<td>Developed technologies</td>
<td>104</td>
<td>5</td>
</tr>
<tr>
<td>Total intangible assets acquired</td>
<td>$1,530</td>
<td>12</td>
</tr>
</tbody>
</table>

Statement of Operations

From the acquisition date through December 31, 2016, the Company's Consolidated Statements of Operations include total Health Net revenues of $13,454 million. It is impracticable to determine the effect on net income resulting from the Health Net acquisition for the year ended December 31, 2016, as the Company immediately integrated Health Net into its ongoing operations.

Unaudited Pro Forma Financial Information

The unaudited pro forma total revenues for the year ended December 31, 2016 were $44,280 million. The following table presents supplemental pro forma information for the year ended December 31, 2015 ($ in millions, except per share data):

<table>
<thead>
<tr>
<th>December 31, 2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues</td>
<td>$38,826</td>
</tr>
<tr>
<td>Net earnings attributable to Centene Corporation</td>
<td>$245</td>
</tr>
<tr>
<td>Diluted earnings per share</td>
<td>$1.43</td>
</tr>
</tbody>
</table>

The pro forma results do not reflect any anticipated synergies, efficiencies, or other cost savings of the acquisition. Accordingly, the unaudited pro forma financial information is not indicative of the results if the acquisition had been completed on January 1, 2015 and is not a projection of future results. It is impracticable for the Company to determine the pro forma earnings information for the year ended December 31, 2016 due to the nature of obtaining that information as the Company immediately integrated Health Net into its ongoing operations.

The unaudited pro forma financial information reflects the historical results of Centene and Health Net adjusted as if the acquisition had occurred on January 1, 2015, primarily for the following:

- additional interest income associated with adjusting the amortized cost of Health Net's investment portfolio to fair value;
- elimination of historical Health Net intangible asset amortization expense and addition of amortization expense based on the current values of identifiable intangible assets;
- adjustments to premium revenues related to the risk corridor receivables associated with the Health Insurance Marketplace to align with Centene's accounting policies;
- interest expense associated with financing the acquisition and amortization of the fair value adjustment to Health Net's debt;
- additional stock compensation expense related to the amortization of the fair value increase to Health Net rollover stock awards.
increased tax expense due to the assumption that Centene would be subject to the IRS Regulation 162(m)(6) beginning in 2015; and
elimination of acquisition related costs.

Restructuring Related Charges

In connection with the Health Net acquisition, the Company undertook a restructuring plan as a result of the integration of Health Net's operations into its business, resulting in a reduction in workforce beginning in 2016 and expected to continue through early 2017. The restructuring related costs are classified as SG&A expenses in the Consolidated Statements of Operations. Changes in the restructuring liability for the years ended December 31, 2016 and 2017 were as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Employee Termination Costs</th>
<th>Stock Based Compensation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total accrued restructuring costs as of December 31, 2015</td>
<td>$ —</td>
<td>$ —</td>
<td>$ —</td>
</tr>
<tr>
<td>Charges incurred</td>
<td>46</td>
<td>43</td>
<td>89</td>
</tr>
<tr>
<td>Paid/settled</td>
<td>(28)</td>
<td>(43)</td>
<td>(71)</td>
</tr>
<tr>
<td>Total accrued restructuring costs as of December 31, 2016</td>
<td>$ 18</td>
<td>$ —</td>
<td>$ 18</td>
</tr>
<tr>
<td>Charges incurred</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Paid/Settled</td>
<td>(20)</td>
<td>(3)</td>
<td>(23)</td>
</tr>
<tr>
<td>Total accrued restructuring costs as of December 31, 2017</td>
<td>$ 2</td>
<td>$ —</td>
<td>$ 2</td>
</tr>
</tbody>
</table>

The Company recorded employee termination costs of $46 million and $4 million for the years ended December 31, 2016 and 2017, respectively, and stock based compensation of $43 million and $3 million for the years ended December 31, 2016 and 2017, respectively, in the Managed Care Segment. The Company does not expect to incur any further material employee termination or stock based compensation costs related to the acquisition.

Commitments

In connection with obtaining regulatory approval of the Health Net acquisition from the California Department of Insurance and the California Department of Managed Health Care, the Company committed to certain undertakings (the Undertakings). The Undertakings included, among other items, operational commitments around premiums, dividend restrictions, minimum Risk Based Capital (RBC) levels, local offices, growth, accreditation, HEDIS scores and other quality measures, network adequacy, certifications, investments and capital expenditures. Specifically, the Company agreed to, among other things:

- invest an additional $30 million through the California Organized Investment Network over the five years following completion of the acquisition;
- build a service center in an economically distressed community in California, investing $200 million over 10 years and employing at least 300 people;
- contribute $65 million to improve enrollee health outcomes ($10 million over five years), support locally based consumer assistance programs ($5 million over five years) and strengthen the healthcare delivery system ($50 million over five years), of which the present value of $61 million was expensed in the year ended December 31, 2016, and classified as SG&A expenses in the Consolidated Statements of Operations; and
- invest $75 million of its investment portfolio in vehicles supporting California’s healthcare infrastructure.

4. Acquisitions and Noncontrolling Interest

Acquisitions

Fidelis Care Transaction. In September 2017, the Company signed a definitive agreement under which New York State Catholic Health Plan, Inc., d/b/a Fidelis Care New York (Fidelis Care), (Proposed Fidelis Acquisition or Fidelis Care Transaction) will become the Company's health plan in New York State. Under the terms of the agreement, the Company will acquire substantially all of the assets of Fidelis Care for $3.75 billion, subject to certain adjustments.
Foundation Care: On October 1, 2017, the Company acquired 80% of a national, full-service specialty pharmacy, providing service to patients with certain chronic respiratory and digestive conditions for $59 million. The fair value of consideration consists of initial cash consideration of $53 million, the present value of deferred consideration of $2 million to be paid out over a two year period, and the fair value of estimated contingent consideration of $4 million. The contingent consideration is based upon meeting certain one-year performance metrics and will not exceed $32 million.

The Company's preliminary allocation of fair value resulted in goodwill of $37 million (which is deductible for income tax purposes) and other identifiable intangible assets of $16 million. The Company has not finalized the allocation of the fair value of assets and liabilities. The acquisition is recorded in the Specialty Services segment.

USMM: In August 2017, the Company acquired the remaining 32% interest of U.S. Medical Management (USMM), a management services organization and provider of home-based primary care services for high acuity populations, for $86 million in total consideration. The transaction consideration consisted of $33 million of cash, $33 million of deferred consideration and $20 million related to the settlement of a receivable from the former noncontrolling interest holder.

Health Net: On March 24, 2016, the Company acquired all of the issued and outstanding shares of Health Net, a publicly traded managed care organization that delivers healthcare services through health plans and government-sponsored managed care plans. See Note 3, Health Net, for further discussion.

Noncontrolling Interest

The Company has consolidated subsidiaries where it maintains less than 100% ownership. The Company’s ownership interest for each subsidiary as of December 31, are as follows:

<table>
<thead>
<tr>
<th>Subsidiary</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Total Care</td>
<td>74%</td>
<td>—%</td>
<td>—%</td>
</tr>
<tr>
<td>Celtic Insurance Company</td>
<td>100%</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Cenpatico Integrated Care</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Centurion</td>
<td>51%</td>
<td>51%</td>
<td>51%</td>
</tr>
<tr>
<td>Foundation Care (1)</td>
<td>80%</td>
<td>—%</td>
<td>—%</td>
</tr>
<tr>
<td>Home State Health Plan</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>The Practice (Group) Limited (TPG) (2)</td>
<td>75%</td>
<td>75%</td>
<td>49%</td>
</tr>
<tr>
<td>U.S. Medical Management (3)</td>
<td>100%</td>
<td>68%</td>
<td>68%</td>
</tr>
</tbody>
</table>

(1) In 2017, the Company purchased a controlling interest in Foundation Care for $59 million.
(2) In 2016, the Company purchased a controlling interest in TPG for $8 million.
(3) In 2017, the Company purchased the remaining interest in USMM for $86 million.

Redeemable Noncontrolling Interest

As a result of put option agreements, noncontrolling interest is considered redeemable and is classified in the Redeemable Noncontrolling Interest section of the Consolidated Balance Sheets. Noncontrolling interest is initially measured at fair value using the binomial lattice model as of the acquisition date. The Company has elected to accrete changes in the redemption value through additional paid-in capital over the period from the date of issuance to the earliest redemption date following the effective interest method.

A reconciliation of the changes in the Redeemable Noncontrolling Interest is as follows ($ in millions):

<table>
<thead>
<tr>
<th>Description</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, December 31, 2016</td>
<td>$145</td>
<td></td>
</tr>
<tr>
<td>Noncontrolling interest purchased related to USMM</td>
<td>(115)</td>
<td></td>
</tr>
<tr>
<td>Contribution from noncontrolling interest</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Net losses attributable to noncontrolling interests</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>Balance, December 31, 2017</td>
<td>$ 12</td>
<td></td>
</tr>
</tbody>
</table>
Pro forma disclosures related to the acquisitions other than Health Net (see Note 3, Health Net) have been excluded as they were deemed to be immaterial.

5. Short-term and Long-term Investments, Restricted Deposits

Short-term and long-term investments and restricted deposits by investment type consist of the following ($ in millions):

<table>
<thead>
<tr>
<th>Investment Type</th>
<th>December 31, 2017</th>
<th>December 31, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amortized Cost</td>
<td>Gross Unrealized Gains</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$311</td>
<td>$—</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>$2,208</td>
<td>$12</td>
</tr>
<tr>
<td>Restricted certificates of deposit</td>
<td>$4</td>
<td>$—</td>
</tr>
<tr>
<td>Restricted cash equivalents</td>
<td>$17</td>
<td>$—</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>$2,085</td>
<td>$12</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>$437</td>
<td>$1</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>$337</td>
<td>$1</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>$272</td>
<td>$1</td>
</tr>
<tr>
<td>Equity method investments</td>
<td>$176</td>
<td>$—</td>
</tr>
<tr>
<td>Life insurance contracts</td>
<td>$155</td>
<td>$—</td>
</tr>
<tr>
<td>Total</td>
<td>$5,982</td>
<td>$27</td>
</tr>
</tbody>
</table>

The Company's investments are classified as available-for-sale with the exception of life insurance contracts and certain equity method investments. The Company's investment policies are designed to provide liquidity, preserve capital and maximize total return on invested assets with the focus on high credit quality securities. The Company limits the size of investment in any single issuer other than U.S. treasury securities and obligations of U.S. government corporations and agencies. As of December 31, 2017, 96% of the Company's investments in rated securities carry an investment grade rating by nationally recognized statistical rating organizations. At December 31, 2017, the Company held certificates of deposit, life insurance contracts and equity method investments which did not carry a credit rating.

The Company's residential mortgage-backed securities are primarily issued by the Federal National Mortgage Association, Government National Mortgage Association or Federal Home Loan Mortgage Corporation, which carry implicit or explicit guarantees of the U.S. government. The Company's commercial mortgage-backed securities are primarily senior tranches with a weighted average rating of AA+ and a weighted average duration of 4.0 years at December 31, 2017.

In January 2016, the Company completed a 19% investment in a data analytics business, and as a result, issued the selling stockholders 1.1 million shares of Centene common stock, valued at $68 million. The investment is being accounted for using the equity method of accounting due to the Company's significant influence of the business.
The fair value of available-for-sale investments with gross unrealized losses by investment type and length of time that individual securities have been in a continuous unrealized loss position were as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2017</th>
<th></th>
<th>December 31, 2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrealized Losses</td>
<td>Fair Value</td>
<td>Unrealized Losses</td>
<td>Fair Value</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$ (1)</td>
<td>$ 222</td>
<td>$ (1)</td>
<td>$ 79</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>(6)</td>
<td>1,044</td>
<td>(4)</td>
<td>185</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>(7)</td>
<td>943</td>
<td>(3)</td>
<td>175</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>(1)</td>
<td>228</td>
<td>—</td>
<td>28</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>(1)</td>
<td>109</td>
<td>(5)</td>
<td>171</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>(1)</td>
<td>112</td>
<td>(1)</td>
<td>51</td>
</tr>
<tr>
<td>Total</td>
<td>$ (17)</td>
<td>$ 2,658</td>
<td>$ (14)</td>
<td>$ 689</td>
</tr>
</tbody>
</table>

As of December 31, 2017, the gross unrealized losses were generated from 1,979 positions out of a total of 3,475 positions. The change in fair value of fixed income securities is primarily a result of movement in interest rates subsequent to the purchase of the security.

For each security in an unrealized loss position, the Company assesses whether it intends to sell the security or if it is more likely than not the Company will be required to sell the security before recovery of the amortized cost basis for reasons such as liquidity, contractual or regulatory purposes. If the security meets this criterion, the decline in fair value is other-than-temporary and is recorded in earnings. The Company does not intend to sell these securities prior to maturity and it is not likely that the Company will be required to sell these securities prior to maturity; therefore, there is no indication of other-than-temporary impairment for these securities.

During the years ended December 31, 2017, 2016 and 2015, the Company recognized $3 million, $5 million and $8 million, respectively, of income from equity method investments.

The contractual maturities of short-term and long-term investments and restricted deposits are as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2017</th>
<th></th>
<th>December 31, 2016</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amortized Cost</td>
<td>Fair Value</td>
<td>Amortized Cost</td>
<td>Fair Value</td>
</tr>
<tr>
<td>One year or less</td>
<td>$ 474</td>
<td>$ 474</td>
<td>$ 48</td>
<td>$ 47</td>
</tr>
<tr>
<td>One year through five years</td>
<td>2,424</td>
<td>2,420</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Five years through ten years</td>
<td>1,773</td>
<td>1,779</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Greater than ten years</td>
<td>129</td>
<td>130</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>1,046</td>
<td>1,040</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total</td>
<td>$ 5,846</td>
<td>$ 5,843</td>
<td>$ 116</td>
<td>$ 135</td>
</tr>
</tbody>
</table>

Actual maturities may differ from contractual maturities due to call or prepayment options. Equity method investments and life insurance contracts are included in the five years through ten years category. The Company has an option to redeem at amortized cost substantially all of the securities included in the greater than ten years category listed above.

83
The Company continuously monitors investments for other-than-temporary impairment. Certain investments have experienced a decline in fair value due to changes in credit quality, market interest rates and/or general economic conditions. The Company recognizes an impairment loss for equity method investments when evidence demonstrates that it is other-than-temporarily impaired. Evidence of a loss in value that is other-than-temporary may include the absence of an ability to recover the carrying amount of the investment or the inability of the investee to sustain a level of earnings that would justify the carrying amount of the investment.

6. Fair Value Measurements

Assets and liabilities recorded at fair value in the Consolidated Balance Sheets are categorized based upon observable or unobservable inputs used to estimate fair value. Level inputs are as follows:

<table>
<thead>
<tr>
<th>Level Input</th>
<th>Input Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I</td>
<td>Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.</td>
</tr>
<tr>
<td>Level II</td>
<td>Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.</td>
</tr>
<tr>
<td>Level III</td>
<td>Unobservable inputs that reflect management’s best estimate of what market participants would use in pricing the asset or liability at the measurement date.</td>
</tr>
</tbody>
</table>

The following table summarizes fair value measurements by level at December 31, 2017, for assets and liabilities measured at fair value on a recurring basis ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 4,072</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 4,072</td>
</tr>
<tr>
<td>Investments available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$ 195</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 195</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>—</td>
<td>$ 2,210</td>
<td>$ —</td>
<td>$ 2,210</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>—</td>
<td>$ 2,087</td>
<td>$ —</td>
<td>$ 2,087</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>—</td>
<td>$ 437</td>
<td>$ —</td>
<td>$ 437</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>—</td>
<td>$ 332</td>
<td>$ —</td>
<td>$ 332</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>—</td>
<td>$ 271</td>
<td>$ —</td>
<td>$ 271</td>
</tr>
<tr>
<td>Total investments</td>
<td>$ 195</td>
<td>$ 5,337</td>
<td>$ —</td>
<td>$ 5,532</td>
</tr>
<tr>
<td>Restricted deposits available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 17</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 17</td>
</tr>
<tr>
<td>Certificates of deposit</td>
<td>$ 4</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 4</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$ 114</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 114</td>
</tr>
<tr>
<td>Total restricted deposits</td>
<td>$ 135</td>
<td>$ —</td>
<td>$ —</td>
<td>$ 135</td>
</tr>
<tr>
<td>Other long-term assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest rate swap agreements</td>
<td>$ —</td>
<td>$ 1</td>
<td>$ —</td>
<td>$ 1</td>
</tr>
<tr>
<td>Total assets at fair value</td>
<td>$ 4,402</td>
<td>$ 5,338</td>
<td>$ —</td>
<td>$ 9,740</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other long-term liabilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest rate swap agreements</td>
<td>$ —</td>
<td>$ 72</td>
<td>$ —</td>
<td>$ 72</td>
</tr>
<tr>
<td>Total liabilities at fair value</td>
<td>$ —</td>
<td>$ 72</td>
<td>$ —</td>
<td>$ 72</td>
</tr>
</tbody>
</table>
The following table summarizes fair value measurements by level at December 31, 2016, for assets and liabilities measured at fair value on a recurring basis ($ in millions):

<table>
<thead>
<tr>
<th>Assets</th>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 3,930</td>
<td>—</td>
<td>—</td>
<td>$ 3,930</td>
</tr>
<tr>
<td>Investments available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>$ 221</td>
<td>$ 15</td>
<td>—</td>
<td>$ 236</td>
</tr>
<tr>
<td>Corporate securities</td>
<td>—</td>
<td>1,932</td>
<td>—</td>
<td>1,932</td>
</tr>
<tr>
<td>Municipal securities</td>
<td>—</td>
<td>1,733</td>
<td>—</td>
<td>1,733</td>
</tr>
<tr>
<td>Asset-backed securities</td>
<td>—</td>
<td>317</td>
<td>—</td>
<td>317</td>
</tr>
<tr>
<td>Residential mortgage-backed securities</td>
<td>—</td>
<td>215</td>
<td>—</td>
<td>215</td>
</tr>
<tr>
<td>Commercial mortgage-backed securities</td>
<td>—</td>
<td>338</td>
<td>—</td>
<td>338</td>
</tr>
<tr>
<td>Total investments</td>
<td>$ 221</td>
<td>$ 4,550</td>
<td>—</td>
<td>$ 4,771</td>
</tr>
<tr>
<td>Restricted deposits available for sale:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 6</td>
<td>—</td>
<td>—</td>
<td>$ 6</td>
</tr>
<tr>
<td>Certificates of deposit</td>
<td>5</td>
<td>—</td>
<td>—</td>
<td>5</td>
</tr>
<tr>
<td>U.S. Treasury securities and obligations of U.S. government corporations and agencies</td>
<td>127</td>
<td>—</td>
<td>—</td>
<td>127</td>
</tr>
<tr>
<td>Total restricted deposits</td>
<td>$ 138</td>
<td>—</td>
<td>—</td>
<td>$ 138</td>
</tr>
<tr>
<td>Other long-term assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest rate swap agreements</td>
<td>—</td>
<td>$ 4</td>
<td>—</td>
<td>$ 4</td>
</tr>
<tr>
<td>Total assets at fair value</td>
<td>$ 4,289</td>
<td>$ 4,554</td>
<td>—</td>
<td>$ 8,843</td>
</tr>
</tbody>
</table>

| Liabilities | | | | |
| Other long-term liabilities: | | | | |
| Interest rate swap agreements | — | $ 62 | — | $ 62 |
| Total liabilities at fair value | — | $ 62 | — | $ 62 |

The Company periodically transfers U.S. Treasury securities and obligations of U.S. government corporations and agencies between Level I and Level II fair value measurements dependent upon the level of trading activity for the specific securities at the measurement date. The Company’s policy regarding the timing of transfers between Level I and Level II is to measure and record the transfers at the end of the reporting period. At December 31, 2017, there were no transfers from Level I to Level II and $14 million of transfers from Level II to Level I. The Company utilizes matrix pricing services to estimate fair value for securities which are not actively traded on the measurement date. The Company designates these securities as Level II fair value measurements. The aggregate carrying amount of the Company’s life insurance contracts and other non-majority owned investments, which approximates fair value, was $311 million and $279 million as of December 31, 2017, and December 31, 2016, respectively.

