COMPREHENSIVE TECHNICAL PROPOSAL
Request for Proposal:  ID# EVT0006973
Comprehensive Health Care Services
Kansas Department of Corrections

Submission Deadline: January 10, 2020 - 2:00 p.m. CST

Volume 1 - COPY

VitalCore Health Strategies
Redefining healthcare

719 SW Van Buren Street, Suite 100
Topeka, KS 66603
Office: 785-246-6840
Fax: 785-408-5617
VCHSAdmin@VitalCoreHS.com
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January 8, 2020

Aubrey Waters  
Procurement Officer  
Procurement and Contracts  
Kansas Department of Administration  
900 SW Jackson Street, Suite 451-South  
Topeka, Kansas 66612-1286

Re:  RFP EVT0006973 Comprehensive Health Care Services for the Kansas Department of Corrections

Dear Ms. Waters:

VitalCore Health Strategies, LLC is pleased to provide you with this comprehensive plan for Comprehensive Health Care Services for the Kansas Department of Corrections. As you will see from our plan, VitalCore is committed to redefining correctional healthcare. In all fairness, every correctional healthcare provider will strive to meet standard guidelines. We’re no exception, but we are different.

Our benchmark is not the minimum standard. Our benchmark is community healthcare delivered in correctional facilities. We have decades of experience seeing vendors struggle to provide appropriate healthcare inside these facilities. We’ve seen firsthand how that reverberates throughout the organization. We started VitalCore because we know there’s a better way, and we’re here to deliver it.

Our team has experience as Health Services Administrators at local jails and state prisons for decades. We have experience as Wardens; Secretaries of Corrections for large systems; Clinical and Administrative Regional Management for private vendors for over 10 years; Health Authorities for state hospital systems; and Directors and Health Authorities for state departments of corrections. We have managed and supervised many of the private health care vendors throughout the nation. We sit on national organization boards as leaders and are part of the accrediting body for the American Correctional Association.

VitalCore has been in business for five (5) years, but our team members have many more years of experience in providing comprehensive healthcare services and in oversight of such services. We have extremely qualified staff already on board with us and many others who are waiting to join us as we establish new contracts. We will bring a very different approach to our work, placing offenders’ clinical needs first and working collaboratively with our partners.
VitalCore is a Kansas-based company. Our main corporate office is in Topeka, Kansas while our partners’ corporate office is in Wichita, Kansas. Our partners in Wichita include Weigand-Omega Management, Inc., Omega Senior Living, and LakePoint Wichita, LLC. VitalCore’s leaders are fueled by passion for our work more than profit motive. Our integrity and ethics stand above other companies; we actually do what we promise we will do.

VitalCore has some very unique features to offer as you will see in our plan. For instance, we have a contracted relationship with George Washington University for their exceptional Telehealth Services which are available 24 hours per day, 7 days per week. This service provides access to over 750 physicians and over 50 specialties. Telehealth not only assists in providing excellent health care to the offenders, but it also will prevent the need for many expensive and time-consuming off-site visits. This will help the Kansas Department of Corrections to save directly with fewer security transports.

If VitalCore is selected, Kansas Department of Corrections (KDOC) officials can be assured that I and other VitalCore Senior Leaders will be on-site at each of the facilities frequently to ensure that there is a smooth transition and that high-quality service is maintained throughout the contract. Our Kansas Regional Office staff will be located within our corporate office in Topeka which is where I and other senior leaders are located.

We look forward to partnering with you. We know that you will appreciate our fresh approach and how it minimizes risk for you while delivering superior service to individuals in your custody. VitalCore has addressed all of the requirements of this Request for Proposals, and you will see that we meet or exceed the proposal’s objectives.

VitalCore will be the prime contractor for this contract. We will subcontract for pharmacy services and have proposed two different pharmacy providers: Correct RX and Diamond Pharmacy. We are giving the choice of providers to KDOC. As stated within the proposal, we are proposing to subcontract with Fusion Management for the premier GE Centricity electronic medical records system and believe that KDOC will appreciate this EMR system. It is considered to be one of the best correctional EMR systems in the nation and is utilized in several other state systems as well as county jails. If KDOC decides to continue and improve its current electronic medical records system, we will subcontract with NextGen. We have also provided a third EMR option for KDOC through CorEMR that is also a nationally recognized system that comes at significantly less cost. We will establish agreements for other services in the areas where each facility is located as appropriate.

VitalCore is a limited liability corporation registered in good standing with the Kansas Secretary of State. We have not made or attempted to make any inducement for another person or entity to not submit a proposal for this RFP. VitalCore does not discriminate in employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or disability.
We have followed the RFP’s instructions and have not included any cost or pricing information in this letter nor in our technical proposal. VitalCore has no interest, direct or indirect, which would conflict with the performance of services under this contract and will not employ, in the performance of this contract, any person having a conflict.

There is no reasonable likelihood that VitalCore is or will be associated with any parent, affiliate, or subsidiary organization, either formally or informally, in supplying any service or furnishing any supplies or equipment to VitalCore which would relate to the performance of this contract. VitalCore agrees that any lost or reduced federal matching money resulting from unacceptable performance in our tasks or responsibilities as defined in the RFP and/or contract and potential modifications, will be accompanied by reductions in state payments to VitalCore. VitalCore 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 for the purpose of securing business. Our policy is to not use lobbyists, therefore, all communication with our company will be directly through the KDOC’s Chain of Command to the Secretary of Corrections.

I am the Chief Executive Officer of VitalCore and have participated in the preparation of our response to this RFP. I will also serve as VitalCore’s representative who will answer any questions about the proposal and who is authorized to negotiate with the KDOC and bind VitalCore to the terms of a contract. I have not and will not participate in any action contrary to statements made in this letter and in our technical and cost proposals. I can be reached by email at VCHSAadmin@VitalCoreHS.com or at VRiggin@VitalCoreHS.com, and by office phone at 785-246-6840 or my mobile phone at 785-260-1875.

Sincerely,

Viola Riggin
Chief Executive Officer
VitalCore Health Strategies, LLC
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 VitalCore Health Strategies, LLC
Mailing Address 719 SW Van Buren Street, Suite 100 City & State Topeka, Kansas Zip 66603
Toll Free Telephone N/A Local 785-246-6840
Cell Phone 785-260-1875 Fax Number 785-408-5617
Tax Number EIN: 32 0558007

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 VCHSAadmin@VitalCoreHS.com or VRiggin@VitalCoreHS.com
Signature ____________________________ Date 1/08/2020
Typed Name Viola Riggin 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 ________________________________
Mailing Address ________________________________ City & State __________________________ Zip ______________
Toll Free Telephone ________________________________ Local ________________________________
Cell Phone ________________________________ Fax Number ________________________________
E-Mail ________________________________

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 ________________________________
Mailing Address ________________________________ City & State __________________________ Zip ______________
Toll Free Telephone ________________________________ Local ________________________________
Cell Phone ________________________________ Fax Number ________________________________
E-Mail ________________________________
CERTIFICATE OF TAX CLEARANCE

VitalCore Health Strategies

ISSUE DATE
10/28/2019

TRANSACTION ID
T78M-6SE5-8GYD

CONFIRMATION NUMBER
C778-CR28-RC6P

TAX CLEARANCE VALID THROUGH 01/26/2020

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]

Date: 1-7-20
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, and 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.

Viola Riggin, Chief Executive Officer

Signature and Date 1/08/2020

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.

Viola Riggin, Chief Executive Officer
VitalCore Health Strategies, LLC
Name of Company

1/08/2020
STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

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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

- 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.

- ATT - 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 website 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

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## PeopleSoft Strategic Sourcing

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**Event Name**: Comprehensive Health Care Services

**Start Time**: 10/10/2019 15:40:00 EDT

**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

---

### Response Comments

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)

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**Required**: Yes

**Mandatory Response**: No

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**Response Comments**

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**
# PeopleSoft Strategic Sourcing

## Event Details (cont.)

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<thead>
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<th>Event ID</th>
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**Event Round** 1  
**Version** 1

**Event Name** Comprehensive Health Care Services

**Start Time** 10/10/2013 15:40:00 CDT  
**Finish Time** 01/03/2020 14:00:00 CST

**Event Currency:** US Dollar  
**Bids allowed in other currency:** No

**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

## Line Details

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**Description:** Healthcare

**Question**

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

**Response**

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**Response Comments**

---

Agree
STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing
Event ID: EVT0006973
Event Round: 1
Event Name: Comprehensive Health Care Services
Start Time: 10/10/2019 15:49:00 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

Bidder Information
Firm Name: VitalCore Health Strategies, LLC
Name: Viola Riggin, CEO
Signature: [Signature]
Date: 1/08/2020
Phone #: 785-246-6840 or Mobile 785-260-1875
Fax #: 785-409-5617
Street Address: 719 SW Van Buren Steet, Suite 100
City & State: Topeka, Kansas
Zip Code: 66603
Email: VCHSAdmin@VitalCoreHS.com - or - VRiggin@VitalCoreHS.com
STATE OF KANSAS
Event Details (cont.)

PeopleSoft Strategic Sourcing

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<table>
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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

Event Currency: US Dollar
Blúes allowed in other currency: No

Appendix A - Line Specifications

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Item Specifications

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Topeka KS 66603-3722
United States
STATE OF KANSAS
Event Details (cont.)

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<td>Event Currency: US Dollar</td>
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<td>Bids allowed in other currency: No</td>
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Suite 451-South
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 Certificate 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 (KADOR) 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 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-subcontractors. 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: http://www.admin.ks.gov/docs/default-source/offpm/procurement-contracts/irca.doc.

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: VitalCore Health Strategies, LLC

SIGNED BY: Viola Riggin

(TITLE: Chief Executive Officer DATE: 1/08/2020)
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: VitalCore Health Strategies, LLC
SIGNED BY: Viola Riggan (Chief Executive Officer)
TITLE: Chief Executive Officer DATE: 1/08/2020
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: VitalCore Health Strategies, LLC

SIGNED BY: ___________________________ (Viola Riggin)

TITLE: Chief Executive Officer

DATE: 1/08/2020
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: VitalCore Health Strategies, LLC

SIGNED BY: Viola Riggin (Viola Riggin)

TITLE: Chief Executive Officer DATE: 1/08/2020
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: VitalCore Health Strategies, LLC

SIGNEE BY: ____________________________ (Viola Riggin)

TITLE: Chief Executive Officer DATE: 1/08/2020
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: VitalCore Health Strategies, LLC

SIGNED BY: Viola Riggin  - Viola Riggin

TITLE: Chief Executive Officer

DATE: 1/08/2020
Responses to RFP Section 2
VitalCore Health Strategies, LLC
Bidder Information
RFP Sections 2.4 through 2.12
Bidder Information – Section 2.4

(a) History of Organization

VitalCore Health Strategies, LLC is a Kansas based company that was born from a small business, Viola Riggin, LLC, which was established in January 2015. Ms. Riggin had a vision. Her vision entailed bringing the industry of correctional healthcare and the treatment of institutionalized persons a better-quality business model which redefines the way healthcare is provided within corrections and other institutionalized settings.

When Ms. Riggin decided to expand her business and change its name to VitalCore Health Strategies, LLC in January 2018, she established the ability to surround herself with top-notch healthcare professionals and administrators from across the industry and country. VitalCore Health Strategies brings a partnership and a history of healthcare services dating back to 1997. VitalCore’s business partners bring a foundational strength through the use of a shared-service model.

While building our incredible team of correctional experts for VitalCore, we joined forces with corporate partners who have exceptionally sound business histories and provide a strong foundation for VitalCore Health Strategies, LLC. A partnership was established with LakePoint, Omega Senior Living, and Weigand-Omega Management, Inc. to develop a shared-service system, using human resource assets, payroll, supplies, and administrative support in order to prepare for large business success. Lakepoint began in 1997 and expanded to a 117-bed skilled nursing residence facility in 1999. To date, Lakepoint has grown to over 615 beds, accommodating independent living, assisted living, and skilled nursing levels of patient care. Omega Senior Living (OSL) was established to further enrich the lives of the senior population through diligent care and compassion. Omega currently manages three large campuses and three independent assisted living communities, with potential development projects in several Midwest and Southern states. OSL was founded in 2016 and born out of the prolific culture and legacy of Weigand-Omega Management, Inc., a multi-state property management firm that was established in 1976.

(b) Ownership

VitalCore Health Strategies is officially registered as a Limited Liability Corporation in good standing with the Kansas Secretary of State. The company is governed by a Board of Directors (six Kansas partners): Viola Riggin, Chief Executive Officer; Dr. Lorelei Ammons, Chief Operating
Current Operations:

The VitalCore corporate office is established in Topeka, Kansas. All VitalCore associates function as a team, and every team member expects to be part of the solution. Our corporate organizational structure is simple, effective, and functional by design. It ensures that everyone, from the highest level of management to each member of our line staff, understands our mission, vision, and core values, and lives them daily. We believe leadership entails presence. As a result, the full range of our company resources are available to the Kansas Department of Corrections.

VitalCore has a diverse and experienced leadership staff who are positioned to achieve clinical healthcare with quality management principles engrained within the structure. At the helm of VitalCore’s leadership is Viola Riggin as Chief Executive Officer, bringing over 30 years of correctional healthcare experience to the team.

No partner or individual that has any form of ownership in VitalCore provides direct patient care or direct oversight. Our structure entails a one-of-a-kind liaison oversight model built into our system for an additional layer of checks and balances. Dr. Newton Kendig, Rear Admiral, Board Certified M.D. Faculty George Washington University, Dr. Linette Linthicum, M.D. Board Certified Internal Medicine, University of Texas Medical Branch, and Dr. Lorelei Ammons, PsyD. provide liaison services that identify, define, and educate our clinical team on best practices in correctional healthcare and community practice.

Our Utilization Management and Peer Review model ensures community-standard healthcare is provided. Our Corporate Medical Director sets the bar for our healthcare policies and processes and safeguards practices to guarantee American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCHC) standards and practices are implemented for each facility. The Regional Medical Director works to ensure those processes are in place at the site and regional levels. The Site Medical Director directs all healthcare at the site level.

Our home office support staff includes Human Resource professionals to guide all recruiting and hiring as well as a strong Business Development department and a Staff Development Department to train new and retain current staff members. Our Finance and Accounting teams provide regular reporting for the facility. The VitalCore Information Technology department ensures all technology meets the requirements and needs of each facility. We are confident we have the necessary experience, capabilities, and resources to be a fully responsive partner for the Kansas Department of Corrections.
(c) Personnel

VitalCore is proposing the KDOC’s current staffing plan as our base staffing plan, and we are also proposing an alternate staffing plan. The alternative staffing plan optimizes onsite clinical services that will eliminate the need for most offsite transportation of clinical services. With the additional RN coverage at most of the sites and the addition in health care practitioners, we believe that this will stabilize the sites by providing a higher clinical skill onsite 24/7. Coupled with our partnership to provide significant telehealth services to Kansas, we will have the ability to provide most specialty and acute emergent services onsite.

The Regional Office for VitalCore will be located within our corporate office at 719 Van Buren Street, Topeka, Kansas where our other senior leaders are located. VitalCore is attaching the biographies and resumes of our corporate senior leaders and the regional staff that we have identified for Kansas. The Kansas Regional Vice-President will be Frank Fletcher. Frank has over 20-years-experience in health care administration, marketing, and operations. He knows the Kansas contract inside and out and has the calm, strong management style necessary to guide Kansas successfully, competently, and collaboratively. His integrity is beyond reproach, and he will bring an honest and transparent practice back to Kansas.

We have chosen a team of clinical providers that have significant years and breadth of experience in correctional healthcare. We have provided an outline of our team’s clinical acumen for your review. We would like to stress that we have a minimum of three additional Physicians that are Board Certified that are eager to fill these positions in Kansas as part of our start up that we have not listed in this proposal but are available for your evaluation and consideration if for any reason what we have presented should need to change. We have outlined for your approval the following team, with the understanding that any of the team members listed here and on our organizational chart are subject to review and approval by the OHCC Team.

Our Regional Medical Director will be Dr. Branam Tomarchio. The Assistant Regional Medical Director will be Dr. Kathleen Mauer who will also serve as our Board-Certified MAT/Addiction expert. Michelle Dunwoody, RN, will serve as our Director of Nursing, and Sarah Bur, RN, will serve as our Regional Director of Quality Improvement and Infectious Disease Prevention. Our Regional Utilization Coordinator will be Shammie Felps, RN. Our intent is to review and collaboratively hire several of the Regional staff working in Kansas now. Those that we are offering for consideration are Dr. Alicia Cardona, Dr. Ashley Phelps, and Heather Grace, APRN. Dr. Lorelei Ammons will serve as the clinical liaison at a minimum of 50% time for the Regional Behavioral Health Coordinator in the first year of the contract to ensure that the behavioral health programs are established and working well at no additional cost to Kansas. VitalCore may want to retain other current Kansas Regional Staff including any current clinician working for the KDOC contract that KDOC would like us to retain. We are willing to give them priority as recommended by KDOC/OHCC. If we have named a person to that position, we will move our new employees to other positions to further strengthen the Remaining Regional and site positions.
Resources

If VitalCore is selected for the KDOC contract, we will ensure that our corporate staff assist with the start-up of the contract for as long as needed to ensure a smooth transition. They will continue to assist as needed throughout the term of the contract as well.

VitalCore is different. We do not simply obtain a contract, hire regional and site staff, and then walk away for these staff to operate completely on their own. Instead, we provide ongoing support through instruction, advice, and frequent site visits. Many of our corporate staff will also assist with the provision of training for regional and site staff. The KDOC will discover that VitalCore’s senior leaders, including Viola Riggin, CEO, are very “hands on” in the management of their operations, especially until all site and regional staff are able to function well on their own.

(d) Organizational Chart

Please see the attached organizational chart for VitalCore. We believe that this chart will help to demonstrate our structure and reporting relationships. The organizational charts for our subcontractors are attached to their specific Bidder Information sections.

(e) Audited Financial Statements

VitalCore believes that our financial statements are exempt from disclosure under the Kansas Freedom of Information Act. We have clearly marked this information, as well as the financial statements provided by our subcontractors, as Confidential and Proprietary and placed this information in a separate sealed envelope.

(f) Legal Action

VitalCore has not had any legal action in the past five (5) years that has resulted in a decision against VitalCore nor any legal action against any other company as a result of our business association with the vendor. Our past 5-years of practice include assisting in reorganizing, restructuring State Hospitals, State Correctional Systems, and Site comprehensive health care services, exposing us to high risk of litigation. However, with our tight clinical practices and our conservative treatment philosophy, we have experienced incredibly low incidence of grievances, complaints, and legal actions against VitalCore Health Strategies.

As part of our pledge to transparency, we are providing KDOC with VitalCore’s Litigation and Claims History:

While we recognize that this would be the place to insert a roster of litigation cases, we can summarize ours here. To date, no default or breach of contract claim has been filed against VitalCore. Neither has there been any judgment filed, nor any investigations of fraud, abuse, conflict of interest, political activities, nepotism, bankruptcy or any criminal activities. Therefore,
we have no claims rosters and litigation sheets to provide. We are proud to say that we are unique in this clean record in the industry.

In an order to be fully transparent, we must note that there is a claim made by Corizon, the current KDOC vendor, insinuating we should not be allowed to bid this proposal based on our personal history with KDOC. These claims are not valid and were most likely made in an attempt to tarnish our stellar reputation and to lessen our likelihood at a successful bid on this contract, nonetheless, requiring us to report that claim here.

Only four lawsuits have ever been filed against VitalCore in 5 years. None of which were found against VitalCore to date:

Two lawsuits by the same plaintiff, asserting identical claims, have been filed and are pending under the following captions:

Danielle Medina, Personal Representative, Estate of Aaron Baca v. Board of County Commissioners of Rio Arriba County, et al., Case No D-101-CV-2019-00223, Santa Fe County, New Mexico 1st Judicial District; and


The Santa Fe County case was filed on 1/30/19, while the Rio Arriba County case was filed on 2/12/19. Both suits name VitalCore Health Strategies LLC as a defendant, along with Rio Arriba County defendants and “John Does 1-10.” The suits contain multiple claims, but may be best characterized as wrongful death actions, stemming from the suicide of Aaron Baca on December 3, 2018, who was then a detainee at Rio Arriba County Adult Detention Facility. Both claims have been referred to VitalCore’s insurance carrier, which is now engaged in investigation of them in preparation for defending them.

Another lawsuit was filed in June 2019:

Paul James Apodaca v. Board of County Commissioners of Rio Arriba County, New Mexico, et al., Case No. D-117-CV-2019-00275, First Judicial District, Rio Arriba County, New Mexico, 6/14/19

VitalCore should be dismissed from this lawsuit soon, as it pertains to a claim of malpractice against CorValues in June 2017, for which we are not that company, have no involvement with that company and are not liable under the terms of the Novation Agreement with Rio Arriba County and CorValues. VitalCore accepted responsibility for health care at the Rio Arriba County Detention Center in November 2018 and we were inadvertently named in this case.

Only one more lawsuit has been filed against VitalCore and Canyon County, Idaho Government relating to equal-pay discrimination. VitalCore just went under contract with Canyon County on
October 1, 2019. This claim was filed prior to VitalCore’s start-up of operations in Canyon County. Prior to the contract beginning, VitalCore hired an existing employee male nurse at the same rate of pay that Canyon County had been paying this person, which was more than the female nurses were being paid by Canyon County. VitalCore however, provided significant raises to the female nurses to bring them more in line with the male nurse prior to the lawsuit and provided parity leaving no legitimate claim to the case. VitalCore has been notified that this case will be dismissed.

Qualifications – Section 2.5

VitalCore has much experience in providing comprehensive health care services in several different types of correctional operations. We have attached our Company Profile which outlines our history and experience but also provides information regarding our current and past contracts. We are a company that has been recognized for our capacity to perform. One of the administrators of our current contract sites frequently states that VitalCore did more in the first three (3) months of the contract than the previous vendor did in the entire period of the contract. We believe that when you check our references, you will find very similar comments from administrators. VitalCore actually does what we promise we will do!

VitalCore has many exceptional correctional medical professionals that are waiting to join our operation as we gain more contracts. If VitalCore is awarded this contract, we will be able to provide sufficient personnel at the corporate and regional office levels as well as at the facility sites. Of course, we will interview existing staff and will hire them as long as they possess appropriate credentials for the jobs they perform, have good work records, positive attitudes, and as recommended by KDOC/OHCC staff.

(a) Ability to Provide Technical and Medical Support

VitalCore already has a system in place for technical and medical support and will supplement that support with the Kansas Regional Office positions. We will ensure that all VitalCore staff performing work under this contract receive appropriate orientation, annual, and professional development training. Additionally, VitalCore will ensure that each clinician participates in our clinical performance enhancement program. This program ensures that each health professional’s work is reviewed regularly by qualified professionals. VitalCore’s goal is to keep our staff informed of best practices with an eye on meeting or exceeding regulatory agency requirements appropriate for their positions. The KDOC can be assured that we will monitor all portions of the contract to verify that staffing levels are being met, that staff are complying with policies and procedures, that staff are documenting encounters in the electronic health records, that staff are developing required reports, and that staff are providing high-quality services to all offenders they serve.

(b) Recruitment and Retention Capabilities
VitalCore is different. We have developed an enhanced recruitment program and retention plan that includes competitive wages, tuition reimbursement, retirement, excellent health insurance benefits, ancillary insurances, retention incentives, job enhancement programs, and training curriculum to keep us all safe and secure in our jobs.

We believe that our employees are as important as every client. We believe our employees are also our clients, and that it is our responsibility to keep them well adjusted, provide for positive work schedules, provide a safe and clean working environment, and provide a wage that allows for stable, long term investment in our company and in the entity they serve.

VitalCore maintains a very positive reputation for treatment of our employees and for the quality of services we provide. Many times, our positions are filled through “word of mouth”; nurses talking to other nurses, etc. Of course, we will make offers to current, quality employees to keep them in their positions. For any positions not filled by this process, we will advertise the vacancies on Indeed and conduct interviews as quickly as possible. The Regional Vice President will ensure that each Health Services Administrator continues to post the most common positions so that we will have staff ready to start when the need arises.

VitalCore has a national nursing staffing company with whom we have an agreement for catastrophic staffing fill in. This company specializes in correctional nursing. We have not had to use this staffing to date, but this staffing is available 24/7 and has licensed staff who are trained in correctional nursing as their niche. We will sign an agreement specifically for the KDOC facilities with this agency upon approval of the contract, even though we plan to not ever need them with what we consider a stellar staffing plan.

Staff retention has not been a problem for VitalCore. Once they are hired and provided orientation training, the staff generally remain with us and are excited about the energy and goals of our company.

(c) Ability to Achieve and Maintain Accreditation

VitalCore understands and agrees with the importance of accreditation and maintenance of standards with NCCHC and ACA. Our leadership team has a long history of being Certified Correctional Health Professionals (CCHP). VitalCore’s leadership team has managed sites that maintain 100% compliance with NCCHC and ACA for over twenty years. As the KDOC is aware, our CEO Viola Riggin, assisted in ensuring that each KDOC facility was accredited by the American Correctional Association for its health care standards during her oversight of the KDOC health care provider contracts. Most recently in November 2019, VitalCore’s Pulaski County Detention Center in Pulaski, Illinois achieved 100% compliance with NCCHC standards in its NCCHC audit.
(d) Ability to Process Timely Bill Payments

VitalCore has an exceptional history for timely payment of our bills to subcontractors and vendors. Please see the attached letters from Diamond Pharmacy’s Owner and CEO Mark Zilner, and Trident Care’s (Imaging and Laboratory Services) Vice President for Correctional Markets, both attesting to our prompt payments to their companies. We are also providing the names and contact information for other vendors that we utilize that can attest to the same:

**Enterprise Rent-A-Car**
Drew Wedel
Sales Manager – Business Rental
913-967-8441 Direct
913-360-9563 Cell
855-878-5884 Fax
Christopher.d.wedel@ehi.com

**McKesson Medical Surgical**
Chris Nichols
Account Executive
9954 Mayland Drive
Richmond, VA 23233
816-294-1905 (mobile)
Chris.Nichols@McKesson.com

**FedEx**
Tracy Day
Store Manager
Topeka, KS
785-272-2500
Tracy.Day@FedEx.com

2.6 Experience

VitalCore exceeds the experience requirements of this RFP. Please review the attached Biographies and Resumes of our senior leaders. You will see that our CEO Viola Riggin has eight (8) years of experience as a Health Services Administrator for a private correctional health care provider, in addition to her sixteen (16) years of experience with the University of Kansas Physicians, Inc. when she was responsible for the administrative oversight and direction of comprehensive healthcare division for the KDOC health care contracts. Dr. Lorelei Ammons has 6 years of experience managing the site mental health systems in Kansas and was the Director of Behavioral Health for the Kansas Department of Corrections for 10 years, providing oversight of psychiatric and behavioral health services and policies provided by the correctional health care contract vendor for KDOC.
Dr. Deborah Schult, our President of Clinical Affairs, served as the Chief Administrator of the largest correctional health system in the country, the Federal Bureau of Prisons, for four (4) years and two (2) years prior to that as Senior Deputy Assistant Director for the Health Services Division of the Federal Bureau of Prisons. Dr. Kathleen Maurer, our proposed Assistant Regional Medical Director for Kansas, has been the Chief Addiction Services Officer for the Connecticut Department of Correction since 2018. Prior to that, she served for seven (7) years as the Correctional Medical Director and Director of Health and Addiction Services for the same department. Dr. Mauer is the author of *Hepatitis C in Correctional Settings: Challenges and Opportunities* and recently co-authored another article entitled *A major challenge for corrections: National survey findings identify challenges in recruiting and retaining correctional health care professionals*. Dr. Mauer is board certified in internal medicine, occupational and environmental medicine, and addiction medicine.

VitalCore also has two exceptionally knowledgeable and experienced consultants: Dr. Lannette C. Linthicum, MD, who is presently the Director of the Health Services Division for the Texas Department of Criminal Justice. Dr. Linthicum continues to review, revise, and approve VitalCore’s medical policies and nursing guidelines. She has served as Director of Health Services since 1998 and is very well-known and respected. Dr. Newton Kendig provides oversight and consultation to VitalCore for our Utilization Management, Quality Management, and Infectious Disease programs. He served as Medical Director of the Maryland Department of Public Safety and Correctional Services for 5 years and later became a Commissioned Officer in the US Public Health Service assigned to the Federal Bureau of Prisons where he served as Chief of Infectious Diseases, Medical Director, and ultimately Assistant Director in charge of the Health Services Division for 9 years. Rear Admiral and Assistant U.S. Surgeon General Retired, he is currently a Professor of Medicine for the George Washington University Center for Healthcare Innovation and Policy Research where he is working on a criminal justice healthcare administration initiative.

All of the staff noted in the preceding paragraphs have provided health care services for offender populations of at least 1,000 offenders for many years.

**2.7 Timeline**

VitalCore began planning for the Kansas Department of Corrections contract implementation at the time we decided to submit our response. Please see our detailed Critical Path Transition Plan, attached.

**2.8 Methodology**

All of VitalCore’s health care and mental health care practices are based upon NCCHC and ACA standards, are evidence-based, and adhere to community standards of care. Our methodology in the implementation of the KDOC contract will be to first fully understand final contract terms and expectations.
Our Kansas Regional Staff will be hired first, and we will ensure that they fully understand our policies and procedures and all of our quality management processes. VitalCore will revise our transition plan as needed following the final contract award and will follow the plan carefully to ensure that no steps are missed. We will employ an “all boots on the ground” approach to ensure that we are covering every area: the hiring of existing and new site staff; adapting corporate policies for the KDOC/each facility; developing relationships with community hospitals and other local providers; supplying staff uniforms; ordering equipment and supplies; implementing the EHR system and internet communication systems; training staff; and developing positive working relationships with the staff at each facility. All VitalCore staff needed will be on-site in the facilities as much in advance of the contract begin date as allowed to facilitate inventories of current equipment and supplies, ensure that VitalCore forms are available in paper and electronic format, become familiar with the medical areas and facility, and to meet with each facility’s Warden and other staff.

From the beginning of the contract, however, we will ensure that our Quality Assurance Performance Improvement tools are initiated so that we can begin tracking our performance and progress. VitalCore’s oversight and monitoring of staff performance begins immediately. We are not a company that will hire regional and facility staff at the beginning of the contract and then walk away. VitalCore’s corporate leaders will be participating in all phases of the implementation and ongoing operations. We plan to bring the highest quality of offender services to the Kansas Department of Corrections.

2.9 References

VitalCore has provided a complete list of contract sites with associated information, including those that are no longer active. This list is contained within our Company Profile, attached. Please note, however, that VitalCore has never had a contract terminated for any reason other than a consulting project being completed fully.

2.10 Bidder Contracts

VitalCore is providing a sample redacted site contract with one of our proposed pharmaceutical providers, Correct RX, attached. We are proposing different vendors for pharmaceuticals and for electronic medical records to KDOC so that KDOC can provide their input as to preference for providers and products. VitalCore does not have any exclusive agreement with any vendor or subcontractor. We utilize different vendors for the same services throughout the nation. Generally, we use vendors who provide the lowest cost and highest quality service for the location and/or whose product best meets the needs of the contract site. VitalCore will be happy to provide a copy of all of our contracts for KDOC services once the actual contracts are executed. These contracts will include but not be limited to services for electronic medical records, internet infrastructure, laboratory, x-ray, medical and office supplies, and local provider services.
2.11 Technical Literature

VitalCore has included, either within each of our responses or as attachments, all of the specifications and technical literature for our proposed services, including our proposed electronic medical records system and internet infrastructure. We have also included several of VitalCore’s manuals that provide specific details of our policies and procedures and programs. We believe that all of our responses and enclosures should provide reviewers of proposals with adequate information to be able to determine that our proposal meets all RFP requirements.

2.12 Procurement Card

VitalCore has indicated on our completed Event Details document that we will accept KDOC payments through the State’s Procurement Card system (currently VISA).

Summary

In Summary, VitalCore Health Strategies Team members are excited to have the opportunity to demonstrate our products, services, and team in discussions if we are fortunate enough to reach that status with the PNC. We are confident that any questions or concerns raised during this process can be mitigated and answered with further discussion and submission of material as requested. Thank you for this great opportunity!
History of Organization and Current Operations:

VitalCore Health Strategies, LLC was born from a small business, Viola Riggin, LLC, which began in January 2015. Prior to January 2015, Ms. Riggin performed evaluation and consulting work in correctional health care based upon her national positive reputation and expertise in this field. However, Ms. Riggin had a vision. Her vision entailed bringing the industry of correctional healthcare and the treatment of institutionalized persons a better-quality business model which redefines the way healthcare is provided within corrections and other institutionalized settings.

When Ms. Riggin decided to expand her business and change its name to VitalCore Health Strategies, LLC in January 2018, she established the ability to surround herself with top-notch healthcare professionals and administrators from across the industry and country. VitalCore Health Strategies brings a partnership and a history of healthcare services dating back to 1997. VitalCore’s business partners bring a foundational strength through the use of a shared-service model.

While building our incredible team of correctional experts for VitalCore, we also joined forces with corporate partners who have exceptionally sound business histories and provide a strong foundation for VitalCore Health Strategies, LLC. A partnership was established with LakePoint, Omega Senior Living, and Weigand-Omega Management, Inc. to develop a shared-service system, using human resource assets, payroll, supplies, and administrative support in order to prepare for large business success. Lakepoint began in 1997 and expanded to a 117-bed skilled nursing residence facility in 1999. To date, Lakepoint has grown to over 615 beds, accommodating independent living, assisted living, and skilled nursing levels of patient care. Omega Senior Living (OSL) was established to further enrich the lives of the senior population through diligent care and compassion. Omega currently manages three large campuses and three independent assisted living communities, with potential development projects in several Midwest and Southern states. OSL was founded in 2016 and born out of the prolific culture and legacy of Weigand-Omega Management, Inc., a multi-state property management firm that was established in 1976.

The VitalCore corporate office is established in Topeka, Kansas. All VitalCore associates function as a team, and every team member expects to be part of the solution. Our corporate organizational structure is simple, effective, and functional by design. It ensures that everyone, from the highest level of management to each member of our line staff, understands our mission, vision, and core values, and lives them daily. We believe leadership entails presence. As a result, the full range of our company resources are available to you.

Leadership Structure:

VitalCore has a diverse and experienced leadership staff who are positioned to achieve clinical healthcare with quality management principles engrained within the structure. At the helm of VitalCore’s leadership
is Viola Riggin as Chief Executive Officer, bringing over 30 years of correctional healthcare experience to the team.

No partner or individual that has any form of ownership in VitalCore practices clinically or provides direct patient care to patients. Our structure entails a one-of-a-kind oversight model built into our system for an additional layer of checks and balances. Our Utilization Management and Peer Review model ensures community-standard healthcare is provided. Our Corporate Medical Director sets the bar for our healthcare policies and processes and safeguards practices to guarantee American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCHC) practices are implemented for each facility. The Regional Medical Director works to ensure those processes are in place at the site and regional levels. The Site Medical Director directs all healthcare at the site level.

Our home office support staff includes Human Resource professionals to guide all recruiting and hiring as well as a strong Business Development department and a Staff Development Department to train new and retain current staff members. Our Finance and Accounting teams provide regular reporting for the facility. The VitalCore Information Technology department ensures all technology meets the requirements and needs of the Facility. We are confident we have the necessary experience, capabilities, and resources to be a fully responsive partner for the Kansas Department of Corrections.

**VitalCore Experience:**
The VitalCore Executive Team has numerous years of combined correctional healthcare experience, and their extensive expertise will be used for the continued operation of programs and services.

**Past Correctional Health Care Contracts:**

1. **Kansas Department for Aging and Disability Services Experience:**
   
   **Time period of project:**
   
   2015 – 2018
   
   **Accreditation:**
   
   ✓ Achieved certification through the Centers for Medicare and Medicaid Services (CMS)

   **Contractor’s responsibilities/description:**
   
   - Management, monitoring and oversight of healthcare in the Kansas State Psychiatric Hospitals.
   - Work included consultative services associated with system administration, technical support and guidance to ensure on-going compliance with all state and federal regulations and conditions of participation.
   - The contract was renewed on a month-to-month basis, until the Hospital determined they were appropriately prepared for CMS certification. The services and contract ended once the hospital was certified. Completion date was August 2017.

   **Contact:** See Letter of Reference attached.
2. South Carolina Department of Corrections Experience:
   Time period of project: 2011 – 2013

   Contractor’s responsibilities/description:
   • Project involved performing a full evaluation of their state-wide healthcare system, to include the medical, nursing, pharmacy, and psychiatric services for the South Carolina Department of Corrections.
   • Population evaluated included 22,000 inmates across over 20 separate facilities.
   • As a result of services, the South Carolina Department of Corrections instituted administrative, policy, and practice changes that saved lives and resulted in cost savings of well over $3,000,000 per year.
   • Invited to return to the South Carolina Department of Corrections to provide additional trainings, evaluations and services on multiple separate occasions between 2011 and 2013. The MOA was renewed on a month-to-month basis, until the SDOC no longer needed assistance and their system was functioning well. Completion date was June 2013. Ms. Riggin was hired as consultant/evaluator.

   Contact: See Letter of Reference attached.

3. Kansas Juvenile Justice Authority Experience:
   Time period of project: February 2007 – December 2010

   Scheduled and actual completion dates:
   Hired as a sole source expert and primary contractor through Memorandum of Agreement with the Juvenile Justice Authority with Viola Riggin and then followed with a University of Kansas Medical Center Memorandum of Agreement. The agreements were renewed on an annual basis until the Juvenile Justice Authority was brought under the umbrella of the Kansas Department of Corrections’ Agreement.

   Contractor’s responsibilities/description:
   • Responsible for the management and oversight for all aspects of care and administration related to the medical, nursing, pharmacy, dental, and psychiatric services within the JJA to a population of over 500 youth in 4 different facilities.
   • Set the tone for Kansas’ Juvenile Justice Authority healthcare system since 2007. The system of health services became both more effective and efficient because of Ms. Riggin’s efforts.

   Contact: See Letter of Reference attached.
Current Correctional Facility Health Care Contracts:

MISSOURI

4. Jefferson County Jail
   Time period of project:
   January 1, 2019 – Current

Contractor’s primary goals / description:
   • County jail detainees   ADP 335
   • First Year $595,632.00
   • 12/31/20 with one-year renewals
   • Provide comprehensive medical and mental health services
   • Hire and train a full complement of healthcare staff (Healthcare administrator, RN's, Qualified Behavioral Health Professional, Physician, Psychiatrist)
   • Implement correctional healthcare standards of practice and processes
   • Provide ACA Behavioral Health Certification Training
   • Revamping medical and behavioral health intake screening
   • Collaborate with administrative jail staff regarding all historical and current healthcare matters.

Contact: Brenda Short
   Jail Administrator
   Jefferson County Jail
   510 1st Street
   Hillsboro, MO  63050
   Phone: 636-797-5318
   Fax: 636-797-5025
   Email: Bshort@JeffCoMo.org

OHIO

5. Stark County Jail
   Time period of project:
   Start-Up February 1, 2019

Contractor’s primary goals / description:
   • County jail detainees   ADP = 489   Capacity = 526
   • $1,917,407.58+
   • January 31, 2012 with 3 one-year extensions
   • Provide comprehensive medical and mental health care services
   • Hire and train a full complement of healthcare staff (RN's, Qualified Behavioral Health Professionals)
   • Fine tune correctional healthcare standards of practice and processes
   • Initiate annual Suicide Prevention Training
• Revamp medical and behavioral health intake screening
• Collaborate with administrative jail staff regarding all historical and current healthcare matters.

Contact:  Sheriff George T. Maier
        Stark County Jail
        4500 Atlantic Blvd., N.E.
        Canton, Ohio 44705
        Phone:  330-430-3887
        Fax:  330-430-4679
        Email:  maier@starksheriff.org

NEW MEXICO

6.  Grant County Detention Center:
    Time period of project:
        November 1, 2018 – Current

Contractor’s primary goals / description:
• County jail detainees – 89 ADP
• First Year = $573,977+
• November 1, 2020 with one-year renewals
• Provide comprehensive medical services
• Implement correctional healthcare standards of practice and processes
• Revamped medical and behavioral health intake screening
• Worked with Regional Hospital administration staff and local Stepping Up Committee to refine the process for jail admission clearances.
• Revamped suicide precaution levels of placement and observation collaboratively with operations staff
• Implement a full complement of healthcare access and staffing
• Collaborate with detention administration and County Manager regarding all historical and current healthcare matters.
• Collaborate with New Mexico Association of Counties’ auditing and risk management staff regarding the facility healthcare.

Contact:  Michael Carillo
        Grant County Detention Center
        209 North Black Street
        Silver City, NM  88061
        Phone:  575-534-3803
        Email:  mcarillo@grantcountynm.com

7.  Hidalgo County Jail and Detention Center:
    Time period of project:
        November 1, 2018 – Current
**Contractor’s primary goals / description:**
- County jail and U.S. Marshall’s Office detainees ADP 140
- First Year Amount = $899,551.00
- November 1, 2020 with one-year renewals
- Provide comprehensive medical services
- Implement correctional healthcare standards of practice and processes
- Implement a full complement of healthcare access and staffing
- Revamped medical and behavioral health intake screening
- Collaborate with detention administration and County Manager regarding all historical and current healthcare matters.

**Contact:** Tisha Green, County Manager  
Hildago County Jail and Detention Center  
395 Pyramid Street  
Lordsburg, NM  88045  
Phone:  575-542-9428  
Email:  Tisha.green@hildagocounty.org

8. **Rio Arriba County Detention Center**  
**Time period of project:**  
November 1, 2018 – Current

**Contractor’s primary goals / description:**
- County jail detainees ADP 140
- First Year Amount = $592,000
- November 1, 2020 with 1-year renewals
- Provide comprehensive medical services
- Implement correctional healthcare standards of practice and processes
- Provide CPR and ACA Behavioral Health Certification Training
- Implement a full complement of healthcare access and staffing
- Revamped medical and behavioral health intake screening
- Collaborate with detention administration and County Manager regarding all historical and current healthcare matters.

**Contact:** Larry DeYapp  
Rio Arriba County Adult Detention Center  
#2 Main Street, Bldg. 2  
Tierra Amarilla, NM  87575  
Phone:  575-588-7350  
Email:  LHDeyapp@rio-arriba.org

9. **Otero County Detention Center**  
**Time period of project:**  
October 1, 2019 – Current
Contractor’s primary goals / description:

- County jail detainees – Capacity 208 beds
- First Year Amount = $1,438,822.00
- Contract: 2 years plus 6 one-year renewals
- Provide comprehensive medical and mental health services
- Implement correctional healthcare standards of practice and processes
- Implement full complement of health staffing in area where finding qualified staff is difficult
- Assist with facility’s expansion plans
- Improve clinic conditions and processes – ensure accountability of staff

Contact: Carolyn Barela
Correctional Services Director
Otero County Detention Center
1958 Dr. MLK Drive
Alamogordo, NM 88310
575-437-6420
Email: cbarela@co.otero.nm.us

MICHIGAN

10. Ottawa County Jail and Juvenile Detention Center

Time period of project:
Start-Up June 1, 2019

Contractor’s primary goals / description:

- County jail detainees ADP 327 Capacity 462
- Juvenile Detention ADP 27 Capacity 40
- First Year Amount = $787,811.00
- Contract through 5/31/24 with 2 one-year renewals
- Provide comprehensive medical and mental health services
- Hire and train a full complement of healthcare staff (RN’s, Qualified Behavioral Health Professionals)
- Fine tune correctional healthcare standards of practice and processes
- Transitioned medication administration from correctional staff to medical staff within first 3 days of contract
- Increased nursing coverage from 4 hours on weekends to 16 hours within first week
- Within 10 weeks, will transition from 16 hours/7 days week coverage to 24 hours/7 days per week
- Within 6 weeks of start-up, have installed a 12 lead EKG in place
- Initiate annual Suicide Prevention Training
- Revamp medical and behavioral health intake screening
• Collaborate with administrative jail staff regarding all historical and current healthcare matters.

Contact: Undersheriff Valerie Weiss
12220 Fillmore St. West
Olive, MI  49460
Phone: 616-738-4002
Email: vweiss@miottawa.org

MISSISSIPPI

11. Jackson County Adult and Juvenile Detention Centers

Time period of project:
Start-up on June 15, 2019

Contractor’s primary goals/description:
• County jail and juvenile detention detainees   ADP 400/Capacity 700   Juvenile ADP 15
• First Year = $933,530.00
• Two years with two 1-year renewals
• Provide comprehensive medical and mental health services
• Hire and train a full complement of healthcare staff
• Fine tune correctional healthcare standards of practice and processes
• Initiate annual Suicide Prevention training
• Revamp medical and behavioral health intake screening
• Collaborate with administrative jail staff regarding all historical and current healthcare matters

Contact: Captain Tyrone Nelson
Director of Corrections
Jackson County Adult Detention Center
65 Bruce Evans Drive
Pascagoula, MS 39567
Phone: 228-769-3211
Fax: 228-769-3238
Email: Tyrone_Nelson@co.jackson.ms.us

12. Madison County Detention Center

Time period of project:
October 1, 2019 start up

Contractor’s Primary Goals/Description:
• County jail detainees – ADP 435
• First Year = $973,000
• Six Years
• Provide comprehensive medical and mental health services
• Hire and train a full complement of healthcare staff
• Provide comprehensive medical and mental health services
• Fine tune correctional healthcare standards of practice and processes
• Initiate annual Suicide Prevention training
• Revamp medical and behavioral health intake screening
• Collaborate with administrative jail staff regarding all historical and current healthcare matters
• Taking over operations according to Novation Agreement

Contact:  Major Jeff Husted
Madison County Jail Administrator
2935 US 51
Canton, MS  39046
601-855-0732
Jeff.husted@madison-co.com

13. Rankin County Detention Center
Time period of project:  
October 1, 2019 start up

Contractor’s primary goals/description:  
• County jail detainees ADP 490
• First Year = $1,025,000
• Six years
• Provide comprehensive medical and mental health services
• Hire and train a full complement of healthcare staff
• Fine tune correctional healthcare standards of practice and processes
• Initiate annual Suicide Prevention training
• Revamp medical and behavioral health intake screening
• Collaborate with administrative jail staff regarding all historical and current healthcare matters
• Taking over operations according to Novation Agreement

Contact:  Captain Barry Vaughn
Rankin County Jail Administrator
221 N. Timber St.
Brandon, MS  39042
601-824-2308
Bvaughn@rankincounty.org

14. Harrison County Adult and Juvenile Detention Centers
Time period of project:  
January 1, 2020 to present
Contractor’s primary goals/description:

- County adult jail detainees: 800 Capacity; Juvenile Detention 20 Capacity
- First Year Amount = $3,100,000
- Four years plus two one-year renewals
- Provide comprehensive medical and mental health services
- Hire and train a full complement of healthcare staff (Healthcare Administrator, RN’s, Qualified Behavioral Health Professional, Physician, Psychiatrist)
- Implement correctional healthcare standards of practice and processes
- Provide ACA Behavioral Health Certification Training
- Collaborate with administrative jail staff regarding all historical and current healthcare matters
- Utilize EMR system and reduce cost of hosting
- Implement Quality Improvement Processes

Contact: Mrs. Jimie Cuevas
Harrison County Detention Center
10451 Larkin Smith Drive
Gulfport, MS 39503
228-896-0689
Jimie.cuevas@harrisoncountysheriff.org

VIRGINIA

15. Chesapeake Juvenile Facility, City of Chesapeake, Virginia

Time period of project:
Start-up on July 1, 2019

Contractor’s primary goals/description:

- Regional juvenile detainees ADP 65
- First Year Amount = $503,667
- Five Years
- Provide comprehensive medical and mental health services
- Hire and train a full complement of healthcare staff
- Fine tune correctional healthcare standards of practice and processes
- Initiate annual Suicide Prevention training
- Revamp medical and behavioral health screening
- Collaborate with administrative staff regarding all historical and current healthcare matters

Contact: Superintendent Tara Alexander
Chesapeake Juvenile Facility
420 Albemarle Drive
Chesapeake, Virginia 23322
(757) 382-6780
Fax: 757-382-8821
talexander@cityofchesapeake.net
ILLINOIS

16. Pulaski County Detention Center
Time period of project:
Start-Up August 1, 2019

Contractor’s primary goals/description:
- County jail detainees  ADP 185  Capacity 240
- One year with four one-year renewals
- First Year - $252,457.88
- Monitor and evaluate healthcare delivery by County staff
- Collaborate with administrative staff regarding all historical and current healthcare matters
- Provide recommendations for quality improvement and effective utilization management practices for healthcare services
- Maintain NCCHC Accreditation

Contact: Damon Acuff
Jail Administrator
Pulaski County Detention Center
20 Justice Drive
Ullin, IL 62992
Phone 618-845-3512
Fax 618-845-3533
dacuff@pulaskicountyil.gov

17. Illinois Department of Corrections – Behavioral Health Services
Time period of project:
June 1, 2019 to September 2019 - First Phase Completion

Contractor’s primary goals/description:
- State prison inmates  ADP app. 44,000+
- First Phase Project - $200,000
- Total Project – Not to Exceed 10 years
- Monitor and evaluate behavioral healthcare services for state prison system
- Collaborate with state administrative staff regarding historical and current behavioral healthcare matters
- Provide recommendations for quality improvement in behavioral healthcare staffing, programming, and utilization management
- Court Appointed to this consultation/evaluation
IDAHO

18. Canyon County Adult and Juvenile Detention Centers

Time period of project:
Start-up October 1, 2019

Contractor’s primary goals/description:
- County adult and juvenile detainees Adult ADP 389; Juvenile ADP 30+
- First Year Amount = $1,641,763.76
- Not to exceed 4 years
- Provide comprehensive medical and mental health services
- Hire and train a full complement of healthcare staff
- Fine tune correctional healthcare standards of practice and processes
- Initiate annual Suicide Prevention training
- Revamp medical and behavioral health intake screening
- Collaborate with administrative staff regarding all historical and current health care matters

Contact: Lt. Harold Patchett
Assistant Commander
Dale Haile Detention Facility
219 N. 12th Ave.
Caldwell, Idaho 83605
208-453-4849
HPatchett@canyonco.org

KANSAS

19. Johnson County Adult Detention, Corrections Residential, and Juvenile Services

Time period of project:
January 1, 2020 to present

Contractor’s Primary Goals/Description:
- Sheriff’s Adult Detention Centers = 856 ADP
- Dept. of Corrections Adult Residential Center = 248 ADP
- Dept. of Corrections Juvenile Services Center = 41 ADP
- First Year Contract Amount = $6,473,802.42
- Three Years plus two additional 3-year periods
- Provide comprehensive medical services and collaborate with mental health
- Hire and Train Full Complement of Staff in 4 Facilities
- Implement new EHR system
- Work collaboratively with Dept. of Mental Health
- Reduce the need for off-site trips through wise decisions and Telehealth
- Implement Quality Improvement Activities
• Follow NCCHC and ACA Standards
• Increase nursing coverage
• Provide transparent reporting

Contact:  Captain Douglas Wade  
Administrative Commander  
New Century Detention Center  
27745 West 159th Street  
New Century, KS 66031  
913-715-5863  
Fax: 913-715-5272  
Douglas.wade@jocogov.org

Robert Sullivan  
Director of Corrections  
588 Santa Fe, Suite 3000  
Olathe, KS 66061  
913-715-4524  
Fax: 913-715-4552  
Robert.sullivan@jocogov.org

Pending Correctional Facility Health Care Contracts:

VitalCore has recently been awarded an additional contract for comprehensive medical and mental health services in a state department of corrections. The amount of the contract in the first year will be approximately $20,000,000. Because the contract has not yet been finalized, we cannot submit the state’s name and contact information at this time.
To Whom It May Concern.

Please let this letter serve as the highest possible recommendation for Viola Riggin and the quality of her work and services.

In 2011, I served as the Medical Director and Chief Medical Officer of the South Carolina Department of Corrections. After receiving favorable testimonials from multiple sources and peers, I reached out to Viola Riggin and hired her to perform a full evaluation of our healthcare system including but not limited to the medical, nursing, pharmacy, and psychiatric services that the South Carolina Department of Corrections offered to a population of approximately 22,000 inmates across over 20 separate locations.

Viola Riggin's work was thorough and perceptive. Her reports were timely and complete. Her recommendations were clear and extremely valuable. As a result of her services, the South Carolina Department of Corrections instituted administrative, policy and practice changes that saved lives and resulted in cost savings of well over $3,000,000 per year. She was invited back to the South Carolina Department of Corrections to provide additional trainings, evaluations and services on multiple separate occasions between 2011 and 2014.

Viola is one of the most well respected, experienced and trusted experts in the field of corrections and correctional healthcare services. She is knowledgeable, trustworthy and insightful. I personally consider it a great privilege to have worked with Viola and her team. I recommend her services without reservation.

John B. Tomarchio, MD MPH MBA FACP
Core Faculty and Assistant Professor
Palmetto Health/USC Department of Family and Preventive Medicine

1301 Taylor Street
Columbia, South Carolina 29201
Cell: 803-335-8857
John.Tomarchio@PalmettoHealth.org
July 11, 2018

To Whom It May Concern,

I am writing to express my support for Viola Riggin and her team at VitalCore.

The Kansas Department for Aging and Disability Services engaged Ms. Riggins in 2014 to assist with the monitoring and oversight of our state psychiatric hospitals. This work included consultative services associated with system administration, technical support and guidance to ensure on-going compliance with all state and federal regulations and conditions of participation.

During my time as Secretary to the agency, I have worked closely with Viola and her team and found them to be professional, knowledgeable, dependable and forward-thinking. The work product produced by this group helped to lay the foundation for continued growth in our ability to provide excellent care to our patients at Osawatomie State Hospital. In fact, Mrs. Riggin and her team played a significant role in assisting Osawatomie State Hospital with regaining CMS certification in 2017.

It is my privilege to offer this letter of recommendation for Viola Riggin. Should you have additional questions about the work performed by Ms. Riggin and her team, please do not hesitate to contact me.

Thank you,

Timothy E. Keck
Secretary
To Whom It May Concern,

Please let this letter serve as a letter of recommendation for Viola Riggin and Dr. Lori Ammons and the quality of their work and services.

From February, 2007 through December, 2010, in my role as Commissioner of the Kansas Juvenile Justice Authority (JJA), I supervised Viola Riggin and Dr. Ammons who served Kansas as the Health Authority for our juvenile system through Viola Riggin, LLC and then later through the Kansas University Medical Center Memorandum of Understanding. Riggin and her team were responsible for management and oversight for all aspects of care and administration related to our medical, nursing, pharmacy, dental, and psychiatric services within JJA to a population of over 500 youth in 4 different locations.

As the Health Authority, Viola had responsibility of an annual budget of $5,000,000.00 and approximately one hundred and fifty (150) employees. Viola set the tone for Kansas JJA system since 2007. The system of health services became both more effective and efficient as a result of her and her team's effort.

Ms. Riggin is held in the highest regard by her colleagues in the field of corrections, and I recommend her for any contract, position, or work that you may have to offer.

Sincerely,

J. Russell Jennings
Viola Riggin
Chief Executive Officer

Ms. Riggin comes to VitalCore with vast experience. For the last 16 years she has served as the Executive Director of Health Care Services for University of Kansas Medical Center. Ms. Riggin has worked in corrections for 30 years. She began in classification and records in 1984 and moved to health care management by 1989. Since 1992, Ms. Riggin has worked in health care management at the State and National level for several health care companies that have provided health care services to the incarcerated population.

In 2002, Ms. Riggin became the Director of Health Care Services for KDOC, and was responsible for the health care services of adult, juvenile and forensic mentally ill populations until March 2018. Her educational background is in information technology and health care administration. Riggin is a current member of ACA’s Constitution and Bylaws, Health Care, Policies and Resolutions, and Standards committees. She has received many awards during her 30 years of service, most notably: the 2006 National Council of State Governments Innovations Award; the 2006 Kansas Public Health Association Corporate Public Health Services Award; 1989 and 1992 Employee of Year Award, Correctional Medical Services; Prison Health Services Employee of the Year Award 1996, 1999 and 2001; 2006 KDOC Contract Employee of the Year. In 2013 Ms. Riggin received the Prestigious National Health Authority Leadership Award. She is currently serving as a member of ACA’s Coalition of Correctional Health Authorities, representing the state of Kansas, is on the Board of Governors for ACA, and is on the Governors Mental Health Executive Board for the State of Kansas.
PROFESSIONAL EXPERIENCE:

2018 to Present

VitalCore Health Strategies
Chief Executive Officer

- Designed, developed, and implemented the business operations for VitalCore Health Strategies.
- Established policies that promote my company culture and vision.

The University of Kansas Physicians, Inc./KDOC, JJA Division
Director of Health Care Services

- Responsible for the administrative oversight and direction of the comprehensive healthcare division for the Kansas Department of the KU Medical Center.
- Administrative responsibilities for the KUPI-KDOC contract management team.

Prison Health Services
Senior Health Services Administrator

- Administrative supervision and technical support of all Health Services Administrators in the KDOC healthcare system.
- Responsible for the administration and oversight of all medical, dental, and mental health services for all inmate care needs at Topeka Correctional Facility.
- Supervised and managed staff of 65 in the delivery of health care to female patients.
- Responsible for startup pilot site for Electronic Medical Records Program.

1994 to 2000

Prison Health Services
Health Service Administrator

- Responsible for the administration and oversight of all medical, dental, and mental health services for all inmate care needs at Topeka Correctional Facility.
- Supervised and managed staff of 65 in the delivery of health care to female patients.
- Responsible for the startup pilot site for Electronic Medical Records Program.

1988 to 1984

Correctional Medical Systems
Regional Medical Records Director

- Responsible for the statewide health information technology systems
- Managed 50 medical records staff.
- Responsible for accreditation and quality improvement programs for the inmate health care system in Kansas.
1988  Kansas Department of Corrections
         Information/Data Technology Records Staff
        Topeka, KS
         • Responsible for Health Information Department of Topeka Correctional Facility.
         • Responsible for Institutional Records Department for Kansas Department of
           Corrections, Topeka Correctional Facility.

EDUCATION:

2014  Ottawa University
         Ottawa, KS
         • Bachelor’s Degree Health Care Management
         • Master’s Degree course work completed and final graduation conferment
           Date: 06-30-15

1994  Washburn University and Highland Community College
         Topeka, KS
         • Independent studies non-degree seeking
         • Health Information Technology

1979  Electronic Computer Programming Institute (ECPI)
         Topeka KS
         • Computer Language- Computer Technical Programming Certificate of Completion

AFFILIATIONS:

• Chair, Health Information Systems, Committee
• State Health Planning Committee Member
• American Correctional Health Service Administration Professional
  Member
• Past Co-Chair 2011-2013 Coalition on Correctional Health Authorities.
  American Correctional Association, Current Member
• Member, Community Planning Group
• Kansas HIV Counsel Member
• National Correctional Hospice Committee
• Member, Standards Committee, IT Steering, Health Care, American
  Correctional Association

ACTIVITIES:  Published:

• Corrections Today Magazine June 2010; Article: Health Care and Administration
  Must Collaborate for Effective Care
• Journal of Correctional Health Care; Article: Pharmaceutical Breakthrough

Appearances:

• National Institute of justice: Formulary Development in a Correctional Setting; Aired
  April 4, 2011
• American Correctional Association: Expert Speake; 2009-2014 Topics to include
  Contract Monitoring, Pharmaceutical Purchasing, Health Care Budgeting
• Nursing Education Program Development: Published and Appearances 2009 2012;
National Honors:

- Recipient, Counsel of State Governments 2006 Innovations Award: Pharmaceutical Program
- Recipient, Kansas Public Health Association Corporate Public Health Services Award 2006: KUPI
- Recipient, Health Services Leadership Award, National Health Authorities, American Correctional Association, September 2013

Certificate of Appreciation and Various Awards:

- Employee of the Year Award, Correctional Medical Services-1989, 1992; Prison Health Services-1996, 1999, 2001
- KDOC Contract Employee of the Year- 2006
- UKP- Kansas University Employee of the Quarter- April 2011
- 10 Year Service Award KUPI- 2013
Lorelei Ammons, PsyD
Chief Operating Officer - Clinical Services

Dr. Ammons is a licensed psychologist in Kansas. She began her career at Walter Reed Army Medical Center, while she was active duty in the U.S. Army. Dr. Ammons received her doctoral degree in clinical psychology from Forest Institute of Professional Psychology in Springfield, Missouri. She fulfilled her clinical psychology internship in 1993 at Walter Reed Army Medical Center. Dr. Ammons began practicing in the correctional behavioral health field in 1998, working as the Clinical Supervisor of the Topeka Correctional Facility. She has also worked at the Veteran’s Administration performing Quality Management services while maintaining a private clinical practice in the community.

In 2008 Dr. Ammons was appointed as the first Behavioral Health Director for the Kansas Department of Corrections and continued in that role until joining the VitalCore team. She developed the behavioral health monitoring program for the KDOC system. Dr. Ammons has served as co-chair of the Governor’s Behavioral Health Planning Council’s Subcommittee for Justice Involved Youth and Adults, which collaborates with mental health entities and community partners across Kansas. Dr. Ammons has represented Kansas as a member of the Mental Health Network through the National Institute of Corrections. She has also served as a member of the American Correctional Association’s (ACA) Commission on Accreditation. Nationally, Dr. Ammons currently serves as a member of the Behavioral Health and Substance Use Disorder Committees for ACA and she has conducted behavioral health certification training for at least six state correctional programs across the United States.
LORELEI AMMONS, PSYD, LP, CCHP
VitalCore Health Strategies
719 SW Van Buren St., Topeka, KS 66603
785-246-4514 | LAmmons@VitalCoreHS.com

EDUCATION
Forest Institute of Professional Psychology – Springfield, MO
Doctor of Psychology 1994
Washburn University of Topeka – Topeka, KS
Bachelor of Arts, Psychology 1990

 LICENSURE/CERTIFICATION
Licensed Psychologist – State of Kansas Behavioral Sciences Regulatory Board License # 1024
Certified Correctional Health Professional – National Commission on Correctional Healthcare

PROFESSIONAL EXPERIENCE
VitalCore Health Strategies
President of Clinical Affairs March 2018 – Present
• Responsible for the delivery of effective, community standard, clinical programs of care. Provides expertise and guidance to clinical staff to assist in the development of programs and services for the targeted population.
• Assists in developing and implementing clinical policy and procedures. Monitors health services policies through planning, organizing, directing, coordinating, delegating, and evaluating activities of health care staff.
• Safeguards required compliance with State, Federal and CMS regulations as well as American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCHC) Standards.
• Evaluates and monitors the quality and effectiveness of health care and treatment for each business model.
  o Assesses program components of each business model to ensure they are effective, progressive, and commensurate with community standards of practice.
  o Monitors the development of program service policies through planning, organizing, coordinating, delegating, and evaluating activities of health care staff.
  o Participates in evaluating activities of the health care staff through the development and implementation of auditing and performance measures, which may include site visits, chart reviews, meetings, and quality improvements participation.
  o Provides developmental skills and monitoring tools for follow up corrective action plans.
  o Provides clinical expertise and recommendations to the risk management legal counsel regarding related legal issues.
  o Reviews suicide and serious related death evaluations for system trends, errors, and needed corrective action activities.
• Responsible for providing leadership, creating a positive and productive culture by guiding healthcare staff using the VitalCore Mission and Values.
• Train healthcare staff on the business model and expected standards of care. Identifies deficits in the training backgrounds of staff and development of plans to correct those deficits. Monitors progress of staff towards correcting identified deficits.
• Assists the Chief Operating Officer with responding to Request for Proposals for each business model.
• Responsible for coordinating the delivery of services with the system administrative staff to ensure compliance with the contractual agreement with VitalCore and contracting agencies.
• Visits with administrative staff of contracting agencies to determine level of satisfaction with clinical services provided.
Director of Behavioral Health

❖ Kansas Department of Corrections
- Evaluated the Behavioral Health programs and care for the Kansas Department of Corrections and Juvenile Services contracts. Care included adult and juvenile programs across 10 facilities, for an overall population of 9,800 lives. Level of service included general population/outpatient community services level of care; residential services level of care (280 beds), and acute/crisis/inpatient level of care (150 beds).
- Audited adult and juvenile correctional facilities across the state of Kansas to ensure compliance with American Correctional Association (ACA) standards through chart reviews, site audits, and quality improvement reviews.
- Oversaw the development of psychiatric and behavioral health services policies by the health care contract vendor for the KDOC. Significantly increased the behavioral health residential and inpatient beds, improving quality and access to care within the KDOC, from 270 beds to 466 beds.
- Developed a statewide Behavioral Health Program manual, outlining all behavioral health services provided by the Department.
- Expanded the role of Activity Therapists within the behavioral health programs.
- Developed and implemented system-wide multi-disciplinary teams for difficult-to-treat inmate-patients.
- Oversaw the development and implementation of the statewide behavioral health juvenile sexual offender and juvenile substance use treatment programs. Conducted program audits to ensure ongoing compliance with Kansas Department of Corrections.
- Evaluated and responded to individual concerns, grievances, and complaints associated with the behavioral health care within the KDOC.
- Provided treatment and intervention recommendations to the State behavioral health contractor for serious incidents as well as monitored corrective action plans for completion.
- Provided clinical recommendations to the KDOC on serious incidents.
- Reviewed all suicide related death cases for system errors and necessary future prevention and improvements.
- Reviewed clinical aspects of the forensic clinical services reports for the Sexually Violent Predator Act.
- Reviewed clinical aspects of the Reception and Diagnostic Unit evaluations, behavioral health classifications, and treatment and programming recommendations.
- Interfaced with community partners and participate in task force and community planning committees as the behavioral health representative for the KDOC.
- Performed fitness for duty evaluations for correctional employees at the request of Human Resources.

❖ Kansas Department of Aging and Disability Services
- Evaluated and monitored the Behavioral Health programs and care for the Osawatomie State Hospital/Adair Acute Care contracts.
• Audited Osawatomie State Hospital/Adair Acute Care behavioral health care for quality of service.
• Provided treatment and intervention recommendations to the Osawatomie State Hospital/Adair Acute Care clinical staff for serious incidents as well as monitored corrective action plans for completion.
• Provided clinical recommendations to the KDADS Chief Legal Counsel on serious incidents.
• Established a calendar of processes to assess on a regular basis to insure compliance with standards.

Viola Riggin, LLC
Psychologist Consultant 2014 – August 2017
• Provided behavioral health consulting services to the Kansas Department of Aging and Disability Services initially for the Larned State Hospital, and primarily for the Osawatomie State Hospital and Adair Acute Unit. Provided treatment and intervention recommendations to the state behavioral health staff. Provided clinical recommendations to the KDADS chief legal counsel regarding serious incidents. Reviewed client records for timeliness and quality of licensed therapist’s documentation, treatment plan development, and compliance to the treatment plan.
• Provided behavioral health consulting services to a large statewide correctional system outside of Kansas to include: credentialing and staffing levels for behavioral health staff, reception and intake evaluations, evidence-based therapeutic interventions, and clinical documentation of therapeutic services.

Private Practice
• Provided psychological mental status evaluations and assessments for Disability Determination Services and Vocational Rehabilitation Services for the State of Kansas.
• Established a self-owned, clinical, private practice providing a wide array of mental health treatments including psychotherapy and mental health assessment/evaluations for the youth and adult population.

Department of Veterans Affairs / Health Revenue Center
Business Analyst / Acting Quality Assurance Manager / Training Specialist 2006 – 2008
• Managed the functions of call center Workforce Management and Analytics, Quality Monitoring, Training, and Knowledge Management.
• Directly supervised, trained, and evaluated twelve Quality Assurance staff members.
• Responded to and worked collaboratively with Union representative inquiries, resolving any staff concerns.
• Project Manager over the Health Revenue Center administrative reorganization.
• Implemented the use of Workforce Management software (Pipkins Vantage Point).
• Established business processes for Customer Relationship Management software (Siebel).
• Developed and provided crisis intervention training for call center agents who interfaced with potentially suicidal veterans.
- Developed a coaching and mentoring training for VA supervisors for the implementation of the staff Coaching Program.
- Researched call center competencies and integrated into basic contact representative training.

Toddler Town, Inc.

Staff Psychologist  
2000 – 2001

- Performed clinical interviews with prospective juvenile program participants and their parents/guardians.
- Performed group/individual therapy with program participants in need of treatment.
- Trained in Managing Aggressive Behavior (MAB).

Correct Care Solutions / Prison Health Services / Kansas Department of Corrections

Mental Health Coordinator / Forensic Psychologist / Clinical Supervisor  

- Coordinated the site transition/changeover of the mental health contract - Topeka Correctional Facility.
- Directly clinically supervised, trained, and conducted performance evaluations for 11 licensed mental health professionals.
- Oversaw the mental health program offered to the correctional facility individuals. Ensured appropriate mental health care occurred at the facility.
- Modified business processes to meet contractual requirements, hired staff, developed performance improvement plans, and built a positive customer relationship with Topeka Correctional Facility administrative and operations staff.
- Played a key role in implementing policies and procedures in the memorandum of agreement for individual inpatient psychiatric hospitalization transfers from the facility to Larned State Hospital.
- Provided group and individual mental health therapy to incarcerated women.
- Chaired a weekly multi-disciplinary services team, staffing patients with psychiatrists, mental health professionals, psychiatric nurses, and administrative personnel.
- Played a key role during the development of the electronic medical records system, designing behavioral health templates for the Kansas Department of Corrections (NextGen software).
- Implemented a Dialectical Behavioral Therapy program into the prison therapeutic milieu.
- Conducted forensic clinical services reports for the KDOC/MDT as per the Sexually Violent Predator Act.

United States Army / Kenner Army Community Hospital

Staff Psychologist  
1994 – 1997

- Responsibilities included providing psychological interviews, individual therapy, neuropsychological screenings, crisis intervention, group psychotherapy and use of diagnostic assessments for psychological evaluations. Collaborated with psychiatrists and other treatment team specialists to develop programs of evaluation and treatment.
- Responsible for supervising, training, and evaluating mental health specialists.
- Provided forensic competency assessments.
• Oversaw the downsizing of the community mental health clinic, functioning both clinically and administratively. Played a key role in revising and implementing policy and procedure changes through the downsizing process.
• Regular presenter of suicide awareness briefings to the military community.

United States Army / Walter Reed Army Medical Center
Clinical Psychology Intern 1993 – 1994
• Internship rotations included: Inpatient consultation and therapy; inpatient and outpatient neuropsychological testing and evaluation; outpatient individual, marital, and group psychotherapy; outpatient and inpatient psychological testing and evaluation; hypnosis, and participating in medical rounds for multi-disciplinary treatment planning.
• Developed a training program for paraprofessional staff to administer and score diagnostic tests.

PRESENTATIONS, PUBLICATIONS AND PAPERS
“Aging From the Inside Out” 2018
Presentation at the American Correctional Association’s Winter Conference

“KDOC Behavioral Health Updates” 2013 – 2017
Annual Behavioral Health update to the statewide KDOC/healthcare leadership

“Incarcerated Individuals with Mental Illness” 2015
Guest speaker as requested by Walter Menninger, M.D. and community advocates

“A Restrictive Housing Program in Behavioral Health Units – Kansas Model” 2014
Paper presented at the American Correctional Association’s Summer Conference

“How Can I Tell if It’s Working? Measuring Mental Health Treatment Outcomes” 2013
Presentation at the American Correctional Association’s Winter Conference

“Suicide and Self-Injury Prevention: Implementing Evidence-Based Practices and Measuring Success” 2011; 2012
Paper Published in the Corrections Today Magazine
Presentation at the American Correctional Association’s Summer Conference

Presented at the American Correctional Association’s Summer Conference

“Incidence of Reoffending Behaviors” 2006
Guest Speaker at the Annual Kansas Parole Officer’s Meeting

“Coping with Mental Health Crises and Critical Incident Stress Debriefings” 2005
Paper presented at the Annual Auburn Fire Department Meeting

“Anger Utilization Skills” 2001
Presentation at the Topeka Elementary Schools Teacher’s Conference

“Email and the Internet – Treatment and Confidentiality Considerations” 1997
MEMBERSHIPS AND ACTIVITIES

American Correctional Association: Correctional Behavioral Health Certification Trainer; Washington D.C. Jail; Florida Department of Corrections first 50; Tennessee Department of Corrections; Davidson County Sheriff’s Office; Kansas Department of Corrections; Mecklenburg County Sheriff’s Office

2015 - Present

American Correctional Association Substance Disorders Committee: Member by Appointment

2016 – Present

Governor’s Behavioral Health Services Planning Council – Justice Involved Youth and Adults Subcommittee: Co-Chair through 2017. Current Member

2012 – Present

Association of Correctional Mental Health Administrators – Designated KDOC Representative; Sponsored by the National Institute of Corrections

2009 – Present

Council of Juvenile Correctional Administrators Behavioral Health Subcommittee: Designated KDOC Juvenile Services Representative

2014 – 2017

American Correctional Association Commission on Accreditation: Commissioner By Appointment of the Association in 2011; Commissioner 2013-2016; Current Commissioner Emeritus

2013 – Present

American Correctional Association Behavioral Health Committee: Member by Appointment

2011 – Present

Kansas Re-entry Policy Council Mental Health Task Force: Served as Co-Chair of the Task Force from 2009 – 2011. Member – 2012; Chaired the Mental Health Programs Subcommittee 2011; Chaired the Access to Services Subcommittee

2009 – 2012

Member of Psi Chi at Washburn University of Topeka

1989 – 1992
Craig Hanson
Chairman of the Board

Craig Hanson is a navigational leader that takes a vision and helps make it reality through sound strategy and business culture development. He intuitively sees the threads of opportunity that wind through an organization, brings them together into a coherent whole, helps others develop and extend their thinking, and drives culture and strategy to create material business advantages. Focusing on innovative service and value creation for clients, he fully understands that a company is only as good as those that comprise it and has been able to attract and retain top industry talent at all levels by helping create an environment where associates are valued, challenged, invested in, and held accountable. He is an inspirational leader who listens, teaches and tells stories that inspire action while at the same time is grounded in financial information and sound data analysis. Craig is a strong believer in servant leadership and strives to adhere to the business Core Values of Honesty and Integrity, Family and Community, The Pursuit of Excellence, Continuous Improvement, Team First, Humility, and Sensible Cost Management.
Lannette Linthicum, MD, CCHP-A, FACP
Medical Consultant

Dr. Linthicum is perhaps one of the most respected correctional health care leaders in the industry and serves as the current President of the American Correctional Association (ACA). She began her career with the Texas Department of Criminal Justice as a physician at the Huntsville Unit in 1986. She held numerous positions before becoming the Director of Health Services in January 1998, a position she currently holds. Dr. Linthicum has agreed to set the healthcare standard for VitalCore Health Strategies serving as a consultant.

While working within the Texas Criminal Justice system, she reengineered the Texas Department of Criminal Justice Health Services Office of Professional Standards by creating an ombudsman’s office, utilizing a team leader who provides clinical expertise and supervision to patient liaison and grievance investigators. She implemented a process to perform access to care and quality on-site audits and monitored and tracked statistical trends in health care complaints.

Dr. Linthicum earned a bachelor’s degree from Smith College in Northampton, Massachusetts, and a medical degree from the University of Maryland School of Medicine. She is Licensed to Practice Medicine in both Maryland and Texas. She is board certified by the American Board of Internal Medicine. She is a fellow of the American College of Physicians and an Advanced Certified Correctional Health Professional.

Dr. Linthicum received ACA’s E.R. Cass Correctional Achievement Award in 2011. She also served as the chair of ACA’s Commission on Accreditation for Corrections, vice chair of the ACA Standards Committee, and former co-chair of ACA’s Coalition of Correctional Health Authorities.