### 7. Property, Software and Equipment

Property, software and equipment consist of the following as of December 31 ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land</td>
<td>$ 130</td>
<td>$ 113</td>
</tr>
<tr>
<td>Building</td>
<td>367</td>
<td>271</td>
</tr>
<tr>
<td>Computer software</td>
<td>542</td>
<td>377</td>
</tr>
<tr>
<td>Computer hardware</td>
<td>248</td>
<td>179</td>
</tr>
<tr>
<td>Furniture and office equipment</td>
<td>186</td>
<td>126</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>221</td>
<td>173</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(590)</td>
<td>(442)</td>
</tr>
<tr>
<td>Property, software and equipment, net</td>
<td>$ 1,104</td>
<td>$ 797</td>
</tr>
</tbody>
</table>
As of December 31, 2017 and 2016, the Company had assets acquired under capital leases included above of $5 million and $5 million, net of accumulated amortization of $5 million and $4 million, respectively. Amortization on assets under capital leases charged to expense is included in depreciation expense. Depreciation expense for the years ended December 31, 2017, 2016 and 2015 was $161 million, $101 million and $78 million, respectively.

8. Goodwill and Intangible Assets

The following table summarizes the changes in goodwill by operating segment ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as of December 31, 2015</td>
<td>$ 361</td>
<td>$ 481</td>
<td>$ 842</td>
</tr>
<tr>
<td>Acquisitions and purchase accounting adjustments</td>
<td>3,657</td>
<td>216</td>
<td>3,873</td>
</tr>
<tr>
<td>Translation impact</td>
<td>(3)</td>
<td>—</td>
<td>(3)</td>
</tr>
<tr>
<td>Balance as of December 31, 2016</td>
<td>$ 4,015</td>
<td>$ 697</td>
<td>4,712</td>
</tr>
<tr>
<td>Acquisitions and purchase accounting adjustments</td>
<td>—</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>Balance as of December 31, 2017</td>
<td>$ 4,015</td>
<td>$ 734</td>
<td>4,749</td>
</tr>
</tbody>
</table>

Goodwill was related to the acquisitions and fair value allocations discussed in Note 3, Health Net and Note 4, Acquisitions and Noncontrolling Interest.

Intangible assets at December 31, consist of the following ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>Weighted Average Life in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased contract rights</td>
<td>$ 1,173</td>
<td>$ 1,171</td>
<td>12.6</td>
</tr>
<tr>
<td>Provider contracts</td>
<td>274</td>
<td>285</td>
<td>13.9</td>
</tr>
<tr>
<td>Customer relationships</td>
<td>22</td>
<td>22</td>
<td>8.2</td>
</tr>
<tr>
<td>Trade names</td>
<td>162</td>
<td>163</td>
<td>9.6</td>
</tr>
<tr>
<td>Developed technologies</td>
<td>109</td>
<td>110</td>
<td>5.0</td>
</tr>
<tr>
<td>Other Intangibles</td>
<td>7</td>
<td>—</td>
<td>2.8</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>1,747</td>
<td>1,751</td>
<td>11.6</td>
</tr>
</tbody>
</table>

Less accumulated amortization:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased contract rights</td>
<td>(188)</td>
<td>(95)</td>
</tr>
<tr>
<td>Provider contracts</td>
<td>(66)</td>
<td>(55)</td>
</tr>
<tr>
<td>Customer relationships</td>
<td>(21)</td>
<td>(21)</td>
</tr>
<tr>
<td>Trade names</td>
<td>(34)</td>
<td>(17)</td>
</tr>
<tr>
<td>Developed technologies</td>
<td>(40)</td>
<td>(18)</td>
</tr>
</tbody>
</table>

Total accumulated amortization: (349) (206)

Intangible assets, net: $ 1,398 $ 1,545

Amortization expense was $156 million, $147 million and $24 million for the years ended December 31, 2017, 2016 and 2015, respectively. Estimated total amortization expense related to intangible assets for each of the five succeeding fiscal years is as follows ($ in millions):

<table>
<thead>
<tr>
<th>Year</th>
<th>Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$ 156</td>
</tr>
<tr>
<td>2019</td>
<td>$ 156</td>
</tr>
<tr>
<td>2020</td>
<td>$ 154</td>
</tr>
<tr>
<td>2021</td>
<td>$ 134</td>
</tr>
<tr>
<td>2022</td>
<td>$ 128</td>
</tr>
</tbody>
</table>
9. Medical Claims Liability

In January 2017, the Company reclassified Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan from the Specialty Services segment to the Managed Care segment due to a reorganization of the Arizona management structure following the Health Net integration. As a result, the financial results of Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan have been reclassified from the Specialty Services segment to the Managed Care segment for all periods presented. Due to this change in segment reporting, the Specialty Services segment now has an insignificant amount of medical claims liability and, therefore, disclosures related to medical claims liabilities have been aggregated and are presented on a consolidated basis.

The following table summarizes the change in medical claims liability ($ in millions):

<table>
<thead>
<tr>
<th>Year Ended December 31,</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, January 1</td>
<td>$3,929</td>
<td>$2,298</td>
<td>$1,723</td>
</tr>
<tr>
<td>Less: reinsurance recoverable</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance, January 1, net</td>
<td>3,924</td>
<td>2,298</td>
<td>1,723</td>
</tr>
<tr>
<td>Acquisitions</td>
<td></td>
<td>1,482</td>
<td>79</td>
</tr>
<tr>
<td>Incurred related to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year</td>
<td>38,225</td>
<td>30,946</td>
<td>17,471</td>
</tr>
<tr>
<td>Prior years</td>
<td>(374)</td>
<td>(310)</td>
<td>(229)</td>
</tr>
<tr>
<td>Total incurred</td>
<td>37,851</td>
<td>30,636</td>
<td>17,242</td>
</tr>
<tr>
<td>Paid related to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current year</td>
<td>34,196</td>
<td>28,532</td>
<td>15,279</td>
</tr>
<tr>
<td>Prior years</td>
<td>3,311</td>
<td>1,960</td>
<td>1,467</td>
</tr>
<tr>
<td>Total paid</td>
<td>37,507</td>
<td>30,492</td>
<td>16,746</td>
</tr>
<tr>
<td>Balance at December 31, net</td>
<td>4,268</td>
<td>3,924</td>
<td>2,298</td>
</tr>
<tr>
<td>Reinsurance recoverable</td>
<td>18</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Balance, December 31</td>
<td>$4,286</td>
<td>$3,929</td>
<td>$2,298</td>
</tr>
</tbody>
</table>

Reinsurance recoverables related to medical claims are included in premium and trade receivables. Changes in estimates of incurred claims for prior years are primarily attributable to reserving under moderately adverse conditions. Additionally, as a result of minimum HBR and other return of premium programs, approximately $1 million, $39 million, and $47 million of the “Incurred related to: Prior years” was recorded as a reduction to premium revenues in 2017, 2016, and 2015, respectively. Further, claims processing initiatives yielded increased claim payment recoveries and coordination of benefits related to prior year dates of service. Changes in medical utilization and cost trends and the effect of medical management initiatives may also contribute to changes in medical claim liability estimates. While the Company has evidence that medical management initiatives are effective on a case by case basis, medical management initiatives primarily focus on events and behaviors prior to the incurrence of the medical event and generation of a claim. Accordingly, any change in behavior, leveling of care, or coordination of treatment occurs prior to claim generation and as a result, the costs prior to the medical management initiative are not known by the Company. Additionally, certain medical management initiatives are focused on member and provider education with the intent of influencing behavior to appropriately align the medical services provided with the member's acuity. In these cases, determining whether the medical management initiative changed the behavior cannot be determined. Because of the complexity of its business, the number of states in which it operates, and the volume of claims that it processes, the Company is unable to practically quantify the impact of these initiatives on its changes in estimates of IBNR.

The Company periodically reviews actual and anticipated experience compared to the assumptions used to establish medical costs. The Company establishes premium deficiency reserves if actual and anticipated experience indicates that existing policy liabilities together with the present value of future gross premiums will not be sufficient to cover the present value of future benefits, settlement and maintenance costs.
Information about incurred and paid claims development as of December 31, 2017 is included in the table below and is inclusive of claims incurred and paid related to the Health Net business prior and subsequent to the acquisition date. The claims development information for all periods preceding the most recent reporting period is considered required supplementary information. Incurred and paid claims development as of December 31, 2017 is as follows ($ in millions):

| Cumulative Incurred Claims and Allocated Claim Adjustment Expenses, Net of Reinsurance | For the Years Ended December 31, |  |
| --- | --- | --- | --- | --- |
| Claim Year | 2015 (unaudited) | 2016 (unaudited) | 2017 |
| 2015 | $ 30,619 | $ 30,325 | $ 30,310 |
| 2016 | 34,655 | 34,296 |
| 2017 | 38,225 |

Total incurred claims $ 102,831

| Cumulative Paid Claims and Allocated Claim Adjustment Expenses, Net of Reinsurance | For the Years Ended December 31, |  |
| --- | --- | --- | --- | --- |
| Claim Year | 2015 (unaudited) | 2016 (unaudited) | 2017 |
| 2015 | $ 27,664 | $ 30,031 | $ 30,297 |
| 2016 | 31,043 | 34,070 |
| 2017 | 34,196 |

Total payment of incurred claims $ 98,563

Medical claims liability, net of reinsurance $ 4,268

Incurred claims and allocated claim adjustment expenses, net of reinsurance, total IBNR plus expected development on reported claims and cumulative claims data as of December 31, 2017 are included in the following table and are inclusive of the acquired Health Net business. For claims frequency information summarized below, a claim is defined as the financial settlement of a single medical event in which remuneration was paid to the servicing provider. Total IBNR plus expected development on reported claims represents estimates for claims incurred but not reported, development on reported claims, and estimates for the costs necessary to process unpaid claims at the end of each period. We estimate our liability using actuarial methods that are commonly used by health insurance actuaries and meet Actuarial Standards of Practice. These actuarial methods consider factors such as historical data for payment patterns, cost trends, product mix, seasonality, utilization of healthcare services and other relevant factors. Information is summarized as follows (in millions):

<table>
<thead>
<tr>
<th>December 31, 2017</th>
<th>Incurred Claims and Allocated Claim Adjustment Expenses, Net of Reinsurance</th>
<th>Total IBNR Plus Expected Development on Reported Claims</th>
<th>Cumulative Paid Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$ 30,310</td>
<td>$ 156.7</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>34,296</td>
<td>48</td>
<td>179.1</td>
</tr>
<tr>
<td>2017</td>
<td>38,225</td>
<td>3,330</td>
<td>192.0</td>
</tr>
</tbody>
</table>

10. Affordable Care Act

The Affordable Care Act (ACA) established risk spreading premium stabilization programs effective January 1, 2014. These programs, commonly referred to as the “three Rs,” include a permanent risk adjustment program, a transitional reinsurance program, and a temporary risk corridor program. Additionally, the ACA established a minimum annual MLR and cost sharing reductions. Each of the three R programs are taken into consideration to determine if the Company’s estimated annual medical costs are less than the minimum loss ratio and require an adjustment to premium revenues to meet the minimum MLR.
During 2017, the Company recognized a $48 million net pre-tax benefit related to the reconciliation of the 2016 risk adjustment program, compared to a $51 million net pre-tax benefit in 2016 related to the reconciliation of the 2015 risk adjustment and reinsurance programs.

In October 2017, the Trump Administration issued an executive order that immediately ceased payments of CSRs to issuers. As a result of the executive order, the Company recorded a charge of $22 million in 2017 to reflect the uncertainty associated with the collectability of the CSR receivables.

The Company's receivables (payables) for each of these programs are as follows ($ in millions):

<table>
<thead>
<tr>
<th>Program</th>
<th>December 31, 2017</th>
<th>December 31, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk adjustment</td>
<td>$ (677)</td>
<td>$ (425)</td>
</tr>
<tr>
<td>Reinsurance</td>
<td>15</td>
<td>122</td>
</tr>
<tr>
<td>Risk corridor</td>
<td>6</td>
<td>(3)</td>
</tr>
<tr>
<td>Minimum MLR</td>
<td>(22)</td>
<td>(18)</td>
</tr>
<tr>
<td>Cost sharing reductions</td>
<td>(96)</td>
<td>(147)</td>
</tr>
</tbody>
</table>

11. Debt

Debt consists of the following ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,400 million 5.625% Senior notes, due February 15, 2021</td>
<td>$ 1,400</td>
<td>$ 1,400</td>
</tr>
<tr>
<td>$1,000 million 4.75% Senior notes, due May 15, 2022</td>
<td>1,066</td>
<td>1,008</td>
</tr>
<tr>
<td>$1,000 million 6.125% Senior notes, due February 15, 2024</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>$1,200 million 4.75% Senior notes, due January 15, 2025</td>
<td>1,200</td>
<td>1,200</td>
</tr>
<tr>
<td>Fair value of interest rate swap agreements</td>
<td>(71)</td>
<td>(58)</td>
</tr>
<tr>
<td>Total senior notes</td>
<td>4,535</td>
<td>4,550</td>
</tr>
<tr>
<td>Revolving credit agreement</td>
<td>150</td>
<td>100</td>
</tr>
<tr>
<td>Mortgage notes payable</td>
<td>61</td>
<td>64</td>
</tr>
<tr>
<td>Capital leases and other</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Debt issuance costs</td>
<td>(65)</td>
<td>(77)</td>
</tr>
<tr>
<td>Total debt</td>
<td>4,699</td>
<td>4,655</td>
</tr>
<tr>
<td>Less current portion</td>
<td>(4)</td>
<td>(4)</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>$ 4,695</td>
<td>$ 4,651</td>
</tr>
</tbody>
</table>

Senior Notes

In December 2016, the Company redeemed the outstanding principal balance on the $400 million 6.375% Senior Notes, due June 1, 2017, plus applicable premium for early redemption and accrued and unpaid interest to the redemption date, for cash totaling $411 million. The Company recognized a loss on extinguishment of debt of $3 million on the redemption of these notes.

In November 2016, the Company redeemed the outstanding principal balance on the $425 million 5.75% Senior Notes due June 1, 2017, plus applicable premium for early redemption and accrued and unpaid interest to the redemption date, for cash totaling $447 million. The Company recognized a loss on extinguishment of debt of $10 million on the redemption of these notes. The Company also recognized a gain of $2 million on the termination of the $250 million interest rate swap agreement associated with these notes.

In November 2016, the Company issued $1,200 million in aggregate principal amount of 4.75% Senior Notes due 2025 ($1,200 Million Notes). The Company used the net proceeds of the offering to redeem its 5.75% Senior Notes due 2017 and Health Net Inc.’s 6.375% Senior Notes due 2017, to repay amounts outstanding under its Revolving Credit Facility, to pay related fees and expenses and for general corporate purposes.
In June 2016, the Company issued an additional $500 million in aggregate principal amount of 4.75% Senior Notes due 2022 ($500 Million Add-on Notes) at a premium to yield of 4.41%. The $500 Million Add-on Notes were offered as additional debt securities under the indenture governing the $500 million in aggregate principal amount of 4.75% Senior Notes issued in April 2014. The Company used the net proceeds of the offering to repay amounts outstanding under its Revolving Credit Facility and to pay offering related fees and expenses.

In February 2016, a wholly owned unrestricted subsidiary of the Company (Escrow Issuer) issued $1,400 million in aggregate principal amount of 5.625% Senior Notes ($1,400 Million Notes) at par due 2021 and $1,000 million in aggregate principal amount of 6.125% Senior Notes ($1,000 Million Notes) at par due 2024. In July 2016, the Company completed an exchange offer whereby it offered to exchange all of the outstanding $1,400 Million Notes and the $1,000 Million Notes for identical securities that have been registered under the Securities Act of 1933. The Company used the net proceeds of the offering, together with borrowings under the Company's new $1,000 million revolving credit facility and cash on hand, primarily to fund the cash consideration for the Health Net acquisition, and to pay acquisition and offering related fees and expenses.