Dr. Linthicum holds numerous honors and awards and is published in several peer-reviewed journals, textbooks, and abstracts. She is frequently invited to speak at symposiums and conferences due to her breadth of knowledge within the field.
CURRICULUM VITAE

NAME: Lannette C. Linthicum, MD, CCHP-A, FACP

PRESENT POSITION AND ADDRESS:
Director, Health Services Division, Texas Department of Criminal Justice
lannette.linthicum@tdcj.texas.gov

BIOGRAPHICAL:
Date and Place of Birth February 4, 1957, Baltimore, Maryland
Citizenship United States of America
Current Office Location Two Financial Plaza, Ste. 625, Huntsville, TX 77340
Telephone: (936) 437-3537
Home Address: 79 Sandpebble Drive
The Woodlands, Texas 77381
Phone: (281) 364-8376

EDUCATION:
1972-1975 High School: Phillips Exeter Academy
Exeter, New Hampshire
1974-1975 School Year Abroad: "L" Institute Franco-American
Rennes, France
1975-1979 Biochemistry and French: Smith College
Language and Literature (B.A.)
North Hampton, Massachusetts
1979-1983 Doctor of Medicine (M.D.)
University of Maryland School of Medicine
Baltimore, Maryland
1983-1986 Post Graduate Years I, II, III
The Union Memorial Hospital Internal Medicine
Affiliate of University of Maryland and John Hopkins Medical System

BOARD CERTIFICATION:
1996 – Present Diplomate American Board of Internal Medicine
Certificate #110571
LICENSURE INFORMATION:

1984  License to Practice Medicine, State of Maryland (#D32601)
1985  License to Practice Medicine, State of Texas (#H1135)
December 1981  A.T.L.S. Certification
March 1993  A.C.L.S. Instructor
August 1995-February 2000  Certified Correctional Health Care Provider (C.C.H.P.)
May 1998  A.C.L.S. Certification
February 2000-Present  Certified Correctional Health Care Provider Advanced (C.C.H.P.-A)
July 2003  Election to Fellowship, American College of Physicians

PROFESSIONAL AND TEACHING EXPERIENCE:

Professional:

July 1985-September 1986  HMO Physician Humana Med First (Part-time)
                      Baltimore, Maryland
May 1986 - August 1986  Emergency Room Physician
                      Wyman Park Health Systems
                      Baltimore, Maryland
September 1986-October 1990  U.S. Public Health Service-National Health Service Corps, Texas Department of Corrections
January 1987-December 1989  HMO Physician MacGregor PruCare (part-time)
                      Houston, Texas
1987-1988  Unit Health Authority - Huntsville Unit
Texas Department of Corrections. Responsible for health care delivery
of 1,500+ inmates, ultimate authority, both medical and administrative,
for entire medical unit; supervised medical staff consisting of physicians,
psychiatrists, physician assistants, dentists, director of nurses, health
administrator, x-ray, laboratory, medical records personnel, pharmacy
technicians, and numerous clerical personnel.

1988-March 30, 1993  Central Region Health Authority
Texas Department of Criminal Justice-Health Services Division.
Supervised medical staff of thirteen prison units; acted as final
responsible authority for the health care delivery of 20,000+ inmates;
worked closely with Regional Operations Director (Security) to maintain
and facilitate access to and delivery of health care to the inmate
population.

April 1, 1993 – August 31, 1994  Chief of Professional Services
Texas Department of Criminal Justice Health Services Division.
Supervised all clinical disciplines within the Health Services Division.
Responsible for health care delivery to approximately 60,000 inmates.

September 1994 - December 15, 1994
**Associate Medical Director**
University of Texas Medical Branch/Correctional Managed Health Care
for unit operations. Responsible for health care delivery to 95,000+ inmates.

**Associate Director, Health Services Division**
Texas Department of Criminal Justice. Contract Monitor for
Correctional Managed Health Care Program. Provided oversight of all
clinical contract monitoring; technical professional advisor for all
employee health care programs; ADA issues, extended sick leave pools,
asbestos screening, hearing conservation, employee tuberculosis
screening, Hepatitis B immunizations, etc.

September 1997- July 1998
**Interim Preventive Medicine Director**
Texas Department of Criminal Justice Health Services Division.
Provided professional services related to the diagnosis and treatment of
infection and communicable diseases in the offender population;
coordinates the delivery of public health care at all units; provided
oversight and management of all operations and staff of the Office of
Preventive Medicine; assured compliance with standards of the National
Commission on Correctional Health Care with regard to infection
control.

**Interim Director, Health Services Division**
Texas Department of Criminal Justice. Responsible for the professional
and administrative direction of the system for health care delivery within
the prison system; established division policy related to health care and
the administration of the Health Services Division.

July 1998 -Present
**Director, Health Services Division**
Texas Department of Criminal Justice. Responsible for the professional
and administrative direction of the system for health care delivery within
the prison system; established division policy related to health care and
the administration of the Health Services Division.

1997-Present
**Residency Fellowship in Correctional Medicine**, key faculty, clinical
instructor for the University of Texas Medical Branch Residency in
Correctional Medicine.

**Professional Activities:**
**January 1988-Present**
Correctional health care expert for the Texas Attorney General's Office
for inmate litigation pertaining to prison health care.

**May 1995-2003**
Physician surveyor for the National Commission for Correctional Health
Care Accreditation audits at correctional facilities (i.e. jails, prisons,
detention centers) nationwide.

**August 1997**
Administrator and coordinator of the International Physician Orientation
for Brazilian Correctional Physicians.

January 2000-2003  Appointed by the National Commission on Correctional Health Care Standards to serve as a task force member in developing Correctional Physician Clinical Practice Guidelines.

September 2000 – August 2002  American Correctional Association Program Planning Committee, Coordinator for the Health Care Track.

January 2001  Appointed by the National Commission on Correctional Health Care to serve on the 2002 Standards Revision Task Force.

March 2002  Elected as Treasurer to the Society of Correctional Physicians Board (2-year term).

March 2002  Elected to Board of Directors, American Correctional Health Services Association.

January 2002 - 2012  Appointed to the American Correctional Association Commission on Accreditation Board of Directors.

January 2002 - 2012  Appointed to the American Correctional Association Standards Committee.

March 2004 - 2012  Appointed Vice-Chairman, American Correctional Association Standards Committee.


2008 – 2010  Elected Member of the American Correctional Association Health Care Certification Task Force

August 2008 – 2012  Elected Chair of the American Correctional Association Commission on Accreditation for Corrections.

August 2007 – January 2010  Co Chair of the American Correctional Association’s Coalition of Correctional Health Authorities (CCHA)

January 2013 – 2015  Elected as Treasurer of the American Correctional Association and member of the Executive Committee

October 2014  Elected President of the American Correctional Association (term of office 2015-2021)

**Teaching:**

February 1986-May 1986  Preceptor: Course "Introduction to Clinical Practice", University of Maryland School of Medicine (freshman students)

October 1986-Present  Various continuing education presentations to physicians, physician assistants, nurses, and correctional officers.
January 1995-Present  Clinical Assistant Professor, Department of Internal Medicine at the University of Texas Medical Branch at Galveston.

December 1998-Present  Instructor in Preventive Medicine and Community Health; Department of Preventive Medicine and Community Health at the University of Texas Medical Branch at Galveston.

May 1998-2000  Distinguished Faculty on Correctional HIV Medical Services, Bristol Myers Squibb.

COMMITTEE RESPONSIBILITIES:

*State:*

1994-Present  Appointed as a physician member to the Correctional Managed Health Care Committee established by the 73rd Texas State Legislature through Provisions of Texas Government Code 501.059).

1997-2003  Appointed by the Correctional Managed Health Care Committee to chair a committee charged with revising and developing a new HIV policy consistent with National Health Care Standards.

1998-2006  Appointed by the Correctional Managed Health Care Committee to chair a committee charged with developing a state-wide policy on hepatitis C.


*Departmental:*

1988-1993  Member, TDCJ Pharmacy and Therapeutics Committee

1988-1993  Member, TDCJ Physician Peer Review Committee

1989-1991  Chair, TDCJ Physician Peer Review Committee

1988-1993  Chair, TDCJ Regional Quality Assurance Committee

1988-1993  Chair, TDCJ Morbidity and Mortality Committee

1994-2000  Member, TDCJ Morbidity and Mortality Committee

1993-1994  Chair, TDCJ Health Care Review Board

1993-1994  Co-Chair, TDCJ Medical Training and Continuing Education

1994-2004  Member, TDCJ Infection Control Committee
MEMBERSHIP IN SCIENTIFIC SOCIETIES/PROFESSIONAL ORGANIZATIONS:

1987-2013  Texas Medical Association
1987-2013  Montgomery County Medical Society
1981-Present  American College of Physicians/American Society of Internal Medicine
1998-2005  Society of Correctional Physicians
January 1999-2005  American Correctional Health Services Association
August 2000-Present  American Correctional Association
February 2001-Present  Advanced Certified Correctional Health Care Provider (C.C.H.P.-A)

HONORS:

1991  U.S. Public Health Service – National Health Services Corps ---Letters of Commendation for providing high quality health care to the medically underserved in Texas.
1998  American Correctional Association “Best Practice” Award of Excellence presented to the Texas Correctional Managed Health Care Partnership.
1998  Texas Inmate Families Association Angel Award
2001  Certificate of Appreciation from The Texas Department of Criminal Justice Training Academy for instruction provided to Correctional Professionals.
2002  Certificate of Appreciation from the TDCJ Executive Director for participating in the development of the Texas Department of Criminal Justice Wellness Initiative Now (WIN) program.
June 2007  ACA Corrections Today Journal – “Best In Business”
August 2007  ACA Walter P. Dunbar Award
May 2011  Texas Senate Resolution No. 932 (Senator John Whitmire)
May 2011  Texas House Resolution No. 1769 (Representative Jerry Madden)
August 2011  ACA E.R. Cass Correctional Achievement Award
October 2012  The John Phillips Award (Trustees of Phillips Exeter Academy)
ADDITIONAL INFORMATION:

Reengineered the Texas Department of Criminal Justice Health Services Office of Professional Standards by creating a health care ombudsman’s office which utilizes a registered nurse as a team leader. The nurse provides clinical expertise and supervision to patient liaison and grievance investigators who conduct investigations of offender grievances and correspondence from external groups concerning offender health services. Such groups include offender families, attorneys, offender advocacy groups, ACLU and state officials (i.e., Governor, Legislators, etc). The staff in this office also perform access to care and quality on-site audits at TDCJ units. The Office of Professional Standards also monitors and tracks statistical trends in health care complaints. This program benefits and positively impacts the overall quality of offender health care in the Texas Criminal Justice System.

Music (I play the clarinet and alto saxophone).

Dance (Jazz, Modern and Classical)

Literature (19th Century French Symbolist Poets – Verlaine, Rimbaud, Baudelaine)

Community Activities

1997-Present
- New Light Christian Center Church, Houston, Texas – Ministry of Helps, altar ministry, intercessory prayer ministry and personal care ministry and various volunteer activities.
- Huntsville Independent School District Toy and Clothing Drive for indigent students.

1997
- Participated in a Community Health Fair in Huntsville, Texas for minority populations, performed blood pressure screenings and patient education on hypertension, diabetes and hyperlipidemia.

1998-Present
- Speaker at various African American Churches during Black History Month in Huntsville.

2000-2009
- Annual speaker for a community based organization named “Gemstones”. The latter consist of adolescent ethnic minority females. Topics focus on adolescent female and women’s health issues.

PUBLISHED:

A. ARTICLES IN PEER-REVIEWED JOURNALS:

Environmental influences on the pathology of the acquired immunodeficiency syndrome: autopsy results in Texas Prison inmates.

Baillargeon J., Watt, Kelly M., Grady J., Linthicum, L., Dunn, K.
Hepatitis C seroprevalence among newly incarcerated inmates in the Texas correctional system. Public Health (under review).


The Changing Epidemiology of HIV in the Criminal Justice System

Baillargeon, J., Black, S., Leach, C., Jenson, H., Pulvino, J., Bradshaw, P., Murray, O., Linthicum, L. The Infectious Disease Profile of Texas Prison Inmates. Public Health (under review).

B: ABSTRACTS

“Treating Terminally Ill Patients on Death Row” - Article Medical Economics Magazine, February 22, 1999

Scott, W., Linthicum, L.
Performance-Based Health Care Standards: The Texas Experience submitted October 19, 2000 to the American Correctional Association for publication in State of Corrections.

Linthicum, L.
Guest Editorial- “Correctional Administrators Must Mandate Continuous Professional Development Activities in Order to Perpetuate the Competencies of their Staff”, Corrections Today Magazine June 2008

Linthicum, L.
Guest Editorial- “My Path to the ACA Presidency” Corrections Today Magazine March/April 2017

C: TEXT BOOK


INVITED LECTURES AT SYMPOSIA AND CONFERENCES:

• “Hepatitis C Plenary”, American Correctional Association 144th Congress of Corrections, August 15-20, 2015, Salt Lake City, Utah
• “Texas Department of Criminal Justice, Management of Hepatitis C: An Unprecedented Challenge for Corrections”, Coalition for Correctional Health Authorities (CCHA), Scottsdale, Arizona, September 11, 2014
• “Tele-Health: Pioneering New Models for Care” Boston, MA August 2016
• “LGBT Offenders: Critical Issues in Gender Dysphoria” San Antonio, TX January 22, 2017

REVISED: January 2018
Newton Kendig
Oversight – Utilization Management & Quality

Dr. Newton E. Kendig is a board-certified physician in internal medicine and infectious diseases. He is a 1984 graduate of Jefferson Medical College, Philadelphia, Pennsylvania. He completed his internal medicine residency at the University of Rochester, Strong Memorial Hospital in 1987. He then trained as an infectious disease fellow at the Johns Hopkins Hospital in Baltimore, Maryland through 1991.

Dr. Kendig served as Medical Director of the Maryland Department of Public Safety and Correctional Services from 1991 through 1996. He later became a Commissioned Officer in the United States Public Health Service (USPHS) assigned to the Federal Bureau of Prisons (FBOP) where he served as Chief of Infectious Diseases, Medical Director, and ultimately Assistant Director in charge of the Health Services Division from 1996 to 2015. In October 2015, Dr. Kendig retired from the USPHS and the FBOP as an Assistant Surgeon General of the USPHS, at the rank of Rear Admiral, Upper Half. Highlights of his federal career include managing a billion dollar health care system for over 200,000 federal inmates in over 100 institutions, including six Joint Commission-accredited prison-hospitals; serving as the Commanding Officer for the Department of Health and Human Services mission to the Commonwealth of the Northern Mariana Islands to provide critical technical assistance to the only hospital on the island of Saipan; and serving in 2014 as Commanding Officer for the Team 2 USPHS Commissioned Corps Ebola Response in Monrovia, Liberia.

Dr. Kendig has authored numerous Clinical Practice Guidelines that help define the standard of care for correctional medicine in the United States. He chaired the two American Correctional Association (ACA) committees that developed the current accreditation standards for health care in prisons and jails. Dr. Kendig also has been a practicing clinician, providing direct patient care in infectious diseases at the Johns Hopkins Hospital from 1991 to 2015.

In April 2017, Dr. Kendig joined the George Washington University Center for Healthcare Innovation and Policy Research as a part-time Professor of Medicine where he is launching a criminal justice healthcare initiative.
Newton E. Kendig, MD
Clinical Professor of Medicine, George Washington University
Medical Director, Federal Bureau of Prisons (retired)
Assistant Surgeon General, USPHS (retired)

Curriculum Vitae - 2019

EDUCATION
1991 – Infectious Diseases Fellowship, Johns Hopkins University, (Board-certified)
1987 – Internal Medicine Residency, Strong Memorial Hospital, Univ. of Rochester, (Board-certified)
1984 – Jefferson Medical College, MD – magna cum laude
1979 – Penn State University, BS – summa cum laude

CAREER PROGRESSION
2017 – Present, Clinical Professor of Medicine, George Washington University
2016-2017 - Consultant, Criminal Justice Health and Public Health Executive Leadership
2006-2015 – Assistant Director/Medical Director, Health Services Division, Federal Bureau of Prisons
1999-2006 – Medical Director, Federal Bureau of Prisons
1996-1999 – Chief of Infectious Diseases, Federal Bureau of Prisons
1991-1996 – Medical Director, Maryland Department of Public Safety and Corrections
1991-2016 – Courtesy Faculty, Department of Medicine, Infectious Diseases, Johns Hopkins Hospital
1991-2015 – Direct patient care at outpatient infectious disease clinic, Johns Hopkins Hospital

SELECTED AWARDS
Presidential Unit Citation, USPHS Ebola Response, Monrovia, Liberia, 2015
Distinguished Service Medal, Federal Bureau of Prisons, 2015

Bernard P. Harrison Award of Merit, National Commission on Correctional Health Care, 2015

American Correctional Association Health Care Leadership Award, 2015

**BOARD MEMBERSHIPS**

Academic Consortium on Criminal Justice Health

**SOCIETY MEMBERSHIPS**

American College of Physicians

Infectious Disease Society of America

**SELECTED CAREER HIGHLIGHTS**

**George Washington University (GW)**

Spearheading Criminal Justice Health initiative for GW that includes on-line continuing medical education webinars; introduction to correctional medicine clinical rotation; public policy symposia; and on-line graduate courses

**American Correctional Association (ACA)**

Developed curriculum and now teaching American Correctional Association’s “Advancing the Cure” course on the management of hepatitis C for correctional health care professionals (2017-2019)

Chaired the American Correctional Association committees that developed health care standards for U.S. prisons and jails

**Federal Bureau of Prisons (FBOP)**

Managed billion dollar health care system for the Federal Bureau of Prisons, encompassing 118 institutions housing nearly 200,000 federal inmates

Administered health care personnel system of over 2,000 civil servants and 800 U.S. public health officers

Contained health care costs well below the average U.S. per capita level, while achieving health care outcomes that matched or exceeded the Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks
Maintained Joint Commission outpatient and hospital accreditation for Federal correctional institutions

Advanced FBOP national initiatives to improve public health and patient care, e.g., tobacco free institutions; national menu; electronic medical record; medical classification system; extensive clinical practice guidelines; infection control program; national performance measures; inmate access to organ transplants; telemedicine; and environmental management system

Provided executive leadership in advancing foresight planning and innovation for the Federal Bureau of Prisons

**United States Public Health Service Missions**

Selected in 2012 by the U.S. Surgeon General to lead a 12 member team of USPHS Commissioned Corps officers to the Commonwealth of the Northern Mariana Islands to provide critical technical assistance to the only hospital on the island of Saipan

Selected in 2014 by the U.S. Surgeon General to be Commanding Officer for the 75-member, Team Two of the USPHS Commissioned Corps Ebola Response in Monrovia, Liberia

**Maryland Department of Public Safety and Corrections**

As Medical Director, managed a contractual, partially privatized health care system for the Maryland Department of Public Safety and Correctional Services, 1991-1996

**SELECTED PUBLICATIONS**


Dr. Levi Maes  
Chief Medical Officer

Dr. Maes grew up in Canjilon, a small frontier town in northern New Mexico. He attended New Mexico Highlands University where he graduated with a B.S. in biology and minor in chemistry. During his undergraduate years, Dr. Maes completed multiple summer research fellowships at The University of Iowa and a 1-year research fellowship at The National Institutes of Health in Bethesda. After completing his undergraduate education, he joined the Tricore Reference Laboratories where he worked as a research specialist in the molecular genetics department. Dr. Maes then spent 4 years as a research scientist at the University of New Mexico’s department of neuroscience where he worked on molecular mechanisms of memory formation and fetal alcohol syndrome. He then attended medical school at the University of New Mexico and graduated in 2011. He completed his intern year in General Surgery at Banner Good Samaritan hospital in Phoenix before completing his residency in family medicine at the University of New Mexico.

Dr. Maes’ passions include serving the frontier areas of Northern New Mexico where he grew up as well as improving the healthcare of correctional facilities locally and throughout New Mexico. After completing his residency, he worked at Guadalupe County hospital doing full spectrum medicine, including outpatient, inpatient, and emergency medicine. Then in 2015 returned back to his hometown to take over as medical director of La Clinica del Pueblo de Rio Arriba, a small federally qualified health center that serves a geographical area with an 80-mile radius. Dr. Maes took over as medical director for the Rio Arriba county detention center in 2015 and joined Vital Core Health Strategies in 2018 where he currently serves as Chief Medical Officer. Through his efforts with his colleagues, he hopes to bring high quality health care to the correctional facilities in which they oversee. Dr. Maes also serves as medical director for Ambercare home hospice which is the only available hospice in that area and co-director for the only emergency medical services as well. Dr. Maes is also a volunteer Clinical Associate Professor with the University of New Mexico where he participates in the education of medical students and resident physicians.
DEBORAH G. SCHULT, Ph.D.

President of Behavioral Health

Dr. Schult joined the VitalCore team in May 2019. Prior to that, she served as the Assistant Director of the Health Services Division for the Federal Bureau of Prisons in Washington D.C. Dr. Schult is a seasoned senior executive with over 24 years’ experience in correctional and healthcare leadership. She is highly regarded as an accomplished executive in the administration of a billion dollar nationwide Correctional healthcare system for a population of 155,000 housed in 122 institutions, to include seven Joint Commission-accredited prison hospitals. Dr. Schult was Chief Executive at two federal facilities with substantial experience in prison management. She is a licensed psychologist who has treated the offender population and has overseen all clinical treatment programs at the national level. Dr. Schult has expertise in the provision of services to special populations to include those with serious mental illness, substance use disorders, the aging, and transgender populations. She is experienced in managing a workforce of civil servants and United States Public Health Care personnel and overseeing the Agency’s National Healthcare Governing Board. Dr. Schult was responsible for policy development and delivery of clinical guidance to the field. She has overseen growth of national healthcare data governance and analytics. Dr. Schult provided oversight of the national menu, nutritional analyses, and special medical and religious diets for the offender population. She was designated as the Agency Safety Officer and managed the safety and environmental compliance and occupational health programs for both staff and inmates. Dr. Schult is also an accomplished public speaker on correctional healthcare issues.
DEBORAH G. SCHULT, Ph.D.

DSchult@VitalCoreHS.com
Tel # : 443 535-5946

Seasoned senior executive with over 24 years’ experience in correctional and healthcare leadership. Highly regarded as an accomplished executive in the administration of a billion dollar nationwide Correctional healthcare system for a population of 155,000 housed in 122 institutions, to include seven Joint Commission-accredited prison hospitals. Chief Executive at two federal facilities with substantial experience in prison management. A licensed psychologist who has treated the offender population and has overseen all clinical treatment programs at the National level. Expertise in the provision of services to special populations to include those with serious mental illness, substance use disorders, the aging, and transgender populations. Experienced in managing a workforce of civil servants and United States Public Health Care personnel, and overseeing the Agency’s National Healthcare Governing Board. Responsible for policy development and delivery of clinical guidance to the field. Oversees growth of national healthcare data governance and analytics. Provides oversight of the National menu, nutritional analyses, and special medical and religious diets for the offender population. Designated as the Agency Safety Officer and oversees the safety and environmental compliance and occupational health programs for both staff and inmates. Accomplished public speaker on correctional healthcare issues.

Professional Experience

May 1, 2019 to Present
President of Clinical Affairs- Behavioral Health
VitalCore Health Strategies Topeka, KS

November 2015 to April 30, 2019
Assistant Director, Health Services Division
Federal Bureau of Prisons Washington, DC

- Chief administrator and Health Care Authority for the largest correctional healthcare system in the country
- Oversees a $1.2 billion budget to forecast, develop, implement and administer health care programs provided by 3,800 health care professionals for approximately 155,000 offenders
- Chairperson of a national correctional healthcare Governance Board comprised of executive level leaders responsible for strategic health care planning and performance evaluation
- Licensed psychologist experienced with coordinating and implementing services to “at risk” correctional populations with opioid addiction, the seriously mentally ill, the aging, the disabled and transgender individuals
- Coordinate services nation-wide to include healthcare guidance to foreign state, and local correctional agencies
- Provide oversight of nutrition and dietary programs for one of the largest food service systems in the country
- Directs the life safety, fire safety, environmental health and occupational safety programs and employee health for the nation’s largest correctional system
- Coordinates research on correctional health care programs and oversees staffing and recruitment of medical personnel, and professional education programs and budgets
- Monitors administrative matters for nearly 850 uniformed United States Public Health Service officers.
• Directs major policy decisions and the planning and evaluating of all health services programs, to include Re-entry continuity of care

August 2018 to Present
Adjunct Assistant Professor of Clinical Research and Leadership
The George Washington University
School of Medicine and Health Sciences
Washington, DC

• Consults on development of course for Correctional Health Care Administration for Behavioral Health Populations
• Scheduled to teach Masters level courses in managing incarcerated patient populations with serious mental illnesses and substance use disorders

November 2013 to October 2015
Senior Deputy Assistant Director, Health Services Division
Federal Bureau of Prisons
Washington, DC

• Served as top advisor to the Health Services Division Assistant Director
• Assisted in planning, developing, managing, coordinating, and evaluating BOP Healthcare activities
• Oversaw the BOP Opioid Strategy and the initiative to expand Medication Assisted Therapy
• Engaged with Stakeholders to include Special Interest, Religious leaders, Union representatives and national governmental officials
• Oversaw the multi divisional collaborative Mental Health Clinical Care Committee
• Implemented the Bureau’s first Consolidated Worker’s Compensation Unit
• Oversaw Union Negotiations to develop policies and procedures that sustain and improve the health and safety of the offender and staff
• Provided expertise in the revision of the Agency’s Restrictive Housing policies and practices

February 2011 to October 2013
Chief Executive Officer (Warden)
Federal Bureau of Prisons
Berlin, NH

• Activated a 1700 bed male medium security prison, and a 128 bed minimum security work cadre.
• Addressed final construction oversight, hiring and training of staff, setting up of local policies, designation and transportation of inmates to the facility, and setting priorities for a $30 million budget
• Established community partnerships and volunteer resources and development of an institution culture of respect and excellence
• Collaborated with local and federal law enforcement such as the United States Attorney, both United States Senators, the FBI, Border Patrol, the United States Marshal, State Senator and legislators, State Police, local Police Chiefs and Sheriff, and local business and Civic groups to include the Chamber of Commerce, community college, schools and churches
• Established offender programs in work programming, education, psychology, and religious services and reentry initiatives

April 2007 to February 2011
Chief Executive Officer (Warden)
Federal Bureau of Prisons
Ray Brook, NY

• Directed all prison management, programs, and service delivery for a 1200 bed medium male security
Deborah G. Schult, Ph.D.

Facility
- Managed a workforce of 270 staff and a $23 million budget.
- Oversaw the establishment and implementation of policies and procedures governing institutional functions
- Expanded inmate development programs to include psychological groups in the arena of addiction and recovery
- Oversaw a Treaty Transfer Program, and managed inmate gang-related activities to include discipline, and where appropriate, referral for prosecution

August 2004 to April 2007
Federal Bureau of Prisons  Ayer, MA
Associate Warden
- Directed prison operations for a 1280 bed secure prison hospital with a medical and forensic mission and a 124 bed minimum security facility
- Responsible for 170 mentally ill inmates, to include the Court Ordered Forensics Evaluation Program, a 400 bed hospital, and a Sex Offender Management Program with 400 inmates.
- Provided oversight of a multi-million dollar, five year medical contract and for the ongoing compliance of all standards related to the Joint Commission on Accreditation of Healthcare Organizations

October 2001 to August 2004
Federal Bureau of Prisons  Washington, DC
Chief, Clinical Treatment Programs
- Provided administrative oversight of all clinical treatment programs, including staff training and curriculum development for the nation’s largest correctional system
- Wrote and implemented national policies to include program for high security mentally ill offenders, vulnerable, young, first time offenders, and sexual assault prevention, incorporating the nation’s PREA regulations
- Developed training materials for specialized programs to include the Victim Notification System and sexual assault prevention
- Developed tracking system to monitor sexual assaults, victims and perpetrators
- Served as National Trainer for Executive Staff Critical Incident Management

September 1997 to October 2001
Federal Bureau of Prisons  Lewisburg, PA
Chief Psychologist
- Directed staff and operations of a large psychology services department, including a residential treatment program and drug abuse program for three male offender institutions – high security minimum security, and an intensive confinement center
- Oversaw the management of the mentally ill and suicide prevention program
- Oversaw the Bureau’s first-in-the-system psychiatry telehealth program
- Provided consultation to the Executive Staff on all staff issues – to include workplace violence
- Implemented the Sexual Assault Prevention Program
- Served as National and Regional trainer for Critical Incident Debriefing
- Designed and delivered specialty programs for Tactical Response Teams
April 1996 to September 1997  
Federal Bureau of Prisons  
Fort Dix, NJ
Residential Drug Abuse Program Coordinator

- Oversaw a 160 bed residential drug abuse treatment program for male offenders
- Provided administrative oversight, supervision and training of Residential Treatment staff, and administered the program budget
- Developed and implement Drug Abuse Curriculum
- Retained responsibility for statutory early release for eligible program participants
- Directed non-residential drug programming for 2000 male offenders

April 1995 to April 1996  
Federal Bureau of Prisons  
Fort Dix, NJ
Clinical Psychologist

- Delivered psychological services at a nearly 3000 bed male facility to include suicide risk assessment and prevention, sexual assault prevention and intervention, drug abuse programming, and psychological assessment and treatment
- Coordinated the Employee Assistance Programs for staff and their families.
- Served as Executive Staff consultant for operational and staff issues
- Managed the program for inmates with serious mental illness to include identifying/diagnosing, monitoring and providing or facilitating appropriate treatments, interventions, and designations.

Education

- Ph.D. in Counseling Psychology - 1994  
  State University of New York at Albany

- M.A. in Counseling Psychology - 1987  
  University of North Texas

- B.A. in Psychology - 1983  
  Boston University

Select Awards and Professional Affiliations

- The George Washington University School of Medicine and Health Sciences
- Federal Executive of the Year Award (2013)
- American Correctional Association
- Association of Women Executives in Corrections
- Chair, Behavioral Health Committee for the American Correctional Association

Publications and Presentations

• **Transgender Care in Corrections: Where We Are…and Where We Are Going.** With Lia L. Gulick. Presentation at the American Correctional Association 148th Congress, Minneapolis, MN, 2018.

• **Treatment at the Intersection of Violence and Mental Illness.** With Brandi Reynolds, PsyD, Jamila Thomas, PhD, Maegan Malespini, PsyD, & Mike Catino. Presentation at the American Correctional Association 148th Congress, Minneapolis, MN, 2018.


• **Synthetic Drugs in the Correctional Environment: Security Staff as First Responders.** With Randy Shively, Ph.D. and John F. Caraway. Presentation at the American Correctional Association 148th Congress, Minneapolis, MN, 2018.


• **There are 3 R’s in Correctional Mental Health Ethical Dilemmas.** With Beverly Sloan, PsyD. Presentation at the American Correctional Association 147th Congress, St. Louis, MO, 2017.


• **Substance Use Disorders/Medication Assisted Treatment.** Presentation at the Coalition of Correctional Health Authorities – New Health Authority Training, Alexandria, VA, 2018.


• **Aging from the Inside.** With Lori Ammons, Ph.D. Presentation at the American Correctional Association, Orlando, FL, 2018


• **Zika Preparedness for Corrections.** With Jeffery D. Allen, M.D. Presentation at the American Correctional Association 147th Congress, St. Louis, MO, 2017

• **LGBT Offenders: Critical Issues in Gender Dysphoria.** With Joseph Penn, M.D. Presentation at the American Correctional Association Coalition of Correctional Health Authorities, National Harbor, MD, 2016.


• *Activating a Prison.* Presentation at the National Institute of Corrections, Mexican Prison Project, Denver, CO, 2012.

• *Offender Re-Entry.* Presentation at the Vermont Offender Re-Entry Symposium, Montpelier, VT, 2011.
Kevin Bovenkamp
Chief Operating Officer - Administrative Services

Mr. Bovenkamp brings to VitalCore 15 years of progressive executive management talent at both the regional and statewide levels. His correctional experience stretches across the field of corrections to include regional and executive management, performance administration, healthcare management, community corrections, work release, and training.

Since 2013, Mr. Bovenkamp has served as the Assistant Secretary of Health Services at the Washington State Department of Corrections. In this capacity, he was able to lead a team of clinical directors and administrators through a strategic business planning process, which produced positive organizational change. Mr. Bovenkamp has exceptional abilities in providing strategic and tactical risk management leadership, drafting legislation and testifying at legislative hearings, and collaborating with state and local agencies. He has successfully collaborated with legislative and executive branch managers, tribal governments, and community healthcare delivery systems to improve systems and manage costs. Throughout his career, Mr. Bovenkamp has directed agency accreditation initiatives and developed strategic goals, policies, performance metrics, and reporting systems. He received a Bachelor of Arts in Criminal Justice from Seattle University and completed the Executive Management Program from the University of Washington.
SKILLS PROFILE

- Over 15 years of progressive management responsibility at the regional and statewide executive level
- Development and implementation of organizational strategic business plans
- Leading teams and programs within a complex organization
- Collaboration with a diverse assortment of stakeholders to improve systems and services
- Leading organizational change
- Development of performance metrics and reporting systems
- Policy development, coordination, and analysis
- Sponsoring and managing multiple complex projects
- Quality assessment and integration initiatives
- Leading organizational accreditation initiatives
- Development and monitoring of contracts and agency budgets

EMPLOYMENT HISTORY

Assistant Secretary Health Services, Washington State Department of Corrections
4/1/2013-Present
Olympia, WA

- Provide strategic leadership for agency wide health care delivery systems
- Serve as a member of the agency Executive Strategy Team providing strategic leadership within the agency
- Lead a team of clinical directors and administrators in the strategic planning and delivery of health care services within the agency
- Collaborate with state and local agencies, legislative and executive branch members, tribal governments, and community healthcare delivery systems to improve systems and manage costs
- Sponsor agency and division level projects and serve on project steering committees
- Oversight of policy and health care coverage plans for the population
- Oversight of division performance metrics and reporting systems
- Develop biennial budgets at the agency and division levels
- Provide strategic and tactical risk management leadership on personnel matters, health care management, and litigation
- Develop draft legislation, monitor legislation, and testify at legislative hearings
- Develop and manage contracts and bidding for the delivery of health care services
- Respond to inquiries and concerns from media, legislative members, Governor’s Office, healthcare delivery organizations, and the public
- Participate in labor relations activities and serve as an Appointing Authority
Health Services Administrator, Washington State Department of Corrections  
1/24/11-3/31/13  
Olympia, WA  

- Developed and implemented agency health services policies  
- Evaluated the means and cost effectiveness of service delivery  
- Developed and managed operational budgets  
- Developed and implemented staffing plans  
- Monitored facilities operational readiness and compliance with agency policy, law, and health standards  
- Sponsored projects and served on project steering committees  
- Participated in the planning for facilities design, development, renovations, and consolidations  
- Directed a statewide team of Health Care Managers  
- Directed complex and sensitive personnel investigations and critical incident reviews  
- Collaborated with clinical directors, superintendents and other key leaders to advance strategic initiatives and achieve business goals  
- Served as a member of the agency Extended Leadership Team and Appointing Authority within the Health Services Division  

Organizational Development Director, Washington State Department of Corrections  
8/1/05-1/23/11  
Olympia, WA  

- Directed the agency accreditation initiative, policy office, and case management auditing teams  
- Directed the employee development programs within the agency to include new employee orientation, academies, on-the-job training, supervisory, management, and executive leadership development programs  
- Managed external consultants in the design and implementation of organizational development programs  
- Led cross-functional teams in system analysis, business function design, and product development to support business function  
- Served as a Steering Committee member for agency-wide Human Resource Business Plan projects  
- Developed strategic goals, policies, performance metrics, and reporting systems  
- Prepared proposals, reports, and presentations for executive team use within the agency, legislative process, and performance reporting to the Governor’s Office.  
- Coordinated employee satisfaction surveys, analysis, reports and targeted quality improvement action plans  
- Served as a member of the National Institute of Corrections/Department of Justice Corrections State Training Directors Group  
- Served as a Governor appointed Commissioner to the Washington State Criminal Justice Training Commission
Regional Administrator, Washington State Department of Corrections  
2/1/05-7/31/05  
Tacoma, WA

- Provided executive administrative oversight of state prisons, work releases, community supervision and programs in King and Pierce Counties
- Directed the activities of senior regional management team members comprised of human resources, IT, budget, performance management, staff development, media relations, Prison Superintendents, and Community Corrections Field Administrators
- Served as Executive Sponsor of the Regional Quality Council, Regional Diversity Committee, and Regional Media Team
- Worked collaboratively with community groups, social service organizations and other government agencies to establish partnerships, improve communication, align resources, and influence policy and practice at the state, county, and local levels.