In connection with the February 2016 issuance, the Company entered into interest rate swap agreements for notional amounts of $600 million and $1,000 million, at floating rates of interest based on the three month LIBOR plus 4.22% and the three month LIBOR plus 4.44%, respectively. Gains and losses due to changes in the fair value of the interest rate swaps completely offset changes in the fair value of the hedged portion of the underlying debt and are recorded as an adjustment to the $1,400 Million Notes and $1,000 Million Notes.

In connection with the closing of the Health Net acquisition, the Company assumed the $400 million in aggregate principal amount of Health Net's 6.375% Senior Notes due 2017, recorded at acquisition date fair value of $418 million. These Senior Notes were redeemed in December 2016.

The indentures governing the $1,400 Million Notes, the $1,000 million of 4.75% Senior Notes due 2022, the $1,000 Million Notes and the $1,200 Million Notes contain restrictive covenants of Centene Corporation. At December 31, 2017, the Company was in compliance with all covenants.

Interest Rate Swaps

In February 2017 and in connection with the November 2016 issuance of the $1,200 Million Notes, the Company entered into interest rate swap agreements for a notional amount of $600 million, at floating rates of interest based on the one month LIBOR plus 2.53%. Gains and losses due to the changes in the fair value of the interest rate swaps completely offset changes in the fair value of the hedged portion of the underlying debt and are recorded as an adjustment to the $1,200 Million Notes.

The Company uses interest rate swap agreements to convert a portion of its interest rate exposure from fixed rates to floating rates to more closely align interest expense with interest income received on its cash equivalent and variable rate investment balances. The following is a summary of the notional amounts and estimated fair values of the Company's interest rate swap agreements as of December 31, 2017 and 2016 ($ in millions):

<table>
<thead>
<tr>
<th>Expiration Date</th>
<th>Notional Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 15, 2021</td>
<td>$600</td>
</tr>
<tr>
<td>May 15, 2022</td>
<td>500</td>
</tr>
<tr>
<td>February 15, 2024</td>
<td>1,000</td>
</tr>
<tr>
<td>January 15, 2025</td>
<td>600</td>
</tr>
<tr>
<td>Total</td>
<td>$2,700</td>
</tr>
</tbody>
</table>

The fair value of the swap agreements shown above are recorded in other long-term assets and other long-term liabilities, respectively in the Consolidated Balance Sheets. Under the swap agreements, the Company receives a fixed rate of interest and pays an average variable rate of either the one or three month LIBOR plus 3.61% adjusted monthly or quarterly. At December 31, 2017, the weighted average rate was 4.99%.

The swap agreements are formally designated and qualify as fair value hedges and are recorded at fair value in the Consolidated Balance Sheets in other assets and/or other liabilities. Gains and losses due to changes in fair value of the interest rate swap agreements completely offset changes in the fair value of the hedged portion of the underlying debt. Therefore, no gain or loss has been recognized due to hedge ineffectiveness. Offseting changes in fair value of both the interest rate swaps and the hedged portion of the underlying debt both were recognized in interest expense in the Consolidated Statements of Operations. The Company does not hold or issue any derivative instrument for trading or speculative purposes.
The fair value of the Swap Agreements excludes accrued interest and takes into consideration current interest rates and current likelihood of the swap counterparties' compliance with its contractual obligations.

**Revolving Credit Agreement**

In December 2017, the Company amended and increased its unsecured $1,000 million revolving credit facility to $1,500 million. The agreement has a maturity date of December 14, 2022. Borrowings under the agreement bear interest based upon LIBOR rates, the Federal Funds Rate or the Prime Rate. As of December 31, 2017, the Company had $150 million of borrowings outstanding under the agreement with a weighted average interest rate of 4.75%, and the Company was in compliance with all covenants.

The revolving credit facility contains both non-financial and financial covenants, including requirements of minimum fixed charge coverage ratios and maximum debt-to-EBITDA ratios. The Company is required to not exceed a maximum debt-to-EBITDA ratio of 3.5 to 1.0 on and subsequent to December 31, 2017. As of December 31, 2017, there were no limitations on the availability under the revolving credit agreement as a result of the debt-to-EBITDA ratio.

In connection with the closing of the Health Net acquisition in March 2016, the Company's existing unsecured $500 million revolving credit facility was terminated and simultaneously replaced with a new $1,000 million unsecured revolving credit facility.

Also, upon the closing of the Health Net acquisition in 2016, the Company assumed, fully repaid $285 million in outstanding borrowings under and terminated the existing Health Net revolving credit facility.

**Construction Loan**

In October 2017, the Company executed a $200 million non-recourse construction loan to fund the expansion of the Company's corporate headquarters. The loan bears interest based on the one month LIBOR plus 2.70% and matures in April 2021 with an optional one-year extension. The agreement contains financial and non-financial covenants aligning with the Company's revolving credit agreement. The Company has guaranteed completion of the construction project associated with the loan. As of December 31, 2017, the Company had no borrowings outstanding under the loan.

**Mortgage Notes Payable**

The Company has a non-recourse mortgage note of $61 million at December 31, 2017 collateralized by its corporate headquarters building. The mortgage note is due January 1, 2021 and bears a 5.14% interest rate. The collateralized property had a net book value of $170 million at December 31, 2017.

**Letters of Credit & Surety Bonds**

The Company had outstanding letters of credit of $77 million as of December 31, 2017, which were not part of the revolving credit facility. The Company also had letters of credit for $45 million (valued at December 31, 2017 conversion rate), or €38 million, representing its proportional share of the letters of credit issued to support Ribera Salud's outstanding debt, which are a part of the revolving credit facility. Collectively, the letters of credit bore interest at 1.31% as of December 31, 2017. The Company had outstanding surety bonds of $404 million as of December 31, 2017.

Aggregate maturities for the Company's debt are as follows ($ in millions):

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$4</td>
</tr>
<tr>
<td>2019</td>
<td>$16</td>
</tr>
<tr>
<td>2020</td>
<td>$4</td>
</tr>
<tr>
<td>2021</td>
<td>$1,451</td>
</tr>
<tr>
<td>2022</td>
<td>$1,151</td>
</tr>
<tr>
<td>Thereafter</td>
<td>$2,208</td>
</tr>
<tr>
<td>Total</td>
<td>$4,829</td>
</tr>
</tbody>
</table>

The fair value of outstanding debt was approximately $4,751 million and $4,676 million at December 31, 2017 and 2016, respectively.
12. Stockholders’ Equity

The Company has 10,000 thousand authorized shares of preferred stock at $.001 par value. At December 31, 2017, there were no preferred shares outstanding.

The Company's Board of Directors has authorized a stock repurchase program for up to 8,000 thousand shares of the Company's common stock from time to time on the open market or through privately negotiated transactions. No duration has been placed on the repurchase program. The Company has 3,335 thousand available shares remaining under the program for repurchases as of December 31, 2017. The Company reserves the right to discontinue the repurchase program at any time. During the year ended December 31, 2017, the Company did not repurchase any shares through this publicly announced program.

As a component of the employee stock compensation plan, employees can use shares of stock which have vested to satisfy statutory tax withholding obligations. As part of this plan, the Company repurchased 727 thousand shares at an aggregate cost of $65 million in 2017 and 1,078 thousand shares at an aggregate cost of $63 million in 2016. These shares are included in the Company's treasury stock.

In March 2016, the Company issued 48,449 thousand shares of Centene stock, with a fair value of approximately $3,038 million in connection with the Health Net acquisition.

In January 2016, the Company completed a 19% investment in a data analytics business and issued 1,144 thousand shares of Centene common stock to the selling stockholders. The investment is being accounted for using the equity method of accounting, due to the Company's significant influence on the business.

13. Statutory Capital Requirements and Dividend Restrictions

Various state laws require Centene's regulated subsidiaries to maintain minimum capital levels specified by each state and restrict the amount of dividends that may be paid without prior regulatory approval. At December 31, 2017 and 2016, Centene's subsidiaries had aggregate statutory capital and surplus of $5,153 million and $4,529 million, respectively, compared with the required minimum aggregate statutory capital and surplus of $2,251 million and $2,259 million, respectively. As of December 31, 2017, the amount of capital and surplus or net worth that was unavailable for the payment of dividends or return of capital to the Company was $2,251 million in the aggregate.

14. Income Taxes

The consolidated income tax expense consists of the following for the years ended December 31 ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current provision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>$421</td>
<td>$485</td>
<td>$332</td>
</tr>
<tr>
<td>State and local</td>
<td>14</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>Total current provision</td>
<td>435</td>
<td>507</td>
<td>358</td>
</tr>
<tr>
<td>Deferred provision</td>
<td>(109)</td>
<td>92</td>
<td>(19)</td>
</tr>
<tr>
<td>Total income tax expense</td>
<td>$326</td>
<td>$599</td>
<td>$339</td>
</tr>
</tbody>
</table>

92
The reconciliation of the tax provision at the U.S. federal statutory rate to income tax expense for the years ended December 31 is as follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings from continuing operations, before income tax expense</td>
<td>$1,134</td>
<td>$1,157</td>
<td>$697</td>
</tr>
<tr>
<td>(Earnings) loss attributable to flow through noncontrolling interest</td>
<td>15</td>
<td>(8)</td>
<td>1</td>
</tr>
<tr>
<td>Earnings from continuing operations, less noncontrolling interest, before income tax expense</td>
<td>$1,149</td>
<td>1,149</td>
<td>698</td>
</tr>
<tr>
<td>Tax provision at the U.S. federal statutory rate</td>
<td>402</td>
<td>402</td>
<td>244</td>
</tr>
<tr>
<td>State income taxes, net of federal income tax benefit</td>
<td>11</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Nondeductible compensation</td>
<td>58</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>ACA Health Insurer Fee</td>
<td>—</td>
<td>162</td>
<td>75</td>
</tr>
<tr>
<td>Income Tax Reform</td>
<td>(125)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other, net</td>
<td>(20)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Income tax expense</td>
<td>$326</td>
<td>$599</td>
<td>$339</td>
</tr>
</tbody>
</table>

The tax effects of temporary differences which give rise to deferred tax assets and liabilities are presented below for the years ended December 31 ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred tax assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical claims liability</td>
<td>$46</td>
<td>$66</td>
</tr>
<tr>
<td>Nondeductible liabilities</td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>Net operating loss and tax credit carryforwards</td>
<td>94</td>
<td>101</td>
</tr>
<tr>
<td>Compensation accruals</td>
<td>129</td>
<td>156</td>
</tr>
<tr>
<td>Premium and trade receivables</td>
<td>45</td>
<td>79</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Deferred tax assets</td>
<td>366</td>
<td>455</td>
</tr>
<tr>
<td>Valuation allowance</td>
<td>(81)</td>
<td>(86)</td>
</tr>
<tr>
<td>Net deferred tax assets</td>
<td>$285</td>
<td>$369</td>
</tr>
</tbody>
</table>

Deferred tax liabilities:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intangible assets</td>
<td>$342</td>
<td>$577</td>
</tr>
<tr>
<td>Prepaid assets</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Fixed assets</td>
<td>84</td>
<td>65</td>
</tr>
<tr>
<td>Investments in joint ventures</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>26</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Deferred tax liabilities</td>
<td>512</td>
<td>672</td>
</tr>
<tr>
<td>Net deferred tax assets (liabilities)</td>
<td>$(227)</td>
<td>$(363)</td>
</tr>
</tbody>
</table>

Valuation allowances are provided when it is considered more likely than not that deferred tax assets will not be realized. The valuation allowances primarily relate to future tax benefits on certain federal, state and foreign net operating loss and tax credit carryforwards. The $5 million decrease in valuation allowance primarily relates to the effect of the tax rate change due to The Tax Cuts and Jobs Act (Income Tax Reform), which was passed in December 2017, offset partially by an increase due to losses from entities that file nonconsolidated federal tax returns.

Federal net operating loss carryforwards of $44 million expire beginning in 2020 through 2037; state net operating loss and tax credit carryforwards of $42 million expire beginning in 2018 through 2037. Substantially all of the non-U.S. tax loss carryforwards have indefinite carryforward periods.
The Company maintains a reserve for uncertain tax positions that may be challenged by a tax authority. A rollforward of the beginning and ending amount of uncertain tax positions, exclusive of related interest and penalties, is as follows:

<table>
<thead>
<tr>
<th></th>
<th>Year Ended December 31,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
</tr>
<tr>
<td>Gross unrecognized tax benefits, beginning of period</td>
<td>$ 102</td>
</tr>
<tr>
<td>Gross increases:</td>
<td></td>
</tr>
<tr>
<td>Current year tax positions</td>
<td>43</td>
</tr>
<tr>
<td>Prior year tax positions</td>
<td>113</td>
</tr>
<tr>
<td>Gross decreases:</td>
<td></td>
</tr>
<tr>
<td>Prior year tax positions</td>
<td>—</td>
</tr>
<tr>
<td>Statute of limitation lapses</td>
<td>(1)</td>
</tr>
<tr>
<td>Gross unrecognized tax benefits, end of period</td>
<td>$ 257</td>
</tr>
</tbody>
</table>

Uncertain tax positions increased $143 million to reflect the impact of a multi-year reserve for deductions related to domestic production activities. As of December 31, 2017, $225 million of unrecognized tax benefits would impact the Company's effective tax rate in future periods, if recognized. The Company believes it is reasonably possible that its liability for unrecognized tax benefits will decrease in the next twelve months by $8 million as a result of the expiration of statutes of limitations in certain jurisdictions.

The table above excludes interest, net of related tax benefits, which is treated as income tax expense (benefit) under the Company's accounting policy. For the year ended December 31, 2017, the Company recognized net interest expense and penalties related to uncertain positions of $4 million. The Company had $9 million and $5 million of accrued interest and penalties for uncertain tax positions as of December 31, 2017 and 2016, respectively.

The Company files tax returns for federal as well as numerous state tax jurisdictions. As of December 31, 2017, Health Net is under federal examination for tax years 2011 through its final return in 2016. Additionally, Centene's tax returns for years 2014 through 2016 are subject to federal examination.

**Income Tax Reform**

Income Tax Reform was enacted on December 22, 2017. Income Tax Reform reduces the U.S. federal corporate tax rate from 35% to 21%, requires companies to pay a one-time transition tax on earnings of certain foreign subsidiaries that were previously tax-deferred, and creates new taxes on foreign sourced earnings. As of December 31, 2017, the Company has not completed its accounting for the tax effects of enactment of Income Tax Reform; however, as described below, the Company has made a reasonable estimate of the effects on its existing deferred tax balances and the one-time transition tax. As a result of the enactment, the Company recognized a provisional tax benefit of $125 million, which is included as a component of income tax expense from continuing operations.

The Company remeasured deferred tax assets and liabilities based on the rates at which they are expected to reverse in the future, which is now 21% for federal tax purposes. However, the Company is still analyzing certain aspects of Income Tax Reform and refining its calculations, which could potentially affect the measurement of these balances or potentially give rise to new deferred tax amounts. The provisional tax benefit recorded related to the remeasurement of the Company's net deferred tax liability balance was $126 million.

The one-time transition tax is based on the Company's total post-1986 earnings and profits (E&P) for which the Company had previously deferred from U.S. income taxes. The Company recorded a provisional amount for the one-time transition tax liability for its foreign subsidiaries, resulting in an increase in income tax expense of $1 million.
15. Stock Incentive Plans

The Company's stock incentive plans allow for the granting of restricted stock or restricted stock unit awards and options to purchase common stock. Both incentive stock options and nonqualified stock options can be awarded under the plans. No option will be exercisable for longer than ten years after the date of grant. The plans have 6,586 thousand shares available for future awards. Compensation expense for stock options and restricted stock unit awards is recognized on a straight-line basis over the vesting period, generally three to five years for stock options and one to three years for restricted stock or restricted stock unit awards. Certain restricted stock unit awards contain performance-based as well as service-based provisions. Certain awards provide for accelerated vesting if there is a change in control as defined in the plans. In addition, the Company incorporated retirement provisions in our stock-based compensation agreements beginning in 2016. The total compensation cost that has been charged against income for the stock incentive plans was $135 million, $148 million and $71 million for the years ended December 31, 2017, 2016 and 2015, respectively. The total income tax benefit recognized in the income statement for stock-based compensation arrangements was $50 million, $67 million and $24 million for the years ended December 31, 2017, 2016 and 2015, respectively.

Option activity for the year ended December 31, 2017 is summarized below (shares in thousands):

<table>
<thead>
<tr>
<th>Shares</th>
<th>Weighted Average Exercise Price</th>
<th>Aggregate Intrinsic Value (in millions)</th>
<th>Weighted Average Remaining Contractual Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>320</td>
<td>$17.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>68.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(178)</td>
<td>13.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13)</td>
<td>62.86</td>
<td></td>
<td></td>
</tr>
<tr>
<td>130</td>
<td>$18.82</td>
<td>11</td>
<td>2.7</td>
</tr>
<tr>
<td>115</td>
<td>$13.75</td>
<td>10</td>
<td>1.9</td>
</tr>
</tbody>
</table>

The fair value of each option grant is estimated on the date of the grant using the Black-Scholes option-pricing model with the following weighted-average assumptions:

<table>
<thead>
<tr>
<th>Year Ended December 31,</th>
<th>2017</th>
<th>2016</th>
<th>2015 (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected life (in years)</td>
<td>4.8</td>
<td>4.8</td>
<td></td>
</tr>
<tr>
<td>Risk-free interest rate</td>
<td>1.9%</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>Expected volatility</td>
<td>37.5%</td>
<td>39.0%</td>
<td></td>
</tr>
<tr>
<td>Expected dividend yield</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
</tbody>
</table>

(1) No options were awarded in the year ended December 31, 2015.

For options granted in the year ended December 31, 2017, the Company used a projected expected life for each award granted based on historical experience of employees' exercise behavior. The expected volatility is primarily based on historical volatility levels. The risk-free interest rates are based on the implied yield currently available on U.S. Treasury instruments with a remaining term equal to the expected life.

Other information pertaining to option activity is as follows:

<table>
<thead>
<tr>
<th>Year Ended December 31,</th>
<th>2017</th>
<th>2016</th>
<th>2015 (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted-average fair value of options granted</td>
<td>$68.60</td>
<td>$59.94</td>
<td></td>
</tr>
<tr>
<td>Total intrinsic value of stock options exercised (in millions)</td>
<td>$12</td>
<td>$19</td>
<td>$28</td>
</tr>
</tbody>
</table>

(1) No options were awarded in the year ended December 31, 2015.
A summary of the Company’s non-vested restricted stock and restricted stock unit shares as of December 31, 2017, and changes during the year ended December 31, 2017, is presented below (shares in thousands):

<table>
<thead>
<tr>
<th>Shares</th>
<th>Weighted Average Grant Date</th>
<th>Fair Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-vested balance as of December 31, 2016</td>
<td>4,790</td>
<td>$55.75</td>
</tr>
<tr>
<td>Granted</td>
<td>1,412</td>
<td>95.13</td>
</tr>
<tr>
<td>Vested</td>
<td>(1,883)</td>
<td>58.10</td>
</tr>
<tr>
<td>Forfeited</td>
<td>(150)</td>
<td>20.40</td>
</tr>
<tr>
<td>Non-vested balance as of December 31, 2017</td>
<td>4,169</td>
<td>$69.30</td>
</tr>
</tbody>
</table>

The total fair value of restricted stock and restricted stock units vested during the years ended December 31, 2017, 2016 and 2015, was $174 million, $147 million and $112 million, respectively.

As of December 31, 2017, there was $254 million of total unrecognized compensation cost related to non-vested share-based compensation arrangements granted under the plans; that cost is expected to be recognized over a weighted-average period of 2.2 years.

The Company maintains an employee stock purchase plan and issued 129 thousand shares, 118 thousand shares, and 87 thousand shares in 2017, 2016 and 2015, respectively.

16. Retirement Plan

Centene has a defined contribution plan which covers substantially all employees who are at least twenty-one years of age. Under the plan, eligible employees may contribute a percentage of their base salary, subject to certain limitations. Centene may elect to match a portion of the employee's contribution. Company expense related to matching contributions to the plan was $42 million, $37 million and $19 million during the years ended December 31, 2017, 2016 and 2015, respectively.

17. Commitments

Centene and its subsidiaries lease office facilities and various equipment under non-cancelable operating leases which may contain escalation provisions. The rental expense related to these leases is recorded on a straight-line basis over the lease term, including rent holidays. Tenant improvement allowances are recorded as a liability and amortized against rent expense over the term of the lease. Rent expense was $171 million, $137 million and $64 million for the years ended December 31, 2017, 2016 and 2015, respectively. Annual non-cancelable minimum lease payments over the next five years and thereafter are as follows ($ in millions):

<table>
<thead>
<tr>
<th>Year</th>
<th>Minimum Lease Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>$146</td>
</tr>
<tr>
<td>2019</td>
<td>153</td>
</tr>
<tr>
<td>2020</td>
<td>138</td>
</tr>
<tr>
<td>2021</td>
<td>116</td>
</tr>
<tr>
<td>2022</td>
<td>73</td>
</tr>
<tr>
<td>Thereafter</td>
<td>167</td>
</tr>
<tr>
<td></td>
<td>$794</td>
</tr>
</tbody>
</table>

In connection with obtaining regulatory approval of the Health Net acquisition from the California Department of Insurance and the California Department of Managed Health Care, the Company committed to certain undertakings. See Note 3, Health Net for further details.
18. Contingencies

Overview

The Company records reserves and accrues costs for certain legal proceedings and regulatory matters to the extent that it determines an unfavorable outcome is probable and the amount of the loss can be reasonably estimated. While such reserves and accrued costs reflect the Company's best estimate of the probable loss for such matters, the recorded amounts may differ materially from the actual amount of any such losses. In some cases, no estimate of the possible loss or range of loss in excess of amounts accrued, if any, can be made because of the inherently unpredictable nature of legal and regulatory proceedings, which may be exacerbated by various factors, including but not limited to, they may involve indeterminate claims for monetary damages or may involve fines, penalties or punitive damages; present novel legal theories or legal uncertainties; involve disputed facts; represent a shift in regulatory policy; involve a large number of parties, claimants or regulatory bodies; are in the early stages of the proceedings; involve a number of separate proceedings and/or a wide range of potential outcomes; or result in a change of business practices.

As of the date of this report, amounts accrued for legal proceedings and regulatory matters were not material. However, it is possible that in a particular quarter or annual period the Company's financial condition, results of operations, cash flow and/or liquidity could be materially adversely affected by an ultimate unfavorable resolution of or development in legal and/or regulatory proceedings, including as described below. Except for the proceedings discussed below, the Company believes that the ultimate outcome of any of the regulatory and legal proceedings that are currently pending against it should not have a material adverse effect on financial condition, results of operations, cash flow or liquidity.

California

The Company's California subsidiary, Health Net of California, Inc. (Health Net California), has been named as a defendant in a California taxpayer action filed in Los Angeles County Superior Court, captioned as Michael D. Myers v. State Board of Equalization, et al., Los Angeles Superior Court Case No. BS158655. This action is brought under a California statute that permits an individual taxpayer to sue a governmental agency when the taxpayer believes the agency has failed to enforce governing law. Plaintiff contends that Health Net California, a California licensed Health Care Service Plan (HCSP), is an “insurer” for purposes of taxation despite acknowledging it is not an “insurer” under regulatory law. Under California law, “insurers” must pay a gross premiums tax (GPT), calculated as 2.35% on gross premiums. As a licensed HCSP, Health Net California has paid the California Corporate Franchise Tax (CFT), the tax generally paid by California businesses. Plaintiff contends that Health Net California must pay the GPT rather than the CFT. Plaintiff seeks a writ of mandate directing the California taxing agencies to collect the GPT, and seeks an order requiring Health Net California to pay GPT, interest and penalties for a period dating to eight years prior to the October 2015 filing of the complaint. This lawsuit is being coordinated with similar lawsuits filed against other entities. In September 2017, the Company filed a demurrer seeking to dismiss the complaint, and a motion to strike the allegations seeking retroactive relief. In January 2018, the Court held a hearing on the Company's demurrer. No decision has been issued yet. The Company intends to vigorously defend itself against these claims; however, this matter is subject to many uncertainties, and an adverse outcome in this matter could potentially have a materially adverse impact on our financial position, results of operations and cash flows.

Federal Securities Class Action

In November 2016, a putative federal securities class action was filed against the Company and certain of its executives in the U.S. District Court for the Central District of California. In March 2017, the court entered an order transferring the matter to the U.S. District Court for the Eastern District of Missouri. The plaintiffs in the lawsuit allege that the Company's accounting and related disclosures for certain liabilities acquired in the acquisition of Health Net violated federal securities laws. In July 2017, the lead plaintiff filed a Consolidated Class Action Complaint. The Company filed a motion to dismiss this complaint in September 2017. The Company denies any wrongdoing and is vigorously defending itself against these claims. Nevertheless, this matter is subject to many uncertainties and the Company cannot predict how long this litigation will last or what the ultimate outcome will be, and an adverse outcome in this matter could potentially have a materially adverse impact on our financial position and results of operations.

Additionally, in January 2018, a separate derivative action was filed on behalf of Centene Corporation against the Company and certain of its officers and directors in the United States District Court for the Eastern District of Missouri. Plaintiff purports to bring suit derivatively on behalf of the Company against certain officers and directors for violation of securities laws, breach of fiduciary duty, waste of corporate assets and unjust enrichment. The derivative complaint repeats many of the allegations in the federal securities class action described above and asserts that defendants made inaccurate or misleading statements, and/or failed to correct the alleged misstatements.
Medicare Parts C and D Matter

In December 2016, a Civil Investigative Demand (CID) was issued to Health Net by the United States Department of Justice regarding Health Net’s submission of risk adjustment claims to CMS under Parts C and D of Medicare. The CID may be related to a federal qui tam lawsuit filed under seal in 2011 naming more than a dozen health insurers including Health Net. The lawsuit was unsealed in February 2017 when the Department of Justice intervened in the case with respect to one of the insurers (not Health Net). In subsequent pleadings, both the Department of Justice and the Relator excluded Health Net from the lawsuit. The Company is complying with the CID and will vigorously defend any lawsuits. At this point, it is not possible to determine what level of liability, if any, the Company may face as a result of this matter.

Veterans Administration Matter

In October 2017, a CID was issued to Health Net Federal Services, LLC (HNFS) by the United States Department of Justice. The CID seeks documents and interrogatory responses concerning whether HNFS submitted, or caused to be submitted, excessive, duplicative or otherwise improper claims to the U.S. Department of Veterans Affairs under a contract to arrange healthcare services for veterans. The contract began in late 2014. In 2016, modifications to the contract were made to allow for possible duplicate billings with a reconciliation period at the end of the contract term. The Company is complying with the CID and believes it has been meeting its contractual obligations. At this point, it is not possible to determine what level of liability, if any, the Company may face as a result of this matter.

Guaranty Fund Assessment

Under state guaranty association laws, certain insurance companies can be assessed for certain obligations to the policyholders and claimants of impaired or insolvent insurance companies that write the same line or similar lines of business. In 2009, the Pennsylvania Insurance Commissioner placed long-term care insurer Penn Treaty Network America Insurance Company and its subsidiary (Penn Treaty), neither of which is affiliated with the Company, in rehabilitation and petitioned a state court for approval to liquidate Penn Treaty. In March 2017, the court issued the final liquidation order, and as a result, during the twelve months ended December 31, 2017, the Company recognized $56 million representing its undiscounted estimated share of the guaranty association assessment as selling, general and administrative expenses.

Ambetter Class Action

In January 2018, a putative class action lawsuit was filed against the Company and certain subsidiaries in the U.S. District Court for the Eastern District of Washington. The complaint alleges that the Company failed to meet federal and state requirements for provider networks and directories with regard to its Ambetter policies, denied coverage and/or refused to pay for covered benefits, and failed to address grievances adequately, causing some members to incur unexpected costs. The Company intends to vigorously defend itself against these claims. Nevertheless, this matter is subject to many uncertainties and the Company cannot predict how long this litigation will last or what the ultimate outcome will be, and an adverse outcome in this matter could potentially have a materially adverse impact on our financial position and results of operations.

Miscellaneous Proceedings

Excluding the matters discussed above, the Company is also routinely subjected to legal and regulatory proceedings in the normal course of business. These matters can include, without limitation:

- periodic compliance and other reviews and investigations by various federal and state regulatory agencies with respect to requirements applicable to the Company's business, including, without limitation, those related to payment of out-of-network claims, submissions to CMS for risk adjustment payments or the False Claims Act, pre-authorization penalties, timely review of grievances and appeals, timely and accurate payment of claims, and the Health Insurance Portability and Accountability Act of 1996;

- litigation arising out of general business activities, such as tax matters, disputes related to healthcare benefits coverage or reimbursement, putative securities class actions and medical malpractice, privacy, real estate, intellectual property and employment-related claims;
disputes regarding reinsurance arrangements, claims arising out of the acquisition or divestiture of various assets, class actions and claims relating to the performance of contractual and non-contractual obligations to providers, members, employer groups and others, including, but not limited to, the alleged failure to properly pay claims and challenges to the manner in which the Company processes claims, and claims alleging that the Company has engaged in unfair business practices.

Among other things, these matters may result in awards of damages, fines or penalties, which could be substantial, and/or could require changes to the Company’s business. The Company intends to vigorously defend itself against the miscellaneous legal and regulatory proceedings to which it is currently a party; however, these proceedings are subject to many uncertainties. In some of the cases pending against the Company, substantial non-economic or punitive damages are being sought.

19. Earnings Per Share

The following table sets forth the calculation of basic and diluted net earnings (loss) per common share for the years ended December 31 ($ in millions, except shares in thousands and per share data in dollars):

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings (loss) attributable to Centene Corporation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings from continuing operations, net of tax</td>
<td>$828</td>
<td>$559</td>
<td>$356</td>
</tr>
<tr>
<td>Discontinued operations, net of tax</td>
<td>$3</td>
<td>$(1)</td>
<td></td>
</tr>
<tr>
<td>Net earnings</td>
<td>$828</td>
<td>$562</td>
<td>$355</td>
</tr>
</tbody>
</table>

Shares used in computing per share amounts:

- Weighted average number of common shares outstanding: 172,427, 159,568, 119,101
- Common stock equivalents (as determined by applying the treasury stock method): 4,275, 4,407, 3,965

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted average number of common shares and potential dilutive common shares outstanding</td>
<td>176,702</td>
<td>163,975</td>
<td>123,066</td>
</tr>
</tbody>
</table>

Net earnings (loss) per common share attributable to Centene Corporation:

- Basic:
  - Continuing operations $4.80, $3.50, $2.99
  - Discontinued operations —, 0.02, (0.01)
  - Basic earnings per common share $4.80, $3.52, $2.98

- Diluted:
  - Continuing operations $4.69, $3.41, $2.89
  - Discontinued operations —, 0.02, (0.01)
  - Diluted earnings per common share $4.69, $3.43, $2.88

The calculation of diluted earnings (loss) per common share for 2017, 2016 and 2015 excludes the impact of 53 thousand shares, 126 thousand shares and 7 thousand shares, respectively, related to anti-dilutive stock options, restricted stock and restricted stock units.

20. Segment Information

Centene operates in two segments: Managed Care and Specialty Services.

The Managed Care segment consists of Centene’s health plans including all of the functions needed to operate them. The Specialty Services segment consists of Centene’s specialty companies offering auxiliary healthcare services and products. Factors used in determining the reportable business segments include the nature of operating activities, the existence of separate senior management teams, and the type of information presented to the Company’s chief operating decision-maker to evaluate all results of operations.
In January 2017, the Company reclassified Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan from the Specialty Services segment to the Managed Care segment due to a reorganization of the Arizona management structure following the Health Net integration. As a result, the financial results of Cenpatico Behavioral Health of Arizona, LLC and the related Cenpatico Integrated Care health plan have been reclassified from the Specialty Services segment to the Managed Care segment for all periods presented.

Segment information as of and for the year ended December 31, 2017, follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 45,798</td>
<td>$ 2,584</td>
<td>—</td>
<td>$ 48,382</td>
</tr>
<tr>
<td>Total revenues internal customers</td>
<td>44</td>
<td>9,471</td>
<td>(9,515)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 45,842</td>
<td>$ 12,055</td>
<td>(9,515)</td>
<td>$ 48,382</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 917</td>
<td>$ 282</td>
<td>—</td>
<td>$ 1,199</td>
</tr>
<tr>
<td>Total assets</td>
<td>$ 19,959</td>
<td>$ 1,896</td>
<td>—</td>
<td>$ 21,855</td>
</tr>
</tbody>
</table>

Segment information as of and for the year ended December 31, 2016, follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 38,182</td>
<td>$ 2,425</td>
<td>—</td>
<td>$ 40,607</td>
</tr>
<tr>
<td>Total revenues internal customers</td>
<td>200</td>
<td>5,952</td>
<td>(6,152)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 38,382</td>
<td>$ 8,377</td>
<td>(6,152)</td>
<td>$ 40,607</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 1,077</td>
<td>$ 183</td>
<td>—</td>
<td>$ 1,260</td>
</tr>
<tr>
<td>Total assets</td>
<td>$ 18,423</td>
<td>$ 1,774</td>
<td>—</td>
<td>$ 20,197</td>
</tr>
</tbody>
</table>

Segment information as of and for the year ended December 31, 2015, follows ($ in millions):

<table>
<thead>
<tr>
<th></th>
<th>Managed Care</th>
<th>Specialty Services</th>
<th>Eliminations</th>
<th>Consolidated Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues from external customers</td>
<td>$ 20,865</td>
<td>$ 1,895</td>
<td>—</td>
<td>$ 22,760</td>
</tr>
<tr>
<td>Total revenues internal customers</td>
<td>101</td>
<td>4,862</td>
<td>(4,963)</td>
<td>—</td>
</tr>
<tr>
<td>Total revenues</td>
<td>$ 20,966</td>
<td>$ 6,757</td>
<td>(4,963)</td>
<td>$ 22,760</td>
</tr>
<tr>
<td>Earnings from operations</td>
<td>$ 531</td>
<td>$ 174</td>
<td>—</td>
<td>$ 705</td>
</tr>
<tr>
<td>Total assets</td>
<td>$ 6,327</td>
<td>$ 1,012</td>
<td>—</td>
<td>$ 7,339</td>
</tr>
</tbody>
</table>
21. Quarterly Selected Financial Information

Quarterly selected financial information for 2017 and 2016 is as follows:

<table>
<thead>
<tr>
<th>For the Quarter Ended</th>
<th>March 31, 2017</th>
<th>June 30, 2017</th>
<th>September 30, 2017</th>
<th>December 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues</td>
<td>11,724</td>
<td>11,954</td>
<td>11,898</td>
<td>12,806</td>
</tr>
<tr>
<td>Amounts attributable to Centene Corporation common shareholders:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings from continuing operations, net of income tax expense</td>
<td>139</td>
<td>254</td>
<td>205</td>
<td>230</td>
</tr>
<tr>
<td>Discontinued operations, net of income tax expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net earnings</td>
<td>139</td>
<td>254</td>
<td>205</td>
<td>230</td>
</tr>
<tr>
<td>Net earnings per common share attributable to Centene Corporation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>0.81</td>
<td>1.47</td>
<td>1.19</td>
<td>1.33</td>
</tr>
<tr>
<td>Discontinued operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic earnings per common share</td>
<td>0.81</td>
<td>1.47</td>
<td>1.19</td>
<td>1.33</td>
</tr>
<tr>
<td>Diluted:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>0.79</td>
<td>1.44</td>
<td>1.16</td>
<td>1.30</td>
</tr>
<tr>
<td>Discontinued operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diluted earnings per common share</td>
<td>0.79</td>
<td>1.44</td>
<td>1.16</td>
<td>1.30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For the Quarter Ended (1)</th>
<th>March 31, 2016</th>
<th>June 30, 2016</th>
<th>September 30, 2016</th>
<th>December 31, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total revenues</td>
<td>6,953</td>
<td>10,897</td>
<td>10,846</td>
<td>11,911</td>
</tr>
<tr>
<td>Amounts attributable to Centene Corporation common shareholders:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings (loss) from continuing operations, net of income tax expense</td>
<td>(15)</td>
<td>171</td>
<td>148</td>
<td>255</td>
</tr>
<tr>
<td>Discontinued operations, net of income tax expense (benefit)</td>
<td>(1)</td>
<td>(1)</td>
<td>(1)</td>
<td>6</td>
</tr>
<tr>
<td>Net earnings (loss)</td>
<td>(16)</td>
<td>170</td>
<td>147</td>
<td>261</td>
</tr>
<tr>
<td>Net earnings (loss) per common share attributable to Centene Corporation:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>(0.12)</td>
<td>1.00</td>
<td>0.87</td>
<td>1.49</td>
</tr>
<tr>
<td>Discontinued operations</td>
<td>(0.01)</td>
<td></td>
<td>(0.01)</td>
<td>0.04</td>
</tr>
<tr>
<td>Basic earnings (loss) per common share</td>
<td>(0.13)</td>
<td>1.00</td>
<td>0.86</td>
<td>1.53</td>
</tr>
<tr>
<td>Diluted:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing operations</td>
<td>(0.12)</td>
<td>0.98</td>
<td>0.84</td>
<td>1.45</td>
</tr>
<tr>
<td>Discontinued operations</td>
<td>(0.01)</td>
<td>(0.01)</td>
<td></td>
<td>0.04</td>
</tr>
<tr>
<td>Diluted earnings (loss) per common share</td>
<td>(0.13)</td>
<td>0.97</td>
<td>0.84</td>
<td>1.49</td>
</tr>
</tbody>
</table>

(1) The Company early adopted ASU 2016-09 during the fourth quarter of 2016. The ASU requires adjustments be reflected as of the beginning of the fiscal year of adoption and as a result, prior periods have been restated accordingly.
### Condensed Balance Sheets

(In millions, except shares in thousands and per share data in dollars)

<table>
<thead>
<tr>
<th></th>
<th>December 31, 2017</th>
<th>December 31, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 6</td>
<td>$ 5</td>
</tr>
<tr>
<td>Short-term investments, at fair value (amortized cost $2 and $1, respectively)</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Other current assets</td>
<td>331</td>
<td>29</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>339</td>
<td>35</td>
</tr>
<tr>
<td>Long-term investments, at fair value (amortized cost $17 and $19, respectively)</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>Investment in subsidiaries</td>
<td>11,018</td>
<td>10,674</td>
</tr>
<tr>
<td>Other long-term assets</td>
<td>302</td>
<td>52</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$11,676</strong></td>
<td><strong>$10,780</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>LIABILITIES, REDEEMABLE NONCONTROLLING INTERESTS AND STOCKHOLDERS' EQUITY</strong></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td>$100</td>
<td>$78</td>
</tr>
<tr>
<td>Long-term debt</td>
<td>4,624</td>
<td>4,573</td>
</tr>
<tr>
<td>Other long-term liabilities</td>
<td>76</td>
<td>75</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>4,800</td>
<td>4,726</td>
</tr>
<tr>
<td>Redeemable noncontrolling interest</td>
<td>12</td>
<td>145</td>
</tr>
</tbody>
</table>

Stockholders' equity:

- Preferred stock, $.001 par value; authorized 10,000 shares; no shares issued or outstanding at December 31, 2017 and December 31, 2016: — —
- Common stock, $.001 par value; authorized 400,000 shares; 180,379 issued and 173,437 outstanding at December 31, 2017, and 178,134 issued and 171,919 outstanding at December 31, 2016: — —
- Additional paid-in capital                                                | 4,249| 4,190|
- Accumulated other comprehensive loss                                      | (3)  | (36) |
- Retained earnings                                                          | 2,748| 1,920|
- Treasury stock, at cost (6,942 and 6,215 shares, respectively)             | (244)| (179)|
- Total Centene stockholders' equity                                        | 6,850| 5,895|
- Noncontrolling interest                                                    | 14   | 14   |
| **Total stockholders' equity**                                             | 6,864| 5,909|
| **Total liabilities, redeemable noncontrolling interests and stockholders' equity** | $11,676 | $10,780 |

*See notes to condensed financial information of registrant.*

102
### Table of Contents

**Centene Corporation (Parent Company Only)**  
Condensed Statements of Operations  
(In millions, except per share data in dollars)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Selling, general and administrative expenses</td>
<td>$7</td>
<td>$10</td>
<td>$9</td>
</tr>
<tr>
<td>Gain on contingent consideration</td>
<td>(1)</td>
<td>(5)</td>
<td>(44)</td>
</tr>
<tr>
<td><strong>Other income (expense):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment and other income</td>
<td>2</td>
<td>2</td>
<td>(5)</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(247)</td>
<td>(201)</td>
<td>(39)</td>
</tr>
<tr>
<td>Earnings (loss) before income taxes</td>
<td>(251)</td>
<td>(204)</td>
<td>(9)</td>
</tr>
<tr>
<td>Income tax benefit</td>
<td>(114)</td>
<td>(76)</td>
<td>(26)</td>
</tr>
<tr>
<td><strong>Earnings (loss) before equity in subsidiaries</strong></td>
<td>(137)</td>
<td>(128)</td>
<td>17</td>
</tr>
<tr>
<td>Equity in earnings from subsidiaries</td>
<td>945</td>
<td>686</td>
<td>341</td>
</tr>
<tr>
<td>Net earnings</td>
<td>808</td>
<td>558</td>
<td>358</td>
</tr>
<tr>
<td><strong>Net earnings attributable to Centene</strong></td>
<td>$828</td>
<td>$559</td>
<td>$356</td>
</tr>
<tr>
<td><strong>Net earnings per share from continuing operations:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic earnings per common share</td>
<td>$4.80</td>
<td>$3.50</td>
<td>$2.99</td>
</tr>
<tr>
<td>Diluted earnings per common share</td>
<td>$4.69</td>
<td>$3.41</td>
<td>$2.89</td>
</tr>
</tbody>
</table>

*See notes to condensed financial information of registrant.*

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**Attachment D: Audited Financial Statements – Two Years**

Page 183
<table>
<thead>
<tr>
<th>Cash flows from operating activities:</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dividends from subsidiaries, return on investment</td>
<td>$292</td>
<td>$25</td>
<td>$11</td>
</tr>
<tr>
<td>Other operating activities, net</td>
<td>$(132)</td>
<td>$(71)</td>
<td>$(29)</td>
</tr>
<tr>
<td>Net cash provided by (used in) operating activities</td>
<td>160</td>
<td>$(46)</td>
<td>$(18)</td>
</tr>
<tr>
<td>Cash flows from investing activities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital contributions to subsidiaries</td>
<td>(339)</td>
<td>(691)</td>
<td>(646)</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(38)</td>
<td>(112)</td>
<td>(17)</td>
</tr>
<tr>
<td>Sales and maturities of investments</td>
<td>4</td>
<td>169</td>
<td>9</td>
</tr>
<tr>
<td>Dividends from subsidiaries, return of investment</td>
<td>28</td>
<td>100</td>
<td>3</td>
</tr>
<tr>
<td>Investments in acquisitions</td>
<td>(59)</td>
<td>(2,248)</td>
<td>(113)</td>
</tr>
<tr>
<td>Intercompany activities</td>
<td>322</td>
<td>(575)</td>
<td>463</td>
</tr>
<tr>
<td>Other investing activities, net</td>
<td>(1)</td>
<td>—</td>
<td>7</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(83)</td>
<td>(3,357)</td>
<td>(294)</td>
</tr>
<tr>
<td>Cash flows from financing activities:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from borrowings</td>
<td>1,400</td>
<td>8,934</td>
<td>1,925</td>
</tr>
<tr>
<td>Payment of long-term debt</td>
<td>(1,350)</td>
<td>(5,377)</td>
<td>(1,575)</td>
</tr>
<tr>
<td>Common stock repurchases</td>
<td>(65)</td>
<td>(63)</td>
<td>(53)</td>
</tr>
<tr>
<td>Debt issuance costs</td>
<td>—</td>
<td>(76)</td>
<td>(4)</td>
</tr>
<tr>
<td>Purchase of noncontrolling interest</td>
<td>(66)</td>
<td>(14)</td>
<td>—</td>
</tr>
<tr>
<td>Other financing activities, net</td>
<td>5</td>
<td>—</td>
<td>20</td>
</tr>
<tr>
<td>Net cash (used in) provided by financing activities</td>
<td>(76)</td>
<td>3,404</td>
<td>313</td>
</tr>
<tr>
<td>Net increase in cash and cash equivalents</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

| Cash and cash equivalents, beginning of period | $5 | $4 | $3 |
| Cash and cash equivalents, end of period | $6 | $5 | $4 |

See notes to condensed financial information of registrant.

Notes to Condensed Financial Information of Registrant

Note A - Basis of Presentation and Significant Accounting Policies

The parent company only financial statements should be read in conjunction with Centene Corporation's audited consolidated financial statements and the notes to consolidated financial statements included in this Form 10-K.

The parent company's investment in subsidiaries is stated at cost plus equity in undistributed earnings of the subsidiaries. The parent company's share of net income of its unconsolidated subsidiaries is included in income using the equity method of accounting. Certain unrestricted subsidiaries receive monthly management fees from our restricted subsidiaries. The management and service fees received by our unrestricted subsidiaries are associated with all of the functions required to manage the restricted subsidiaries including but not limited to salaries and wages for all personnel, rent, utilities, medical management, provider contracting, compliance, member services, claims processing, information technology, cash management, finance and accounting, and other services. The management fees are based on a percentage of the restricted subsidiaries revenue.

Due to our centralized cash management function, cash flows generated by our unrestricted subsidiaries are utilized by the parent company to the extent required, primarily to repay borrowings on the parent company's revolving credit facility, make acquisitions, fund capital contributions to subsidiaries and fund its operations.
In August 2016, the FASB issued an ASU which clarifies how entities should classify certain cash receipts and cash payments on the statement of cash flows. The new guidance also clarifies how the predominance principle should be applied when cash receipts and cash payments have aspects of more than one class of cash flows. The Company early adopted the new guidance in the fourth quarter of 2017. Certain amounts in the parent company only financial statements have been reclassified to conform to the 2017 presentation, reflecting this adoption and a reclassification of intercompany activities from operating to investing cash flows. These reclassifications have no effect on net earnings or stockholders' equity as previously reported.

Certain amounts presented in the parent company only financial statements are eliminated in the consolidated financial statements of Centene Corporation.

Item 9. Changes in and Disagreements With Accountants on Accounting and Financial Disclosure

None.

Item 9A. Controls and Procedures

Evaluation of Disclosure Controls and Procedures - Our management, with the participation of our Chief Executive Officer and Chief Financial Officer, evaluated the effectiveness of our disclosure controls and procedures as of December 31, 2017. The term “disclosure controls and procedures,” as defined in Rules 13a-15(e) and 15d-15(e) under the Exchange Act, means controls and other procedures of a company that are designed to ensure that information required to be disclosed by a company in the reports that it files or submits under the Exchange Act is recorded, processed, summarized and reported, within the time periods specified in the SEC’s rules and forms. Disclosure controls and procedures include, without limitation, controls and procedures designed to ensure that information required to be disclosed by a company in the reports that it files or submits under the Exchange Act is accumulated and communicated to the company's management, including its principal executive and principal financial officers, as appropriate to allow timely decisions regarding required disclosure. Management recognizes that any controls and procedures, no matter how well designed and operated, can provide only reasonable assurance of achieving their objectives and management necessarily applies its judgment in evaluating the cost-benefit relationship of possible controls and procedures. Based on the evaluation of our disclosure controls and procedures as of December 31, 2017, our Chief Executive Officer and Chief Financial Officer concluded that, as of such date, our disclosure controls and procedures were effective at the reasonable assurance level.

Management's Report on Internal Control Over Financial Reporting - Our management is responsible for establishing and maintaining adequate internal control over financial reporting, as such term is defined in Exchange Act Rules 13a-15(f) and 15d-15(f). Under the supervision and with the participation of our management, including our principal executive officer and principal financial officer, we conducted an evaluation of the effectiveness of our internal control over financial reporting based on the framework in Internal Control - Integrated Framework (2013) issued by the Committee of Sponsoring Organizations of the Treadway Commission. Based on our evaluation under the framework in Internal Control - Integrated Framework (2013), our management concluded that our internal control over financial reporting was effective at the reasonable assurance level as of December 31, 2017. Our management's assessment of the effectiveness of our internal control over financial reporting as of December 31, 2017, has been audited by KPMG LLP, an independent registered public accounting firm, as stated in their report which is included herein.

Changes in Internal Control Over Financial Reporting - No change in our internal control over financial reporting (as defined in Rules 13a-15(f) and 15d-15(f) under the Exchange Act) occurred during the year ended December 31, 2017, that has materially affected, or is reasonably likely to materially affect, our internal control over financial reporting.
Report of Independent Registered Public Accounting Firm

To the stockholders and board of directors
Centene Corporation:

Opinion on Internal Control Over Financial Reporting

We have audited Centene Corporation and subsidiaries' (the "Company") internal control over financial reporting as of December 31, 2017, based on criteria established in Internal Control - Integrated Framework (2013) issued by the Committee of Sponsoring Organizations of the Treadway Commission. In our opinion, the Company maintained, in all material respects, effective internal control over financial reporting as of December 31, 2017, based on criteria established in Internal Control - Integrated Framework (2013) issued by the Committee of Sponsoring Organizations of the Treadway Commission.

We also have audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) ("PCAOB"), the consolidated balance sheets of the Company as of December 31, 2017 and 2016, the related consolidated statements of operations, comprehensive earnings, stockholders' equity, and cash flows for each of the years in the three-year period ended December 31, 2017, and the related notes (collectively, the "consolidated financial statements"), and our report dated February 20, 2018 expressed an unqualified opinion on those consolidated financial statements.

Basis for Opinion

The Company’s management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying Management's Report on Internal Control Over Financial Reporting. Our responsibility is to express an opinion on the Company's internal control over financial reporting based on our audit. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Company in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audit in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit of internal control over financial reporting included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, and testing and evaluating the design and operating effectiveness of internal control based on the assessed risk. Our audit also included performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

Definition and Limitations of Internal Control Over Financial Reporting

A company’s internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company’s assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

/s/ KPMG LLP

St. Louis, Missouri
February 20, 2018
Item 9B. Other Information

None.

PART III

Item 10. Directors, Executive Officers and Corporate Governance

(a) Directors of the Registrant

Information concerning our directors will appear in our Proxy Statement for our 2018 annual meeting of stockholders under “Proposal One: Election of Directors.” This portion of the Proxy Statement is incorporated herein by reference.

(b) Executive Officers of the Registrant

Pursuant to General Instruction G(3) to Form 10-K and Instruction 3 to Item 401(b) of Regulation S-K, information regarding our executive officers is provided in Item 1 of Part I of this Annual Report on Form 10-K under the caption “Executive Officers of the Registrant.”

Information concerning our executive officers’ compliance with Section 16(a) of the Exchange Act will appear in our Proxy Statement for our 2018 annual meeting of stockholders under “Section 16(a) Beneficial Ownership Reporting Compliance.” Information concerning our audit committee financial expert and identification of our audit committee will appear in our Proxy Statement for our 2018 annual meeting of stockholders under “Board of Directors Committees.” Information concerning our code of ethics will appear in our Proxy Statement for our 2018 annual meeting of stockholders under “Corporate Governance and Risk Management.” These portions of our Proxy Statement are incorporated herein by reference.

(c) Corporate Governance

Information concerning certain corporate governance matters will appear in our Proxy Statement for our 2018 annual meeting of stockholders under “Corporate Governance and Risk Management.” These portions of our Proxy Statement are incorporated herein by reference.

Item 11. Executive Compensation

Information concerning executive compensation will appear in our Proxy Statement for our 2018 Annual Meeting of Stockholders under “Information About Executive Compensation.” Information concerning Compensation Committee interlocks and insider participation will appear in the Proxy Statement for our 2018 Annual Meeting of Stockholders under “Compensation Committee Interlocks and Insider Participation.” These portions of the Proxy Statement are incorporated herein by reference.


Information concerning the security ownership of certain beneficial owners and management and our equity compensation plans will appear in our Proxy Statement for our 2018 annual meeting of stockholders under “Information About Stock Ownership” and “Equity Compensation Plan Information.” These portions of the Proxy Statement are incorporated herein by reference.

Item 13. Certain Relationships and Related Transactions, and Director Independence

Information concerning director independence, certain relationships and related transactions will appear in our Proxy Statement for our 2018 annual meeting of stockholders under “Corporate Governance and Risk Management” and “Related Party Transactions.” These portions of our Proxy Statement are incorporated herein by reference.