Field Administrator, Washington State Department of Corrections  
12/1/02-1/31/05  
Tacoma, WA

- Provided executive administrative oversight of community supervision and work release operations in King and Pierce Counties
- Provided executive administrative oversight of community programs and thirteen unit supervisors
- Developed staff training programs with regional and statewide impact
- Conducted systems analysis and led quality integration and work process redesign initiatives
- Expanded programs to enhance partnerships with other organizations
- Managed regional implementation of the agency strategic plan and the regional operational business plan
- Served as a member of the Regional Management Team, Diversity Committee, and Quality Council

Performance Administrator, Washington State Department of Corrections  
5/1/02-11/30/02  
Olympia, WA

- Directed agency Performance Units and staff responsible for the planning, development, delivery, and evaluation of agency leadership and staff development programs
- Managed external consultants and contracts associated with staff development programs
- Completed assessments and policy compliance audits of work units and facilities
- Developed and managed agency budget for staff development programs
- Provided or coordinated performance management consultation and organizational assessments
- Served as an active member of the agency Executive Team, Correctional Operations Management Team, Performance Council, and Quality Council
HQ’s Performance Manager, Washington State Department of Corrections
4/1/2000-4/30/2002
Olympia, WA
- Managed performance consultants and agency wide staff development initiatives
- Managed staff training programs and legislative implementation cross-functional workgroups
- Served as a project manager of teams developing programs and curricula
- Provided internal performance consulting on change management and work process design
- Worked collaboratively with external consultants and other criminal justice agencies in the development, delivery and evaluation of supervisory and management training programs

Training Specialist, Washington State Department of Corrections
Olympia, WA
- Coordinated regional training programs and instructed training courses for staff and supervisors

Community Corrections Officer, Washington State Department of Corrections
1/24/95-3/31/99
Seattle, WA
- Managed a caseload of adult felony and misdemeanor offenders in work release and community supervision programs
- Networked with treatment providers and other case managers in the community
- Worked collaboratively with community organizations, local law enforcement, jails, and the judicial system to effectively supervise offenders in the community

Work Release Program Director, Pioneer Human Services
1/1/93-1/23/95
Seattle, WA
- Managed a 60 bed work release facility and programs for incarcerated adult offenders
- Developed program goals and implemented strategies
- Managed projects for internal and external accreditation activities
- Managed facility budget and staffing resources
- Drafted policies and procedures
- Provided staff training and performance evaluation
- Served on multiple community councils

ACTIVITIES and PROFESSIONAL ORGANIZATIONS
- Member of the American Correctional Association Coalition of Correctional Health Authorities
- Member of the American Correctional Association
- Member of the Seattle University Criminal Justice Advisory Committee
- Volunteer coach for youth sports teams and high school athletic programs

EDUCATION and TRAINING
- Bachelor of Arts in Criminal Justice, Seattle University 1992
- Executive Management Program, University of Washington 2006
Nicole Gilliland
1264 SW Lakeside Dr.                        nikkinoe29@gmail.com
Topeka, KS 66604                                        785-231-7977

Education

Washburn University, Topeka, KS
B.A. Human Services with an Emphasis in Youth and Victim Services, 2007
Honors: Magna Cum Laude
Academic Achievements: LINC/Bonner Leader Scholar, Mortar Board National Honor Society

Experience

VitalCore Health Strategies, Topeka, KS January 2019 – Present
Chief of Staff
• Works collaboratively with CEO and Executive Leadership to monitor and execute day to day operations of the company
• Assists with the development of Corporate Administrative policy and procedures
• Responsible for coordinating communication between CEO and Executive Leadership
  o Manages weekly calls between staff including Operations, Marketing, Policies and Procedures, Industry Expansion and Corporate All Staff
• Assists with start up activities with new contracts
  o Collects on-boarding documentation
  o Interviewing candidates
  o Managing new contracts
  o Works collaboratively with HR on hiring process
• Responsible for managing travel for CEO and members of Executive Leadership
• Responsible for managing Corporate credit card reconciliation process
  o Monitor usage in direct collaboration with the CEO
  o Collecting all documents in accordance with Corporate policy
• Responsible for the providing review of all invoicing for company prior to CEO approval
• Serves as primary liaison between Corporate staff and Support Services Office
  o Support Services Office includes: HR, Accounting, Chairman of the Board

Kansas Department on Aging & Disability Services (KDADS), Topeka, KS November 2011 – December 2018

Chief of Staff to the Secretary for Aging and Disability Services, July 2016 – December 2018
• Works collaboratively with KDADS Commissioners, State Hospital Superintendents and Leadership Team
• Assists with oversight of State Hospital operations including personnel and compliance with state and federal regulations
  o Assists with certification efforts for Osawatomie State Hospital (e.g. manage CMS application process)
  o Participates in policy review and revisions related to hospital operations
  o Provides oversight of consultation agreement for operations and food services for State Psychiatric Hospitals
• Assists Secretary with data collection and formatting for reporting to legislature and other stakeholders
• Assists with oversight of KDADS Employee Recognition Program
• Coordinates meetings and agenda for State Advisory Council on Aging
• Serves as the primary facilitator for the Secretary’s interactions with all state agencies, state hospitals, Legislators, and community stakeholders
  o Responsible for organization and development of logistics for events and meetings as requested by Secretary
• Hired and supervised KDADS Agency Receptionist
Legal Assistant – Office of the Secretary, July 2016-October 2016

- Coordinated all admissions and discharges from State Security Program at Larned State Hospital
  - Monitored census in the State Security Program (Forensic Population) daily
  - Reviewed court orders and determined placement of individuals based on statutory requirements
  - Coordinated with local law enforcement to ensure safe transport to the Hospital
  - Worked with county courts to ensure all legal documents were in place for admission and treatment
  - Drafted all transport notices to be signed by Legal Counsel
- Participated in policy review and revision for State Psychiatric Hospitals

Director of Hospital Integration and Operations – Behavioral Health Commission, August 2015 – July 2016

- Coordinated oversight of state psychiatric hospitals for Commissioner of Behavioral Health
  - Managed day to day interactions with hospital Superintendents
  - Oversaw of consultation contracts for food service and operations
- Assisted with oversight of State Psychiatric Hospital operations including personnel and compliance with state and federal regulations
  - Oversaw and contributed to the development and implementation of CMS corrective action plans
- Responsible for the final review of all grants and contracts for the Behavioral Health Commission, prior to recommending approval from the Commissioner.
- Hired and supervised four employees who were responsible for state-wide programs and projects within the Behavioral Health Commission

Special Assistant to the Secretary for Aging and Disability Services, November 2012-August 2015

- Worked collaboratively with KDADS Commissioners, State Hospital Superintendents and Leadership Team
- Assisted with oversight of State Hospital operations including personnel and compliance with state and federal regulations
- Managed oversight of state contract to privatize food service operations at Larned State Hospital and Osawatomie State Hospital
- Assisted Secretary with data collection and formatting for reporting
- Co-authored legislative resources regarding state hospital operations (e.g. Quarterly State Hospital Update)
- Coordinated agency staff leadership development training series
- Assisted with oversight of KDADS Employee Recognition Program
- Coordinated meetings and agenda for State Advisory Council on Aging
- Served as the primary facilitator for the Secretary’s interactions with all state agencies, state hospitals, Legislators, and community stakeholders
- Hired and supervised the KDADS Agency Receptionist

Senior Medicare Patrol, Program Administrator, November 2011-November 2012

- Oversaw program operations
- Worked collaboratively with program partners and Volunteer Coordinator to manage program volunteers
- Provided outreach and education statewide
- Recruited volunteers for program

YWCA Center for Safety & Empowerment - Topeka, KS

Grant Administrator, June 2007 – November 2011

- Compiled necessary data for all grant applications
- Collaborated with Program Director in writing grant narratives
- Informed and provided guidance to CFO on grant income and expenses
- Gathered quantitative data for grant applications and required reporting
- Assisted the Program Director in monitoring program goals and objectives as required by each funding source
- Oversaw monthly data entry for all staff
- Supervised office administrative staff including Receptionist and Support Staff
Community Involvement

- KDADS United Way Campaign Coordinator (2012)
- Board Member – Florence Crittenton Services of Topeka, Inc. (2009-2012)
- Volunteer – YWCA Center for Safety and Empowerment Art Auction (2007-present)
- Committee Member – YWCA Week Without Violence (2007-2011)
Linden Appel
Chief Legal Counsel

Linden Appel served the Kansas Department of Corrections for over 34 years as legal counsel, in various positions, prior to his retirement on July 1, 2018 from the position of Chief Legal Counsel. In that position, Mr. Appel supervised the staff members of the Legal and Policy Division of the Department, responsible for provision of legal services to employees of the Department across a wide range of legal practice areas, as well as for promulgation of departmental administrative regulations, department-level internal management policies and procedures, and review of facility-level general orders. Mr. Appel routinely reviewed numerous RFPs, RFIs, and contracts for goods and services, including inmate health care contracts, over a period of more than twenty years, and provided advice and consultation regarding contract negotiations, including drafting of memoranda, opinions, and contract revisions.

Mr. Appel litigated many cases involving inmate claims of inadequate medical care and treatment, as well as supervising other lawyers serving as counsel of record for defendants in such claims. He also convened and reviewed department-level Serious Incident Review Board proceedings covering various incidents over a span of fifteen years, many with medical and/or behavioral health care and treatment implications.
Frank Fletcher

1504 Summer Chase Lane, Fenton, MO 63026
Cell 314-308-9490
Frankfletcherstl@gmail.com

Professional Summary

Talented healthcare executive including extensive business and leadership experience with proven track record of success. Builds loyalty and long-term relationships with customers resulting in a high degree of client satisfaction. Consensus builder among internal teams and proven leader of a team. Experience in large, complex procurements including review and analysis of Request for Proposals; contract negotiation and implementation, staffing development and analysis, contract pricing, ongoing client satisfaction and contract renewals and rebids. Expertise in procurement and government contracting.

Skills

Accomplished leader  RFP review and analysis
Strategic account development  Excellent listening skills
Excellent attention to detail  Strong financial acumen
Strong interpersonal skills  Contract pricing
Staffing development and analysis  Collaborative philosophy
Government Relations

Work History
VitalCore Health Strategies

Director of Operations – May 2019 - Present
Responsible for corporate oversight of healthcare services provided at the Jefferson County, MO jail. This is a jail with an average daily population of 350. Responsible for all operations, including staffing, scheduling, all personnel actions, vendor agreements, contract compliance, and client satisfaction.

In this role I also assist in new business development opportunities, including responding to Request for Proposals, bid conferences, facility tours, client meetings and presentations. I also attend industry conferences to ensure my knowledge stays up to date on the latest issues and trends in correctional healthcare.

Fletcher Consulting LLC

Healthcare and Government Services consultant, focused primarily on corrections and healthcare services.

5/2018 to 5/2019

Corizon Health, Inc. – St. Louis, MO

Senior Vice President and Chief Growth Officer, 12/2016 to 5/2018
Responsible for all business development activities including new business growth, maintenance of existing client base and proposal development. Successfully retained $375 million in existing business bid in 2017 and $640 million in new business revenue. Revised proposal process to include greater accountability improving overall quality of proposals.

Vice President Business Development, 01/2013 to 12/2016
Responsible for all business development activities regarding our state corrections business, including new business growth, retention of existing contracts and proposal development. Successfully achieved new business in excess of $2 billion including the largest contract in the history of the correctional healthcare industry with the Florida Department of Corrections of $229 million annually.

Director Business Development, 08/1989 to 01/2013
Responsible for business development activities regarding both state departments of corrections and community jail contracts in various regions of the country with a primary emphasis on large, statewide department of corrections contracts. Successfully helped grow revenue for the company from $200 million to $800 million annually.
Group Health Plan, Inc – St. Louis, MO

Sales Manager, 08/1981 to 08/1989
Start-up Health Maintenance Organization where I started in the pre-operational phase of the organization and helped launch the company and grow it to in excess of $100 million in annual revenue prior to the company being sold to Coventry Health Plan. Primary responsibility was large national accounts and employee enrollment meetings.

Education

Bachelor of Science, Business Administration, 1980
University of Missouri-St. Louis – St. Louis, MO

Personal

Married with two adult daughters. Strong family values. Willing to travel extensively.
Melanie’s role as Chief Financial Officer is to oversee VitalCore’s and Weigand-Omega’s accounting operations. Ms. Cook is a graduate of Bethel College where she earned her Bachelor’s degree in Accounting and Business Administration. Prior to her coming to Weigand Omega Management Melanie held the roles of Financial Operations manager for Harden Hospice, Business and Accounting Manager for Voyager Hospice care, and Director of Finance at the Kansas Masonic Home.
Roger Haden
President of Business Development

Roger Haden served the state of Kansas for over 34 years with the Department of Corrections, retiring as Deputy Secretary in 2011. During his tenure he specialized in the provision and management of programs and services both for staff and offenders. His oversight responsibilities included staff development and training, offender medical and mental health services, offender education and employment (through correctional industries) programs, and various offender treatment services.

As part of this oversight, Mr. Haden had significant responsibility for contracting for services including RFP development, proposal review, procurement negotiation, and contract monitoring for a variety of statewide programs. Prior to his work with the Department of Corrections, Mr. Haden was a secondary level instructor, continues to hold a teaching license in Kansas and does some substitute teaching at a local High School. Mr. Haden is a veteran having served with the US Army in Vietnam, and he is proud to be grandfather to 11 grandchildren.
Lori Prothro  
**Director of Human Resources**

Lori E. Prothro is the Director of Human Resources for Weigand-Omega Management, Inc., Omega Senior Living, and VitalCore Health Strategies (sister companies) with 20 years of Human Resources experience. In this position, she oversees all aspects of payroll and human resource management for more than 1,100 associates. Her department is responsible for such functions as Payroll, EEO Compliance, Recruiting, Staffing, Classification and Compensation, Benefit Administration, Occupational, Labor Relations and Training Development.

Lori is a valued, trusted leader who produces great results. She is a culture champion through her leadership and promotion of associate engagement and service innovation. She has differentiated talent models and has helped attract and develop top industry talent. She also provides direction on employee and organizational policies, strategies, and processes.

Prior to joining the Omega Senior Living team, she held several other positions in senior living corporations and the banking industry. During her tenure, she has transformed businesses by streamlining processes and spearheading initiatives to decrease labor costs with solid process implementations.

Lori currently sits on the Advisory Board of My Neighbor’s Keeper where she finds fulfillment helping those in need. She is a forward thinker, who thrives on helping others achieve their professional and personal goals, by lending her leadership and guidance. Lori graduated with a Bachelor’s Degree in Business Management with emphasis on Leadership and Human Resources.
John Branham Tomarchio MD, MPH, MBA, FACPM
Specialty: Preventive Medicine
Address: 104 Dutchfork Creek Trail, Irmo, SC 29063
Email: branhamtomarchio@gmail.com
Phone: 803-335-8857

Licensure

7/2011 - Present  South Carolina State Medical License

Residency Training

1/2015 – 12/2016  University of South Carolina- Preventive Medicine Resident
6/2008 - 1/2011  University of Virginia- House Officer Internal Medicine
6/2007 - 6/2008  Wake Forest Baptist Medical Center- Medicine Internship
Honors:  Elected to Graduate Medical Education Committee 2015
Awards/Honors:  UVA Medical Center- You Make A Difference Award 2010
Membership:  ACOEM, ACPM


Medical University of South Carolina College of Medicine
Awards/Honors:  MUSC- Outstanding Student of the Month February 2006
Graduate Education

1/2015 – 12/2017 Arnold School of Public Health- MPH Program
1/2016 – 5/2018 Darla Moore School of Business- MBA Program
Areas of Interest: Occupational Medicine, Public Health, Leadership, Finance

Undergraduate Education

9/1998 - 5/2002 Furman University, Greenville, SC- BS Biology Awards/Honors:
Dean's List
Scholar Athlete
Southern Conference Men's Tennis Championship

Certification

BLS, ACLS, PALS, MRO, DOT, MAT

Work Experience

1/2017 – Present PH USC Dept. Family and Preventive Medicine – Ass. Professor
1/2015 – 12/2016 University of South Carolina School of Medicine- Resident
5/2014 – 1/2017 Eau Claire Healthcare Cooperative- Physician
3/2014 – 1/2018 Mediko- Physician
6/2012 - Present Med Plus Disability Services- Examiner
9/2011 -10/2013 South Carolina Department of Corrections- Medical Director
6/2008 - 1/2011 University of Virginia- House Officer
6/2007 - 6/2008 Wake Forest Baptist Medical Center- Internship

Recent Academic Work

3/2015 Diabetes and Social Disparity Article
4/2015 Environmental Obesogens Lecture
4/2015 Marijuana Use and Racial Disparity Article/Lecture
<table>
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<th>Event Title</th>
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<tr>
<td>12/2015</td>
<td>Evaluating the Sprint Trial Journal Club</td>
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<tr>
<td>3/2016</td>
<td>Lung Cancer Screening</td>
<td>Lecture</td>
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<td>4/2016</td>
<td>Hep C Surveillance System Evaluation</td>
<td>Article</td>
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<td>6/2016</td>
<td>Occupation Related Amputation Injuries</td>
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<td>7/2016</td>
<td>CVD MVA Truck Drivers</td>
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<td>Clostridium Difficile Infection in SC</td>
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<td>5/2017</td>
<td>Suicide Prevention in Jails</td>
<td>Lecture</td>
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<td>8/2017</td>
<td>Introduction to Occupational Medicine</td>
<td>Lecture</td>
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<tr>
<td>8/2017</td>
<td>Introduction to Environmental Medicine</td>
<td>Lecture</td>
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Michelle Dunwoody
Regional Director of Nursing

Rear Admiral (RADM) Michelle E. Dunwoody is an Assistant U.S. Surgeon General of the United States Public Health Service (USPHS). She provides national level policy, programmatic, administrative, and health leadership as the Chief Nurse Executive/Director of the Nursing Program for the Federal Bureau of Prisons (BOP). RADM Dunwoody leads the largest discipline of health services staff within the BOP with over 1,400 nurses and nurse practitioners across the nation’s federal correctional healthcare system.

In this role, RADM Dunwoody created new nursing positions and implemented new nursing programs to support and elevate the nursing profession within the BOP. These innovations have significantly improved resource utilization of nursing services and inmate healthcare outcomes within the BOP.

RADM Dunwoody currently serves on numerous workgroups within multiple federal agencies and departments including appointments to the Surgeon General’s Professional Advisory Committee and adjunct faculty for the Uniformed Services University of the Health Sciences’ Women’s Health Doctoral Nurse Practitioner program. She is currently an Editorial Board member for the American Nurses Association’s Online Journal of Issues in Nursing and Editor for the nursing journal, Nursing Economics. She served as Incident Commander during the response to Hurricane Katrina in 2005 and as the USPHS Nurse Professional Advisory Committee Chair in 2009. In 2016, RADM Dunwoody served as Senior Public Health Advisor to the Mayor of Flint, MI in support of the Flint Water Crisis deployment. As such she facilitated capacity building and strengthened health diplomacy among City/County/State/Federal governmental and non-government organization’s stakeholders.

RADM Dunwoody is the recipient of over 30 uniformed services awards and nursing accolades, including selection as a Fellow for the American Academy of Nursing in 2018, a Meritorious Service Medal in 2014 for BOP Leadership and Nursing Excellence, and the USPHS Nurse of the Year in 2013. RADM Dunwoody has served in diverse roles throughout her USPHS career beginning in the BOP as a Nurse Practitioner at Federal Medical Center Carswell. She has also been assigned to the Centers for Medicare and Medicaid Services, the United States Department of Agriculture, and the Food and Drug Administration. RADM Dunwoody has come full circle returning to the BOP as its Chief Nurse in March 2010. RADM Dunwoody
graduated with a Bachelor's Degree in Nursing from Hampton University in 1989 and a Master of Science Degree and Women’s Health Nurse Practitioner Certification from the University of Maryland at Baltimore in 1999. She has been on active duty for a total of 28 years with combined United States Army and United States Public Health Service commissions.
Michelle Dunwoody, MS, BSN, WHNP-C
410-207-3589 • mdunwoody01@gmail.com
www.linkedin.com/in/michelle-dunwoody-06714863/

Chief Nurse Executive

Dedicated to building a strong nursing workforce and a strong public health infrastructure. Specialized expertise in federal correctional health care.

<table>
<thead>
<tr>
<th>Program Development &amp; Implementation</th>
<th>Identifies synergistic opportunities to develop and implement change management processes, create systems, and evaluate complex problem areas to produce programs that promoted competency, expanded opportunities, and ensured optimal use of nursing resources.</th>
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<tr>
<td>Standardization Protocols</td>
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<td>Direct Patient Care</td>
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<td>Multi-Site/Institution Oversight</td>
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<td>Staffing, Recruitment &amp; Retention</td>
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<td>Joint Commission Accreditation</td>
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Education, Licensure & Certification

University of Maryland, Baltimore, MD
Master of Science, With Honors, Women’s and Adult Health Nurse Practitioner, 5/1999

Hampton University, Hampton, VA
Bachelor of Science, With Honors, Nursing, 5/1989

State of Maryland
Registered Nurse, Expires 12/2019
Nurse Practitioner, Expires 12/2019

NCC
Nurse Practitioner Certification, Expires 6/2020
Board Certified Women’s Health Care Nurse Practitioner, 5/1999

Nurse Executive Experience

US Public Health Service (USPHS) 1997-Present
Federal Bureau of Prisons (BOP), Washington, DC
Chief Nurse Executive, Health Services Division, 3/2010-Present

Direct $90 million national program – totaling 31% of Bureau’s health services staff – and provide policy, programmatic, and administrative oversight for 1,400 nurses and nurse practitioners. Advise Director and Assistant Director regarding nursing in 122 federal prisons with 7 medical centers, 115 outpatient clinics, inpatient care, long-term care, specialty services, hospice, and advanced care units for 190,000 federal inmates.

Serve as health system advocate for delivery of comprehensive quality care. Conduct on-site evaluations at facility level and prepare recommendations regarding utilization of nursing staff, program implementation, resource utilization, and staff development needs. Regularly collaborated across agencies.
with Department of Justice, Department of Defense, USPHS, and Office of the Surgeon General.

Selected Accomplishments

- Drove initiative to expand from 0 staff to 8 program managers and regional nurses to ensure that correctional health care is provided in safe, effective, equitable, and interdisciplinary manner; that units are staffed with competent, qualified nurses and support personnel; that competency levels are regularly assessed; and that quality standards are enforced.
- Created new national standardized nursing protocols and Bureau-specific programs, including:
  - National Nursing Sick Call and Urgent/Emergent Care Protocols
  - Multidisciplinary diabetes management and education program
  - Recruitment, mentorship, retention, recognition, and succession planning programs
  - Multidisciplinary wound care management program
  - RN/Paraprofessional Duties Chart
  - Patient education handouts
- Launched workgroups for Policy Development/Evaluation and Implementation, Nurse-Managed Programs (Diabetes/Wound Care), BEMR, Continuing Education/CENTRA, Nursing Protocols, and Recruitment, Orientation, Mentoring, and Preceptorship.
- Established Nurse-Led Preventive Health Certification and Clinical Skills Training & Competency Assessment programs; created templates, tools, and resources for 150 Registered Nurse and advanced practice providers as trainers; 1,000 nurses advanced practice providers have been trained since 2014.
- Developed clearly defined career progression opportunities, including Executive Nurse Trainee, to address historic turnover; improved morale and increased retention by 24%.
- Created BOP’s first specialty nursing position for Psychiatric Nurse Practitioner.

Deployment Example – Flint, MI

- Selected for special assignment to serve as Senior Federal Public Health Advisor to Mayor’s Office for 3-month deployment during response to man-made lead water disaster/emergency.
  - Facilitated capacity building and health diplomacy among city, county, state and federal governmental and non-governmental organization stakeholders.
  - Developed health infrastructure and served as liaison with agencies engaged in health and human services work; convened health advisory board for Mayor.
  - Spearheaded successful efforts to define role and secure 3-year, $800,000 Ford Foundation grant for Flint’s first Public Health Advisor; this initiative serves as role model for other cities.
  - Directed content development for multiple platforms, outlets, media, and end products.

Food and Drug Administration, Division of Nonprescription Clinical Evaluation, Silver Spring, MD

Regulatory Program Management Officer, 1/2009-3/2010

Provided oversight of FDA review and approval process for 17 categories of over-the-counter drug products from initial submission to approval, termination, or withdrawal. Facilitated cooperative relationships with and between industry executives and FDA; collaborated to develop project plans (timeframes, milestones, and endpoints) in accordance with Prescription Drug User Fee Act (PUDFA).

Served as contact for all application communications, policy regulations and guidance for assigned drug classes; ensured compliance with all legal and regulatory policy requirements. Monitored project deliverables, analyzed review status, resolved resource conflicts, and maintained application databases during secondary and tertiary review.

Nursing Professional Advisory Committee, Washington, DC

Chair, N-PAC, 10/2008-9/2009

Selected to lead 20-member committee comprised of civil service and Commissioned Corps nurses that provides consultation to US Surgeon General, PHS Chief Nurse Officer (CNO), and agencies utilizing PHS
Michelle Dunwoody, MS, BSN, WHNP-C

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personnel. Represented PHS at recruiting, in-service, and outreach events.

- Streamlined sub-committee structure from 16 to 8, aligning all sub-committees with PHS goals.
- Spearheaded development and launch of new N-PAC website, new nurse category website, and Facebook page to better communicate service information and recruiting opportunities.
- Facilitated career development portion of CJ Reddy Junior Officer Leadership course.

US Department of Agriculture, Food Safety and Inspection Service (FSIS), Washington, DC


Acted as human resources lead for up to 25 PHS officers from all categories for career development advice, supervisor and new officer training, PHS regulations, and officer and Commissioned Corps advocacy. Also tasked as PHS/FSIS Awards Board Coordinator, Acting Medical Officer for USDA’s Worker’s Compensation Branch, and USDA/FSIS agency recruiter. Compiled and presented cost analysis, including ROI, on use of Commissioned Corps personnel. Facilitated deployment of FSIS and FDA officers.

- Recruited 5 new officers into USDA within first 9 months.
- Coordinated across agencies to convert civilian Veterinarian to PHS; increased veterinarian career opportunities, leading to improved retention.
- Presented compelling argument for Basic Officer Training Course funding for all assigned PHS officers.
- Developed supervisory training, updated FSIS orientation guide, and created web-based training on information specific to Commissioned Corps.
- Supported presentations at annual health fairs, local elementary schools, and diversity conferences.

Centers for Medicare and Medicaid (CMS), Program Integrity Group, Baltimore, MD

Senior Health Insurance Specialist, 1/2003-11/2005

Selected for assignment to office that serves as focal point for all national and state-wide Medicare and Medicaid programs as well as fraud and abuse issues. Developed, interpreted, and implemented health care financing policy, examined private health insurance industry, and identified trends in health care utilization. Served as liaison with industry, regional and national offices, federal agency officials, federal law enforcement officials, and other constituent leaders. Projects included:

- Project Officer/Government Task Leader: Developed MMA fraud and abuse policy manual.
- Project Officer - Contract Administration: Managed $18 million contract with 3 task orders covering 3 states to detect and abolish fraud, waste, and abuse in Medicare programs.
- President’s Management Agenda: Led initiatives to incorporate Performance Based Contracting, oversee Medicare fee-for-service contractors, implement Government Performance and Results Act (GPRA), and implement MMA Medicare Part D pharmaceutical benefit.
- Conducted reviews of beneficiary medical records for fraud and abuse.

Teaching & Instruction Experience

Uniformed Services University of Health Services, Bethesda, MD

Adjunct Professor, Doctoral Family and Women’s Health Nurse Practitioner Program, 9/2014-Present

- Nominated to provide on-going support for newly established training program.
- Served as Course Coordinator (Drugs in Pregnancy and Lactation), Didactic Lecturer (Drugs in Pregnancy and Lactation, Postpartum Care, Ethics in Correctional Healthcare), and Clinical Instructor (Ultrasonography in Pregnancy and Gynecologic Anatomy).
- Delivered instruction via Simulation Center; provided detailed student evaluations.
- Served as facilitator for School of Medicine and School of Nurse inter-professional curriculum.
Clinical Experience

USPHS, National Naval Medical Center, Bethesda, MD
**Nurse Practitioner (Volunteer)**, Women’s Health (Obstetrics/Gynecology), 12/2010-10/2012
**Nurse Practitioner (Volunteer)**, Women’s Health (Obstetrics/Gynecology), 8/2003-11/2005

USPHS, Walter Reed Army Medical Center, Washington, DC
**Nurse Officer**, Operating Room, 11/2002-1/2003

USPHS, Bureau of Prisons, Fort Worth, TX
**Nurse Practitioner, Primary Care**, Federal Medical Center Carswell, 5/1999-10/2002

USPHS, Magellan Call Center, Columbia, MD

USPHS, University of Maryland Medical Center, Baltimore, MD
**Staff Nurse, Labor and Delivery**, 7/1997-12/1998

Holy Cross Hospital, Silver Spring, MD

**Staff Nurse, Perioperative**, Walter Reed Army Medical Center, 8/1990-7/1993
**Staff Nurse, General**, McDonald Army Community Hospital, 7/1989-7/1993

Additional Experience

MEDHealth Consulting, Ellicott City, MD
**Consultant**, 10/2017-Present
Launched practice to leverage expertise in correctional nursing for program development, standardization protocols, and staffing, recruitment, and retention. Provide medical diagnostic evaluations and physical exams.

US Army Recruiting Command, Fort Meade, MD
Supervised 10 personnel charged to source and recruit qualified Nurses and Physician Assistants; verified credentials and professional status; counseled applicants regarding Army Reserve service requirements.

Publications


Dunwoody, M. & Robinson, M, (2006), Safe vs. Sorry – 50 plus STI’s and Complications. (Copyrighted)

Selected Presentations

New York University, “Nurses Address Health Equity”/Invited Panelist, New York, NY, 2/2017
BOP Nursing Program, Speaker for Inter-Agency Medical Council, Washington, DC, 9/2016
Success in Advancing Your Career, Invited Keynote Speaker, Bureau of Prisons, 7/2015
Johns Hopkins’ School of Nursing, Bureau of Prisons Nursing Opportunities/Recruitment, Baltimore, MD, 3/2014
Kaplan University, Bureau of Prisons Nursing Opportunities/Recruitment, Online Webinar, 2/2014
Nursing Success, Invited Keynote Speaker, Hampton University, Hampton, VA, 5/2013
BOP Nursing Career Opportunities, COF Symposium, College Park, MD, 6/2012
BOP Nursing Opportunities, Federal Nursing Chiefs Meeting, Rockville, MD, 2/2012
Clinicians and Corrections: What’s the Connection, American Correctional Association Conference, San Antonio, TX, 1/2011
BOP Nursing Overview and Implications from the Patient Care Affordable Care Act, Federal Nursing Chiefs Meeting, Rockville, MD, 9/2010
PHS Opportunities for FSIS Veterinarians, FSIS Student Veterinarians, Washington, DC, 2007 - 2008
Safe vs. Sorry – 50 plus STI’s and Complications – Poster Presentation, Commissioned Officers Foundation Scientific Symposium, Cincinnati, OH, 2007
PHS Career Opportunities at CMS, N-PAC Nurse Recognition Day, Centers for Medicare and Medicaid, Baltimore, MD, 2005

Memberships

The American Correctional Association, 2015, 2018 – Present
American Nurses Association – Editorial Board Member, 2014 - Present
COA National and Local Branch Member, 2001 – Present
Sigma Theta Tau International Honor Society of Nurses, 1987 – Present

Selected Training

AHA BLS for Health Care Providers (CPR & AED), Expires 2/2019
JMESI CAPSTONE Course for MHS Leaders, 11/2015
Delegating Nurse, 6/2014
BOP Contracting Officer Technical Representative (COTR), 2/2011
Investigational New Drug Regulations and Policy Course, 2/2009
Associate Recruiter Training, 3/2007
Law Enforcement Drug Benefit Forum, 3/2005
FEMA NRP Training, 6/2006
Independent Officer Training Course (IOTC), 5/2003
Basic Project Officer Course: Standard, 4/2003
Basic Officer Training Course (BOTC), USPHS, 10/2001
Intro to Correctional Officer Training, Bureau of Prisons/USPHS, 7/1999
Institutional Familiarization, Bureau of Prisons/USPHS, 8/1999
Selected Awards

US Public Health Service
Outstanding Service Medal, 2016
Crisis Response Service Award, 2016, 2006
Presidential Unit Citation, 2016
Meritorious Service Medal, 2015
Outstanding Unit Citation, 2015
Nurse of the Year, 2013
Commendation Medal, 2011, 2006
Special Assignment Award, 2011
Navy Meritorious Unit Commendation, 2010
Outstanding Service Medal, 2008
Outstanding Unit Citation x 3, 2007-2008
DHHS Secretary’s Award for Distinguished Service, 2005
Citation, 2004
CMS Administrator’s Achievement Award, CMS, 2004
Hazardous Duty Award, 2000

US Army
Meritorious Service Medal, 1997
Army Commendation Medal, 1993
Army Achievement Medal, 1990
Kathleen Maurer
Regional Associate Medical Director - MAT

Dr. Kathleen Maurer was the CTDOC Director of Health and Addiction Services and Medical Director. Before assuming her current post in 2011, she was the assistant medical director at Correctional Managed Health Care. Recent initiatives include expanding Medicaid access to halfway house residents, integrating Medicaid utilization management with the correctional system, and developing a system-wide medication assisted therapy program for the CTDOC.

Dr. Maurer is an author of the monograph “Hepatitis C in Correctional Settings: Challenges and Opportunities,” and recently co-authored an article entitled, “A major challenge for corrections: National survey findings identify challenges in recruiting and retaining correctional health care professionals”. In September 2016, Dr. Maurer was awarded the CCHA Correctional Health Leadership award. She also is a Member of the Institute of Medicine Committee charged with evaluating the feasibility of eliminating Hep-B and Hep-C in the US. Dr. Maurer is board certified in internal medicine, occupational and environmental medicine, and addiction medicine. She received a medical degree and a Master of Public Health from Yale University School of Medicine and a Master of Business Administration from the University of Connecticut.
Katleen F. Maurer, MD, MPH, MBA

Work Address
24 Wolcott Hill Road
Wethersfield, CT
860-692-6888

Education & Training

MBA, University of Connecticut, Storrs, CT. (2001)
Fellowship in Preventive Medicine
Yale University School of Medicine
Parkland Memorial Hospital, University of Texas
Southwestern Medical Center, Dallas, Texas
MD, MPH, Yale University School of Medicine, New Haven, CT (1980 –1985)
MA, Geography/Environmental Studies, University of Toronto,
Toronto, Canada (1978)
BA, Geography, University of Hawaii, Honolulu, Hawaii (1972)

Professional Experience

2018 -Present
Chief Addiction Services Officer. Responsible for management of
substance use disorder treatment in the Connecticut Department of
Correction.

2011-2018
Correctional Medical Director and Director of Health and Addiction
Services. Connecticut Department of Correction, Wethersfield,
Connecticut. Responsible for general oversight of all inmate patient
health services as well as program development for inmate patient
healthcare at the Connecticut Department of Correction. Focus is on
contract monitoring and compliance with Correctional Managed Health
Care, a division of the University of Connecticut Health Center health
services vendor. Current special projects include improving the quality
of inmate patient care, creation of nursing home capacity in the
community for releasing disabled and impaired inmate patients (60
West Project), integration of inmate patient care with Medicaid providers
in the community especially for halfway house patients and focusing on
federally qualified health centers; medication assisted therapy
programs; identifying opportunities within the Affordable Care Act to
supplement care for entering and exiting offenders, tobacco education,
prevention and cessation programs for inmate patients and a special
emphasis on re-entry programs for very ill inmate patients.

2010-2011
Assistant Medical Director, Correctional Managed Health Care (CMHC),
University of Connecticut Health Center, Farmington, Connecticut.
Responsible for day-to-day operation of the utilization management
process for inmate medical care within the Connecticut correctional
system. Manage hospital length of stay for inmates at John Dempsey
Hospital (JDH), the major teaching hospital for the University of
Connecticut Health Center, as well as develop cost saving strategies for
hospital care such as weekend discharges and bill review. Responsible
for coordination of medical inmate patient transfers involving state and regional hospitals and correctional facilities. Provide medical consultation and support to attorneys general involved in defending CMHC in inmate legal actions. Additional tasks include broad-based responsibility for process improvement around, and re-structuring of, the medical utilization management activity for Correctional Managed Health Care.

2006 –2009

Associate Medical Director and Vice-President, The Hartford, Hartford, Connecticut. Responsible for developing and piloting medical management strategies for large loss workers’ compensation claims (e.g., chronic pain strategy). Participated in development of medical analytics group for large loss workers’ compensation claims and predictive modeling for risk assessment and strategy development. Products and tools developed to date are: VISTA (volatility identification, measurement, and triage tool)—patent pending; Back Surgery Decision Tree Evaluation Tool—patent pending; and the Universal Medical Review Tool (data organization device)—patent pending. Ongoing work includes the Early Claim Intervention project which is part of the more expansive back fusion strategy. All products are designed to allow for enhanced medical management of claims to assure the best possible outcomes for claimants. In addition, I manage the nursing staff responsible for the production of CMS (Center for Medicare and Medicaid Services) required Medicare Set Aside Allocation (MSA) documents as well as the calculation of reserves for catastrophic and large loss claims. Member of the team and medical consultant to those responsible for large loss claim management including developing practices for the field operation. Initiatives with Large Loss Medical Unit have included an ongoing Six Sigma approach to process improvement resulting in a 50% increase in productivity per nurse consultant over a 2-year period. Green belt trained and certified.

1999 –2006

Medical Director, Sikorsky Aircraft Corporation, Stratford, Connecticut. Responsible for management and operations within Medical Department at large helicopter factory (9,500 employees). This included patient care (14,000 patient visits/year) as well as disability and injury management, medical surveillance, travel medicine, and AED, Blood Borne Pathogen and FAA Drug and Alcohol programs. Key initiatives for 2006 were reduction of workers’ compensation costs through comprehensive injury and disability management system and developing corporate pandemic flu response policies and protocols. Initiatives have included a legacy claims resolution program (2005), a workers’ compensation preferred provider organization (implemented 3/01; revision 2005), introduction of lean management techniques to the medical department (2004), electronic medical record system (implemented 2002), an integrated disability management program (implemented 01/01), and an injury prevention program incorporating process improvement into ergonomic injury risk reduction (ongoing). An example of this activity includes a study evaluating the ergonomic and noise risk associated with various fastener-types. This data will be used to evaluate alternative fasteners and process improvements involving new types of fastening technologies in the aerospace industry. In addition, I developed a very successful women’s mentoring program at Sikorsky (2002) and continue to provide leadership and mentoring through the program.

1997 - 1999

Assistant Director, Section of Occupational Medicine, Saint Francis Hospital and Medical Center, Hartford, Connecticut. Medical Director responsible for development and operations at first satellite clinic, Center for Occupational Health, in Windsor, CT. Activities include patient care, business and network development, network protocol and
guideline formulation and management, medical surveillance as well as administrative duties at site.


1995 - 1997 Consulting Medical Director, Bradley Healthcare for Business, Bradley Memorial Hospital and Healthcare Center, Southington, Connecticut. Responsible for direction of clinic including case review and workers’ compensation case management.