Item 14. Principal Accountant Fees and Services

Information concerning principal accountant fees and services will appear in our Proxy Statement for our 2018 annual meeting of stockholders under “Proposal Two: Ratification of Appointment of Independent Registered Public Accounting Firm.” This portion of our Proxy Statement is incorporated herein by reference.
## Centurion’s 60-Day Transition Plan – Kansas Department of Corrections

<table>
<thead>
<tr>
<th>Transition Component</th>
<th>Start Date/Timeline</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transition Communication Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish key contacts with KDOC health services</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Identify key contacts at KDOC facilities for facility administration and health services</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Establish initial meeting with key KDOC staff and Centurion leadership</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Prepare welcome letter from Chief Executive Officer</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Prepare schedule for site staff and facility administration visits</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Obtain approval from KDOC to distribute communication and site visit schedule</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Provide information to KDOC on Centurion Human Resources/Transition introductory team meetings</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Notify contracted vendors of transition timelines and discuss transition activities</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Distribute information to transition team members and functional leads; set up initial transition internal kick off meeting</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td><strong>KDOC Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule initial KDOC meeting</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Establish ongoing status/transition meetings for transition period</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Establish transition priorities, issues with the KDOC</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td><strong>Initial Site Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify Human Resources and clinical resources for site visits</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Prepare/finalize materials for site visits</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Identify listing of facility locations, contact information, travel information associated with site (airports, hotels, etc.)</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Distribute materials for site visits and perform site visit team training conference</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Provide clearance information to KDOC or designee for site tour</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Discuss/obtain initial site visit information from ancillary providers and distribute to KDOC staff and sites</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td><strong>Operations/Program Transition/Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set schedule for Transition Operations/functional lead discussion/updates</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Meet with Transition Operations/functional leads to address questions/identify priorities</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>Develop/finalize position control/staffing matrix</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
</tbody>
</table>
# Centurion’s 60-Day Transition Plan – Kansas Department of Corrections

<table>
<thead>
<tr>
<th>Transition Component</th>
<th>Start Date/Timeline</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Develop/finalize pay scales</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>- Finalize and submit shift differentials for applicable positions</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>- Establish PDO policy for transitioning staff; initial 90 days</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>- Finalize benefits flyer for site visits for incumbent candidates</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>- Identify/develop on-call schedule for practitioner staff</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>- Distribute on-call schedule to KDOC, sites for distribution/posting</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
</tbody>
</table>

**Recruiting/Hiring/Retention/Current Employee Data/Incumbent Staff Coordination**

| - Establish/Initiate hiring link for transitioning staff to submit application, required information | Contract Award Notification | 1 – 5 days |
| - Obtain roster of incumbent employees with pay rates, FTE status from current vendor | Contract Award Notification | 1 – 5 days |
| - Incumbent regional staff candidate screening, interview, offer determination | Contract Award Notification | 1 – 5 days |
| - Initiate recruitment of key positions | Contract Award Notification | 1 – 5 days |
| - Establish toll free number and email address for transition staff for question and answer (Q/A) communication | Contract Award Notification | 1 – 5 days |
| - Determine/initiate offers for transitioning staff | Contract Award Notification | 1 – 5 days |
| - Initiate credentialing for transitioning staff | Contract Award Notification | 1 – 5 days |
| - Determine open positions; work with onsite administrators or designee to recruit/interview for open site positions | Contract Award Notification | 1 – 5 days |
| - Identify/negotiate contracts for temporary staff to facilitate transition staffing | Contract Award Notification | 1 – 5 days |
| - Confirm KDOC security clearance process for new and/or transitioning personnel | Contract Award Notification | 1 – 5 days |
| - Obtain copies of clearance forms and institute policy/process for submission | Contract Award Notification | 1 – 5 days |
| - Identify/confm additional KDOC training requirements and obtain information on scheduling new employees; provide information to regional/site staff | Contract Award Notification | 1 – 5 days |

**Staffing/Scheduling**

| - Discuss/define deadline with sites for completion of initial schedule post transition | Contract Award Notification | 14 days & ongoing |
| - Review critical openings and work with recruiting to fill | Contract Award Notification | 14 days & ongoing |
| - Identify any temporary staffing needs | Contract Award Notification | 14 days & ongoing |
| - Post schedule for site staff and provide to regional operations | Contract Award Notification | Two weeks prior to transition date |
# Centurion’s 60-Day Transition Plan – Kansas Department of Corrections

<table>
<thead>
<tr>
<th>Transition Component</th>
<th>Start Date/Timeline</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Initiate applications for Pharmacy Permits including DEA, CDS licenses</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Identify changes in service delivery if new contract so requires</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Verify and/or initiate approval for formulary if different from current KDOC formulary</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Identify/final process for destruction of controlled medications</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Identify/finalize process for non-formulary review with Centurion Regional Medical Director and contracted pharmacy</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Identify pharmacy consultants; obtain and distribute initial site visit scheduled to all facilities and Regional Operators</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Develop/distribute names, contact numbers for back-up pharmacies and process for obtaining meds</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Finalize and distribute procedure for release medications</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Finalize and distribute stock medication lists</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Complete inventory of current medications at time of transition for reporting/purchasing requirements</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Identify medication cart/other equipment needs for each facility</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Review nursing protocol medications and coordinate packaging/process with contracted pharmacy and sites</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td>- Finalize and distribute stock order form for nurse protocol medications</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td><strong>Quality Improvement/Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Corporate CQI Director to initiate review of current QI activities</td>
<td>Contract Award Notification</td>
<td>10 – 14 days</td>
</tr>
<tr>
<td>- Review current contract performance indicators and make recommendations for Quality improvement activities statewide</td>
<td>Contract Award Notification</td>
<td>10 – 14 days</td>
</tr>
<tr>
<td>- Request most recent audits from KDOC health services for review/consideration for state-wide plan</td>
<td>Contract Award Notification</td>
<td>10 – 14 days</td>
</tr>
<tr>
<td>- Schedule/orient Centurion Regional CQI Coordinator at contract transition</td>
<td>Contract Start Date</td>
<td>5 days</td>
</tr>
<tr>
<td><strong>Ancillary Services (transition and set up following services)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Development of purchasing/ancillary services binder with all contracted vendors, contact number - provide to regional and site leadership</td>
<td>Contract Award Notification</td>
<td>10 – 14 days</td>
</tr>
<tr>
<td>- Arrange site visits/contacts to review current equipment</td>
<td>Contract Award Notification</td>
<td>5 – 7 days</td>
</tr>
<tr>
<td>Transition Component</td>
<td>Start Date/Timeline</td>
<td>Duration</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>- Identify routine and Stat lab pick up process</td>
<td>Contract Award Notification</td>
<td>5 – 7 days</td>
</tr>
<tr>
<td>- Identify/coordinate electronic lab ordering</td>
<td>Contract Award Notification</td>
<td>14 days</td>
</tr>
<tr>
<td>- Identify CLIA lab/CLIA waiver requirements</td>
<td>Contract Award Notification</td>
<td>30 days</td>
</tr>
<tr>
<td>- File for new CLIA Waiver/CLIA lab certificates as indicated</td>
<td>Contract Award Notification</td>
<td>30 days</td>
</tr>
<tr>
<td>- Set up/provide training for onsite staff</td>
<td>Contract Award Notification</td>
<td>5 days prior to contract start</td>
</tr>
<tr>
<td><strong>Radiology</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Arrange site visits/contacts to review current equipment/mobile equipment needs</td>
<td>Contract Award Notification</td>
<td>5 days</td>
</tr>
<tr>
<td>- Discuss/determine facility schedule for onsite services</td>
<td>Contract Award Notification</td>
<td>1 – 5 days</td>
</tr>
<tr>
<td>- Discuss/identify/train staff on process for STAT x-ray capabilities</td>
<td>Contract Award Notification</td>
<td>5 days</td>
</tr>
<tr>
<td>- Verify/update radiology equipment licensing, as indicated</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Identify/coordinate training at site for equipment, etc.</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Contracted vendor to submit information for mobile providers, mobile provider staff for clearance/process of access to facility</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Identify current ultrasound capabilities; confirm vendor; identify/educate staff on process for scheduled or as needed services</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td><strong>EKG</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Identify current number of devices by facility</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Coordinate delivery and training for new devices</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Coordinate line additions with facility designee, if needed</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Verify process for obtaining cardiology over-read and educate staff on process, timelines for over-read results</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td><strong>Hearing Aids/Audiology</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Confirm audiology vendor, current equipment/mobile equipment needed</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Confirm hearing aid vendor and process for ordering</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Identify and document processes required for hearing aid or audiology testing completion</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td><strong>Other Ancillary Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Oxygen Services – finalize contracts, identify onsite tank needs, order/delivery</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Medical Waste - finalize contracts, coordinate with sites for pick up schedule, provide supplies as needed</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>Transition Component</td>
<td>Start Date/Timeline</td>
<td>Duration</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
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</tr>
<tr>
<td>- Orthotics/Prosthetics - finalize contracts, coordinate with vendor for approval</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- BiPAP, CPAP - finalize contracts, coordinate with vendor for approval process,</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Verify ongoing contract for service, set up ongoing clinics post transition</td>
<td>Contract Award Notification</td>
<td>15 – 20 days</td>
</tr>
<tr>
<td>- New onsite providers - provide contact information to site for coordination of</td>
<td>Contract Award Notification</td>
<td>15 – 20 days</td>
</tr>
<tr>
<td>Specialty Care – On site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Obtain current list of onsite specialty clinics, frequency of visits, volumes</td>
<td>Prior to Contract Award</td>
<td>30 days</td>
</tr>
<tr>
<td>- Verify ongoing contract for service, set up ongoing clinics post transition</td>
<td>Contract Award Notification</td>
<td>15 – 20 days</td>
</tr>
<tr>
<td>- New onsite providers - provide contact information to site for coordination of</td>
<td>Contract Award Notification</td>
<td>15 – 20 days</td>
</tr>
<tr>
<td>Ambulance/Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Identify current ambulance providers; obtain contracts/letter of agreement</td>
<td>Contract Award Notification</td>
<td>15 – 20 days</td>
</tr>
<tr>
<td>- Confirm central and/or site transport contacts</td>
<td>Contract Award Notification</td>
<td>15 – 20 days</td>
</tr>
<tr>
<td>- Meet with site/central transport contacts to validate process, frequency/numbers,</td>
<td>Contract Award Notification</td>
<td>15 – 20 days</td>
</tr>
<tr>
<td>Hospital/ Specialty Care Network/Telehealth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Finalize contracts with primary hospitals and tertiary/ED sites</td>
<td>Contract Award Notification</td>
<td>15 – 20 days &amp; ongoing</td>
</tr>
<tr>
<td>- Develop listing of contracted providers for sites</td>
<td>Contract Award Notification</td>
<td>15 – 20 days &amp; ongoing</td>
</tr>
<tr>
<td>- Identify/contract with current specialty care providers</td>
<td>Contract Award Notification</td>
<td>15 – 20 days &amp; ongoing</td>
</tr>
<tr>
<td>- Develop listing of preferred providers by specialty; provide listing to site/</td>
<td>Contract Award Notification</td>
<td>15 – 20 days &amp; ongoing</td>
</tr>
<tr>
<td>- Schedule meeting with primary hospital providers to identify/discuss transition</td>
<td>Contract Award Notification</td>
<td>15 – 20 days &amp; ongoing</td>
</tr>
<tr>
<td>- Identify current telehealth equipment; recommend replacement, enhancement, or</td>
<td>Contract Award Notification</td>
<td>15 – 20 days &amp; ongoing</td>
</tr>
<tr>
<td>- Meet with KDOC IT staff to determine technical requirements</td>
<td>Contract Award Notification</td>
<td>15 – 20 days &amp; ongoing</td>
</tr>
<tr>
<td>- Establish policy and procedure; onsite program support personnel</td>
<td>Contract Award Notification</td>
<td>15 – 20 days &amp; ongoing</td>
</tr>
<tr>
<td>- Provide sites with schedule/listing or telehealth providers for post transition</td>
<td>Contract Award Notification</td>
<td>15 – 20 days &amp; ongoing</td>
</tr>
<tr>
<td>Transition Component</td>
<td>Start Date/Timeline</td>
<td>Duration</td>
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<tr>
<td>----------------------</td>
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</tr>
<tr>
<td>- Obtain eligibility file and initiate load/set up into claim system</td>
<td>Contract Award Notification</td>
<td>30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Arrange initial and ongoing feed of eligibility file</td>
<td>Contract Award Notification</td>
<td>30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Arrange integration of Authorization plan</td>
<td>Contract Award Notification</td>
<td>30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Load new providers in system</td>
<td>Contract Award Notification</td>
<td>30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Set up Provider Data Management System</td>
<td>Contract Award Notification</td>
<td>30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Set up Check Run</td>
<td>Contract Award Notification</td>
<td>30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Review contract for pay classes and configure in system</td>
<td>Contract Award Notification</td>
<td>30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Review configuration after 30 days</td>
<td>Contract Award Notification</td>
<td>30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Set up/run claims reporting</td>
<td>Contract Award Notification</td>
<td>30 days &amp; ongoing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UM/Medical Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Arrange meeting with KDOC health services, current vendor UM staff to determine current process, identify changes to process for transition</td>
</tr>
<tr>
<td>- Develop process/electronic or manual forms for use/implementation by site</td>
</tr>
<tr>
<td>- Develop process flow for specialty care review/authorization</td>
</tr>
<tr>
<td>- Develop process flow for Emergency Department referral; include forms and reporting training to sites</td>
</tr>
<tr>
<td>- Develop process flow for reporting Inpatient (planned/unplanned) hospitalization; include forms/reporting training to site</td>
</tr>
<tr>
<td>- Submit Physician Clinical Guidelines to KDOC for review and approval</td>
</tr>
<tr>
<td>- Submit UM business rules to KDOC for review and approval</td>
</tr>
<tr>
<td>- Hire/train Centurion – KDOC UM staff</td>
</tr>
<tr>
<td>- Train Regional Centurion Medical Director</td>
</tr>
<tr>
<td>- Train site providers on specialty referral request process including follow up for authorizations, alternative treatment plan (ATP)</td>
</tr>
<tr>
<td>- Develop/train staff on reporting requirements and mining of data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Orientation/Management Transition Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Develop/finalize specific nursing services employee orientation based on KDOC/Centurion approved health services policies/site practices</td>
</tr>
<tr>
<td>- Initiate electronic completion of mandatory training for all Centurion staff for HIPAA, PREA, Confidentiality, Hazardous Communication, Bloodborne Pathogens and Infection Control</td>
</tr>
<tr>
<td>- Set up initial training for Centurion Regional DON staff, training staff, and facility DONs on employee orientation materials</td>
</tr>
</tbody>
</table>
## Centurion’s 60-Day Transition Plan – Kansas Department of Corrections

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<tr>
<th>Transition Component</th>
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</thead>
<tbody>
<tr>
<td>- Set up schedule for additional training sessions for new/transitioning employees; identify participants and finalize location</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Identify behavioral health facility and management training needs</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Finalize behavioral health training materials</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Finalize behavioral health training calendar and distribute to regional/site personnel</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Perform telephonic and/or onsite training for BH staff</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Identify date, location for clinical and administrative leadership transition meeting with corporate, ancillary service</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Identify date, location for medical, dental, and psychiatric provider transition meetings, training post transition</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Develop/finalize agenda and participant list for transition meeting</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Identify date for DON training post contract transition</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Identify date for HSA training post contract transition</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Establish reporting and auditing requirements</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Determine billing and supporting KDOC documentation</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Identify/establish performance indicators and reporting requirements</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Establish reconciliation and reporting methodology</td>
<td>Contract Award Notification</td>
<td>15 – 30 days &amp; ongoing</td>
</tr>
<tr>
<td>- Obtain certificates and submit to KDOC</td>
<td>Contract Award Notification</td>
<td>Per KDOC requirements</td>
</tr>
<tr>
<td>- Submit bonds as required by KDOC</td>
<td>Contract Award Notification</td>
<td>Per KDOC requirements</td>
</tr>
<tr>
<td>- Prepare/finalize benefits flyer for HR/clinical site visits</td>
<td>Contract Award Notification</td>
<td>3 days</td>
</tr>
<tr>
<td>- Initiate daily call with recruiting, HR and Operations</td>
<td>Contract Award Notification</td>
<td>2 days</td>
</tr>
<tr>
<td>- Identify incumbent staff currently on leave</td>
<td>Contract Award Notification</td>
<td>2 – 5 days</td>
</tr>
<tr>
<td>- Develop and initiate Online questionnaire for incumbent staff to initiate application process</td>
<td>Contract Award Notification</td>
<td>2 – 5 days</td>
</tr>
<tr>
<td>- Test questionnaire and email domain prior to go live with incumbent staff</td>
<td>Contract Award Notification</td>
<td>1 day</td>
</tr>
<tr>
<td>- Verify Position codes/titles and obtain job descriptions for positions; post to secure Centurion contract website for use by region/sites</td>
<td>Contract Award Notification</td>
<td>5 – 7 days</td>
</tr>
<tr>
<td>- Finalize jobs, job classes, departments, position management tools, and facilities in system based on approved staffing matrix</td>
<td>Contract Award Notification</td>
<td>5 – 7 days</td>
</tr>
<tr>
<td>- Identify need for temporary Human Resources staff to assist with transition</td>
<td>Contract Award Notification</td>
<td>2 days</td>
</tr>
</tbody>
</table>
## Centurion’s 60-Day Transition Plan – Kansas Department of Corrections

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<tr>
<th>Transition Component</th>
<th>Start Date/Timeline</th>
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</tr>
</thead>
<tbody>
<tr>
<td>- Issue offer letters (onboarding letter and new hire packet) electronically</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Initiate daily report for recruiting/operations of filled positions by site</td>
<td>Contract Award Notification</td>
<td>3 days</td>
</tr>
<tr>
<td>- Prepare and run NPDBs on transitioning staff</td>
<td>Contract Award Notification</td>
<td>5 days &amp; ongoing</td>
</tr>
<tr>
<td>- Track copy of current/valid license, DEA, CPR</td>
<td>Contract Award Notification</td>
<td>5 days &amp; ongoing</td>
</tr>
<tr>
<td>- Distribute and collect enrollment materials and obtain benefit confirmations</td>
<td>Contract Award Notification</td>
<td>10 days &amp; ongoing</td>
</tr>
</tbody>
</table>