1995 - 1997 Occupational Physician, Occupational Medicine Services of Immediate Medical Care Center, Hartford, Connecticut. Responsibilities include direct patient care at several industrial facilities as well as program development, case and disability management and on site evaluation and remediation of occupational hazards. Extensive experience as a consultant with Pratt & Whitney Medical Department while at IMCC.

1991 - 1996 Executive Director, Connecticut Road Industry Surveillance Project & Associate Research Scientist, Yale University School of Medicine. Designed and built a statewide lead surveillance system that has virtually eliminated lead poisoning in bridge workers across Connecticut. Selected by NIOSH as one of its 5 best programs funded during its first 25 years and featured in NIOSH 25th anniversary film.


Other Work Experience


Research Associate, Ontario Environmental Assessment Board, Toronto, Canada. Designed a public participation program for Province-wide environmental review board.

Executive Director, Planning Services Foundation, Honolulu, Hawaii. PSF is a not-for-profit corporation that places Vista volunteers in local communities for planning and architectural assistance.

Legislative Aide, Hawaii State Legislature, Honolulu, Hawaii. Advised legislator about environmental and health policy issues relevant to the state.

Prizes, Honors, & Awards

Phi Beta Kappa, University of Hawaii
Graduated first in class of 2,000 students from University of Hawaii
Executive Intern, Office of the Governor, State of Hawaii
University Teaching Assistantship, University of Toronto
Member, University-wide committee to design environmental studies core curriculum, University of Toronto
Hunter-Grubb Foundation Scholarship, Medical Student, Yale University School of Medicine
Leonard Teaching Fellowship, Hartford Hospital
Member, Steering Committee, DOT Research Grant, Laborers’ Health & Safety Fund of North America
Member, Board of Directors, Connecticut Lead Project, a not-for-profit organization training inner city residents to do lead abatement in housing
Contributing Editor, Journal of Protective Coatings & Linings, the leading trade journal of the coatings industry
Best Article of the Year Award given by the Steel Structures Painting Council for article published in the February 1995 Journal of Protective Coatings & Linings.
CRISP—Connecticut Road Industry Surveillance Project—selected by NIOSH as one of 5 best projects funded by agency in first 25 years, 1996.
Member, Medical Advisory Committee, HDI, a national PPO, case management, and utilization review organization located in Connecticut, 1998.
Fellow, American College of Occupational and Environmental Medicine, 1998.
Elected Member, Connecticut Academy of Science and Engineering, 2004 - present.
Past member and chair of the membership committee
Elected Member, Insurance Rehabilitation Study Group, 2008
Program Co-Chair, Insurance Rehabilitation Study Group, 2010 National Conference
Elected to national Board of Governors, American Correctional Association, 2015 - present.
Member, Delegate Assembly, America Correctional Association, 2015 – present.
Appointed to Co-Chair, Research Council, American Correctional Association, 2016.
Named Chair, Research and Outcomes Working Group, Coalition of Correctional Health Authorities, a group including all state correctional health authorities and several large jails. 2014 to 2018.
Presented with annual Community Partnership Award from APT Foundation, a Connecticut based opiate treatment program provider, 2016
Board Member, New England Association of Drug Court Professionals (NEADCP) 2017, onward.
Co-Chair, Justice Subcommittee of the Connecticut state Alcohol and Drug Policy Council, the statewide statutory committee responsible for setting substance use disorder policy for Connecticut.
Honored by the American Association for the Treatment of Opioid Dependence (AATOD) with the Dole/Nyswander “Marie” Award which recognizes outstanding contributions to opioid treatment, March 12, 2018.

US Patents and Invention Disclosures

Title: System and Method for Predicting and Responding to Likelihood of Volatility
Filed: 12/19/2007
Status: Pending application; Patent granted 2012.
Application Number: 20080147448
Title: System for Evaluating Potential Claim Outcomes Using Related Historical Data
Filed: 05/14/2009
Status: Pending Application;
Application Number: Pending

Board Certification, Eligibility, and Licensing

2015  Board Certified in Addiction Medicine (American Board of Addiction Medicine)
1994  Board Certified in Preventive Medicine--Occupational Medicine
1991  Board Eligible in Preventive Medicine -- Preventive Medicine
1988  Board Certified, Internal Medicine

Licensed to practice in Texas (1987, #H1897) and Connecticut (1988, #029327)

Other Certifications

1997-2000  American Board of Independent Medical Examiners Certification
1996-2007  Medical Review Officer Certification
2008  Certified Mediator, University of Connecticut Labor and Education Center with
Quinnipiac University Center on Dispute Resolution (40 hours classroom
instruction)

Grants and Contracts

Funding to provide smoking cessation and prevention services to youthful offenders, rapid
turnaround jail population, and women of childbearing age in Department of Correction facilities.

State of Connecticut Auxiliary Clinic Funding Grant, $20,000, 1996-1997 and 1995 - 1996, to
develop information database, ER and Occupational Medicine communications link at Bradley
Memorial Hospital and Healthcare Center.

Connecticut Road Industry Surveillance Project (CRISP) (NIOSH U60/CCV106170); Mark Cullen,
MD, PI, TDC $250,000 for 1995-96 to conduct cost benefit analysis of CRISP project.

Connecticut Road Industry Surveillance Project (CRISP) (NIOSH U60/CCV106170); Mark Cullen,
MD, PI, TDC $156,000/year.

Supplement to Connecticut Road Industry Surveillance Project (CRISP), 1992 - 1995,
$92,000/year.

Environmental Medicine Teaching Project (ATSDR), 1989 - 90, $30,000 to create a videotape to
teach healthcare providers to take occupational and environmental histories, develop a computer-
aided environmental database, and create a resource guide for citizens.

Participate in joint DOC/academic research partnerships including:

- CT DOC co-lead in Implementation Science Project involving MAT with Dr. Warren
  Ferguson, University of Massachusetts Medical Center, 2016 and 2017.
- CT DOC co-lead in Implementation Science Project involving treatment of HCV infection
  in corrections with Dr. Warren Ferguson, University of Massachusetts Medical Center,
  2017 – present.

Publications


Maurer, KF, Gondles, EF, Efeti, D, and Strom, HV. Hepatitis C in Correctional Settings: Challenges and Opportunities. Published by the American Correctional Association, April 2015.


Technical Assistance Support

Support from the National Institute of Corrections to conduct 2.5-day mapping session using the Gains Intercept Model to identify Medicaid enrollment opportunities for offenders throughout the entire criminal justice system in Connecticut. December 2013.

Support from the National Institute of Corrections to conduct 2-day mapping session of information linkages between multiple involved state agencies to facilitate electronic entitlement enrollment, management and re-integration of criminal justice involved populations. October 2014.

Conference and Other Presentations


American Correctional Association Summer Conference, August, 2014, Salt Lake City

Joint Presentation with Dr. Raman Singh on the Patient Protection and Affordable Care Act—Opportunities for Cost Containment in Corrections. Presented at the 2014 Annual Summer Conference of the American Correctional Association, Salt Lake City, Utah, August 2014.

Panel Moderator with 4 Panel Members at Plenary Breakfast entitled: The Changing Landscape in Hepatitis C Treatment. At the American Correctional Association Summer Conference, Salt Lake City, UT, August 2014.


American Correctional Association Summer Conference, August 2015, Indianapolis

Workshop convener and presenter with two others at workshop entitled: Medication Assisted Therapy in Corrections: The Options. At the American Correctional Association Summer Conference, August 2015, Indianapolis, IN.
Workshop convener and presenter with two others at workshop on correctional approaches to HCV disease. Presentation title is: Hepatitis C in Corrections: An Update. At the American Correctional Association Summer Conference, August 2015, Indianapolis, IN.


December 6, 2016. Presentation entitled ADPC Recommendations and Correctional MAT Treatment: An Update. Presented to the Connecticut Alcohol and Drug Policy Council (ADPC). ADPC is a statutory body responsible for determining substance use disorder policy for the state of CT.

ACA Winter Conference—January 20 – 24, 2017, San Antonio


ACA-Coalition of Correctional Health Authorities (CCHA) New Health Authorities Training, Alexandria, VA. March 21 – 24, 2017. CCHA faculty member. Presented 3 separate training lectures on Medication Assisted Treatment in Corrections: A Primer; HCV Treatment in Corrections; and Issues and Approaches to Recruitment and Retention of Correctional Healthcare Providers. CCHA is an organization of all 50 state health authorities and those from the 5 largest US jails.

April 3, 2017. Presentation entitled The Opioid Epidemic & Criminal Justice to the Judicial and Media Committee in Connecticut.

May 16, 2017. Presenter and panel member on Perspectives on Forensic Care and Addiction presented at international conference entitled Recovering Citizenship: Moving Toward Innovation in Addiction & Forensic Care. Sponsored by the Program for Recovery and Community Health (PRCH) unit at Department of Psychiatry, Yale University.


June 9, 2017. Substance Use Disorders in the Criminal Justice Population: Challenges and Opportunities. Presented at the CSSD-sponsored Opioid Symposium for Criminal Justice System Providers. (CSSD is Court Support Services Division, a unit of the judicial branch in CT responsible for bail, probation, and youthful offender services).


June 2017, presented to Yale University School of Medicine Addiction Medicine rounds on MAT in corrections and CT DOC.
ACA Summer Conference—August 18 – 22, 2017; St. Louis

August 21, 2017—Chaired Plenary Session on Medication for Addiction Treatment (MAT) in Corrections with speakers Drs. Kelly Clark (ASAM President) and Aaron Fox (Associate Professor of Medicine at Albert Einstein College of Medicine/Montefiore Medical Center), and Secretary John Wetzel (PA Department of Corrections) and Sheriff Patrick Firman, Denver, CO.

August 20, 2017—Presented as member of joint workshop on HCV in Corrections, Advancing the Cure: Hepatitis C Viral Infection I Corrections.


August 18 to 22, 2017—Chair of Ad Hoc subcommittee on MAT adoption in corrections responsible for drafting resolution for MAT in corrections and managing successful adoption in Policy and Resolution Committee, Board of Governors, and Delegate Assembly.

September 28 – 30, 2017. All Health Authority Training faculty member. Spoke on MAT in Corrections, Treatment of HCV in Corrections, and Challenges of Recruiting and Retaining Correctional Healthcare Staff.

ACA Winter Conference--January 5 – 9, 2018; Orlando

January 6, 2017—Presented to Association of State Correctional Administrators (ASCA) on approaches to managing aging, impaired and disabled populations in Corrections;

January 6, 2017—Presented as member of joint workshop team on MAT in corrections on pre-arraignment diversion and facility-based treatment using methadone

Chair of Ad Hoc subcommittee on MAT adoption in corrections responsible for drafting policy for MAT in corrections and managing successful adoption in Policy and Resolution Committee, Board of Governors, and Delegate Assembly.

Additional Presentations during 2017

September 21, 2017, Presentation to the City of Bridgeport Re-entry Roundtable on MAT programs in corrections;

October 7, 2017, presentation entitled Medication Assisted Treatment in Justice Populations, Northeast Association of State Correctional Administrators (NE ASCA), Mystic, CT

October 13, 2017, Presentation on MAT to CT DOC Top Managers Meeting

October 17, 2017, Presentation on Update on CT DOC MAT Projects to the Connecticut Alcohol and Drug Policy Council (ADPC)

Keynote speaker at Annual 2017 Connection Agency Conference on Addictive Disorders; October 23 and 24, 2017, Wesleyan University, Middletown, CT. Presentation entitled Treating Substance Use Disorders I the Correctional Population: Addressing the Challenge.

Presentation on Medication Assisted Treatment and its Application to the Department of Correction at the Court Support Services Division annual training symposium at Gateway Community College, New Haven, CT, November 3, 2017.

Invited to speak at the New England Association of Drug Court Professionals on the utilization of MAT in the justice system, November 30, 2017
November 8, 2017. Medication Assisted Therapy and Its Application to the Justice System. Presented to a joint training session for the Kansas Department of Correction healthcare and security staff members, Topeka, Kansas.

Invited participant to SAMHSA/BJA Expert Panel on Medication-Assisted Treatment, January 29 – 30, Rockville, MD


Presented 3 topics during new health authority training in Alexandria, Virginia, February 2018. Spoke on treatment of hepatitis C viral infection in corrections, medication for addiction therapy (MAT) in corrections, and workforce retention and recruitment in corrections. Selected to participate in this program because of my role as CT correctional health authority.

Presented “Best Treatment Practices in Correctional Settings: From Pre-Diversion to Parole” at the National Rx Drug Abuse & Heroin Summit, the largest annual conference addressing the opioid crisis. April 5, 2018, Atlanta, GA.

Presented “Medication Assisted Treatment (MAT) for Opioid Use Disorder: Is there a Role for Corrections?” at the North American Association of Wardens & Superintendents, May 2, 2018, Tempe, AZ.

Presented “Opioid Use Disorder in the Justice System: The CT Experience with MAT,” at the 2018 CT Opioid & Prescription Drug Overdose Prevention Conference sponsored by the Connecticut Department of Public Health, May 16, 2018, Bristol, CT.

Testimony before Connecticut State Legislature and Legislative Boards.


Testimony to the Tobacco and Health Trust Fund Board regarding the CT DOC Smoking Cessation Project—Year I Summary Report and Presentation. October 2, 2013.


Testimony to the Tobacco and Health Trust Fund Board regarding the CT DOC Smoking Cessation Project—Year II Summary Report and Presentation. 2014.


Testimony to the Tobacco and Health Trust Fund Board regarding the CT DOC Smoking Cessation Project—Mid-Year III Summary Report and Presentation. September 2015.

Annual update to the Tobacco and Health Trust Fund Board on the CT DOC Tobacco Education, Prevention, and Cessation Project funded by the Tobacco and Health Trust Fund Board, October 25, 2017

Testimony to provide Update on Halfway House Tobacco Use Education, Prevention, and Cessation Projects to the Tobacco and Health Trust Fund Board, December 20, 2017.
Other Activities

Quotation from New York Times article selected by the Public Health Institute for one of the PHI’s Quotations of the Year (We don’t take people’s insulin or asthma inhalers away from them, why should we take away their methadone.”), December 2017.

Physician prescriber and team member for Department of Emergency Services and Public Protection (DESPP) (State Police) naloxone administration program. Program began in October 2014. By 2018, almost 200 lives have been saved.

Instrumental in creating Treatment Pathway Program, a pre-arraignment diversion program in the Connecticut court system. 2016. Single program has been expanded to 3 programs.

Radio show taping on show on addiction and recovery, hosted by Ann Baldwin, November 3, 2017

Deputy Chair, American Correctional Association Committee to Develop National Correctional Healthcare Database (Kick-off meeting October 12 and 13, 2017).

Co-Chair, Criminal Justice Subcommittee of the Connecticut Alcohol and Drug Policy Council (ADPC)

Secure funding for Medication Assisted Treatment (MAT) expansion, leader in national corrections movement for expanding MAT in corrections. Successfully established joint American Correctional Association and American Society of Addiction Medicine policy and working group supporting medication for addiction treatment (MAT) in corrections.

Member of the National Institute of Corrections (NIC) Public Safety-Public Health Opioid Outreach Partnership meeting group. Partnership for Effective Opioid Responses Forum, 2017 forward.

August 20, 2017. Member of team that developed 8-hour training course on hepatitis C virus infection treatment for correctional medical staff and presented the training to correctional health staff. It is entitled Advancing the Cure and presented several times.

Professional Organizations and Activities

American College of Occupational and Environmental Medicine
Connecticut Academy of Science and Engineering
Occupational and Environmental Medicine Association of Connecticut
American College of Physicians
American Society of Addiction Medicine
American Correctional Association
American Medical Association

In addition to the above, co-authored and presented a 12-part series of occupational medicine lectures designed to enable health care professionals to practice occupational medicine more effectively.
Sarah Bur, MPH, RN, CIC
3206 Montebello Terrace
Baltimore, Maryland
21214
sarahbur2@gmail.com
202-598-9335 (c) 443-296-5029 (h)

Education/Certification/Awards

Certified in Infection Control (CIC), January 2017
Certification Board in Infection Control and Epidemiology

Federal Bureau of Prisons (Central Office) Employee of the Year, June 2016

Dr. David Glasser Tuberculosis Control Award (State of Maryland),

1997 Master of Public Health, May 1987
Johns Hopkins University Bloomberg School of Public Health
Baltimore, Maryland

Bachelor of Science in Nursing, May 1981
University of Maryland at Baltimore
Professional Experience

2009-present Infection Prevention & Control Coordinator, Federal Bureau of Prisons
Oversee the Infection Prevention and Control Program for 122 federal prisons, ~180,000 federal inmates and ~39,000 staff. In 2009 there was no standardized infection control program in the BOP; each facility had developed their own program. Over the last 10 years established a national program with a standardized set of program tools.

- Developed a 15-session intranet Infection Prevention & Control (IP&C) orientation program.
- Developed program tools & templates including IP&C Annual Calendar, IP&C Procedures Template, Bloodborne Pathogen & TB Exposure Control Plans, IP&C Risk Assessment, standardized line lists for multiple disease processes, etc.
- Designed & maintain IP&C website for field staff to access the electronic “Infection Prevention & Control Tool Box.”
- Responsible for writing and updating the following BOP clinical practice guidelines: Medical Management of Exposures, Hepatitis A, Immunization, Seasonal Influenza, Lice, Scabies, Tuberculosis, Varicella. Available at: https://www.bop.gov/resources/health_care_mngmt.jsp
- Developed standardized, OSHA-compliant infectious disease training for new staff and annual training.
- Oversee TB prevention and control, TB case management and contact investigation.
- Consult on infectious disease issues and outbreak investigations. Serve as epidemiologist managing data for large contact/outbreak investigations.
- Coordinated evaluation of isoniazid-rifapentine 12-week, 12-dose treatment for latent TB infection in BOP demonstrating 92% completion rate.

Contracted with the Federal Bureau of Prisons (BOP) to write and publish clinical practice guidelines and develop professional educational programs and materials. Clinical practice guidelines written or revised include: HIV, Hepatitis C, Lipid Disorders, Tuberculosis, MRSA, Management of Bloodborne Pathogen Exposures, Anticoagulation, and Preventive Health Care. Wrote BOP Pandemic Influenza Plan.

2007-2009 Consultant, MidAtlantic Public Health Training Center, Johns Hopkins Bloomberg School of Public Health
In collaboration with the Maryland Department of Health and Mental Hygiene Division of Outbreak Investigation, designed and implemented an Outbreak Investigation Fundamentals 2-day course for Maryland public health.

1997-2004 Nurse Epidemiologist, Division of Tuberculosis Control
Maryland Department of Health and Mental Hygiene (MD DHMH)
Responsibilities included consulting on tuberculosis case management, technical assistance to and evaluation of local health TB programs, monitoring correctional system TB control, consulting on TB
surveillance, overseeing TB outbreak investigations, writing TB control policy, providing professional education, overseeing research.

1993-1997 Chief, Division of Tuberculosis Control, MD DHMH
Directed statewide tuberculosis control program, including clinical consultation, development of treatment and policy guidelines, TB surveillance, technical consultation, professional education and program evaluation. Managed staff of 12. Responsible for administering $2 million budget and writing grants for program funds. In 1997, requested move to staff position due to family responsibilities.

1992-1993 Chief, Division of Sexually Transmitted Disease Control, MD DHMH
Directed statewide program, including STD surveillance, grant-writing, technical consultation, professional education and program evaluation.

1990-1992 Chief, Division of Migrant and Refugee Health, MD DHMH
Directed two statewide programs: Refugee Health Program and Migrant Health Program.

1987-1990 Professional Education Coordinator, AIDS Administration, MD DHMH
1983-1986 Hospice/Home Health Nurse, Visiting Nurse Association, Baltimore, MD
1982-1983 Staff Nurse, Santa Fe Indian Hospital, Santa Fe, New Mexico
1981-1982 Staff Nurse, Gallup Indian Medical Center, Gallup, New Mexico

Other Experience

- CDC Advisory Committee to Eliminate Tuberculosis (ACET). Liaison Member (2010-present)
- Chesapeake Quarterly Meeting (Quakers). Clerk (2015-2019)
- Friends of Herring Run Parks, Baltimore, MD. Secretary (2012-14); Chairperson (2007-10)
- National Coalition to Eliminate Tuberculosis - Steering Committee Member (2004-2005)
- AIDS Interfaith Residential Services, Baltimore, MD – Founder/Board Member (1986-88)
- Delta Omega Public Health Honorary Society (1986-present)
Professional Education Experience / Selected Presentations


*TB Case Studies & Role of the Infection Control Coordinator.* National Commission on Correctional Health Care, Minneapolis MN (April 2018)

*The Hidden 3 Million: Infection Prevention Behind Bars.* Association of Practitioners in Infection Control, Portland, OR (June 2017)

*TB or Not TB: That is the Question! & Environmental Rounds: Breaking the Chain of Infection.* National Commission on Correctional Health Care Conference, Atlanta, GA (April 2017)

*Challenge of Correctional TB Control in an Era of Declining TB Expertise.* Academic & Health Policy Conference on Correctional Health, Baltimore, MD (March 2016)

*The Public Health Impact of TB in the Correctional System.* International Union of Lung Disease and Tuberculosis –North America Region, Vancouver, Canada (February 2015)


*TB in Prisons and Jails: Public Health Challenges and Opportunities.* National TB Controllers Asssociation (June 2012)

*TB in Prisons and Jails: Public Health Challenges and Opportunities.* CDC Advisory Committee to Eliminate Tuberculosis (December 2011)

*Outbreak Investigation Fundamentals.* Co-designed course and served as instructor and evaluator.

Maryland DHMH and MidAtlantic Public Health Training Center (2007-2008)

*Tuberculosis 101 for Long Term Care Facilities.* Maryland Infection Control Institute, Maryland DHMH (semi-annually 2004-2008)

*Anatomy of a Large TB Contact Investigation in an Urban Community and Jail.* Northeast TB Controllers Meeting, Rhode Island (October, 2004)


*Maryland TB Today Program.* Directed development of 4-day intensive TB control course for local health personnel, including design of agenda, case studies, contact investigation interactive training. Served as course technical expert and trainer annually (1994-2004)

*Role of the Nurse in Tuberculosis Control.* TB Symposium, Rio de Janeiro, Brazil (March 2001).

Sponsored by Johns Hopkins University and Rio de Janeiro TB Control Program

*TB Research: Nursing Perspective.* National TB Nurse Consultant Coalition Meeting (June 2001)

*Corrections/TB Control Collaboration: The Maryland Model.* North East TB Controller Meeting, Ocean City, Maryland (September 2001)

*Maryland Local Detention Center / TB Control Roundtable.* Designed and implemented one-day regional sessions which brought local health and detention center personnel together to develop detention center TB control plans (1998)

*Maryland HIV Counseling and Testing Course.* Designed 4-day intensive course (1988)
Publications


Shammie Felps  
Address: 16390 S Urish Rd, Scranton, KS 66537 Telephone: (785) 633-2392  
Email: sfelps13@gmail.com

Qualifications

**VitalCore Health Strategies, LLC, Topeka, KS**  
March 2018 – Present  
o Serves as the Utilization Management Coordinator for VitalCore.  
o Assisted with the establishment of company policies and procedures  
o Monitors each contract site for Utilization Management

**Sunflower Prompt Care LLC, Topeka, KS**  
*May 2007-Present

Co-Owner, CEO, CFO, COO, COM, HR Director, BSN RN  
o Development and direction of complex projects for organization; from initial concept to fully operational status.  
o Assess teamwork, flexibility, adaptability, coordinating skills and common values and goals for all staff.  
o Communicate regularly with all marketing connections to ensure we are getting the best coverage for our company.  
o Set up, maintain and management of Urgent Care and Primary Care Center.  
o Create policies, programs and processes for daily functionality of UC and PC Centers.  
o Attend weekly and monthly Networking Meetings to keep community abreast of new developments in our organization.  
o Compile organizational statistics and data for review with partners at Owners Meetings.  
o Schedule and maintain meetings for owners and staff.
- Coordinate interview process, hiring and management of all staff.
- Maintain and management of all financial records, including current budget and five-year budget forecasting.
- Development of all training and coordination of OSHA Team.
- Development and planning for ten year growth of organization.

*Correct Care Solutions, Topeka, KS  *March 2003 – May 2007

**Charge Nurse/ Infection Control Nurse for Facility**

- Facilitate organization of Maximum-Security Infirmary.
- Manage and maintain organization of multiple provider’s clinical schedules and part of the medical team ensuring excellent health care was received.
- Perform high quality health assessments daily.
- Weekly Health Care Management meeting.
- Utilization Review meetings and Quality Improvement.
- Analyze and prepare Infection Control for facility and perform Infection Control annual training for KDOC staff and Health Care staff.

*Prison Heath Services, Topeka, KS  *Aug 1996-March 2003

**LPN and RN**

- Performed health assessments for all inmates being processed through Receiving and Diagnostic Unit of the facility. Took dictation in shorthand and using a Dictaphone.
- 35-40 phlebotomy draws daily.
- Morning and Noon Medication Line for inmates.
- Assisted providers with procedures performed through sick call.

*Stormont Vail Hospital, Topeka, KS  *Feb 1995-Jan 19

**Licensed Practical Nurse**

- Patient care for cardiopulmonary, cardiac telemetry and medical surgical post-op and rehabilitation.
- Assisted in Pacemaker placement in Surgical Lab.
- Assisted Respiratory Team in performing breathing treatments and other duties as assigned.
- Reading and reporting Telemetry strips to physicians
- Kept physician and ARNP aware of patient’s status on a per occurrence basis.
- Ensured patients families were up to date and involved in patients’ medical care
**Education**

Royal Valley High School  
Diploma  
1983-1987

Flint Hills Technical College  
LPN  
1994-1995

Allen County Community College  
Associate of Science  
1996-2000

Baker University School of Nursing *(Dean’s List)*  
BSN RN  
1999-2002

Baker University (Dean’s List)  
Master of Organizational Leadership  
2016-2018

*References Furnished Upon Request*
Correct RX
Bidder Information
RFP Sections 2.4 through 2.12
Organizational Overview

Correct Rx Pharmacy Services, Inc. is a pharmacist owned and operated institutional pharmacy licensed by the Maryland Board of Pharmacy; certified as a woman owned business, minority business enterprise and small business enterprise. We are a licensed pharmacy provider in 50 States and possess our DEA license for the distribution of controlled substances. There have not been any actions taken or any actions pending against our licensure.

Legal name: Correct Rx Pharmacy Services, Inc.

Address: 1352 Charwood Road, Suite C
Hanover, MD 21076

Telephone: (800) 636-0501

Fax: (443) 557-0333

Company Founded: Correct Rx was incorporated in 2003.

Privately or Publicly Held: Correct Rx is a privately held Corporation chartered and headquartered in Maryland.

Organizational History: Correct Rx was established as a Maryland corporation in 2003 and has experienced steady growth year over year. We are a full service pharmacy available 24 hours a day, seven days a week, providing accurate and timely dispensing and delivery, with personalized billing services, while infusing clinical pharmacy throughout the entire company.

Owners and Corporate Directors

All of the owners and operators of Correct Rx are Licensed Pharmacists

Dr. Ellen H. Yankellow is the President and CEO of Correct Rx and a national leader in the advancement of clinical pharmacy for institutions. She has over 30 years of experience in the industry. In June 2016, Dr. Yankellow was awarded the Bowl of Hygeia in Maryland. As an internationally recognized symbol for pharmacy, the Bowl of Hygeia is one of the profession’s most prestigious awards, recognizing pharmacists who possess outstanding records of civic leadership in their communities.

Jill Molofsky, RPh, CCHP, serves as Vice President and also has over 30 years of correctional pharmacy experience providing services for institutions all across the country.
Background Information

Correct Rx Pharmacy Services, Inc., (Correct Rx) is a pharmacist owned and operated institutional pharmacy licensed by the Maryland Board of Pharmacy. We are certified as a woman owned business, minority business enterprise and small business enterprise. Founded in 2003, Correct Rx’s pharmacy services feature operational excellence, advanced technology, program management, stellar customer service and the best clinical pharmacy programs in the industry. Correct Rx is not a subsidiary of any other corporation or an affiliate of another organization. Our pharmacy and administrative offices are located in Hanover, Maryland. We currently have no other distribution centers.

No Hidden Affiliations or Ownerships

Correct Rx is not a subsidiary or affiliate of any other corporation. Correct Rx is not currently nor has it ever been suspended, debarred or otherwise excluded from federal procurement and non-procurement programs. Correct Rx does not have an ownership position in or have an affiliation with any wholesalers or FDA Repackagers. Correct Rx does not manipulate our prices to increase our profit margin.

Mission, Vision and Values: The corporate values of Correct Rx are founded upon caring and accuracy. Correct Rx knows that accuracy and reliability are essential when providing pharmacy services for our customers. Being correct in our line of work extends past our name. Since we are a pharmacy company, owned and operated by pharmacists, it is core to our culture. Correct Rx embraces the concept that what we do and how well we perform our job matters. You will often hear us say, “If it’s the Right way, it’s the Correct way.”

Correct Rx is an institutional pharmacy. Our unique business model is based on the practice of clinical pharmacy, collaborating with the interdisciplinary healthcare team to manage a patient’s health rather than strictly filling prescriptions and selling pills. What distinguishes us from our competition is that our clinical pharmacists are actually healthcare partners, working with other medical professionals to achieve the optimal use of medication. Our goal is to ensure the best possible health outcome and the most cost-effective treatment rather than simply filling orders with the prescribed number of the cheapest pills.

In fact, our approach lowers the overall healthcare costs to an institution and in some cases, can do so very quickly. A clinical pharmacist will recognize, for example, when a less expensive medication will work as well as or better than an expensive one or when an alternative treatment altogether will be equally or more effective.

The Mission of Correct Rx is to create a model pharmacy system for institutional facilities across the country that Optimizes Medication Therapy “OMT. We believe in improving patient care through accurate and timely delivery of medications in collaboration with innovative clinical programs and technology. Our clinical initiatives improve patient outcomes resulting in healthier patients, fewer complications and reduced overall costs.
This Optimal Medication Therapy “OMT” model ensures that every member of the client’s healthcare team is confident that their pharmacy program is accurate, accountable, cost-efficient, easily accessible, and manageable, and exceeds industry standards for pharmaceutical quality.

**Operational Excellence**

Correct Rx is identified with operational excellence including a reputation for accurate and timely dispensing of medication orders. Correct Rx’s status as the leading institutional pharmacy in the industry was earned by consistently meeting the needs of our client’s facilities. Correct Rx’s customization and flexibility when it comes to operations sets us apart from the competition.

**Hours of Operation**

Correct Rx receives and fills orders 24 hours a day, 7 days a week, and 365 days a year. We are officially open from 6:00 a.m. to 8:00 p.m. ET Monday through Friday; 8:00 a.m. to 6:00 p.m. ET Saturday, and 9:00 a.m. to 6:00 p.m. ET Sunday. While those are the officially listed hours of operation, we are typically open and have employees in the pharmacy and office before and after the posted hours.

**On Call Pharmacist 24/7**

Correct Rx provides an on call consultant pharmacist 24 hours a day, 7 days per week. After normal business hours, a Correct Rx pharmacist can be reached at all times. We provide each facility with the designated on-call pharmacist’s cell phone for immediate access.

**Holiday Coverage and Preparation**

Our official holidays are New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day. Even though these are official Correct Rx holidays, we are often open on those days with a modified schedule.

Correct Rx provides written notice to our facilities in advance of any changes in the schedule for ordering or delivery due to holidays. UPS does not deliver on the Correct Rx official holidays. However, a Correct Rx Pharmacist is always available for urgent needs.

**Consistent and Dependable Next Day Delivery**

Correct Rx is purposefully located within a mile of the Baltimore Washington International Thurgood Marshall Airport. This strategic location combined with the volume of business we provide UPS, affords Correct Rx the privilege of the last stop before they go to the airport and prepare for delivery. This allows Correct Rx to accommodate Midwest and West Coast business with no problems.
Same-day shipping / Next-day delivery
All new prescriptions, prescription refills, over-the-counter medications, miscellaneous medical supplies and stat box refills transmitted to Correct Rx by the designated cut off time Monday through Saturday are delivered the next business day within 24 hours.

Experience
Correct Rx provides services for over 160,000 patients in correctional and juvenile facilities, residential treatment programs and senior care facilities. We are headquartered in Maryland, strategically next to the Baltimore Washington International Airport. We are appropriately licensed to provide services in all 50 States and most importantly we maintain the appropriate licenses required to provide pharmaceutical services. This includes filling around 18,000 prescriptions daily for over 450 facilities. Our business model is based on providing our clients with a welcome blend of operational efficiency, cutting edge clinical programs and cost savings.

“Who” We Hire - Sourcing the Best
Correct Rx employs people with impeccable qualifications and the highest credentials. It is one of our core beliefs as a company that “who” you hire makes a significant difference. We select people who share our core values and core focus to deliver innovative and compassionate healthcare services that improve patient outcomes and reduce the total healthcare spend.

“A” Players
Correct Rx uses a strategy for employee hiring and development based upon several of the concepts outlined in the 2008 New York Times Bestseller entitled Who, by Geoff Smart and Randy Street. We recommend it to anyone interested in constructing a team of “A” Players.

Correct Rx Proposed Professional Team
Each of the Correct Rx employees identified in the table that follows will be assisting with the transition and ongoing management of the KDOC contract. Additionally we have identified specific personnel to fulfill the roles of Account Manager (Dr. Kareem Karara), Contract Administrator (Dr. Ellen Yankellow) and Project Manager (Mr. John Nattans).
<table>
<thead>
<tr>
<th>Team Member</th>
<th>Position</th>
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<tbody>
<tr>
<td>Ellen H. Yankellow, PharmD</td>
<td>President &amp; CEO, KDOC Contract Administrator</td>
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<tr>
<td>Jill R. Molofsky, RPh, CCHP</td>
<td>Vice President</td>
</tr>
<tr>
<td>Martin Yankellow, Esq.</td>
<td>Vice President, <em>Regulatory Affairs / I.T. Oversight</em></td>
</tr>
<tr>
<td>Matthew S. Jones, MBA</td>
<td>Vice President of Purchasing</td>
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<tr>
<td>Joseph A. DeMino, PD</td>
<td>Vice President of Operations</td>
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<tr>
<td>Kathleen Kniess, PharmD</td>
<td>General Manager of Operations</td>
</tr>
<tr>
<td>John Nattans, MC, LCPC, NCC</td>
<td>KDOC Project Manager</td>
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<tr>
<td>Rachael Campbell</td>
<td>Vice President of Administrative Services</td>
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<td>Robert Matthews, B.S., M.A.</td>
<td>Vice President of Marketing</td>
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<td>Gabrielle Melka, CPA</td>
<td>Chief Financial Officer</td>
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<td>R. Donovan Bossle</td>
<td>Controller – Oversight of Billing</td>
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<tr>
<td>Peter Crosby</td>
<td>Director of I.T. Systems</td>
</tr>
<tr>
<td>Hui Seo, PharmD, MBA, BCPS, CCHP</td>
<td>Chief Clinical Officer</td>
</tr>
<tr>
<td>Valerie Barnes, PharmD, MS, BCPS</td>
<td>Vice President of Clinical Programs &amp; Pharmacoeconomics</td>
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Executive Leadership

President and CEO
Dr. Ellen H. Yankellow, BS, PharmD

Dr. Ellen H. Yankellow, PharmD, is the President and CEO of Correct Rx Pharmacy Services, Inc. A national leader in the advancement of clinical pharmacy; Dr. Yankellow is one of the leading woman pharmacists in the country and an expert in institutional/geriatric pharmacy. She started Correct Rx after a career as an executive in the industry. Her model is based on innovative clinical programs that offer better medical outcomes that lower healthcare costs. A graduate from the University of Maryland, School of Pharmacy with honors in 1973 and her doctorate in pharmacy in 1996.

Strongly committed to delivering the highest quality services to her patients who reside in correctional, residential and senior care facilities throughout the country, Dr. Yankellow has created a culture of caring that pervades every aspect of her business. “Correct Rx offers a variety of clinical services including managing the selection and quantity of medications, pharmacist-controlled medication therapy and disease state management. All of these initiatives result in optimal use of medications and provide undeniable value,” says Dr. Yankellow. “At Correct Rx, our goal is to be an indispensable part of your healthcare team. We have proven that Clinical Pharmacy is a smarter way to manage your healthcare costs.”

Dr. Yankellow’s business success is matched by her commitment and passion for philanthropy. She serves on the boards of many nonprofit organizations including Chair of the University of Maryland-School of Pharmacy Board of Visitors, The Carter Center Board of Councilors, Executive Alliance, Baltimore City Foundation, Inc., Maryland Chamber of Commerce, The Baltimore Symphony Orchestra Women’s Leadership Council, St. Mary’s Seminary and University, Catholic Community Foundation Board of Trustees, Stevenson University President’s Advisory Council and part of the United Way of Central Maryland Leadership and Philanthropic Network. She also serves on the corporate board of AAA Club Alliance Regional Board.

Dr. Yankellow has also been recognized with numerous awards including The Bowl of Hygeia, Alzheimer’s Associations Exemplary Leadership Award, The Children’s Guild’s Sadie Award, The Maryland Chamber of Commerce Business Hall of Fame, The Daily Record’s Maryland’s Most Admired CEOs, University of Maryland School of Pharmacy Key to Pharmacy Hall, Anne Arundel County and Annapolis Chamber of Commerce Business Leader of the Year, The Daily Record Influential Marylander, Girl Scouts of
Central Maryland Distinguished Women’s Award, Alzheimer’s Association, Greater Maryland Helen C. Schulze Award and Ernst & Young Entrepreneur of the Year Award for health services. She has received three Maryland’s Top 100 Women awards from The Daily Record and has been inducted into its Circle of Excellence.

Dr. Yankellow was also inducted into the Chimes Hall of Fame, received the Bravo! Entrepreneur Award from Smart Woman Magazine and was recognized by The Gazette of Politics and Business as one of Maryland’s Top 25 CEO’s You Need to Know.

Vice President & Co-Owner
Jill R. Molofsky, RPh, CCHP

Jill Molofsky, RPh is a 1981 graduate from the University of Maryland - School of Pharmacy and has worked with Ellen Yankellow over the past 30 years. There is no substitution for experience. Jill has over 25 years of hands-on experience in the management of large institutional/correctional pharmacies. She is intimately knowledgeable concerning the day to day operations of an institutional pharmacy. Jill is one of the best kept secrets in the industry. Jill’s work ethic and expansive correctional experience combined with her specialized knowledge of correctional pharmacy will prove to be invaluable.

Vice President
Martin L. Yankellow, Esq.

Martin L. Yankellow, Jr. is a graduate of Chicago-Kent College of Law. In 2006 Mr. Yankellow joined Correct Rx as the Director of Regulatory Affairs after closing his private practice as a trial attorney in Chicago, Illinois. Since his arrival he has worked with each level of management, reviewing contracts, developing policies and procedures, orienting and training employees and acting as a clearing house for a multitude of questions and concerns regarding various legal issues.

By keeping current on regulations in combination with the clinical, legal and business knowledge possessed throughout our company we are able to present information to managers and supervisors that assures good corporate governance and regulatory compliance. Our efforts have created a complete oversight program that addresses each tier of our corporate structure. Integration has led to improved information sharing, creating a dynamic operational and organizational change. This undertaking has created a complete program for oversight that addresses the needs of each tier of our corporate structure. The result is a company that is in tune with industry-wide changes as well as state-specific regulations. Correct Rx recognizes that there is increased scrutiny for regulatory compliance, particularly with the unique responsibilities that govern health care, handling of controlled substances, and caring for the safety and welfare of the public. Correct Rx’s commitment to promoting strong business ethics and accountability is manifest through its development of a Corporate Compliance and Regulatory Affairs Division. Our focus promotes and monitors the laws, rules and regulations that govern...
institutional pharmacies and the clients that we serve. Legal and regulatory expertise is critical for operational and clinical programs to comply with the intricate landscape of federal, state and local legislation. While many organizations have failed to address the issue and view the matter as either unimportant or cost prohibitive, Correct Rx has developed a Regulatory Affairs Department.

Integration has led to improved information sharing by creating a dynamic operational and organizational change. An added value of the Regulatory Affairs Department is the operational experience of our staff and the ongoing analysis of resource allocation, including leadership development and comprehensive continuing education. Our Regulatory Affairs Department implements a companywide staff development program designed to recognize potential compliance issues and promotes sound operational policies for the whole of Correct Rx.

You will receive the benefit of a company with policies and procedures that comply with the strictest standards of our industry and regulatory branches of government. Correct Rx ensures that all work as a result of this proposal shall be done in compliance with all Federal, State, and RFP Specifications, or in their absence, the best practices of the trade. Correct Rx’s facility policy and procedures are customized to comply with all State protocols and directives, NCCHC, ACA and JC standards. In addition, Correct Rx assists in updating protocols as needed.

Vice President of Purchasing
Matthew S. Jones, MBA

Matthew S. Jones joined Correct Rx as the Vice President of Purchasing in May 2019. He has over a decade of experience in the Pharmacy industry, plus an additional 14 years working for United Airlines. His bachelor’s degree was earned in 1993 in Aviation Management from Western Michigan University. He went on to earn an MBA in 1998 in Economics from Roosevelt University in Chicago. Matthew began his career in aviation, obtained his pilot’s license in 1991, and spent the majority of his tenure at United Airlines as a General Manager in 4 airports, with the largest being Houston Intercontinental Airport (IAH).

It was Matthew’s success at building exceptional teams, fostering relationships, and driving operational excellence that led him to the pharmacy industry. In 2008, Matt was hired by Kmart Pharmacy in Finance, where he was responsible for the FP&A of a $2B P&L, as well as the procurement of all pharmaceutical products. This also included managing the relationships with suppliers. During his tenure with Kmart Pharmacy, Matt led the negotiations on two Prime Vendor Agreements with a major wholesaler, as well as all subsequent amendments. In 2017, Matt was recruited by Fred’s Pharmacy to lead their pharmacy procurement team, and manage relationships with all pharmacy drug suppliers. Again, he led negotiations on two more PVA’s. Due to his success in Pharmacy, Fred’s promoted Matt to the position of VP of Inventory Management for the company (front of store), where he successfully increased inventory turns, reduced overall
inventory levels, shed non-productive inventory, and improved the Gross Margin Return on Inventory.

Matthew brings a great deal of knowledge and experience not only in negotiating, sourcing, purchasing, and the inventory management of pharmaceutical products, but in finance as well. This well-rounded business acumen positions him well to build productive relationships with suppliers, to negotiate contracts that protect the company while setting the business up for growth, and to work creatively and relentlessly towards minimizing COGS.

Operations

Vice President of Operations
Joseph A. DeMino, PD
Virginia License #0202007580

Joseph A. DeMino, PD joined Correct Rx as Vice President of Operations in April of 2014. Joseph has over 30 years of experience as a pharmacist. He is a 1984 graduate from the University of Maryland School of Pharmacy and also a 1982 graduate from Mount Saint Mary’s College.

Joseph brings strong operations management skills obtained over his 25 years of experience in direct hands-on retail management. He previously has held numerous management positions with CVS Pharmacy. He also held Pharmacy Operation and General Manager positions with a national long term care pharmacy provider. His knowledge, training and passion for operations, coupled with his commitment to customer service have been a valuable addition to Correct Rx. Joseph has also devoted his time and services to many local and national professional organizations. He has held numerous leadership positions within these organizations. He has served as President and Chairman of The Maryland Pharmacists Association, President of The University of Maryland School of Pharmacy Alumni Association. He was also named as an honored alumnus for The University of Maryland. He was appointed by the Governor of Maryland to serve as a commissioner on The Maryland Board of Pharmacy. He also serves on The Board of Visitors for Mount Saint Mary’s University School of Math and Natural Sciences and is a past member of The University of Maryland School of Pharmacy Board of Visitors where Dr. Ellen Yankellow currently serves.

As Vice President of Operations, Joseph oversees every aspect of the day to day business from the startup of pharmacy to the management of Correct Rx’s $100 million operation.
General Operations Manager  
Kathleen Kniess, PharmD

Dr. Kniess is a Maryland native, born and raised in Pasadena. An interest in the medical field led her to pursue a career in pharmacy. Kathy graduated with honors in 2001 from the Philadelphia College of Pharmacy, earning a Doctor of Pharmacy degree.

She worked for ten plus years as a retail pharmacist both in staff and management capacities. During this time she received the “My Favorite Pharmacist” award and the “Paragon Award” (an award granted to the top pharmacist in the sales district). Dr. Kniess joined Correct Rx in April 2012 as a staff pharmacist, and was promoted to Operational Pharmacist Supervisor in April 2013. In her current role, Kathy reports to the Vice President of Operations and coordinate efforts between the departments of the Correct Rx team. She oversees all of the pharmacists, technicians and support staff involved in daily operations, and constantly monitors and adjusts workflow.

Dr. Kniess is committed to accuracy and quality, and is fully involved in our Continuous Quality Improvement (CQI) processes. One vital aspect of CQI is ongoing staff training and education. She also works closely with our clients to provide top-notch customer service. Dr. Kniess prides herself in leading by example and being a readily available resource for Correct Rx employees, clients, and all members of the integrated healthcare team.

Kathy was the founding president of the Delta Sigma chapter of the Alpha Sigma Tau sorority at the Philadelphia College of Pharmacy. She was able to lead her group through the colonization process in record breaking time. The chapter was installed on campus in six months, a process which usually takes a year or more. Kathy is an enthusiastic, results-driven leader.

Program Management

Vice President Program Management & Quality Assurance  
John R. Nattans, MC, LCPC, NCC

John R. Nattans, MC, LCPC, NCC is a Licensed Clinical Professional Counselor (LCPC) in Maryland and a Nationally Certified Counselor (NCC). John earned a Masters of Counseling degree from Arizona State University, a Bachelor of Arts degree in Psychology from the University of Delaware, and has taken postgraduate courses at the Johns Hopkins University, School of Professional Studies in Business and Education.

Mr. Nattans has been supervising professionals and managing programs over the past 20 years. He joined Correct Rx in February 2005 and currently serves as the Vice President of Program Management and Quality Assurance. Mr. Nattans’ wealth of direct hands-on
correctional experience and excellent written and oral communication skills have created the ideal relationship with our clients.

Correct Rx delivers services that improve outcomes and reduce spending. Mr. Nattans ensures all service areas and facility representatives are informed of our performance. The required written reports and participation in interdisciplinary meetings provide Correct Rx with the opportunity to consistently demonstrate our quality of service and dedication to focusing on the client value first, being customer friendly, being customer centered, and always providing something extra. Understanding and meeting the needs of our clients is essential and always in the forefront of our operations. In the event that there is a concern with service delivery, Correct Rx initiates and communicates a corrective plan of action. Mr. Nattans ensures that our communication is consistent and informative, as Correct Rx strives to exceed your service expectations.

Correct Rx is committed to Continuous Quality Improvement (CQI) and staff development. Mr. Nattans serves on both committees at Correct Rx. The CQI committee ensures that all goals are clearly defined; that there is input from multiple levels within Correct Rx; that the outcomes are based upon service delivery and customer satisfaction; that the outcomes are derived from scientific data; and that the outcomes are communicated effectively and utilized in future goal setting. Mr. Nattans serves on the staff development committee providing continuous feedback and as needed trainings to our clients and customers.

Correct Rx takes the time to patiently and fully explain our services because it is our belief that this understanding sets the foundation for a healthy and effective relationship. Each participant receives a manual and Correct Rx is continuously available to re-train or answer any questions.

Correct Rx is committed to educating the clients and has provided clinically focused workshops which facilitate care, improve treatment, optimize health, and reduces cost. The staff development committee also identifies workshops and trainings to be provided in-house to all Correct Rx employees. Mr. Nattans also works with this committee to create individual development or corrective action plans for specific identified employees.

Vice President Administrative Services
Rachael A. Campbell

Rachael has worked with Dr. Yankellow for over 18 years providing direct support to our correctional operations and clients. Rachael is thoroughly familiar with the concepts, practices and procedures of correctional pharmacy. Rachael’s intimate knowledge of every aspect of our contracts cannot be overstated. She is instrumental in maintaining all of our licensures and certifications.

In the capacity of Vice President of Administrative Services, Rachael organizes and leads the technical writing team as we respond to RFPs throughout the year. The highly professional RFP response that the selection committee is reading is a direct result of the
skills of Rachael. Rachael also supervises all administrative staff and various office activities to achieve maximum administrative support to our staff and that of our clients. This includes the supervision of our administrative assistants. This attention to detail and oversight by Ms. Campbell has been invaluable to their growth and success in their respective positions. Rachael has also embraced the Correct Rx’s value of giving back. She has served on the committee of the Women Moving Forward Conference at the Maryland Correctional Institute for Women for the past seven (7) years. She chaired this committee in 2010 and served as Treasurer in 2016. Under her leadership this annual conference has grown in size and mission.

**Business Development and Marketing**

**Vice President of Marketing**

Robert L. Matthews, BS, MA

Bob has a wealth of experience in both Public and Private Corrections that includes over 28 years in the Federal Bureau of Prisons in positions of increasing responsibility. He served as Warden at the U.S. Penitentiary Leavenworth, Kansas and at the U.S. Penitentiary Atlanta, Georgia. He was the Western and Southeast Regional Director of the Federal Prison System and appointed to Assistant Director of the Program Review Division in Washington, D.C. Bob was also appointed United States Marshal for the District of Columbia where he received the Attorney General’s Award for Distinguished Service.

In the Private Sector, he was Senior Vice President of a privately held prison company in Sarasota, Florida and Vice President of a Security Firm in Vienna, Virginia. He served as President of his own Correctional Consulting Firm, Matthews Correctional Consulting and Bob graduated from Florida A. & M. University with a BS in Sociology and a Master’s Degree in Criminology from Indiana State University. Mr. Matthews’ ability to develop, maintain and working directly with key decision makers produces positive results for Correct Rx and the clients we serve. Mr. Matthews ensures that our clients are consistently pleased with all provided services.

**Accounting and Finance**

**Chief Financial Officer**

Gabrielle M. Melka, CPA

Gabrielle M. Melka grew up, was raised and attended college in Virginia. She joined Correct Rx as the Chief Financial Officer in 2016. She is an experienced and highly skilled financial professional that has the knowledge, education and professional background to assist the Correct Rx team in all aspects of the business. Areas of expertise include strategic planning and budgeting, coaching and developing staff, Six Sigma process improvement, and cost containment. Her continuous improvement and results oriented focus help enhance customer experience.
Ms. Melka has over 29 years of finance, accounting, audit, and process improvement experience. Ms. Melka began her career with Arthur Andersen where she spent most of her time performing financial audits. She spent the majority of her career with Constellation Energy Group where she held a number of progressively more responsible finance positions including Senior Vice President of Finance for Retail Energy and Chief Audit Executive. She left the company in 2012 and accepted a position as Senior Vice President and Chief Financial Officer of the Mortgage Division at Susquehanna Bank.

Ms. Melka graduated with a B.S. in Accounting from Virginia Commonwealth University in Richmond, Virginia and is a Certified Public Accountant.

Controller: Finance Director
R. Donovan Bossle

Don Bossle, Correct Rx Controller, has worked with Correct Rx for over ten years. As such he oversees all of the invoicing and financial reporting for each of Correct Rx’s clients. Under Mr. Bossle’s leadership, Correct Rx has developed a reputation for accurate billing and integrity. His posture is customer oriented and responsive to our client’s requests. Mr. Bossle directs the monthly invoicing process and acts as a direct liaison in relation to all billing matters. Additionally, Mr. Bossle supervises the accounting and billing specialist who will be assigned to your account.

Mr. Bossle came to Correct Rx with over 25 years of experience in Accounting and Financial Management. He has worked in manufacturing, distribution, and fabrication industries. For over 11 years Don held the position of CFO and Treasurer of Lyon, Conklin & Co., Inc. a privately owned distributor of heating and air conditioning products. Most recently he was the CFO for Snow Valley, Inc. in Upper Marlboro, Maryland before joining Correct Rx. Mr. Bossle works in concert with the independent CPA auditors to ensure timely and accurate year end financials.

Information Technology Services
Director of Information Technology Services
Peter Crosby

Peter has over 30 years of experience in the information technology field, much of it focusing on customer service. He went to work for Data General Corp out of college maintaining and repairing computer equipment. Peter worked for Data General for 19 years and relocated to New Orleans with Data General in 1981 to work as a Field Service Engineer.

Peter switched career directions in 1995 when he went to work for Bell South in Lafayette, LA as a network administrator servicing their retail stores and customer service center in Southwest Louisiana. Peter was IS Supervisor for CII Carbon in New Orleans overseeing all computer and telecommunications activities. As the Sr. Network
Administrator for Peoples Health in New Orleans he was responsible for the daily operation and maintenance of Peoples Health’s data center. Peter joined Correct Rx in 2011 and currently oversees all IT Services, data processing and telecommunications for Correct Rx.

**Clinical Services**

**Chief Clinical Officer**  
Hui Seo, PharmD, MBA, BCPS, CCHP  
*Virginia License #0202208886*

Dr. Seo received his Doctor of Pharmacy from the University of Maryland, School of Pharmacy in 1998. He completed a post graduate residency program at Walter Reed Army Medical Center while serving as an officer in the Army. Dr. Seo also earned his Master of Business Administration degree from the University of Maryland in 2011. Dr. Seo has clinical pharmacy experience in both the acute care and ambulatory care setting through rounding with the surgical intensive care teams and direct patient care contacts in an outpatient disease state management clinic. He served as formulary manager for the Walter Reed Army Medical Center to provide pharmacy benefit management in the National Capital Area. Dr. Seo also earned significant operational experience managing an outpatient pharmacy and as the Pharmacy Manager for Coram Healthcare, a national home infusion provider.

As the Chief Clinical Officer, Dr. Seo has ultimate responsibility for delivering Correct Rx’s innovative clinical programs. Dr. Seo oversees a variety of services to include managing the selection and quantity of medications, the pharmacist-controlled non-formulary approval program, disease state management, patient-specific drug regimen reviews and medication adherence. As a Board Certified Pharmacotherapy Specialist, Dr. Seo ensures that all Correct Rx pharmacists employ an evidenced based approach in caring for patients.

Dr. Seo oversees the clinical pharmacist’s monitoring of medication consumption by tracking and trending the utilization data searching for anomalies and inconsistencies. Correct Rx believes in taking a proactive approach in preventing the misuse, over-ordering, and inappropriate prescribing of medication. Correct Rx has built our company on the foundation of providing better outcomes and lower overall healthcare costs for our clients. Our primary focus is achieving optimal healthcare results for the clients that we serve – the best possible medical outcomes while reducing overall healthcare costs.
Dr. Valerie D. Barnes received her Doctor of Pharmacy degree from Florida A&M University in 2001. She joined Correct Rx as Senior Clinical Pharmacist in 2009. Prior to joining Correct Rx, Dr. Barnes held a position as the local Pharmacy Operations Manager for a national long-term care pharmacy provider. She earned a Master of Science in pharmaceutical outcomes and policy in applied pharmacoeconomics from the University of Florida.

Dr. Barnes’ experience in pharmacoeconomics is an asset for our client as these principles will be applied to improve healthcare outcomes and reduce healthcare costs. Dr. Barnes also possesses extensive experience as a consultant pharmacist and disease state management pharmacist specializing in the area of respiratory care. Her past positions have afforded her a strong background in the areas of customer service, quality assurance, and drug utilization review. She acts as a drug information resource for the customers she serves and had the opportunity to present at the Mid-Atlantic ASCP Conference.

Dr. Barnes brings years of experience to the clinical department of Correct Rx. In her role as Vice President of Pharmacoeconomics, she is responsible for supporting our clinical management team regarding drug utilization, medication therapy management, and formulary management as well as conducting Pharmacy and Therapeutics meetings and site visits for our facilities.

Dr. Kareem A. Karara received his Doctor of Pharmacy degree from the Philadelphia College of Pharmacy in 2011. He joined Correct Rx as a Corporate Clinical Pharmacist in 2012. Prior to joining Correct Rx, Dr. Karara completed a Post Graduate Year 1 General Practice Pharmacy Residency at the Einstein Medical Center in Philadelphia. As a pharmacy resident Dr. Karara specialized in HIV drug therapy through delivery of patient care services at the outpatient HIV clinic and development of an HIV surveillance program to improve inpatient prescribing practices. In recognition of his HIV expertise, Maryland’s Secretary of Health and Mental Hygiene appointed Dr. Karara to serve on Maryland’s AIDS Drug Assistance Program Advisory Board. He has also served as the Paul G. Cano Legislative Intern for the American Society of Consultant Pharmacists and as a Regulatory Affairs Intern for the National Community Pharmacists Association. Dr. Karara previously worked in long term care, where he managed implementation and operation of automated medication dispensing systems.

Dr. Karara is a well-versed and energetic clinician who has worked collaboratively with prescribers in both the inpatient and outpatient care settings. He has experience in
managing drug therapy for anticoagulation patients, complex infectious disease cases, and HIV patients, among others. His skills in drug information and evidence-based clinical practice has been invaluable to our clients as these principles are applied to provide a high level of pharmaceutical care while working to reduce healthcare costs.

His past positions have afforded him a strong background in the areas of clinical practice, drug information, systems implementation, and customer service. He has had the opportunity to publish in the nursing magazine Advance, develop an accredited continuing education program, and present on the effects of the Affordable Care Act to a national physician audience. In his role as a clinical pharmacist, he is responsible for supporting our clinical management team and onsite staff regarding drug utilization and information, formulary management, non-formulary request evaluation, as well as conducting Pharmacy and Therapeutics meetings and site visits for our facilities.
President and CEO/Majority Owner
Dr. Ellen H. Yankellow, BS, PharmD

EDUCATION

1992-1996 Doctor of Pharmacy, University of Maryland Baltimore, MD
  • School of Pharmacy

1970-1973 BS Pharmacy, University of Maryland Baltimore, MD
  • School of Pharmacy
  • Graduated with Honors in top ten of class

1968-1970 Philadelphia College of Pharmacy and Science Philadelphia, PA
  • Pre Pharmacy Program

PROFESSIONAL EXPERIENCE

2003-present Correct Rx Pharmacy Services, Inc. Hanover, MD
President & CEO, Majority Owner
  • Performs all functions as President.
  • Negotiates and signs all contracts.
  • Responsible for all business development.
  • Oversees both Operations and Administration.
  • Customer Relations with both clients and vendors.
  • Interfaces with buying groups.
  • Ensure proper inventory turns in excess of 30 per year.
  • Developed a Clinical Department that set the benchmark for excellence in the industry.
  • Over 12 direct reports and 100 Associates company wide.
  • Established Banking Relationship and Credit Line.

1999-2003 Y&S Pharmacy Services Baltimore, MD
President & COO
  • Directed the operations of three large institutional pharmacy operations.
  • Provided pharmacy services to more than 130 facilities.
  • Directly responsible for all business development. Increased sales from $8.5 million to over $51 million in three years.
  • Established all internal processes
1996-1999 PharmMerica Pharmacy Services            Baltimore, MD

**Senior Vice President**

- Designed and managed a 26,000 sq. ft. state of the art institutional pharmacy.
- Provided pharmacy services to more than 165,000 lives.
- Managed more than 160 associates.
- Directly responsible for all business development and response to proposals.
- Design and implement a pre-pack division

1994-1996 Capstone Pharmacy Services             Baltimore, MD

**Vice President of Operations**

- Provide pharmacy services for over 80 correctional pharmacies.
- Managed the operations of three large correctional pharmacies
- Responsible for all business development. Department grew from 25,000 lives to over 120,000 lives in three years.
- Accountable for all budgets and related items.


**Director of Operations**

- Oversee three divisions of institutional and managed care pharmacy.
- Supervise a $40 million dollar a year operation
- Responsible for all business development.
- Received company highest sales award four years in a row.
- Developed innovative programs to improve efficiency and profits

**PROFESSIONAL APPOINTMENTS**

2015   Commissioner, Maryland Board of Pharmacy
2015   Carter Center Board of Trustees
2015   AAA Club Alliance Regional Board
2014   University of Maryland Baltimore Foundation, Inc. Board of Trustees
2013   Carter Center Board of Councilors
2013   Chair of Corporate Sponsorships for Alzheimer’s Memory Ball
2013   Catholic Community Foundation Board of Trustees
2012   Maryland Chamber of Commerce Board of Director
2012   Kennedy Krieger Cabinet Member Capital Campaign
PROFESSIONAL APPOINTMENTS

2012  Co-Chair Capital Campaign University of Maryland School of Pharmacy
2011-Present  St. Mary’s Seminary Board of Directors
2010  Baltimore Symphony Orchestra
  •  Governing Member
  •  Women’s Leadership Council Steering Committee
2010  Advisor to the Formation and Education Committee, St. Mary’s Seminary
2009  President, Maryland Chapter, Association of Consultant Pharmacists
2009  President, Network 2000, Inc.
2009-Present  Stevenson University President’s Advisory Council
2008-2009  Ernst & Young Entrepreneur of the Year Judge
2008-2009  Charlestown Retirement Community Board
2008-2016  JJ Haines, Inc. Board of Directors
2008  Girl Scouts of Central Maryland Board of Directors
2008-Present  Baltimore City Foundation, Inc. Board of Directors
2008  American Heart Association Baltimore Heart Gala Special Appeal Chair
2007  Leadership Maryland Graduate
2007/2008  Co-Chair, Memory Ball Committee, Alzheimer's Association, Greater Maryland Committee
2007  University of Maryland School of Pharmacy, Dean Search Committee
2006-2009  Member, University of Baltimore Advisory Board of Entrepreneurship
2006-Present  Long Term Care Commission Task Force, Maryland Department of Mental Health and Hygiene
2006-Present  Board of Directors, American Society of Consultant Pharmacists
2006-Present  United Way of Central Maryland’s Alexis de Tocqueville Society Women’s Leadership Council
2006-Present  Board of Directors, The Catholic High School of Baltimore
2005-Present  Memory Ball Committee, Alzheimer’s Association, Greater Maryland Committee
2004-2008  Member, Inner Circle
2004-2015  Regional Board of Directors, AAA Mid-Atlantic Region
2003  Ad Hoc Legislative Committee, University of Maryland School of Pharmacy Board of Visitors
2003-2008  Chairperson Governance Committee, Keswick Multi-Care Center
2002-2008  APCTO- 2nd Vice President
2000-2008  Keswick Multi-Care Center Board of Directors
2000-Present  University of Maryland School of Pharmacy Board of Visitors (*Chair, 2009-2016*)
2000-2008  Strategic Planning Committee, Keswick Multi Care Center
2000-2008  Board of Directors, Keswick Multi-Care Center
1996-Present  Covenant House, Promise Keepers
1994-1995  University of Maryland School of Pharmacy, Alumni Association President
1993-1995  Baltimore Metropolitan Pharmacists Association, President
1991-1994  Maryland Pharmacists Association, Board of Trustees
1974-2003  Clinical Instructor, University of Maryland School of Pharmacy

**HONORS AND AWARDS**

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<tr>
<th>Year</th>
<th>Award</th>
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<tbody>
<tr>
<td>2017</td>
<td>Catholic Business Leadership Award</td>
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<td>2016</td>
<td>Bowl of Hygeia Award</td>
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<td>2016</td>
<td>Alzheimer's Association Exemplary Leadership Award</td>
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<td>2015</td>
<td>The Children’s Guild Sadie Award</td>
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<td>2014</td>
<td>Maryland Chamber of Commerce Business Hall of Fame Inductee</td>
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<td>2013</td>
<td>Community Investor Award, Associated Black Charities</td>
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<td>2012</td>
<td>Most Admired CEO, <em>The Daily Record</em></td>
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<td>2011</td>
<td>Key to Pharmacy Hall Award for Contribution to Profession and University of Maryland</td>
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<td>2011</td>
<td>Correct Rx Pharmacy Services Shero Award</td>
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<td>2011</td>
<td><em>Baltimore SmartCEO Magazine</em>, Top 100 CEOs</td>
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<td>2010</td>
<td>Business Leader of the Year, Annapolis &amp; Anne Arundel County Chamber of Commerce</td>
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2010 Influential Marylander, *The Daily Record*
2010 Healthcare Hero, Finalist, *The Daily Record*
2010 Girl Scouts of Central Maryland Distinguished Women’s Award
2010 Helen S. Schulze Award – Alzheimer’s Association
2009 Tribute to Women and Industry Award, YWCA of Anne Arundel County
2009 Maryland’s Top 100 Women, Circle of Excellence Inductee, *The Daily Record*
2009 Baltimore Smart CEO Magazine, Top 100 CEOs
2009 *The Maryland Gazette*, Top 25 CEOs To Know
2008 Chimes Hall of Fame Inductee
2007 Maryland Chamber of Commerce Philanthropy Award
2007 Maryland’s Top 100 Women, *The Daily Record*
2006 Future 50 Company, *Baltimore SmartCEO Magazine*
2006 Greater Baltimore Committee “Bridging the Gap” Achievement Award
2006 Maryland’s Top 100 Minority Business Enterprise Awards
2006 *Smart Woman Magazine* Bravo! Entrepreneur Award 25 Outstanding Women
2006 Employer of the Year, The League For People With Disabilities
2006 Ernst & Young Entrepreneur of the Year Award- Healthcare Services
2006 Maryland Chamber of Commerce Small Business of the Year Award
2005 Business of the Year Award, Network 2000 and Daily Record
2005 Ernst and Young Entrepreneur of the Year Award- Regional Finalist
2005 Maryland’s Top 100 Women, *The Daily Record*
2005 Future 50 Company, Baltimore Smart CEO Magazine
2004 Baltimore Smart CEO Future 50 Company
2004 *Baltimore Business Journal* Top 50 Women-Owned Company (Ranked 6th)
2000 University of Maryland School of Pharmacy, Distinguished Alumnus of the Year
1995 Merck Award of Excellence
1994 Chairperson of the Alumni Annual Fund
1994 NARD Pharmacy Leadership Award
Vice President/Co-Owner
Jill R. Molofsky, RPh, CCHP

EDUCATION

1981  BS Pharmacy, University of Maryland          Baltimore, MD
      •  School of Pharmacy

PROFESSIONAL EXPERIENCE

2003- Present Correct Rx Pharmacy Services, Inc.    Hanover, MD
Vice President & Owner

•  Responsible for the design and layout of Correct Rx Pharmacy Operation.
•  Correctional Computer Software Specialist, work with software vendor to make
  any necessary changes to accommodate client’s needs.
•  Customer Relations with both clients and vendors.
•  Monitoring Quality Assurance Program

1999-2003  Y&S Pharmacy Services     Baltimore, MD
Director of Pharmacy Operations

•  Oversaw daily operations of a large institutional pharmacy.
•  Direct supervision of over 60 employees including pharmacists and technicians
•  Maintained a purchasing budget in excess of $1.5 million per month.
•  Established all billing procedures for the nursing homes and assisted living
  facilities.
•  Accountable for payroll, overtime, supplies, shipping cost, etc.

1998-1999  Stadtlanders Pharmacy     Landover, MD
Director of Pharmacy Operations

•  Total oversight of daily operations of 16,000 sq. ft. institutional pharmacy.
•  Responsible for operating budget.
•  Direct supervision of more than 70 FTE’s

1993-1998  PharmMerica Pharmacy Services     Hanover, MD
Director of Pharmacy Operations
• Supervisor of all daily operations of 68 long term care facilities and 120 correctional facilities.
• Director of Long term Care Operations.
• Supervisor of pharmacists and technicians

**PROFESSIONAL ORGANIZATIONS**

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<tr>
<th>Maryland Pharmacist Association</th>
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<td>American Pharmaceutical Association</td>
<td>Rotary Club of Baltimore</td>
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</table>
Vice President & Co-Owner
Martin L. Yankellow, Esq.

EDUCATION

1998-2001 Juris Doctor, Chicago Kent School of Law  
Chicago, IL
- Academic Scholarship Recipient
- Research Fellow- Global Law and Policy Initiative
- Founding Member of Chicago-Kent Journal of International and Comparative Law
- IPRO- Initial Development of War Crimes Database- Kosovo

1994-1998 BA History, Hiram College  
Hiram, OH
- Presidential Academic Scholarship Recipient
- Dean’s List
- Phi Beta Kappa Honor Society
- Departmental Graduation Honors
- Student Liaison to Board of Trustees

PROFESSIONAL EXPERIENCE

2012-present Correct Rx Pharmacy Services, Inc.  
Hanover, MD
Vice President
- Oversee the job performance of department directors and upper management within the company
- Ensure regulatory compliance.
- Monitor laws, rules and regulations that govern institutional pharmacies.

2006-present Correct Rx Pharmacy Services, Inc.  
Linthicum, MD
Director of Regulatory Affairs
- Ensure regulatory compliance.
- Monitor laws, rules and regulations that govern institutional pharmacies.
- Leadership development.
- Continuing Education.
- Customer Relations with both clients and vendors.

2002-2006 The Law Offices of Martin L. Yankellow  
Chicago, IL
State and Federal Criminal Defense

- Criminal and litigation in federal and state forums.
- Appellate criminal litigation in federal forums.
- Consultation work regarding United States Sentencing Guidelines for federal practitioners.
- Negotiations in connection to state and federal criminal cases.

2001-2002 The Law Offices of Rick Halprin Chicago, IL

Senior Vice President

- Criminal and civil rights litigation in state and federal forums.
- Appellate criminal litigation in state and federal forums.
- Researched and drafted legal memoranda, motions, appellate briefs and writs of mandamus in state and federal forums.

PROFESSIONAL APPOINTMENTS

2007 Advisory Board Member- All State Career, Baltimore Maryland
2007 Greater Baltimore Committee- Public Safety and Legal Affairs Committee
2013 Loyola University – Loyola Clinical Centers – Board of Advisors Chair

PROFESSIONAL LICENSURE

2002 Licensed to practice law in Illinois
MATTHEW S. JONES
VICE PRESIDENT OF PURCHASING

4201 Noble Creek Drive NW, Atlanta, GA 30327 703-447-1805 mjon168@gmail.com

Summary
25 years of progressive management experience, with proven results, providing leadership in General Management, Supply Chain, Operations, Finance, Procurement, Sales, Performance Management, and Vendor Management. Principal member of the business leadership team responsible for ensuring all decisions, tactics, and initiatives drove Customer Satisfaction, Sales, Margin, and Operating Profit. Strategic thinker and driven leader with an accomplished track record of success, demonstrating strong business acumen through a broad range of experiences and education. A core competency in assessing the strengths and opportunities of an organization, while identifying the control levers that will drive profitable growth.

Education

M.B.A. Economics 8/98 Roosevelt University Chicago, IL
B.S. Aviation Management 12/93 Western Michigan University Kalamazoo, MI

Experience

FRED’S Memphis, TN 05/17 – 06/18

VP of Inventory Management, Front Store General Merchandise
Director of Pharmacy Procurement

Achievements & Responsibilities

- Reduced YOY Ending Inventory at Cost by $70.1M or 30.4% from $230.3M to $160.2M
- Improved YOY Inventory Supply from 17.8 to 13.3 Weeks of Supply
- Improved YOY Inventory Productivity from 2.9 to 3.9 Turns
- Improved YOY GMROI from 1.14 to 1.35
- Reduced weekly purchases by $2.2M from $14.1M to $11.9M
- Managed a successful markdown event including 16k SKUs and $50M worth of inventory at cost across a cross-functional team of Operations, IT, Marketing, Merchants, and Inventory
- Exceeded 2017 performance goals to achieve bonus in first year
- Negotiated $8M in COGS savings on an annualized basis
- Responsibility for managing $1B procurement portfolio (specialty and retail)
- Managed primary wholesaler performance and drove accountability

- Managed indirect contracts with 10 generic manufacturers, and set up secondary wholesalers

KMART PHARMACY Chicago, IL 09/08 – 05/17
Senior Director - Finance, Operations, &
Procurement Director – Finance & Operations

Program Director & Regional Sales - Specialty
Pharmacy Pharmacy District Manager –
LA/TX/AR/MO/OK/KS Business Finance Manager

Achievements & Responsibilities

- 2016 Earned Quarterly Performance Bonuses in Q1 & Q2 for exceeding expectations
- 2015 Elevated to sales leadership role to provide training, direction and performance analysis
- Led Pharmacy Business Unit to profitable earnings in every year from 2008 to 2014
- 2014 YTD Operating Profit performance exceeding 2013 by $9.9M
- 2012: Earned corporate recognition for being best business unit in terms of improving profitability YOY, and one of only two business units to exceed Plan and Last Year
- 2012: Earned corporate recognition for leading negotiating team on new 4-year $5.5B pharmaceutical contract which saved company $102M over 4 years
- 2012: Directed procurement team to adjust drug pricing, resulting in $9.4M savings
- 2011 & 2010: Ranked in Top 15% of Finance Division associates
- 2009: Earned Merit Award for Performance
- 2009: Earned bonus for driving the business to achieve $78M in Operating Profit
- Responsible for managing a $2B P&L (Planning, Forecasting, and Reporting)

UNITED AIRLINES
Chicago, IL
12/94 – 09/08

General Manager
Houston, TX

- Managed 88 unionized IAMAW airline employees
- Responsible for customer service & ramp operations, facilities, and budget performance
- Managed furlough activity for 20% of employees due to contract negotiations
- Fostered relationships with Airport, other Airlines, and Government Agencies
- Responsible for managing a $5M annual Operating Budget

HR Manager
Chicago, IL

- Managed team of 30 management HR/LR Generalists
- Coordinated communication and implementation of HR policies
- Directed compensation, performance, and development initiatives

General Manager
Cleveland / New Orleans

- Managed relief efforts in New Orleans following Hurricane Katrina
- Coordinated station start-up activities and guided reconstruction
- Managed furlough activity from 75 employees to 29
- Responsible for safe and efficient return to normal operations
- Responsible for managing $4M annual Operating Budget
Crew Supervisor  Washington, D.C.
Sr. Planner / Sr. Analyst  Chicago, IL

Achievements & Responsibilities

❖ Promoted to positions of greater responsibility approximately every two years
❖ 2005: Helped negotiate 10-year lease agreement with the City of Cleveland resulting in $12M reduction in planned costs
❖ 2005: Earned corporate recognition for leading efforts in New Orleans after Hurricane Katrina
❖ 2005: Led New Orleans station to successful restart of operations with perfect safety quarter
❖ 2004: Led Cleveland Station to deliver highest Customer Satisfaction ratings in over a year
❖ 2001: Crisis Response team member at crash site of United flight 93 on September 11, 2001
❖ 1998: Earned a Divisional Award for Vision regarding process improvements
Vice President of Operations
Joseph A. DeMino, PD

EDUCATION

BS, Pharmacy, University of Maryland  Baltimore, MD
  - School of Pharmacy

BS, Biology/Chemistry, Mount Saint Mary’s University  Emmitsburg, MD

PROFESSIONAL EXPERIENCE

2014-Present  Correct Rx Pharmacy Services, Inc.  Hanover, MD
Vice President of Operations

- Design and layout of Correct Rx Pharmacy Operation.
- Hire all technicians and data entry work force.
- Supervise original data input for all new facilities.
- Work with software vendor to make any necessary changes to accommodate client’s needs.
- Customer Relations with both clients and vendors.
- Oversee day to day operation of all dispensing functions.
- Monitoring Quality Assurance Program
- Directly responsible for maintaining an operating budget of over $90 million a year operation

2010-2014  Millennium Pharmacy Systems, Inc.  Columbia, MD
General Manager/Pharmacy Operations

- Achieved 30% growth with increased business by adding new homes and bed growth over the past 3 years.
- Maintained customer satisfaction goals (95%) while retaining customer accounts.
- Conversion of location from Gaithersburg to new larger prototype facility in Columbia.
- Reduction of inventory by decreasing days on hand, maintaining PAR levels and increasing number of turns per year.
• Reduction in delivery costs by 25% by updating and consolidating routes and controlling expenses.
• Controlled payroll budget by decreasing OT, employee expenses and controlling costs.