### Office Support Services

<table>
<thead>
<tr>
<th>Transition Component</th>
<th>Start Date/Timeline</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Identify regional office space; establish office furniture/build out, etc. needs and coordinate set up of office space</td>
<td>Contract Award Notification</td>
<td>15 days &amp; ongoing</td>
</tr>
<tr>
<td>- Finalize regional and site team cell phone requirements; coordinate shipping to staff or regional office</td>
<td>Contract Award Notification</td>
<td>15 days &amp; ongoing</td>
</tr>
<tr>
<td>- Finalize copier/printer needs; coordinate delivery and set up</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Establish office supply accounts for regional office/sites; distribute user ID, coordinate training on electronic ordering</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Establish Express Mail accounts; distribute contract/ordering information to regional office/sites</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
<tr>
<td>- Establish language line account for all sites; distribute account and access information to regional office/sites</td>
<td>Contract Award Notification</td>
<td>10 days</td>
</tr>
</tbody>
</table>

### Information Technology

<table>
<thead>
<tr>
<th>Transition Component</th>
<th>Start Date/Timeline</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Build web page on intranet portal - create document library for transition materials, approved policy/procedure, physician and nursing protocols</td>
<td>Contract Award Notification</td>
<td>15 days &amp; ongoing</td>
</tr>
<tr>
<td>- Arrange meeting with KDOC IT</td>
<td>Contract Award Notification</td>
<td>2 days</td>
</tr>
<tr>
<td>- Arrange meeting with current vendor IT</td>
<td>Contract Award Notification</td>
<td>2 days</td>
</tr>
<tr>
<td>- Generate IT transition plan</td>
<td>Contract Award Notification</td>
<td>2 – 3 days</td>
</tr>
<tr>
<td>- Determine facility infrastructure and connectivity assessment</td>
<td>Contract Award Notification</td>
<td>10 days &amp; ongoing</td>
</tr>
<tr>
<td>- Determine ability to transfer ownership of current line from current vendor to Centurion</td>
<td>Contract Award Notification</td>
<td>10 days &amp; ongoing</td>
</tr>
<tr>
<td>- Establish facility telephone lines</td>
<td>Contract Award Notification</td>
<td>Dependent on IT &amp; contractor</td>
</tr>
<tr>
<td>- Determine KRONOS clock requirements; transfer current lines from vendor if available</td>
<td>Contract Award Notification</td>
<td>Per site review</td>
</tr>
<tr>
<td>- Determine if billing for internet/phones services to be transferred to Centurion; coordinate as indicated or initiate new lines</td>
<td>Contract Award Notification</td>
<td>Per site review</td>
</tr>
<tr>
<td>- Determine software requirements for purchase</td>
<td>Contract Award Notification</td>
<td>Per site review</td>
</tr>
<tr>
<td>- Determine/implement interfaces</td>
<td>Contract Award Notification</td>
<td>10 days &amp; ongoing</td>
</tr>
</tbody>
</table>
### Centurion’s 60-Day Transition Plan – Kansas Department of Corrections

<table>
<thead>
<tr>
<th>Transition Component</th>
<th>Start Date/Timeline</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Determine client computer specifications; determine additional email and other system accounts needed</td>
<td>Contract Award Notification</td>
<td>10 days &amp; ongoing</td>
</tr>
<tr>
<td>- Deploy computers in facilities, as applicable</td>
<td>Upon Contract Transition</td>
<td>10 – 15 days</td>
</tr>
<tr>
<td>- Migration of PC’s, networks and firewall installations</td>
<td>Upon Contract Transition</td>
<td>10 – 15 days</td>
</tr>
<tr>
<td>- Initiate/set up regional office software for desktop functionality and UM functionality with TruCare system</td>
<td>Upon Contract Transition</td>
<td>10 – 15 days</td>
</tr>
<tr>
<td>- Verify operations of site and regional PC’s, networks</td>
<td>Upon Contract Transition</td>
<td>10 – 15 days</td>
</tr>
<tr>
<td>- Administer end-user access to applications and provide end-user training as indicated</td>
<td>Upon Contract Transition</td>
<td>10 – 15 days</td>
</tr>
<tr>
<td>- Distribute IT policies and procedures</td>
<td>Upon Contract Transition</td>
<td>10 – 15 days</td>
</tr>
<tr>
<td><strong>EHR Implementation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Arrange meeting with EHR vendor (NextGen) and KDOC</td>
<td>Contract Award Notification</td>
<td>2 days</td>
</tr>
<tr>
<td>- Identify EHR transition project lead/liaison</td>
<td>Prior to contract award</td>
<td>1 day</td>
</tr>
<tr>
<td>- Finalize transition plan from EHR vendor (NextGen)</td>
<td>Contract Award Notification</td>
<td>5 – 10 days</td>
</tr>
<tr>
<td><strong>Payroll Implementation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Identify State and Local Tax requirements</td>
<td>Prior to contract award</td>
<td>2 – 3 days</td>
</tr>
<tr>
<td>- Complete shift premium survey and specify shift details</td>
<td>Contract Award Notification</td>
<td>5 days</td>
</tr>
<tr>
<td>- Work with operations to determine schedules by job class/type</td>
<td>Contract Award Notification</td>
<td>5 days</td>
</tr>
<tr>
<td>- Identify/finalize special pay arrangements</td>
<td>Contract Award Notification</td>
<td>5 days &amp; ongoing</td>
</tr>
<tr>
<td>- Perform KRONOS set up including pay rules, translation tables, user access, queries</td>
<td>Contract Award Notification</td>
<td>3 – 5 days</td>
</tr>
<tr>
<td>- KRONOS licensure requirements - identify timecard approval and sign off</td>
<td>Contract Award Notification</td>
<td>3 days</td>
</tr>
<tr>
<td>- Identify and establish closing and reporting schedules</td>
<td>Contract Award Notification</td>
<td>3 – 5 days</td>
</tr>
<tr>
<td>- Identify site KRONOS users; set up accounts</td>
<td>Contract Award Notification</td>
<td>15 days &amp; ongoing</td>
</tr>
<tr>
<td>- Perform training for new end users at regional/site level</td>
<td>Contract Award Notification</td>
<td>Beginning July 1, 2020</td>
</tr>
<tr>
<td>- Identify/provide to region/sites employee badges for initiation with transitioning staff</td>
<td>Contract Award Notification</td>
<td>3 – 7 days prior to contract transition date</td>
</tr>
</tbody>
</table>
New Contract Implementation Readiness Summary

Kansas Department of Corrections
July, 2020 – 60 Calendar Days to Go Live

<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
<th>% Complete</th>
<th>Required for Contract Start</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interface with Current Healthcare Contractor</td>
<td></td>
<td></td>
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<tr>
<td>Recruiting/Staffing</td>
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<tr>
<td>Utilization Management</td>
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<tr>
<td>Hospital, Emergency Services &amp; Specialty Care</td>
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<tr>
<td>Pharmacy Management</td>
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<tr>
<td>Ancillary Services (X-ray, lab, etc.)</td>
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<tr>
<td>Mental Health</td>
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<tr>
<td>Dental Services</td>
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<tr>
<td>Scheduling</td>
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<tr>
<td>Supplies</td>
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<tr>
<td>Timekeeping/Payroll</td>
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<tr>
<td>Reporting</td>
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<tr>
<td>Orientation - Regional and Onsite Management</td>
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<tr>
<td>Orientation - Nursing, Mental Health, and Ancillary Services Staff</td>
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<tr>
<td>Orientation - Provider</td>
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<tr>
<td>Office Services</td>
<td></td>
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<tr>
<td>Claims Processing/Payment</td>
<td></td>
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<tr>
<td>Telehealth</td>
<td></td>
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<tr>
<td>IT Equipment</td>
<td></td>
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<tr>
<td>Electronic Health Record Conversion</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Billing/Accounting</td>
<td></td>
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</tbody>
</table>
This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employee may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

**Position Overview**

Responsible for and directs the overall operations of the entire healthcare delivery program.

**Education / Credentials / Experience**

- Bachelor’s Degree required and Masters preferred.
- Progressive experience in administration of Correctional Healthcare preferred.
- Must be able to pass background investigation and obtain agency security clearance where applicable

**Essential Duties / Responsibilities**

- Works closely with the Department of Corrections to ensure contract compliance and delivery of a community standard of care Program
- Works closely with the Department of Corrections to ensure close communication with Security and the Bureau of Health Care
- Responsible for the overall delivery of comprehensive health services
- Monitor and evaluate the management and delivery of comprehensive health services at facilities
- Direct health services administrators and oversee employees
- Provide training and education to health services administrators
- Manage financial and operational aspects for all medical issues
- Diligently work with clients and DOC to ensure satisfaction and retention of current contracts
- Negotiate contract changes and adjustments within the program
- Act as liaison between Area Vice President, Corporate Headquarters, clients and subcontractors
- Monitor safe and effective implementation of infection control policies
- All Centurion employees are classified as “essential employees” and are expected to report to work when scheduled or requested even if other state agencies are closed for emergencies
- Other duties as assigned
Job Title: Regional Manager

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employee may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

Position Overview

Responsible for the overall management of health care operations and the entire healthcare delivery program. Responsible for assisting with planning, directing, organizing, and coordinating the overall clinical and non-clinical functions and activities of statewide contract medical program.

Education / Credentials / Experience

- Minimum of a Bachelor’s degree in Hospital Administration, Health Care Administration, Health and Human Services, Business Administration, Public Administration or related field from an accredited college or university required
- Master’s degree preferred
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Must maintain current tuberculosis documentation and active CPR certification
- Minimum of five years management experience required

Essential Duties / Responsibilities

- Works closely with the Department to ensure contract compliance and timely and adequate health care to inmates
- Be the liaison and single point of contact for all issues to the Department
- Assists with reviewing and monitoring the daily operations of the medical program as per contract
- Assists with review and approval of new employees and the corresponding compensation
- Meets with representatives of the client regarding the operation of the medical program
- Submits weekly and monthly reports to Corporate and clients
- Assists with monthly financial results, forecasts, and variance explanations
- Assists with review supervision of Regional Office staff
- Assists with technical or administrative oversight to medical staff, addressing and resolving problems or conflicts
- Assist with formulating and/or communicating and implementing policies and procedures
- Serves as Centurion on-sight liaison to client
- Responds to inquiries and concerns of site warden/s
- Monitors, assesses and advises staff on clinical or Centurion or facility related procedures and protocol as needed
- Ensures compliance with all Federal and State laws, regulations and guidelines and communicates all discrepancies
- Conducts QA and performance audits
- Reviews, evaluates and assesses operational procedures and outcomes while making/implementing recommendations for improvement
- Assists with review and approval of PDO requests, semi-monthly payroll, and all expenditures and invoices
This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employee may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

Position Overview

Under the supervision of the Regional Manager, provides the clinical direction needed to meet the service delivery requirements of assigned Centurion contract. Supervises and evaluates medical services for offenders. Provides clinical supervision for medical staff. Chairs or participates in various committees to include Continuous Quality Improvement, Infection Control and Pharmacy and Therapeutics. Interfaces with agency clinical and administrative leadership on issues related to medical services. Functions as a consultant for the mental health staff and medical staff. Provides direct clinical services when needed.

Education / Credentials / Experience

- Successful primary credential verification
- Current license to practice medicine in applicable state required
- Board certification or board eligibility if required by assigned contract
- Must have an active Drug Enforcement Agency (DEA) registration certificate
- Must receive approval of Centurion Credentialing Review Committee if review requested
- Must maintain current tuberculosis screening and CPR, Basic Life Support certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Minimum of two years of experience as a medical physician in a clinical setting, supervisory experience preferred
- Experience in a correctional health setting or institutional setting preferred

Essential Duties / Responsibilities

- Oversees and provides clinical direction and leadership for medical staff
- Applies ethical and legal principles to the treatment of offenders with medical problems in a correctional setting, ensuring that offenders receive appropriate health care
- Ensures offender medical care is appropriate, accurate and received in a timely manner and in compliance with NCCHC and other relevant standards of care
- Establishes and promotes a multidisciplinary health team approach that collaborates in the monitoring of inmates requiring on-going medical services and the development of individualized medical treatment plans
- Ensures compliance with all facility and Centurion protocol, procedures and guidelines
- Promotes the development and maintenance of effective and cooperative relations between and among all clinical departments and between clinical and correctional staff
- Oversees the development, implementation and monitoring of site-specific medical policies and procedures and protocols
Upholds all HIPAA, OSHA and PREA requirements and ensure compliance with all Federal and State laws, regulations and guidelines

Participates in Continuous Quality Improvement (CQI) and Infection Control committee meetings

Proactive in performance improvement activities as requested and modifies clinical practices based on CQI recommendations

Oversees Mortality Review process for all offender deaths involving medical issues

Oversees Peer Review process for physicians, nurse practitioners and physician assistants at least annually

Involved in the Pharmacy and Therapeutics Committee as requested

Establishes and ensures the operational availability of system that provides 24 hour a day on-call access to medical consultation

Fully complies with all security regulations and directives of the assigned facility

Recruits and assists in hiring of medical staff

Assists in oversight of in-service training on medically related topics

Develops and oversees academic and post-graduate training programs for residents, fellows and other medical professionals

Conducts monthly conference calls with site medical directors

Monitors amount and appropriateness of non-formulary medication use

Provides training for medical staff in the use of formulary vs. non-formulary medication as needed

Counsels medical staff identified as outliers with regards to prescribing practices

Conducts annual performance evaluations for site medical directors

Monitors that schedules of assignment are maintained by those responsible for medical care and that the schedules of assignment provide for the continuous care of each offender

Monitors adequate supervision for nurse practitioners and/or physician assistants

Leads monthly conference calls with site medical directors

Establishes and ensures a schedule for 24 hours a day/seven days a week on-call responsibilities

Provides consultation to mental health and medical staff both formally and informally

Evaluates offenders on medications and conducts medication reviews

Performs routine medical evaluations on offenders under established guidelines

Provides medical treatment as required in conjunction with multidisciplinary team

Orders/prescribes medications for medical needs while adhering to the established formulary when providing direct care

Reviews and signs-off on the labs orders written by he/she when providing direct care services and ensures that appropriate follow-up has been taken

Legibly documents all offender encounters in the medical record using the format delineated in the contract while adhering to Centurion policies and procedures governing documentation. This includes, but is not limited to, all entries being dated, timed and having the author's legible signature or name stamp

Accepts on-call responsibilities as scheduled

Prepares required reports and completes required paperwork in the expected time frame

Notifies regional manager/Department of any incident by an offender involving high-risk, accident and/or life threatening event that may have the possibility to create a medical liability, immediately upon notification
This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employee may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

Position Overview

Under the supervision of the regional medical director, provides the clinical direction needed to meet the service delivery requirements of assigned Centurion contract. Supervises and evaluates medical services for offenders. Provides clinical supervision for medical staff. Chairs or participates in various committees to include Continuous Quality Improvement, Infection Control and Pharmacy and Therapeutics. Interfaces with agency clinical and administrative leadership on issues related to medical services. Functions as a consultant for the mental health staff and medical staff. Provides direct clinical services when needed.

Education / Credentials / Experience

- Successful primary credential verification
- Current license to practice medicine in applicable state required
- Board certification or board eligibility if required by assigned contract
- Must have an active Drug Enforcement Agency registration certificate
- Must receive approval of Centurion Credentialing Review Committee if review requested
- Must maintain current tuberculosis screening and CPR, Basic Life Support certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Minimum of two years of experience as a medical physician in a clinical setting, supervisory experience preferred
- Experience in a correctional health setting or institutional setting preferred

Essential Duties / Responsibilities

- Oversees and provides clinical direction and leadership for medical staff
- Applies ethical and legal principles to the treatment of offenders with medical problems in a correctional setting, ensuring that offenders receive appropriate health care
- Ensures offender medical care is appropriate, accurate and received in a timely manner and in compliance with NCCHC and other relevant standards of care
- Establishes and promotes a multidisciplinary health team approach that collaborates in the monitoring of inmates requiring on-going medical services and the development of individualized medical treatment plans
- Ensures compliance with all facility and Centurion protocol, procedures and guidelines
- Promotes the development and maintenance of effective and cooperative relations between and among all clinical departments and between clinical and correctional staff
- Oversees the development, implementation and monitoring of site-specific medical policies and procedures and protocols
- Upholds all HIPAA, OSHA and PREA requirements and ensure compliance with all Federal and State laws, regulations and guidelines
- Participates in Continuous Quality Improvement (CQI) and Infection Control committee meetings
- Proactive in performance improvement activities as requested and modifies clinical practices based on CQI recommendations
- Oversees Mortality Review process for all offender deaths involving medical issues
- Oversees Peer Review process for physicians, nurse practitioners and physician assistants at least annually
- Involved in the Pharmacy and Therapeutics Committee as requested
- Establishes and ensures the operational availability of system that provides 24 hour a day on-call access to medical consultation
- Fully complies with all security regulations and directives of the assigned facility
- Recruits and assists in hiring of medical staff
- Assists in oversight of in-service training on medically related topics
- Develops and oversees academic and post-graduate training programs for residents, fellows and other medical professionals
- Conducts monthly conference calls with regional medical director.
- Monitors amount and appropriateness of non-formulary medication use
- Provides training for medical staff in the use of formulary vs. non-formulary medication as needed
- Counsels medical staff identified as outliers with regards to prescribing practices
- Conducts annual performance evaluations for Site Medical Directors
- Monitors that schedules of assignment are maintained by those responsible for medical care and that the schedules of assignment provide for the continuous care of each offender
- Monitors adequate supervision for nurse practitioners and/or physician assistants
- Leads monthly conference calls with regional medical directors
- Establishes and ensures a schedule for 24 hours a day/seven days a week on-call responsibilities
- Provides consultation to mental health and medical staff both formally and informally
- Evaluates offenders on medications and conducts medication reviews
- Performs routine medical evaluations on offenders under established guidelines
- Provides medical treatment as required in conjunction with multidisciplinary team
- Orders/prescribes medications for medical needs while adhering to the established formulary when providing direct care
- Reviews and signs-off on the labs orders written by he/she when providing direct care services and ensures that appropriate follow-up has been taken
- Legibly documents all offender encounters in the medical record using the format delineated in the contract while adhering to Centurion policies and procedures governing documentation. This includes, but is not limited to, all entries being dated, timed and having the author’s legible signature or name stamp
- Accepts on-call responsibilities as scheduled
- Prepares required reports and completes required paperwork in the expected time frame
- Notifies regional medical director/Department of any incident by an offender involving high-risk, accident and/or life threatening event that may have the possibility to create a medical liability, immediately upon notification
This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employee may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

Position Overview

A full time, exempt position responsible for administering, maintaining and expanding a program of primary (and in selected instances, secondary care) and preventive dental care. The dental director supervises the dental staff and provides dental advice and counsel to address the oral health needs of patients in a jail, facility, or detention center.