2001 – 2010 CVS/CAREMARK, INC.,
Pharmacy Supervisor
• Regional expert for Pharmacy Care Initiative program resulting in standardization and improvement in workflow.
• Paragon Award recipient, recognized as top supervisor in region for sales, prescriptions and customer service.
• Pharmacy “Talent Magnet” Award winner for being top recruiter in region.
• Chosen Area Expert for Loss Prevention initiative to improve shrink in region and area.
• Designed the project build-out to remodel and enlarge the store to accommodate increase in business.
• Successfully integrated 6 stores/sites acquired by CVS retaining 60% of the customer base and increasing business in excess of 25%.

1996-1999 CVS/CAREMARK, INC.,
Procare Pharmacy Manager
• Negotiated and established agreements with Long-Term Care Nursing facilities to service vendors during off hours and emergency situations.
• Fertility specialist and compounded medicines for this specialty.
• Lectured and spoke to local high schools on the dangers of drug abuse and looked to generate interest in the health care profession.

1993-1996 CVS/CAREMARK, INC.,
Pharmacy Supervisor
• Provided direction and leadership for the operation of 19 community retail pharmacies accounting for over $27 million in sales and 1 million prescriptions filled annually.
• Actively participated on a team that led to a successful name change and cultural acceptance during acquisition of regional drug chains.
• Provided regulatory compliance and oversight.

1991-1993 CVS/CAREMARK, INC.,
Manager of Pharmacy Systems and Special Projects
• Enhanced the workflow and improved the operating efficiency of the Pharmacy Department by developing a prototype change in existing operational design and procedures.
• Assisted in the conversion of existing computer system to better serve the needs of the pharmacists and the customers.
• Oversaw operations of systems help desk; trained and developed new team and successfully relocated operations from Virginia to corporate office in Rhode Island.
PROFESSIONAL AFFILIATIONS

Commissioner, Maryland Board of Pharmacy

President, University of Maryland School of Pharmacy Alumni Association

Member, Academic Advisory Committee, University of Maryland School of Pharmacy

Member, Board of Visitors, University of Maryland School of Pharmacy

Member, Board of Visitors, Mount Saint Mary’s University

Member, National Association of Boards of Pharmacy

President, Maryland Pharmacists Association

Member, Maryland association of Chain Drug Stores

CERTIFICATIONS

Certified Immunizer, American Pharmacists’ Association Pharmacy-Based Immunization Delivery. Licensed in Maryland, Virginia and Washington, DC

Certified Trainer, American Pharmacists’ Association Pharmacy-Based Immunization Training

Licensed Pharmacist, Maryland, Virginia and Washington, DC
General Operations Manager
Kathleen Kniess, PharmD

EDUCATION

Doctor of Pharmacy, May 2001
Philadelphia College of Pharmacy, Philadelphia PA
Graduated with Honors - Cum Laude

PROFESSIONAL EXPERIENCE

Correct Rx Pharmacy Services, Inc., Hanover, MD
General Operations Manager 2016-Present
Operational Pharmacist Supervisor 2013-2015
Staff Pharmacist 2012-2013

Responsibilities:

• Manage daily operations- monitor workflow, oversee 25 pharmacists and 50+ technicians and support staff
• Consult with clients and healthcare professionals regarding various clinical, operational, and customer service matters
• Involvement with CQI processes – identify and address patterns and areas for improvement, error reporting, oversee training and education of staff, write and update procedure documents
• Ensure accurate and timely dispensing of prescribed medications
• Work with UPS to ensure timely medication delivery
• Inventory – ordering, specialty drugs, handling drug shortages
• Participate in Operations Management Team meetings

Rite Aid Pharmacy, Pasadena MD
Staff Pharmacist Dec 2006 - Sept 2011

Skills:

• Consult with healthcare professionals regarding clinical and insurance matters
• Patient Counseling on prescription and over-the-counter medications
• Ensure accurate and timely dispensing of prescribed medications
• Inventory management – ordering, cost monitoring, returns, daily narcotic reconciliation.

CVS Pharmacy, Pasadena MD
Pharmacy Manager May 2003 - Dec 2006
Staff Pharmacist May 2001 - May 2003

Skills:

- Management experience- responsible for supervising 8 technicians and 1 pharmacist- hiring, scheduling, training and development
- Ensure accurate and timely dispensing of prescribed medications
- Well organized, able to effectively manage time, and prioritize tasks
  - Conflict resolution- both patient and employee

PROFESSIONAL AFFILIATIONS

Member - Maryland Pharmacists Association

OTHER ACHIEVEMENTS:

- My Favorite Pharmacist Award
- CVS Paragon Award - 2004
- Founding President, Alpha Sigma Tau sorority, Delta Sigma chapter (1999-2000)
- Member - Rho Chi National Pharmacy Honor Society
Vice President Program Management & Quality Assurance
John R. Nattans, MC, LCPC, NCC

EDUCATION

2001-2004 Johns Hopkins University Baltimore, MD
School of Professional Studies in Business and Education

1994 Masters of Counseling, Arizona State University Tempe, AZ
1990 B.A. Psychology, University of Delaware Newark, DE

PROFESSIONAL EXPERIENCE

2012-Present Correct Rx Pharmacy Services, Inc. Hanover, MD
Vice President of Program Management and Quality Assurance
- Oversee all service requirements for Correct Rx.
- Provide written reports and participation in interdisciplinary meetings.
- Customer Relations with clients.
- Integral Part of Transition Team
- Member of the Correct Rx Senior Management Team

2005-2012 Correct Rx Pharmacy Services, Inc. Linthicum, MD
Director of Program Management
- Oversee all service requirements for Statewide Correctional Systems.
- Provide written reports and participation in interdisciplinary meetings.
- Customer Relations with clients.
- Integral Part of Transition Team

2002-2005 National Center on Institutions and Alternatives Woodlawn, MD
Youth in Transition School
Director of Clinical and Related Services
• Coordinated all clinical aspects of nonpublic special education high school
designed to serve over 90 severely emotionally disturbed and/or mentally
retarded adolescents.
• Provided supervision for Master level clinicians, consults with parents, school
personnel, professional colleagues and company resources.
• Manage medical assistant billing and quality assurance program.
• Provided individual, group and crisis counseling.

2001-2002 National Center on Institutions and Alternatives Maryland
Department of Juvenile Justice Collaboration
Case Assessment Specialist
• General detailed social histories and effective service plans.
• Coordinated and facilitated resource staff meetings.
• Mobilized multiple State agencies and private resources to provide services for
adolescents “committed” to Department of Juvenile Justice.

1996-2001 National Center on Institutions and Alternatives Woodlawn,
YIT Residential Program and York Family Centers MD
Clinical Director
• Directed clinical operations for NCIA Baltimore and York adolescent residential
programs.
• Ensured quality of care while doubling the size of the program.
• Supervised a team of Master level therapists.
• Served on Senior Management Team.

PROFESSIONAL ORGANIZATIONS

Maryland Criminal Justice Association
• Membership Chair November 2015 – Present
• Immediate Past President November 2013 – October 2015
• President November 2011 – October 2013
• President Elect November 2009 – October 2011
• Board of Directors May 2008 – Present

American Correctional Association June 2005 – Present
American Counseling Association December 1994 – Present
American Psychotherapy Association January 2009 – Present
National Board of Professional Counselors December 1994 – Present

CERTIFICATIONS AND LICENSURES

• Licensed Clinical Professional Counselor
- State of Maryland DHMH
- Nationally Certified Counselor
  - National Board for Certified Counselors
- Certified in Cardiopulmonary Resuscitation
Vice President Administrative Services
Rachael A. Campbell

**EDUCATION**

1989 – 1993 Carver Vocational Technical High Baltimore, MD
- *High School Diploma – State of Maryland*
- *Vocational Diploma (Secretarial Office Practice) Graduated with honors.*

**PROFESSIONAL EXPERIENCE**

2012-Present Correct Rx Pharmacy Services, Inc. Hanover, MD
Vice President Administrative Services
- Provide executive support to President, including but not limited to coordinating incoming and outgoing contracts, phone calls, correspondence, information mailings, and meeting notices.
- Plan, develop, organize, implement, direct and evaluate the organization’s administration function and performance.
- Manages the preparation materials for bids and proposals.

2003-2011 Correct Rx Pharmacy Services, Inc. Linthicum, MD
Director of Administrative Services
- Provide executive support to President, including but not limited to coordinating incoming and outgoing contracts, phone calls, correspondence, information mailings, and meeting notices.
- Schedules travel, conference calls and accommodations for company associates.
- Expedites workflow of monthly medication usage reports for clients serviced.

2000-2003 Y&S Pharmacy Services Halethorpe, MD
Administrative Assistant
- Provided overall administrative support to President, including but not limited to coordinating incoming and outgoing contracts, phone calls, correspondence, information mailings, and meeting notices.
- Schedules travel, conference calls and accommodations for visitors.
- Manages the preparation materials for bids and proposals.
- Expedites workflow of monthly medication usage for clients serviced.

1994-1999 Smith Management Construction Arlington, VA
Administrative Assistant: 1998-1999

- Provides overall administrative support to Vice President of Business Development, including but not limited to coordinating incoming and outgoing contracts, phone calls, correspondence, information mailings, and meeting notices.
- Schedules travel, conference calls and accommodations for visitors.
- Manages the preparation materials for presentations including graphs, overheads and handouts.

Administrative Assistant: 1997-1998

- Provided support to Project Manager.
- Provide a high level of independent judgment and communication with high level internal and external management.
- Utilize administrative skills to ensure that requirements are met.
- Answer telephones and take accurate messages; coordinate meetings and conferences.
- Coordinate mailings to field staff.
- Process invoices for payment in a timely fashion.
- Produce weekly statistical reports for distribution.

Secretary: 1994-1996

- Provided support to Senior Project Manager.
- Provide a high level of independent judgment and communication with high level internal and external management.
- Utilize administrative skills to ensure that requirements are met.
- Answer telephones and take accurate messages; coordinate meetings and conferences.
- Coordinate distribution of incoming and outgoing mail to staff.
- Process invoices for payment in a timely fashion.
- Produce weekly statistical reports for distribution.


Personnel Clerk

- Conduct interview process for potential applicants.
- Employ and release personnel based on qualifications.
- Maintain all employee files.
- Back-up to the payroll clerk including but not limited to posting employee timesheets for payroll processing in a timely fashion.
- Answer telephones and take accurate messages; coordinate meetings and conferences.

Professional Organizations
Alzheimer’s Association – Greater Maryland Chapter

- 2017 Memory Ball Co-Chair
- Alois Society Member
- Memory Ball Steering Committee

National Association of Women Judges (District 4) – Women Moving Forward

- Re-Entry Program for Maryland Correctional Institution for Women Steering Committee

Women’s Business Club – Group 3 Member
Vice President of Marketing  
Robert L. Matthews, BS, MA  

**Education**  
Master’s Degree, Criminology; Indiana State University  
Bachelor of Science Degree, Sociology; Florida A&M University  

**Professional Experience**  

2010-Present  
Correct Rx Pharmacy Services, Inc.  
Vice President of Marketing  
Responsible for developing new business opportunities and contracts for a leading Pharmacy Services Company that provides Pharmacy Services for over 200,000 patients in Jails, Adult and Juvenile Detention Centers and Prisons Nationwide. The Company also provides services to some Long Term Care Facilities in various locations. Also is responsible for directing and managing the Company Sales Staff.  

2008-2010  
MATCO, Inc.  
President, Matthews Correctional Consultants, LLC  
President of a company providing consulting services for correctional management issues relating to privatization, detention services, transportation, and other operational concerns for offenders and detainees housed in local, state, and federal facilities to include the outsourcing of programs and services.  

2007-2008  
MVM, Inc.  
Vice President Detention & Law Enforcement Support Services  
Responsible for managing and directing Detention Operations for contracts with Immigration and Customs Enforcement. Also, responsible
for oversight of transportation contracts with the U.S. Marshal Services and the Office of Detention Trustee. Provided operational direction and support for Business Development initiatives and response to proposals.

2006-2007

MATCO, Inc.

President, Matthews Correctional Consultants, LLC

President of a company providing consulting services for correctional management issues relating to privatization, detention services, transportation, and other operational concerns for offenders and detainees housed in local, state, and federal facilities to include the outsourcing of programs and services.

2001-2005

Correctional Services Corporation

Senior Vice President, Adult Division

1819 Main Street, Suite 1000
Sarasota, FL 34236

Directed and managed the overall security and support operations of all Adult Division facilities in the company. Responsible for the initial start-up of new prisons, the day-to-day oversight of all operations and the maintenance of population levels. Ensured compliance with contractual responsibilities, state and federal regulations, and CSC policies and procedures. Developed management reports and implemented systems to ensure all correctional facilities had effective and efficient operations.

1996-2001

Federal Bureau of Prisons

Regional Director, Southeast Region

Atlanta, GA

Supervised 18 Federal Prison Wardens in five states and Puerto Rico, to include 6,000 employees and 24,000 inmates. Managed an annual budget of over $433 million.

1994-1996

Federal Bureau of Prisons
**Assistant Director, Program Review Division**

Washington, D.C.

Directed and coordinated the Federal Bureau of Prisons’ comprehensive reviews and audits of programs in all major disciplines of correctional institution operations to include finance, security, safety, training, medical service, food service, etc. These reviews and audits were conducted for more than 100 federal correctional facilities nationwide, as well as regional offices and community corrections centers.

1991-1994  
**Federal Bureau of Prisons**  
**Regional Director, Western Region - Dublin, CA**  

Supervised 12 Federal Prison Wardens in the Western United States, to include 5,000 employees and 20,000 inmates. Managed an annual budget of over $400 million.

1990-1991  
**Federal Bureau of Prisons**  
**Warden at the United States Penitentiary**  
Atlanta, GA

1987-1990  
**Federal Bureau of Prisons**  
**Warden at the United States Penitentiary**  
Leavenworth, KS

1985-1987  
**Federal Bureau of Prisons**  
**Warden at the Federal Correctional Institution**  
Lexington, KY

1983-1985  
**U.S. Marshals Service**  
**United States Marshal for the District of Columbia**  
Washington, D.C.

1981-1983  
**Federal Bureau of Prisons**  
**Warden at the Federal Correctional Institution**
Ashland, KY

1980-1981  
**Federal Bureau of Prisons**  
Associate Warden at the United States Penitentiary  
Leavenworth, KS

1979-1980  
**Federal Bureau of Prisons**  
Correctional Programs Administrator  
Washington, DC

1978-1979  
**Federal Bureau of Prisons**  
Chief of Unit Management  
Washington, D.C.

1976-1978  
**Federal Bureau of Prisons**  
Unit Manager - Drug Abuse Unit - the United States Penitentiary  
Atlanta, GA

1973-1976  
**Federal Bureau of Prisons**  
Case Manager at the United States Penitentiary  
Terre Haute, IN

**AWARDS**

1983  
The Attorney General’s Award for Distinguished Service

1989  
The Director’s Award for Public Service

1990  
Correctional Service Award from the National Association of Blacks in Criminal Justice (NABJC)

1997  
William L. Hastie Award; the highest award bestowed by the National Association of Blacks in Criminal Justice
1999  Georgia Chapter of NABJC established the R.L. Matthews Criminal Justice Annual Scholarship Award

2001  The Director’s Distinguished Service Medal for Extraordinary and Meritorious Service

**MILITARY SERVICE**

1965-1969  United States Air Force

**LEADERSHIP TRAINING**

1987  Wharton School of Management
1991  Princeton School of Management
1993  Aspen Institute for Senior Government Executives

**PROFESSIONAL AND COMMUNITY AFFILIATIONS**

American Correctional Association
National Association of Blacks in Criminal Justice
Downtown Atlanta Rotary Club
Trustee Board Member – Olivet Baptist Church; Fayetteville, Georgia
Member of the Southern Federal Credit Union Supervisory Committee
Leavenworth Rotary Club
President of National Association of Blacks in Criminal Justice -August 2008- Present
Chief Financial Officer

Gabrielle M. Melka

EDUCATION

Virginia Commonwealth University, Bachelor of Science, Summa Cum Laude
Major: Accounting

PROFESSIONAL EXPERIENCE

CORRECT RX PHARMACY SERVICES, INC, Hanover, MD 2016 - present
Chief Financial Officer
Established CFO function for a leading provider of correctional pharmacy services.
• Created more automated and streamlined billing process allowing for quicker customer invoicing and scalability of processes.
• Established effective cash collections processes resulting in a 30% improvement in receivables turnover
• Mentored and developed staff to enable opportunities for growth as well as ensuring cross-training of key processes

SUSQUEHANNA BANK, Owings Mills, MD 2013 - 2015
SVP and Chief Financial Officer, Mortgage Division
Developed and managed all accounting, planning, analysis, financial reporting and sub-servicer management processes.
• Developed and implemented a detailed, scenario based planning and forecasting tool and monthly management reporting and analysis which provided deeper insights into product and cost drivers allowing for quicker decision-making.
• Reviewed all mortgage related technical accounting pronouncements and revised procedures ensuring consistent application and accurate financial statements.
• Co-facilitated development of loan officer compensation plan resulting in better alignment with business goals.
• Developed processes to manage loan sub-servicer including review of cash flows and reconciliations, monitoring of loan delinquency, and review of call center activity ensuring compliance with regulations.

CONSTELLATION ENERGY GROUP – Baltimore, MD 2002 - 2012
VP - Corporate Audit 2009 - 2012
Completely re-engineered the corporate audit function for a Fortune 150 energy company.
• Developed and implemented a risk-based audit plans that drove auditing of key operational controls.
• Established standard audit and systems implementation audit methodologies resulting in significant audit efficiencies.
• Established and implemented new hire orientation, training and development programs for auditors resulting in better quality hires and lowered turnover of high performers.
• Co-facilitated development of top company risks with Senior Management leading to more robust Audit Committee risk discussions and recommendations.

Divisional CFO responsible for all retail power and gas planning, budgeting, and reporting.
Developed activity based costing/profitability for Retail Power products, customers, and regions driving enhanced sales and pricing decision-making and company profitability.

Co-led CSG strategic planning process including development of vision, mission, and strategic initiatives leading to a more comprehensive, executable plan.

Significantly enhanced reporting processes to improve content and effectiveness resulting in more useful, timely data and analysis.

VP Financial Planning and Analysis - CEG Corporate 2004 - 2007
Transformed corporate FP&A department to provide more timely, value added information.

- Developed monthly financial reporting for Senior Management Committee, Board of Directors and Investors to allow for improved decision-making capability.
- Led highly successful process improvement initiatives for FP&A department to improve quality of information reported to Senior Management, companywide 5-year business planning process, and reporting with Investor Relations; resulted in significantly more value added analysis and process efficiency.

Division VP Financial Planning and Analysis - Constellation Generation Group 2002 - 2004
Created FP&A department for newly formed generation operating unit with over $2B in revenues and $8B in assets.

- Established and oversaw company-wide planning and budgeting processes including development of vision, mission, mission critical initiatives, 5-year P&Ls, balance sheets and cash flows resulting in a more focused, executable strategic and tactical plan.
- Developed and executed monthly Senior Management financial reporting, monthly, quarterly Corporate Management reporting, and annual Investor reporting packages and processes allowing for more timely and informed Senior Management decision making.

EXELON CORPORATION – (Formerly PECO Energy, Co.), Philadelphia, PA 1998 - 2002
Director of Finance – Special Projects 2001-2002
Served as interim Project Director focusing on company-wide process improvement projects. Led Activity Based Management project team for fossil and peaking plants as well as gas utility operations in order to help drive efficiency in plant operations.

Director – Financial Planning and Analysis, Chicago, IL 2000 - 2001
Created new corporate FP&A department for newly merged, $15B revenue company including development of budgeting process, Board and Senior Management reporting, and hiring and developing of staff.

Manager – Special Projects (PECO), Philadelphia, PA 1998 - 2000
Served as Project Manager for PeopleSoft Financials implementation for $5 billion revenue, multi-division company that was on time, on budget, with approved increased scope.

OTHER PROFESSIONAL EXPERIENCE

GE CAPITAL MODULAR SPACE, Malvern, PA - Finance Acquisition Integration Manager, Manager of Finance Quality, Accounting Manager
EASTERN MORTGAGE SERVICES, Trevose, PA - Vice President and Controller

ARTHUR ANDERSEN & CO., Philadelphia, PA – Audit Manager

**PROFESSIONAL ASSOCIATIONS**

*Trustee*, Board of Trustees, The Maryland Zoo in Baltimore

*Chairman*, Missions Committee, Severna Park United Methodist Church
Controller: Finance Director

R. Donovan Bossle

EDUCATION

1976  BS Business Administration, Towson University  Towson, MD

PROFESSIONAL EXPERIENCE

2004-present   Correct Rx Pharmacy Services, Inc.  Hanover, MD

Controller

- Responsible for all aspects of financial management of company.
- Assist with development of internal policies and procedures.
- Manage outside audit of year-end results.
- Supervise monthly invoicing process of all contract billing.
- Customer Relations with both clients and vendors.
- Develop and produce annual operating budget and capital expenditure.
- Analyze variances from budget and recommend cost-saving opportunities.
- Supervise staff of accounting and billing specialists.
- Manage employee payroll and benefit plans.

2003-2004  Snow Valley, Inc.  Upper Marlboro, MD

Controller/CFO

- Responsible for all aspects of the financial management of the company.
- Supervise accounting staff.
- Worked with Owner, General Manager, and other managers and team members to develop process documents to streamline operations and eliminate redundancies.
- Developed internal control systems to improve financial controls and reporting.
- Developed and implemented budgeting system to provide basis for financial analysis and future planning.

2001-2003  Certex U.S.  Columbia, MD

Group Controller

- Consolidated accounting operations
- Hired and developed accounting team to handle all accounting functions, including general ledger, accounts receivable, and fixed assets.
- Redesigned fixed asset reporting system.
Member, Financial Executives Networking Group, Baltimore Chapter
Director of Information Technology Services
Peter Crosby

EDUCATION

    Associates Degree Electronics Technology

PROFESSIONAL EXPERIENCE

2011-Present    Correct Rx Pharmacy Services, Inc.    Hanover, MD
    IT Specialist, System Administrator

- Environment: Windows Server 2003, XP professional, SQL server 2005/2008, Coldfusion version 7/version 8, Dreamweaver 8, VB,
- Oversees company-wide IT initiatives
- Maintains IT systems
- Directs electronic interfaces with clients
- Acts as liaison to third party IT vendors
- Develop original applications and programs for use by Correct Rx and its clients
- Troubleshoot and resolve IT issues for Correct Rx and its clients
- Assist in development of strategic long-term IT plan

2007–2011    Peoples Health Network
    Senior Network Administrator

- Monitor and troubleshoot Cisco network equipment, managing an HP EVA SAN, and overseeing the operations of the tape library backup system using Veritas Netbackup.
- Created Ether channels between core Cisco switches on multiple floors at the main corporate office. Installed an ongoing management of Symantec Endpoint Protection antivirus system on a 600+ node network ensuring all servers and client are virus free and have up to date antivirus definitions.
- Installed and manage a Windows Update Service Server. Yearly testing of both onsite and offsite DR plan using backup system to restore and test full functionality of Windows servers.
2006–2007  Spire Network Services

- Provided customer support for Windows Active Directory and Cisco Networks. Configured VPNS between customer locations, setup and managed Windows Active Directory systems, aided in the installation and configuration of Cisco VoIP systems.
- Configured and tested various disaster recovery solutions including DoubleTake. Installed and supported Symantec Backupexec.

2000–2006  CII Carbon, LLC  Chalmette, LA - New Orleans, LA - Kingwood, TX

**Information Systems Supervisor**

- Responsibilities included network administration, management of telecommunications and data communications systems, determining technical specifications and purchasing of new servers, PCs, and phone systems, the IT budget, server support for Dell and HP servers, end user support for dell laptop and desktop systems, and application support for the corporate office, 7 plants, and 1 laboratory. System installation and management experience with Windows Server 2003, 2000 and NT 4.0, Oracle 8i with ERP system, Citrix Metaframe, and Exchange 5.5 and 2003.
- Telecommunications system management and configuration includes Avaya Partner key phone systems for plants, Vodavi phone system for corporate office, and Mitel VoIP phone system for corporate office. Data communication systems support included frame relay using Cisco routers, point to point VPN tunnels using Cisco Pix firewalls for plants and lab using, and client VPNs for executives while traveling. Ethernet LANs at all locations using Cisco and Dell Ethernet switches.
- Managed IT infrastructure build out, telecomm, and data circuit installation for a move from Chalmette, LA to New Orleans, LA in 2005 to a new corporate office. Upgraded the corporate phone system to a Mytel VoIP phone system. Upgraded network operating system from Windows NT 4.0 to Windows 2003 using active directory and upgraded email system from Exchange 5.5 to Exchange 2003. Managed the integration of IT systems for the acquisition of another company adding two additional plants and 70 additional users. Performed disaster recovery of IT systems from backups after forced evacuation due to hurricanes Katrina and Rita. Coordinated the technical build out of CII’s permanent office in Kingwood, TX.

**Certifications**

MCSE NT 4.0
Chief Clinical Officer
Hui Seo, PharmD, MBA, BCPS, CCHP

**Education**

2010-2011  Master of Business Administration  Adelphi, MD  
University of Maryland, University College

1999-2000  ASHP Pharmacy Practice Residency  Washington, DC  
• Walter Reed Army Medical Center

1994-1998  Doctor of Pharmacy, University of Maryland  Baltimore, MD  
• School of Pharmacy

1988-1992  BA, University of Maryland  College Park, MD

**Professional Experience**

2012 - Present Correct Rx Pharmacy Services, Inc.  Hanover, MD

*Vice President Clinical Programs*

- Responsible for developing clinical initiatives to improve patient outcomes.
- Break new ground in the delivery of clinical pharmaceutical care by implementing disease state management clinics for pharmacists to provide direct patient care in correctional facilities.
- Provide oversight of delivery of care by clinical staff through direct supervision, evaluations, and audits; serve as a mentor and manage the resolution of practice related challenges of clinical staff.

2006-2011  Correct Rx Pharmacy Services, Inc.  Linthicum, MD

*Corporate Director of Clinical Programs*

- Responsible for developing clinical initiatives to improve patient outcomes.
• Break new ground in the delivery of clinical pharmaceutical care by implementing disease state management clinics for pharmacists to provide direct patient care in correctional facilities.
• Provide medication use evaluations through P&T meetings for correctional facilities and consultant chart reviews for long term care facilities.
• Clinical Responsibility for the state of Maine contract.
• Establish Psychiatric Clinical Pathways for large national medical and mental health vendors.
• Certified in Medication Therapy Management.
• Oversee Clinical Initiatives and Pharmacists Inventions
• Calculate the Return on Investment for pharmacy management activities

2004-2006 Coram Healthcare Columbia, MD

Director of Pharmacy

• Oversee daily pharmacy operations.
• Supervise six pharmacists, three patient service representatives, and three pharmacy technicians.
• Ensure compliance with USP 797.

2002-2004 Walter Reed Army Medical Center Washington, DC

Formulary Manager/Clinical Pharmacist

• Manage a $44.4 million budget.
• Review and authorize contract procurement for the Department of Pharmacy.
• Create and apply pharmacoeconomics programs to control drug expenditures.
• Design and review drug utilization reports to monitor trends in drug utilization.
• Maintain drug database used by the Army, Air Force, and Navy.
• Oversee daily operations of the Supply and Support Section.
• Ensure compliance with national drug contracts for the Department of Defense and Veterans Administration.
• Coordinate the Pharmacy and Therapeutics Committee and implement its policies.
• Provide direct patient care in an ambulatory medicine clinic.

PROFESSIONAL EXPERIENCE

2001-2002 Second Infantry Division, Eighth Army USA South Korea

Division Pharmacist

• Manage Army pharmacy operations in 18 battalion aid stations and three health clinics.
• Supervise pharmacists, technicians, and combat medics.
• Train Army medics to function as pharmacy technicians and to provide pharmacy services.
• Conduct site visits to ensure compliance with standards identified by Joint Commission on Accreditation of Healthcare Organization (JC).
• Participate as young voting member in the Pharmacy Therapeutics Committee and the Medical Evaluation Subcommittee for the Korean Peninsula.

1999-2001 Walter Reed Army Medical    Washington, DC

Chief, Outpatient Pharmacy

• Oversee daily operations of the Outpatient Pharmacy.
• Supervised pharmacists and technicians.
• Implemented, operated, and maintained the Baker APS automated dispensing system and Pharmacy 2000 software.
• Develop use of palm operating systems to track prescription errors and Pharmacy interventions.
• Accountable for resolving patient issues, including pharmacy benefits, complaints, drug information, and making recommendations to physicians.
• Participate in multidisciplinary care team in the Medical Intensive Care Unit.

PUBLICATIONS, RESEARCH AND PRESENTATIONS

“Stability of OKT3 in Normal Saline When Given as a Continuous Infusion”
Hui W. Seo, Rebecca Viola, and Kevin Stiles
Walter Reed Army Medical Center, Washington DC. 1999

Publications by Army Pharmacists 1999
Walter Reed Army Medical Center, Washington DC

IV PUSH Administration Guide- WRAMC PAM 40-67 1999
Walter Reed Army Medical Center, Washington DC

Food and Drug Interactions 1999
Americans Pharmaceutical Association and FDA Pamphlet
Rockville, Maryland
Invasive Candida Infections in ICU 1998
Pharmacy Grand Rounds
Walter Reed Army Medical Center, Washington DC

Comparison of Amphotericin B Lipid Formulations 1998
Pharmacy Grand Rounds
Walter Reed Army Medical Center, Washington DC

Guidelines for the Treatment of Neutropenic Fever 1999
Pharmacy Grand Rounds
Walter Reed Army Medical Center, Washington DC

Osteosarcoma 1999
Oncology Grand Rounds
Walter Reed Army Medical Center, Washington DC

Ewing’s Sarcoma 1999
Oncology Grand Rounds
Walter Reed Army Medical Center, Washington DC

Management of Neuropathic Pain 1999
Pharmacy Grand Rounds
Walter Reed Army Medical Center, Washington DC

Drugs in Hypertension 1999
Pharmacy Grand Rounds
Walter Reed Army Medical Center, Washington DC

Antibiotic Dosing in Continuous Renal Replacement Therapy 1999
Pharmacy Grand Rounds
CERTIFICATIONS

- NCCHC- Certified Correctional Health Professional
- APhA Certified Medication Therapy Management
- Certified Cardiopulmonary Resuscitation

HONORS AND AWARDS

2002  Army Commendation Medal- 18th Medical Command Seoul, South Korea
2001  Army Commendation Medal- Walter Reed Medical Center
2000  Army Commendation Medal- Walter Reed Medical Center
1999  Army Commendation Medal- Walter Reed Medical Center
Vice President of Clinical Programs & Pharmacoeconomics
Valerie D. Barnes, PharmD, MS, BCPS

EDUCATION

2009-2011 Masters of Science in Applied Pharmacoeconomics Gainsville, FL
University of Florida

1995-2001 Doctor of Pharmacy, Florida A&M Tallahassee, FL

PROFESSIONAL EXPERIENCE

2009-present Correct Rx Pharmacy Services, Inc. Hanover, MD
Director of Clinical Programs

- Perform formulary management services for corporate correctional contracts to maintain high levels of patient care with clinically appropriate and cost effective medications.
- Conduct quarterly Pharmacy and Therapeutics meetings to review site performance indicators with key medical providers and staff. Performance trends reported include formulary and non-formulary utilization, percentage of clients receiving medication, prescription ordering volume and psychotropic utilization.
- Present disease state spending trends to identify variations in disease state spending. Drivers for increased or decreased utilization are identified and recommendations are made where appropriate.
- Medications are by both quantity used and cost to identify opportunities to maximize patient outcomes while containing costs.
- Educate key medication personnel and staff regarding new FDA approvals, new warnings and alerts on medications, and relevant pharmacy issues.
- Conduct medication room inspections to ensure compliance with regulatory agencies.
- Reviews and approves drug therapy regimens to assure their appropriateness for the individual patient considering the dose, route and schedule of administration, compatibility with existing medication regimen, and cost.
- Helps maintain the system of controlled substance inventory, distribution, and quality control.
2006-2009  PharMerica  Beltsville, MD

**Pharmacy Operations Manager**

- Oversee day-to-day operations of a long-term care pharmacy servicing 15+ skilled nursing facilities.
- Distribute relevant pharmaceutical information to facilitate the ability of nurses, administrators, and medical practitioners to make informed clinical decision regarding their patients.
- Analyze quality assurance metrics to ensure our service level commitment and meet organizational goals.
- Perform drug utilization reviews for short-stay residents and residents who have recently experienced a significant change of condition.
- Analyze and compile facility reports related to the average number of routine and PRN medications and psychotropic drug use to ensure residents are treated effectively using the least amount of medications.
- Analyze facility usage reports to identify high cost medications and prescribing trends to reduce facility and patient cost.
- Monitor pharmacy and physician compliance with therapeutic interchange program.
- Manage and implement quality improvement programs regarding customer service, medication errors, and maintenance of service level commitments.
- Coordinate and respond to customer concerns.
- Provide feedback to corporate regarding customer relations and status of quality improvement programs.
- Ensure compliance with all regulatory agencies including Federal and state agencies.
- Pharmacy Clinical Externship Preceptor for Howard University.

2004-2006  Heartland Pharmacy  Woodridge, IL

**Pharmacy Consultant**

- Performed chart reviews for 1,000 nursing home residents.
- Participated in monthly and quarterly quality assurance committees with interdisciplinary staff.
- Conducted drug regimen review to identify drug interactions, contraindications, suboptimal therapies and therapeutic interchange opportunities.
- Perform pharmacokinetic dosing for Aminoglycosides and Vancomycin.
- Ensure proper utilization of psychotropic medications and compliance with gradual dose reduction guidelines.
- Performed drug regimen reviews to ensure appropriate dosage, proper durations and elimination of unnecessary medication.

2001-2004  Osco Pharmacy  Chicago, IL

**Staff Pharmacist/ Respiratory Care Pharmacist**

- Dispensed medication pursuant to physician order.
• Provided seminars and private consultations to patients with asthma to identify and eliminate asthma triggers.
• Communicated with physicians to ensure asthma therapy consisted of proper use of maintenance medications to decrease the number of asthma exacerbations.
• Analyzed and reported information to assess the benefit of disease state management in the retail setting.

**PUBLICATIONS**


**PRESENTATIONS**

“Talk About Frayed Nerves” An Overview of Neuropathic Pain – presented at the 2009 ASCP Midyear Meeting
Director of Clinical Programs
Kareem A. Karara, PharmD, BCPS, CCHP

EDUCATION

<table>
<thead>
<tr>
<th>Period</th>
<th>Degree</th>
<th>Institution</th>
<th>Location</th>
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<tbody>
<tr>
<td>August 2005 to May 2011</td>
<td>Doctor of Pharmacy</td>
<td>Philadelphia College of Pharmacy</td>
<td>University of the Sciences</td>
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PROFESSIONAL WORK EXPERIENCE

July 2016 to Present  
**Director of Clinical Services**
Correct Rx Pharmacy Services, Hanover, MD
Supervisor: Hui Seo, PharmD, MBA

- Identify/implement clinically appropriate programs that lower the overall costs of health care.
- Conduct clinical drug reviews and monitor impact of multiple formularies.
- Review requests for non-formulary medications.
- Design, conduct, and implement research studies measuring clinical, economic, and humanistic outcomes associated with pharmacy services.
- Conduct facility inspections to ensure compliance with all applicable state and federal regulations.
- Chair Pharmacy and Therapeutics meeting with on-site administrators, prescribers, and health staff to review facility drug utilization.
- Develop and maintain expertise in correctional health care systems.
- Prepare and conduct training appropriate for meeting the needs of the customer and staff.
- Analyze customer complaints and overall operational processes.
- Direct and facilitate the completion of special projects as assigned

July 2012 to June 2016  
**Clinical Pharmacist**
Correct Rx Pharmacy Services, Linthicum, MD
Supervisor: Hui Seo, PharmD, MBA

June 2011 to June 2012  
**PGY1 Pharmacy Resident**
Einstein Healthcare Network (EHN), Philadelphia, PA
Director: Angelo DeLuca, PharmD
August 2010 to May 2012  Automated Dispensing Systems Project Leader
NewCourtland Elder Services, Philadelphia, PA
Supervisor: Jim Reilly, RN, MBA
May 2009 to August 2009  Paul G. Cano Legislative Intern
American Society of Consultant Pharmacists, Alexandria, VA
Supervisors: John Feather, PhD & Claudia Schlosberg, JD

**Licensure and Certification**

April 2013 to Present  District of Columbia Pharmacist License
License Number: PH100001303

November 2012 to Present  Virginia Pharmacist License
License Number: 0202211883

June 2012 to Present  Maryland Pharmacist License
License Number: 20647

August 2011 to Present  Pennsylvania Pharmacist License
License Number: RP445988
Conclusion – Compelling Solutions

Simply stated Correct Rx’s response to the KDOC’s RFP is a service plan designed to improve the current level of care and manage pharmaceutical costs. Correct Rx knows through experience this can be accomplished through a multifaceted approach. All of these key components need to be fully considered and weighed when considering the pharmacy vendor’s ability to influence the quantity and selection of the medication ordered and their impact on patient care. The KDOC knows that the key metric at the end of each month, quarter and year is what the KDOC spends on drugs.

Correct Rx’s clinical team bolsters healthcare services in our facilities by providing a real impact on the quantity, selection and mix of drugs being purchased. Factors such as poor patient compliance, over-ordering, adverse events, and the early discontinuation of medications can increase the quantities of returned medications. The success of Correct Rx’s clinical programs has produced proven results in our county, statewide and corporate contracts and we look forward to forging a partnership with the KDOC.
Diamond Pharmacy
Bidder Information
RFP Sections 2.4 through 2.12
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.