Education / Credentials / Experience

- Graduation from an accredited dental school and unrestricted license to practice dentistry in applicable state
- Completion of an accredited general practice residency program is preferred
- Minimum of five years’ clinical experience and knowledge of correctional healthcare principles and practices preferred
- Administrative, management, PI, experience preferred
- Excellent interpersonal and written communication skills required

Essential Duties / Responsibilities

- Examines individuals requesting care, diagnoses their dental/oral conditions, prescribes and carries out, or directs others in carrying out, appropriate dental/oral treatment, or refers individuals for specialty consultation or treatment in conformance with approved clinical protocols and guidelines
- Records patient-dentist transactions as they occur in the patient’s dental record so that the dental record accurately and completely reflects the nature of the contact, the condition of the patient and the care or treatment provided
- Educates individuals in the nature of oral health related conditions and in the general promotion of oral health related disease prevention
- Prepares and submits monthly written reports on dental department issues, concerns, program status, initiatives, and progress
- Assists in the provision of continuing education, on-the-job training, and the orientation of staff as requested
- Designs, develops, and implements appropriate dental department policies, protocols and procedures which are in compliance with the most current accepted professional standards
- Participates in short and long term program planning for the dental department and the agency, including development of goals and objectives
- Provides consultation to the regional Centurion management team and the Department regarding oral health issues
- Assists in the coordination and integration of the dental program
- Performs periodic evaluations of all dental department professional providers as directed by the policy
- Supervises, advises, counsels and disciplines all dental department professional providers
- Approves leave status for dental department professional providers and ancillary staff
- Responsible for personal as well as Departmental full compliance with all applicable federal, state, local and department rules, regulations, protocols and procedures governing the practice of dentistry and the clinical provision of dental care as well as those relating to, but not limited to, personnel issues, workplace safety, public health and confidentiality.
This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employee may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

Position Overview

Provides the clinical direction needed to meet the mental health/psychiatric service delivery requirements of a specific contract in collaboration with the Program Manager/Vice President of Operations. Supervises psychiatric staff and collaborates with multidisciplinary teams in providing services to patients with psychiatric disorders in a correctional setting.

Education / Credentials / Experience

- Documentation of education as MD or DO and completion of accredited residency program required
- Current license to practice medicine in applicable state required
- Board certification or board eligible for certification in psychiatry if required by assigned contract
- Must have and maintain an active Drug Enforcement Agency (DEA) registration certificate
- Must receive approval of the Credentialing Review Committee if review requested
- Must maintain current tuberculosis screening documentation and active CPR certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Minimum of two years of experience practicing as psychiatrist in a clinical setting required
- Experience in supervision of staff preferred
- Experience in correctional mental health/psychiatric care preferred

Essential Duties / Responsibilities

- Provides interface with client’s clinical and administrative leadership on issues related to psychiatric services
- Directs, coordinates, and evaluates psychiatric treatments in collaboration with the mental health multidisciplinary team
- Collaborates in the monitoring of patients requiring on-going mental health services and the development of individualized mental health treatment plans and continuity of care
- Provides clinical direction and leadership to psychiatrists, nurse practitioners, and other mental health staff
- Ensures patient care is appropriate, accurate, and received in a timely manner and in compliance with NCCHC and other relevant standards of care
- Ensures that necessary schedules of psychiatric assignment and supervision are provided and maintained to provide for continuity of care
- Monitors psychotropic medication utilization within the contract
- Oversees the involuntary medication review process
- Facilitates the admission, placement, and discharge of patients from mental health units if required
- Establishes and ensures the operational availability to provide 24 hour on-call access to psychiatric consultation
- Monitors records in all aspects of psychiatric practices including but not limited to timeliness and accuracy of health records and patient care practices
- Participates in the development, implementation and monitoring of mental health policies, procedures and protocols
• Collaborates with the Company management to perform strategic planning, to further goals of the mental health program and to support security interests
• Provides clinical leadership for the Continuous Quality Improvement (CQI) program and promotes modification of clinical practices based on CQI recommendations
• Conducts Mortality Reviews for all patient suicides and other deaths involving mental health issues
• Oversees peer review process for psychiatrists and nurse practitioners annually and ensures performance evaluations are completed for each member of the psychiatric staff
• Recruits and assists in hiring psychiatric staff
• Develops and oversees academic and post-graduate training programs for residents, fellows, and other mental health professionals
• Oversees in-service training on mental health related topics
• Leads meetings and conference calls with psychiatric staff no less than quarterly and attends staff meetings as required
• Participates in the Pharmacy and Therapeutics Committee
• Provides consultation to mental health and medical staff both formally and informally
• Provides direct clinical services for patients when needed. The services include:
  • Diagnoses psychiatric disorders based on presentation of symptoms and patient self-report. Diagnoses to be consistent with DSM criteria and target symptoms
  • Performs psychiatric evaluations for patients referred by mental health staff, medical staff, correctional staff, and the client
  • Provides psychiatric follow-up for patients requesting psychiatric services when referred based on the triage of patient requests for mental health services
  • Orders and prescribes psychotropic and related medications based on clinical indicators of patient’s mental status and symptoms
  • When initiating psychotropic medication, fully explains the benefits and risks of the medication to the patient and provides documentation of the patient’s informed consent for accepting or refusing the medication
  • Orders and interprets diagnostic and laboratory findings as clinically required by prescribed psychotropic medication
  • Evaluates patient’s prescribed psychotropic medication and conducts medication reviews as clinically indicated
  • Orders for renewals or modifications in medication will not be completed without a face-to-face interview with the patient and documentation of rationale for the treatment decision in patient’s medical record
  • Conducts follow-up of patients placed on precautionary watch as required by the client’s policy and procedures
  • Participates in involuntary psychotropic medication hearings as requested
  • Provides legible health record documentation and prepare reports of psychiatric services for all patient encounters in the format approved by the client
  • Refers patients to medical staff when potential for medical disorder is identified during psychiatric evaluation
  • Responds to patient grievances as requested in a timely manner
  • Accepts on-call responsibilities as scheduled
• Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process and relationship
• Acquires and maintains current clinical knowledge and skills and professional standards
• Ensures compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines including HIPAA
• Coordinates care closely with security staff while maintaining a positive, collaborative relationship
• Maintains an ethical commitment to ensure confidentiality within the limits of a correctional environment
• Delivers care in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity, and rights of the patient
• Understands and complies with safety and security rules and regulations of the institution
• This position is classified as “essential.” Essential employees are expected to report to work when other state agencies are closed for emergencies
Job Title: Regional Director of Nursing

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employee may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

**Position Overview**

Serve as the statewide senior nurse leader by supporting, directing, and providing education and professional consultation to institutional directors of nursing working in the correctional environment. Work under the direction of the regional medical director and collaborate with mental health/medical leadership and other members of the multidisciplinary team to improve health care of incarcerated patients.

**Education / Credentials / Experience**

- Must hold valid RN license in applicable state
- Bachelor of Science in Nursing required
- Master’s Degree preferred
- Must show current tuberculosis screening documentation and active CPR certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Progressive experience in nursing care with a minimum of five years supervisory experience preferred
- Experience in a correctional, forensic or criminal justice environment preferred

**Essential Duties / Responsibilities**

- Direct facility directors of nursing in their roles as senior members of multidisciplinary treatment teams to develop, implement, evaluate, and supervise all nursing services and associated administrative and operational activities
- Communicate with team members individually, at team meetings and with written documentation
- Ensure that patient care orders are followed correctly and in compliance with federal, state, Company, and facility rules, policy, procedures, standards, regulations and statutes.
- Monitor planned work schedules of facility or system nursing and support staff consistent with allocated positions
- Monitor, review, and provide report of observed performance to supervisors of facility Directors of Nursing
- Monitor the ordering, proper use, and maintenance of medical supplies and equipment
- Serve as the liaison between the Company and the client on all issues related to nursing practice
- Assist with recruitment, employment, and training of nursing staff, as requested
- Communicate information about activities, unusual or unexpected events, and problems to the regional medical director and vice president of operations
- Communicate and coordinate with mental/physical health and client leadership to achieve coordination of healthcare provision within the institutions
- Develop nursing education and training programs, including continuing education/training and orientation for nurses in coordination with Company’s corporate resources and in-service training staff of the agency
- Identify and maintain professional boundaries to preserve the integrity of the therapeutic process and relationship
- Proactive in performance improvement activities as demonstrated by participating in the Company’s Continuous Quality Improvement (CQI) program (peer review; record reviews; membership on the regional CQI committee) and modifying clinical practices based on CQI recommendations
- Ensure active nursing participation in peer review
- Ensure and monitor completion of annual nursing staff credentialing
- Ensure compliance with all facility and Company policies, Federal and State laws, regulations, and guidelines including HIPAA
- Maintain an ethical commitment to ensure confidentiality within the limits of a correctional environment
- Ensure care delivery is provided in a nonjudgmental/nondiscriminatory manner to protect the autonomy, dignity and rights of patients
- Understand and adhere to safety and security rules and regulations of the institutions
- Other duties as assigned
This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employee may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws.

**Position Overview**

Provide leadership and clinical direction to mental health program for statewide program. Supervise site behavioral health directors. Assume all responsibilities of site behavioral health director position where located, to include overall administration of the performance, stability and growth of the site-specific mental health program. Coordinate mental health services with multidisciplinary team to ensure high quality, responsive, effective services are delivered.

**Education / Credentials / Experience**

- Doctoral degree in psychology strongly preferred. Master’s Level degree in counseling, social work, or psychiatric nursing with correctional mental health experience may be acceptable.
- Unrestricted license to practice profession
- Three to five years of supervisory experience and mental health experience in a correctional and/or mental health services environment preferred
- Board certification or eligible for board certification

**Essential Duties / Responsibilities**

- Plan, supervise, manage, and evaluate statewide and site-specific mental health program to ensure needs for services are met, coordinated with other operations/services, and are consistent with contractual requirements
- Collaborate closely with Department leadership in implementing, monitoring and improving mental health program
- Collaborate with, facility superintendent, health services administrator, unit management staff, in service delivery
- Participate in state-wide administrative meetings and site-specific monthly administrative health care meetings, medical audit committee meetings, and other leadership and special project committees as required
- Support state-wide initiatives, NCCHC and ACA accreditation as applicable
- Monitor, assess, and coach staff on clinically-related procedures, recommending training or education as needed
- Identify and develop clinical resources for use by staff in service delivery and enhancement of staff clinical skills, including coordination/provision of in-service training
- Formulate and/or communicate and implement state-wide and facility mental health goals, policies and procedures
- Ensure transfers and treatment of acute and chronically mental ill inmates are coordinated
- Ensure integrity and completeness of mental health data for monthly reports
- Provide support and guidance to CQI program, participate in CQI activities, and collaborate with audits
- Provide direct clinical services for inmates and on-call mental health services as required
- Ensure the grievances received from inmates and others receive a prompt and clinical responsible response
- Understand and comply with safety and security rules and regulations of the correctional system and institution
Attachment H: Centurion Model Policy – Human Trafficking – Adult Redacted
Attachment I: Centurion Model Policy – Human Trafficking – Juvenile Redacted
Attachment J: Human Trafficking Staff Training
Outline Redacted
Attachment K: Human Trafficking Patient Education Handout Redacted
Attachment L: Centurion Model Policy – Escalation Redacted
Attachment M: Centurion Guidelines – Disease Management Redacted
Attachment N: Centurion Nursing Guidelines –
Common Health Problems   Redacted
Attachment O: Centurion Nursing Guidelines – Potentially Urgent Emergent Problems Redacted
Attachment P: Centurion Nursing Guideline – Neuroleptic Malignant Syndrome Redacted
Attachment Q: Centurion Model Policy – Non-Emergency Healthcare Requests – Adult Redacted
Attachment R: Centurion Model Policy – Non-Emergency Healthcare Requests – Juvenile Redacted
Attachment S: Centurion Model Policy – Response to Sexual Abuse – Adult Redacted
Attachment T: Centurion Model Policy – Response to Sexual Abuse – Juvenile Redacted
Attachment U: Centurion Guidelines – Laboratory Testing Formulary Redacted
Attachment V: Formulary Laboratory Test Requisition Redacted
Attachment W: Centurion Model Policy –
Medical Diets Redacted
Attachment X: Centurion Model Policy – Telehealth Redacted
Attachment Y: Centurion Model Policy –
Care for the Terminally Ill – Adult Redacted
Attachment Z: Centurion Model Policy – Care for the Terminally Ill – Juvenile Redacted
Attachment AA: Crisis Treatment Plan
Documentation Template Redacted
Attachment DD: Living in Balance
Program Synopsis Redacted
Attachment EE: Centurion Model Policies – Medication Services and Administration
Redacted
Attachment GG: Non-Formulary Request
Redacted
Attachment HH: CSP Model Formulary
Redacted
Attachment II: Sample – CQI Manual
Table of Contents Redacted
Attachment JJ: Sample – CQI Manual
Section I Redacted
Attachment KK: Centurion Model Policy – Continuous Quality Improvement Program
Redacted
Attachment LL: Master CAP Roster
Template Redacted
Attachment MM: Centurion Model Policy – Procedure in the Event of an Offender Death Redacted
Attachment NN: Centurion Clinical Guideline – Conducting a Morbidity Review
Redacted
Attachment OO: Centurion Model Policy – Grievance Mechanism – Adult  Redacted
Attachment PP: Centurion Model Policy – Grievance Mechanism – Juvenile Redacted
Attachment RR: Sample – Centurion
Staff Orientation Plans Redacted
Attachment SS: Market Salary Survey
Redacted
Staffing Matrix
Consolidated
Position

Mon

Health Services Administrator
Director of Nursing
MD
PA/NP/ARNP
Dentist
Dental Assistant
RN Supervisor
RN-Infirmary
RN
RN-IDC trained
LPN
CMA
EMT
Administrative Assistant
Medical Records Clerk
Ward Clerk
Lab Tech
X-Ray Tech
Clinical Director, PhD
Psychiatrist
Psych ARNP
Forensic Psychologist, PhD
Beh Health Prof, MA/MSW
Administrative Assistant-MH
Activity and Rec. Therapist, BA
Psych RN
Psychologist, PhD, RDU
Psychometrician, BA, RDU
Psychologist, MA, RDU
Physician, RDU
Psychiatrist, RDU
Licensed Addiction Counselor, BA
Sex Offender Treatment, MA/MSW
Regional Vice President
Regional Medical Director
Associate Regional Medical Director
PA/NP/ARNP
Regional Dental Director
Regional Psychiatric Director
Regional Manager
Regional Director of Nursing
Administrative Assistant
UM Coordinator IP Nurse
QI Coordinator
Regional Behavioral Health Coordinator
Regional Telepsych Coordinator
ART Clerk
Project Manager-IT/EMR Support
IT Generalist-IT/EMR Support
NextGen Administrator-IT/EMR Support
Database AdministratorIT/EMR Support
Clinical Developer/TrainerIT/EMR Support
Recruiter
Sourcer
UM RN - Outpatient
Total Day Shift

72
88
87
44
92
86
48
72
192
28
194
112
24
60
80
44
20
50
32
62
24
24
246
64
80
24
16
8
48
6
8
24
16
8
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10
8
4
8
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8
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16
16
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2,265

PA/NP/ARNP
RN Supervisor
RN-Infirmary
RN
LPN
CMA
EMT
Medical Records Clerk

20
56
72
128
144
112
24
32

Tues

Weds

Day Shift
72
72
88
88
44
61
78
61
106
88
104
86
48
48
72
72
184
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178
172
110
110
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Evening Shift
19
19
56
56
72
72
128
128
144
136
112
112
24
24
32
32

Thurs

Fri

Sat

Sun

72
88
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72
112
136
88
24
8

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Attachment TT: Centurion Proposed Staffing Plans

Weekly
Hour (s)

*TBS

4

360
440
330
332
462
456
384
504
1,124
140
1,176
712
168
300
416
220
100
114
160
276
112
120
1,440
316
448
120
80
40
288
12
40
120
80
40
40
10
40
20
40
40
40
60
40
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40
20
40
40
40
40
40
40
80
80
40
12,300
108
392
504
856
992
736
168
176

FTE (s)
9.00
11.00
8.25
8.30
11.55
11.40
9.60
12.60
28.10
3.50
29.40
17.80
4.20
7.50
10.40
5.50
2.50
2.85
4.00
6.90
2.80
3.00
36.00
7.90
11.20
3.00
2.00
1.00
7.20
0.30
1.00
3.00
2.00
1.00
1.00
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0.50
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1.00
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1.00
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2.00
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12.60
21.40
24.80
18.40
4.20
4.40


## Staffing Matrix

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<th>Mon</th>
<th>Tues</th>
<th>Weds</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
<th>*TBS</th>
<th>Weekly Hour (s)</th>
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### Night Shift

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*TBS - To be scheduled hours based on activity.

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Attachment TT: Centurion Proposed Staffing Plans

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*TBS - To be scheduled hours based on activity.

Attachment TT: Centurion Proposed Staffing Plans
## Staffing Matrix

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*TBS - To be scheduled hours based on activity.