Business Classification – Date Established and Ownership

Diamond Drugs, Inc. dba Diamond Pharmacy Services is a privately held corporation incorporated on December 3, 1979. The primary officers and owners are:

♦ Joan Zilner, President
♦ Gilbert Zilner, Vice President
♦ Mark Zilner, Secretary and Chief Operating Officer

Federal Tax Identification Number: 25-1378278
Organization and Employees – Number of Personnel

Diamond currently employs over 1,100 dedicated individuals that support their institutional pharmacy operations that are always available to meet our needs in a timely manner. As a large company, Diamond has the financial strength to make these resources available to ensure superior customer service, and as a family-owned business, Diamond takes tremendous pride in their customers knowing and considering Diamond as a **Company of Five**:

- A dedicated senior pharmacist account manager that is highly responsive to our needs – for the Kansas DOC, Diamond will provide two Diamond pharmacist account managers
- Dedicated pharmacy order entry technicians that will establish sincere relationships with our facility staff as their primary daily points of contact – for Kansas DOC, we estimate 6 Diamond technician FTEs will be needed
- An assigned billing technician that will remain consistent for the contract duration – one FTE
- An assigned reporting technician that will remain consistent for the contract duration – one FTE
- Diamond’s customer service help desk that triage incoming calls so that Diamond can promptly address any facility level questions or concerns

As VitalCore knows from working with Diamond, their technicians and pharmacist account managers will establish a genuine rapport with facility staff through their daily interactions and the Kansas DOC will benefit from the unique and sincere long-term relationship Diamond creates with all their customers, setting them apart from other pharmacies. Most importantly, you will always have access to our co-owner and Chief Operating Officer, Mark Zilner, RPh. Mark is a second-generation owner and is a third-generation pharmacist that is actively involved with Diamond’s daily operations to ensure that the highest level of support and customer service is provided to every Diamond client. High-quality pharmacy care and personalized program support are the hallmarks of their business model.
Diamond Company Profile

Institutional Experience: 49 years
Correctional Experience: 37 years
Facilities Served: > 1,700
Correctional Patients: App. 700,000
Geographic Coverage: 46 states
Departments of Corrections Clients Currently 12
# Prescriptions filled/year: > 14.6 million
Total Employees: > 1,100
Pharmacists on Staff: 100
Doctors of Pharmacy on Staff: > 35
Key Personnel

Mark J. Zilner, RPh—Co-Owner and Chief Operating Officer

As our Co-Owner and Chief Operating Officer, Mark oversees the Diamond Pharmacy Services Correctional Pharmacy Division. As such, he manages various federal, state, and county contracts. He works closely with our correctional account executives to ensure that our facilities obtain the level of service they deserve. Mark also routinely updates our account executives on enhancements and innovations as they become available.

Mark is involved in the startup and management of new accounts and with the maintenance of current accounts, including cost-containment analyses, formulary development, policy and procedures, production, regulatory affairs, technology, and overall customer satisfaction. He is directly involved in the conversion of new facilities to our pharmacy system, and he remains involved through the entire transition period.

Mark manages all seven of Diamond Drugs locations. In addition to his correctional responsibilities, he also presides over our parent company, Diamond Drugs, and our other subsidiaries including SapphireHealth, RemedyRepack, and InnovaHealth.

Experience/Certifications

- Clinical Pharmacist, 1991-present
- Correctional Pharmacist and Account Executive, 1991-present
- Clinical Consultant Pharmacist, 1991-present
- Member—Pennsylvania State Board of Pharmacy
- Designated Representative—Florida Department of Health, Drugs, Devices, and Cosmetics
- Licensed Pharmacist—Arkansas, Louisiana, Michigan, Nebraska, Pennsylvania, and Tennessee
- Account Executive—Numerous facilities in Arkansas, Louisiana, and Pennsylvania

Responsibilities

- Business development
- Contract negotiations
- Technology initiatives
- Developing and implementing policies and procedures
- Design and management of drug formularies
- Cost-containment studies and analysis
- Production organization and logistics
- Monitoring of market research and pharmaceutical innovations

Education

- Bachelor of Science, Pharmacy—Northeastern University School of Pharmacy, Boston, Massachusetts, 1991
- Clinical Internship—Veteran’s Affairs (VA) Boston Healthcare System, Boston, Massachusetts
MBA Certificate—Indiana University of Pennsylvania (IUP), Indiana, Pennsylvania

Membership

- Advisory Board, IUP Center for Family Business
- American Correctional Association Member
- American Jail Association Member
- American Society of Consultant Pharmacists Member
- Pennsylvania Board of Pharmacy as Previous Appointed Board Member
- Previous Executive Board Member, Indiana University of Pennsylvania (IUP) Research Institute
- Indiana County Chamber of Commerce, Previous Board of Directors

Awards

- Distinguished Alumni Award, Northeastern University School of Pharmacy, 2017
- Finalist, Cardinal Health Ken Wurster Leadership Award, 2016
- Top 100 Organization, Pennsylvania Business Central, 2011 & 2014
- Finalist, Governor’s ImPAct Jobs First Award, Team Pennsylvania, 2013
- Distinguished Family Business, Indiana University of Pennsylvania (IUP) Eberly College of Business and Information Technology, 2012
- Innovations Award Winner, Council of State Governments, 2006—based on best economic benefit to state and local governments through pharmaceutical savings
- Top 100 People in Business, Pennsylvania Business Central
- Largest Private Employer, Pennsylvania Business Central
- Employer of the Year, Indiana County Business & Professional Women’s Club

Fred Eaton, PharmD, CCHP—Account Executive Pharmacist

As an account representative, Fred assists clients in cost-reduction strategies through implementing and managing formularies, writing policies and procedures, and ensuring contractual compliance. Fred personally conducts on-site visits and inspections, and he serves as an active member of his facilities’ P&T, MAC, Executive, CQI, and Formulary Committees. In addition to overseeing daily pharmacy operations at his facilities, he has successfully introduced and implemented electronic ordering, reconciliation, reporting, and medication management systems for his Diamond clients. His experience covers facilities in all disciplines of correctional pharmacy such as adult detention centers, juvenile facilities, female institutions, mental health treatment units, forensic treatment units, Hepatitis C specialty units, intake centers, and correctional hospital facilities. This wealth of experience makes him the best candidate to once again serve the Kansas DOC. Experience has no substitute, and Fred has the comprehensive knowledge and understanding of the correctional pharmacy industry to enable him to manage this important account. His experience working with clients in many states for nearly two decades will prove to be an invaluable resource to the DOC.
When Diamond last serviced the medication dispensing and pharmacy program management needs of the Kansas DOC, Fred was the pharmacist account manager at the time and had many great relationships with both facility level and DOC administrative level personnel. We are hopeful for Fred to once again lead VitalCore and Diamond’s pharmacy program for the Kansas DOC.

**Pharmaceutical Experience**

♦ Diamond Pharmacy Services, Correctional Consultant Pharmacist, 2002-present
♦ Diamond Pharmacy Services, Long-Term Care Consultant Pharmacist, 2002-present
♦ Retail Pharmacist – 6 Years’ Experience

**Licensure & Certifications**

♦ Registered Pharmacist in Alaska, Florida, Idaho, Indiana, **Kansas**, Massachusetts, Montana, Nebraska, Ohio, Pennsylvania, Wisconsin and Wyoming
♦ Certified Diabetes Educator (CDE), 2005
♦ National Commission on Correctional Health Care (NCCHC), Certified Correctional Health Professional (CCHP), 2008-present

**Education**

♦ Doctor of Pharmacy, cum laude, Duquesne University, Pittsburgh, Pennsylvania, 2002
♦ Internship/Residency, Mercy Hospital, Pittsburgh, Pennsylvania, 2000-2002
♦ Internship, Diamond Pharmacy Services, 1998

**Membership**

♦ American Society of Consultant Pharmacists, 2002-present

**Responsibilities**

♦ Overseeing daily pharmacy client operations while ensuring efficient and effective operations
♦ Monitoring of drug regimens and treatment therapies
♦ Implementing electronic ordering, reconciliation, and medication management systems
♦ Maintaining formulary exception and prior authorization processes
♦ Maintaining liaison with facilities
♦ Analyzing clinical and financial data and reporting
♦ Assessing and communicating pharmacy performance metrics
♦ Conducting medication room inspections
♦ Serving as an active member on facility-level committees
♦ Resolving facility level issues and concerns
♦ Identifying areas where system modifications or changes could result in operational improvements
♦ Collaborating with facility management for regulatory reporting and other projects and outcomes
♦ Staying current in terms of industry and pharmacy practices that can better serve customers
♦ Providing educational services to clients
Lisa A. Berezansky, R.Ph.—Account Executive Pharmacist

Lisa has served as a Diamond account executive/representative for Departments of Corrections and correctional institutions throughout the United States, the largest of which is the Oklahoma Department of Corrections. During her 20 continuous years with Diamond, Lisa has been a tremendous resource to all of her correctional clients. In addition to performing the daily responsibilities of an account manager, Lisa is a clinical pharmacist involved in medication therapy management, formulary management, and dosing recommendations for medications with special considerations.

Lisa has successfully introduced and implemented electronic ordering, reconciliation, reporting, and medication management systems for her Diamond clients. Her experience covers facilities in all disciplines of correctional pharmacy such as adult detention centers, juvenile facilities, female institutions, mental health treatment units, forensic treatment units, Hepatitis C specialty units, intake centers, and correctional hospital facilities.

Lisa will serve as the co-pharmacist account manager to VitalCore for the Kansas DOC.

Experience/Certifications
♦ Clinical Pharmacist, Diamond Pharmacy Services, 1999 – Present
♦ 20 Years Correctional Experience
♦ 20 Years Long-Term Care Experience
♦ 15 Years Retail Experience
♦ Licensed Pharmacist – Kentucky, Michigan, North Carolina, Oklahoma, Oregon, Pennsylvania, Tennessee and Wisconsin

Correctional Account Representative Experience
♦ Arizona Department of Corrections (2012-2013)
♦ Oklahoma Department of Corrections (2005-2009) and (2014-Present)
♦ Snohomish County Jail (2013-Present)
♦ Wellpath facilities (2014-Present)
♦ Turn Key Medical (2016-Present)
♦ San Diego County (2017-Present)

Education/Memberships
♦ B.S. Pharm., magna cum laude, University of Pittsburgh School of Pharmacy, 1996
♦ Member, American Society of Consultant Pharmacists

Responsibilities
♦ Overseeing daily pharmacy operations in managed facilities, assuring efficient and effective operations
♦ Monitoring drug regimens and treatment therapies for inmates
♦ Implementing electronic ordering, reconciliation, and medication management systems
♦ Maintaining formulary exception and prior authorization processes
♦ Maintaining liaison with Diamond-serviced facilities
♦ Analyzing and reporting clinical and financial data
♦ Communicating and assessing pharmacy performance metrics
♦ Inspecting medication rooms
♦ Serving as a member, with effective participation and contributions, of the following:
  ✓ Facilities’ CQI committees
  ✓ Formulary committees
  ✓ MAC committees
  ✓ P&T committees
♦ Resolving facility-level issues or concerns
♦ Identifying areas where system modifications or changes could result in operational improvements
♦ Collaborating with facility management for regulatory reporting and other projects and outcomes
♦ Staying abreast of industry and pharmacy practices that can better serve customers
♦ Providing educational services to clients

Matthew Valasek, RPh, MBA—Director of Pharmacy Operations

Matt started with the company in 1996 and since then has been an integral component in the development of Diamond’s IT Department and software programming team. He immediately led several projects. He assumed managerial roles within the first few years of employment and has seen the company grow from a work force of 25 employees to our current staff of over 800 employees. His vision on automation, barcode technology, and workflow management has positioned Diamond to meet the needs and challenges of today’s correctional marketplace. He also envisioned the need for a wholesale and repackaging division to meet the needs of our client base and started Diamond Wholesale along with RemedyRepack. Matt continues to play a vital role in Diamond’s operational initiatives and continues working with our team to provide leadership in the development of new software/technology/hardware for quality improvement/new business. In addition to providing management oversight to the correctional services division, Matt is responsible for overseeing daily operations, Diamond’s IT department, systems development, and new product purchases involving software and automation.

Experience/Certifications
♦ 10 Years Director of Correctional Services/Director of Technology, 1996-present
♦ 14 Years total Correctional and Long-term Care Experience
♦ 10 Years Correctional consulting experience
♦ 10 Years Nursing home consulting experience
♦ 5 Years Sales experience
3 Years Retail experience
Licensed Pharmacist—Florida, Pennsylvania, and South Carolina

Education

Bachelor of Science, Pharmacy—University of Pittsburgh School of Pharmacy, Pittsburgh, Pennsylvania, 1994
Internship—UPMC Presbyterian, Pittsburgh, Pennsylvania
Internship—St. Francis Hospital, Pittsburgh, Pennsylvania
Master of Business Administration, magna cum laude—University of Pittsburgh, Pittsburgh, Pennsylvania, 1998

Membership

American Society of Consultant Pharmacists (ASCP)
National Community Pharmacists Association (NCPA)

Job Description

Oversees daily operations for correctional services
Oversees daily operations for long-term care division
Oversees pharmacists, nurses, warehouse, data entry technicians, and billing technicians
Oversees and directs all software development.
Oversees IT Department
Oversees Wholesale Division
Oversees Customer Service Department
Oversees Director of Correctional Operations

Matthew Catanzaro, RPh—Director of Correctional Operations

Matt is responsible for production areas related to our correctional business. This includes technician and pharmacist staff assigned to work with accounts in addition to general oversight of the systems responsible for daily operations. Matt is also charged with business analysis of expansion of existing software as well as system architecture alterations for said systems where applicable. Systems integration and interfacing has become a necessity in the healthcare industry and as such, Matt has been tasked with a lead role in interface development, installation, and maintenance.

Experience/Certifications

11 Years Correctional Experience
8 Years Retail Experience

Education

Graduate, Duquesne University School of Pharmacy, 1995
Internship, Mercy Hospital of Pittsburgh
Memberships/Awards

♦ Phi Lambda Sigma, Pharmacy Leadership Society

Job Description

♦ Ensures that our correctional operation complies with all federal and state laws and regulations related to the practice of pharmacy
♦ Reviews and administers all changes to pharmacy equipment, operations, and policies
♦ Maintains responsibility for performance management of pharmacists and technicians, pharmacy quality assurance and process compliance, training and development of pharmacists and technicians, professional licensure of the pharmacy, pharmacists, and technicians, and communication of professional issues to pharmacists and technicians.
♦ Ensures that the pharmacy is practiced in a safe, lawful, ethical, and professional manner at all times, including prescription processing, regulatory/inspection requirements, recordkeeping, pharmacy security, and professional licensure of the pharmacy, pharmacists, and technicians
♦ Keeps updated on industry trends as well as federal and state regulations to ensure compliance
♦ Maintains membership on the facility leadership team and actively participates in business and operational decisions
♦ Participates in decisions regarding staffing in the pharmacy operation to set the proper level of staffing for the anticipated volume of prescriptions, sets the ratio of pharmacists to technicians to be consistent with state pharmacy law and establishes, documents, and approves the appropriate duties for pharmacy technicians
♦ Prepares for, implements, and communicates new initiatives and policies to pharmacists and technicians

Matthew D. Risko, RPh, AAHIVP—Director of Clinical Services & Special Projects Manager—Correctional Division

Matt is responsible for overseeing our clinical review services and special projects. Our clinical review services include formulary review, drug utilization-disease state management review, and evidence-based medicine review applied to facility drug usage and cost-containment. He manages ongoing projects including Diamond’s 340B program, maintaining oversight of program arrangements as well as Diamond’s compliance with 340B guidelines. As Special Projects Manager, he also assists in the oversight of our long-term care satellite pharmacy in Reading, Pennsylvania, where he works to ensure high levels of operational efficiency and quality of our services. Matt also serves as account executive, responsible for managing the accounts of the Kentucky Department of Corrections as well as one of our largest medical groups. As such, he is a member of their respected Pharmacy and Therapeutics (P&T) committees.

Experience/Certifications

♦ 16 Years Correctional Experience
♦ 5 Years Retail Experience
♦ HIV Pharmaceutical Care Specialist
♦ Co-Editor, Diamond HIV Quarterly Journal
♦ American Academy of HIV Medicine HIV Expert™ (AAHIVE)
♦ 340B Program Manager
♦ Long-term Care Pharmacy Management
♦ Account Executive and P&T Representative—Kentucky Department of Corrections (KYDOC)
♦ Account Executive and P&T Representative—Corrections Corporation of America (CCA)
♦ Managing Director—Diamond Pharmacy Services HIV Patient Assistance Program

Education
♦ Bachelor of Science, Pharmacy—University of Pittsburgh School of Pharmacy, Pittsburgh, Pennsylvania, 1993
♦ Internship—UPMC Children’s Hospital, Intensive Care Unit, Pittsburgh, Pennsylvania
♦ AIDS Education and Training Program—Pennsylvania MidAtlantic AIDS Education and Training Center & Telehealth AETC Appalachian Project, University of Pittsburgh, Pittsburgh, Pennsylvania
♦ HIV Pharmaceutical Care Specialist Program—University of Buffalo School of Pharmacy, Buffalo, New York
♦ Annual Hepatitis Symposium—Clinical Care Options
♦ Annual HIV Symposium—Clinical Care Options

Jeff DiGiorgio, RPh—Director of Proposal Development

Jeff began working at Diamond Pharmacy Services in December 2000 as a staff pharmacist. During his time at Diamond, he has worked as a clinical consultant pharmacist for our Long-Term Care Division and as an account executive for several of our largest correctional medical groups, state departments of corrections, and individual correctional facilities throughout the United States. He also has filled leadership roles in several departments throughout the company. He is a member of our safety committee and a past member of our Joint Commission accreditation committee.

While Jeff’s account management role recently has decreased, and his focus has shifted to contracting, proposals, and business development, he still serves as the pharmacist account manager for a handful of Diamond customers in order to stay connected to their needs. In addition to the daily oversight of pharmacy operations at those facilities, he has successfully introduced and implemented an electronic ordering interface, electronic reconciliation, web-based reporting, and medication management systems to his customers. He also has worked closely with his clients regarding NCCHC accreditation, the development of opioid treatment programs (OTPs), and the operationalization of 340B programs for correctional customers.
Beyond his role as an account manager, Jeff has provided the vision and architecture for our current-
Customer Service Help Desk, our Drug Information Center, and our Insulin Dispensing Pharmacy. He
works closely with our executive team to provide his knowledge and expertise on repackaging
regulations, wholesaler requirements, medication destruction, U.S. Drug Enforcement Administration
(DEA) compliance, and pharmaceutical waste destruction.

Experience/Certifications

♦ Pharmacist, Diamond Pharmacy Services (2000–present)
♦ Director of Proposals and Correctional Business Development (2105- present)
♦ Pharmacist/Manager, Eckerd Drug (1990–2000)
♦ 10 Years of experience—Assisted-living and skilled nursing facility clinical consultant
♦ Registered Pharmacist (licensed) in Pennsylvania and Maryland

Correctional Account Representative Experience

♦ Maricopa County, Arizona, Account Executive (2005–present)
♦ St. Louis County Jail/Buzz Westfall Justice Center, St. Louis County (Missouri) Department of
  Justice, Account Executive (2007- Present)
♦ Virginia Department of Corrections Account Representative (2000–2011)
♦ Correct Care Solutions (CCS) Account Executive (2003–2013)
♦ Pennsylvania Department of Corrections Account Representative (2003–2011)
♦ Numerous jails and correctional institutions (2000 – 2015)

Education

♦ B.S. Pharmacy, University of Pittsburgh School of Pharmacy, 1990

Customer Responsibilities as an Account Executive

♦ Overseeing daily pharmacy operations for his correctional clients ensuring efficient and effective
  processes are in place to foster positive patient outcomes and staff support
♦ Implementing electronic ordering, reconciliation, and medication management systems
♦ Maintaining customer specific formularies with a focus on cost avoidance and patient safety
♦ Maintaining liaison relationship with facilities
♦ Assist in the development of facility level protocols and procedures
♦ Assist in the development of disease-state management protocols
♦ Provide guidance regarding the medication disposal and destruction process
♦ Analyzing clinical and pharmacoeconomic financial data and reporting
♦ Serve as a resource to his customers regarding regulatory compliance with local, state, and
  federal rules, regulations, and laws pertaining to the practice of pharmacy and stock distribution
♦ Resolving facility level issues and concerns in a timely manner
♦ Staying current in terms of industry and pharmacy practices that can better serve our customers
♦ Working in concert with facility leadership and administrators to develop forward thinking
  strategies
Proposal and Business Development Responsibilities

♦ Oversight and management of proposal team and business development team
♦ Oversight and management of cooperative procurement team
♦ Oversight and management of our Salesforce support team
♦ Assessment and evaluation of opportunities for bid/no bid determinations
♦ Final review and editing of all solicitation responses
♦ Final review and editing of all pricing and financial submissions
♦ Collaboration with other Diamond Directors
♦ Collaboration with sales and marketing personnel
♦ Customer presentations regarding proposal and business development opportunities
♦ Collaboration with proposal and business development teams of vendor partners and clients
♦ Attendance of various industry shows and conferences
♦ Attendance of pre-bid and pre-proposal conferences
♦ Maintain business development relationships with customers
♦ Provide support and informatics to business partners
♦ Provide price studies to prospective customers
♦ Provide contract and proposal support to pharmacist account executives
♦ Provide support and guidance to sales team regarding contracting and pricing
♦ Direct report to company ownership and Chief Operating Officer
♦ Participant in Board of Director and Diamond Executive Committee meetings

Joel E. Akmal—Director of Information Technology

Joel was recruited to establish and manage Diamond’s enterprise-wide Information Technology program. Since starting with Diamond, he has expanded Diamond’s network footprint to include multi-location WAN infrastructure. Joel has been instrumental in establishing infrastructure to support Sapphire’s hosted solutions. He has grown the IT infrastructure to support more than 1,000 endpoints. He has been instrumental in establishing infrastructure to support real-time recovery of data center operations.

Experience/Certifications

♦ Director of Information Technology, 2002 – Present
♦ 20 Years IT experience
♦ Microsoft Certified Professional
♦ Certified Citrix Administrator
♦ VMware Certified Associate

Job Description

♦ Oversight of IT Department
♦ Identification and evaluation of all critical systems
♦ Design and implementation of information processes and procedures
 Coordination with all outside vendors and customers regarding all Information Technology needs

♦ Determination of key decisions for IT and communications related issues
♦ Participation in forecasting trends and long-term planning for the IT Department
♦ Implementation of long-term IT plans
♦ Provision of technical assistance on company issues, services, programs, and computer hardware
♦ Maintenance of corporate compliance with federal and state healthcare laws, rules, and regulations
♦ Maintenance of pharmacy software applications
♦ Development of training programs for all Diamond software applications

Accomplishments

♦ Designed and implemented company-wide LAN/WAN environment
♦ Spearheaded the creation of a company-wide Help Desk
♦ Implemented a complete Document Management system for company records
♦ Led deployment of Security infrastructure to support web application systems
♦ Created infrastructure for client communications to Diamond’s remote-entry client
♦ Created disaster recovery plans for software systems for prescription medications and durable medical equipment
♦ Created policies and procedures governing corporate security, email, and internet usage, access control, and incident response

Tracey Stancombe—Correctional Reporting Supervisor

Tracey is the supervisor of the Correctional Reporting Department and has 25 years of experience with Diamond. She has extensive experience in pharmacy prepacking, shipping, reporting, and billing.

Her department processes correctional facility monthly reports and customizes reports specific to each department’s requested format. They also oversee formulary management reports while analyzing data to provide pharmacist account managers with information on medication trends and medications with excessive cost.

Michelle Shawley—Correctional Billing Supervisor

Michelle is the supervisor of the Correctional Billing Department and has 14 years of experience overseeing correctional facility invoices.

In her current position, Michelle supervises our team of billing representatives. She assigns facility billing contracts, monitors and audits facility order transactions and medication returns for charges/credits, monitors facility information and bid rates, verifies that proper procedures and processes are followed to ensure accurate and timely billing, establishes and monitors customized billing and credit reports, conducts monthly billing meetings, and monitors accounts receivables.

The department verifies order transactions for accuracy of billing different entities, extracts different billing reports according to customer requests, creates invoices and credits, gathers all billing and crediting information from various systems, submits invoices to customers in a timely manner, audits
and reconciles billing and credit information as needed, and contacts customers to obtain and verify billing information.

Michelle has a bachelor’s degree in business administration and previously worked 8 years as a purchasing agent for a telecommunication company, handling purchasing, account payable, customer service, shipping and receiving, and collections.

**Vanessa Henry—Pharmacy Technician Supervisor**

Vanessa supervises the work of our Diamond pharmacy technicians. She has 20 years of experience at Diamond, 19 of that in her current position as supervisor. Diamond’s pharmacy technician processes orders to ensure they are shipped to your facility in a timely and accurate manner. Each technician provides individualized customer service with correctional facilities and the nurses at those facilities. They troubleshoot any issues or concerns. The technicians also call facilities and resolve problems to assist consultant pharmacists who are in travel status.

Vanessa has excellent management skills, and she is attuned to the department’s requirements. She focuses on workflow efficiency improvement, specifically programming the Kalos CIPS™ pharmacy software system. She also ensures that Diamond’s technicians are fully aware of Diamond’s and each facility’s policies, procedures, facilities-specific requirements, etc.

**Sharon Bash - Medical Records Supervisor**

Sharon has been with Diamond 23 years—6 years as a Pharmacy Technician, 3 years as an eMAR Specialist/Team Leader, and 17 years as the Medical Records Supervisor.

She oversees printed medical records for skilled nursing and personal care facilities along with the team that provides our correctional MARs each month. Her staff works to update patient drug orders continuously and reviews drug orders for correct hour of administration coding based on facility level requirements. Her team also designs, prepares, and prints any forms used by each facility.
Subcontractors

Due to the nature of the correctional pharmacy industry as well as the requirements of your RFP, subcontracting services is not a significant need, as almost all service requirements will be provided by Diamond directly or by one of their subsidiary companies.
Diamond Drugs, Inc. is a privately owned family business and does not publicly disclose their audited financial statements. Their accidental or intentional release into the public domain would be detrimental to Diamond if they were to be obtained by their competitors in the correctional healthcare industry.

Be assured, Diamond is very well positioned financially. They have 37 years of correctional pharmacy experience, over 1,700 current correctional clients, 12 Departments of Corrections (DOC) clients, and revenue streams from several wholly owned subsidiary companies and divisions. They dispense over 14.6 million prescriptions annually and service approximately 700,000 correctional lives in 46 states. In addition, they are Pennsylvania’s largest Long-Term Care (LTC) pharmacy services provider with over 250 LTC client facilities that encompass nearly 15,000 resident lives.

Diamond’s financial strength and stability are a result of long-term operational and strategic planning. Over the past several years, it has allowed them to initiate and maintain service to large statewide contracts that would pose significant risks for small and mid-size companies.

Diamond’s largest customers include the following:

- Alabama Department of Corrections
- Arkansas Department of Corrections
- Pennsylvania Department of Correction
- Minnesota Department of Corrections
- New Jersey Department of Corrections
- Virginia Department of Corrections
- Kentucky Department of Corrections
- Oklahoma Department of Corrections
- Arizona Department of Corrections
- Connecticut Department of Corrections
- Maricopa County Correctional Health (Maricopa County, Arizona)
- Clark County Jail, Nevada

We do understand your need to verify that any subcontractor under consideration to service the Kansas DOC has a solid financial foundation; however, Diamond also hopes that you can appreciate their need to ensure full protection of this information prior to its release. If the Kansas DOC truly requires Diamond’s highly confidential and very sensitive financial information, they simply ask that the DOC provides Diamond with a secure manner to provide this information directly to required DOC personnel other than simply designating it as confidential in our proposal response so it will not be released into the public domain either accidentally or intentionally.
CERTIFICATE OF TAX CLEARANCE

Diamond Drugs Inc
DBA as Diamond Pharmacy Services

ISSUE DATE
12/02/2019

TRANSACTION ID
TNNC-7748-2HAF

CONFIRMATION NUMBER
CD8H-8EHK-4867

TAX CLEARANCE VALID THROUGH 03/01/2020

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
Fusion Management
Bidder Information
RFP Sections 2.4 through 2.12
2.1. **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;
Fusion was established in 2006.

(b) ownership (public, partnership, subsidiary, etc.);
Fusion Capital Management, LLC (d.b.a. Fusion) is a wholly independent privately owned for-profit limited liability company based in Woodbridge, NJ that specializes in correctional healthcare electronic health record (EHR) applications and solutions.

(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.
Fusion is dedicated to seeing the successful implementation of CEHR at your facilities. Our team is highly experienced and knowledgeable in all functional aspects of correctional health-specific clinical delivery and electronic clinical documentation and workflow processes, which a company only like Fusion can provide. Our team has extensive experience in roll-over implementations, keeping legacy systems alive and running, while scripts port over information from the legacy system(s) into CEHR. **Most recently we partnered with Rhode Island Department of Corrections to replace Nextgen and Ohio Department of Rehabilitation and Corrections to replace eClinicalWorks with CEHR.** A case study has been provided in Exhibit 3: Case Studies.

We have developed a systematic process to ensure that Fusion provides the agency with the right number of people with the right skills to fulfill the EHR implementation. We use a Responsibility Assignment Matrix for all of our projects, which details the nature of responsibility assignments for project staff as they relate to key activities and deliverables.

**Implementation Team Organizational Chart and Overview**

From our experience in working with correctional agencies similar to Kansas DOC, we will allocate seven (7) key resources for this project who are dedicated in providing the management and services needed for this engagement. In total, approximately thirty-five (35) Fusion staff members will be involved in this project, including technical resources, trainers, business analysts, etc. All project team members have extensive correctional health and IT experience. Their roles and responsibilities for this project are as follows:

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Roles/Responsibilities</th>
<th>Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eli Dunn</td>
<td>Engagement Manager</td>
<td>10</td>
</tr>
<tr>
<td>Kansas Jackson</td>
<td>Project Manager</td>
<td>10</td>
</tr>
<tr>
<td>Crystal Price</td>
<td>Senior Business Analyst</td>
<td>10</td>
</tr>
<tr>
<td>Oscar Anzaldua</td>
<td>Clinical Manager</td>
<td>5</td>
</tr>
<tr>
<td>Dan Brunell</td>
<td>IT Manager</td>
<td>8</td>
</tr>
<tr>
<td>Patrick Chan</td>
<td>Migration/Integration Manager</td>
<td>7</td>
</tr>
<tr>
<td>Olivia Bell</td>
<td>Training Manager</td>
<td>10</td>
</tr>
<tr>
<td>Role</td>
<td>Responsibilities</td>
<td></td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Engagement Manager</strong></td>
<td>Responsible for identifying the business needs, problems or opportunities associated with the project. The Engagement Manager ensures the project remains a viable proposition and that benefits are realized, resolving any issues outside the control of the project manager. Your Engagement Manager will also provide proactive product utilization advice based on his/her knowledge of your organization.</td>
<td></td>
</tr>
<tr>
<td><strong>Project Manager</strong></td>
<td>Acts as a key contact for the project team and works closely with your Project Manager and Fusion team to ensure that a project plan is developed and maintained and that all milestones are accomplished according to schedule. Responsible for identifying the business needs, problems or opportunities associated with the project.</td>
<td></td>
</tr>
<tr>
<td><strong>Business Analyst</strong></td>
<td>Provides complex EHR product training and consulting on planning, workflow, setup and clinical issues. The business analyst may be on site with the client periodically to ensure there is sufficient information to make decisions and continue to progress with tasks.</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Manager</strong></td>
<td>Clinical subject matter in correctional healthcare. Analyzes workflows and helps promote efficient and effective healthcare documentation within the EHR application. Works closely with the project manager and development team with the customization of the EHR system to fit the business needs of the client. Assists clients in achieving and maintaining NCCHC and ACA accreditations.</td>
<td></td>
</tr>
<tr>
<td><strong>IT Manager</strong></td>
<td>Works closely with the Project Manager and client IT representatives to ensure the EHR software is successfully installed and operational.</td>
<td></td>
</tr>
<tr>
<td><strong>Migration/Integration Manager</strong></td>
<td>Works closely with the Project Manager and the client IT Team and serves as the key contact for the development and testing of contracted services for all data migration, systems integration, and interfaces for your implementation.</td>
<td></td>
</tr>
<tr>
<td><strong>Training Manager</strong></td>
<td>Trainers will deliver Super User training, if needed, and is on site for EHR End User training and EHR Go-Live Support.</td>
<td></td>
</tr>
</tbody>
</table>

*Please reference the following pages for our project team’s resumes.*
Eli Dunn
Engagement Manager
10 Years of Experience

Summary of Qualifications
Eli joined Fusion in 2008 and has over 10 years of experience working specifically on EHR projects in correctional healthcare. He has extensive experience in operational and systems consulting specializing in healthcare IT and management services for State Department of Corrections. His strategic hands-on approach helps clients improve processes and procedures. He has been an instrumental leader in dozens of high profile EHR implementations such as Rhode Island Department of Corrections, Ohio Department of Rehabilitation and Corrections, Connecticut Department of Corrections, Colorado Department of Juvenile Justice, New York City Health and Hospital Corporation - Correctional Health Services (Rikers Island), and many more.

Prior to his role as Engagement Manager, Eli had several progressive roles in software, consulting, and healthcare organizations using technology, best practices, standardization, and simplification as an enabler to improve his client’s competitive advantage. Some of those roles are as follows:

- Operations Lead: He was responsible for daily operations assuring that the client fully understood the use of CEHR and outcomes related to specific software decisions. He also piloted new implementation and support methodologies that reduced the implementation cycle time by 40% while attributing to an increase in client satisfaction.
- Consultant Team Lead: 4 years acting as a CEHR Implementation Consultant Team Lead. He has guided clients with workflow redesign, process improvement, and best practice methodology. Eli is also experienced with clinical content analysis, interface specifications and report design/specifications.

Academic Background
DENISON UNIVERSITY, Granville, Ohio
Bachelors of Science, Business
Summary of Qualifications

Kansas joined Fusion in 2018 and has 10 years of experience working on EHR projects in corrections at the local and State levels. She has been the Lead Project Manager of EHR Software implementations at several State Department of Corrections including Vermont Department of Corrections and South Dakota Department of Corrections. Her strategic hands-on approach helps clients improve processes and procedures. With multiple successful CEHR projects under her belt, she plays a key role during the implementation phase.

Prior to her role as Project Manager with Fusion, Kansas had several progressive roles in software consulting using technology and best practices to improve her client’s competitive advantage. Some of those roles are as follows:

- Project Manager: Served as liaison between organization and client, meeting regularly to review objectives, budget, milestones, and to manage risk. She introduced best practices, standards, procedures, and documentation leading to increased sales and improved business processes throughout the organization.

Academic Background

**Write State University**, Dayton, Ohio
*Bachelors of Arts, Phycology*

**Indiana Wesleyan UNIVERSITY**, Marion, Indiana
*Masters of Business Administration*

**Project Management Institute**, PMP Certified
Crystal Price
Senior Business Analyst
10 Years of Experience

Summary of Qualifications
Crystal joined Fusion in 2017 and has over 10 years of CEHR experience in various settings. Prior to joining the Fusion team, Crystal was a consultant for Fusion’s implementation of CEHR for the Connecticut Department of Corrections. Throughout her experience working with CEHR, Crystal has served as an EHR Trainer, IT Manager, EHR upgrade manager as well as an operational consultant in which she has held various roles during the implementation of CEHR. She works with clients on increasing operational workflow efficiencies through workflow re-engineering and provides day-to-day support throughout the project. She is also well versed in various other functionalities and builds and designs user profiles, creates EHR templates, configures roles/privileges, creates handouts, creates letters, creates encounter types, creates document types, and created custom forms. She creates & customizes forms using VFE (Visual Form Editor) and TFE (Text File Editor) and provides go-live support to physicians and end users – front office to back office staff. She manages projects in accordance with approved standards, procedures and methodologies.

Crystal has more than 15 years of total experience and expertise with in-depth knowledge and proven success in clinical processes and documentation for healthcare organizations. She is highly skilled in collaborating with all members of the organization to achieve business and financial objectives. She plays an instrumental role in streamlining and improving processes, enhancing productivity, and implementing technology solutions.

Crystal is a strong client advocate, always looking to add client value and improve the “real world” experience. A few of Crystal’s day-to-day task include, but are not limited to:

- Leverages extensive EHR development and implementation experience to assist in guiding project leadership through EHR system implementations
- Gathers requirements for new EHR system implementation build and performed build on security, and clinical data
- Gathers administrative reporting needs and performed build of reports using SQL and Crystal Reports
- Acts as a liaison between client and 3rd party vendor for support management and escalations
- Create clinical content with Visual Form Editor (VFE)
- Train providers and clinical team how to use the form created
- Create training material for new clinical content created
- Leads EHR Clinical Team meetings and discussions weekly to help steer enhancements and workflows
- Provide issues resolutions and basic technical support associated with hardware, software and healthcare information technology standards associated with the product

Certifications / Academic Background
Certified Electronic Health Record (EHR) Support Technician & Trainer, Medisoft Clinical, MediNotes, Practice Partner, Lytec MD

Certified Practice Management (PM) Support Technician & Trainer, Centricity Practice Solutions, Medisoft Patient Accounting

Certificate, Medical Insurance Billing & Coding, Corinthian College, Buena Park, CA

ITIL Foundations Certified
Oscar Anzaldua
Clinical Manager
5 Years of Experience

Summary of Qualifications
Oscar joined Fusion in 2015 as a clinical manager and consultant. He is certified in HIPPA Awareness Training and has nearly 5 years of experience working with CEHR in a correctional health environment. His vast knowledge of correctional health coupled with his medical background ensures successful implementation and training of CEHR and ancillary products.

Prior to his role as Clinical Manager, Oscar had several advanced roles in the healthcare industry, including completing his clinical rounds throughout the Country. Through his clinical rounds, Oscar utilized multiple EHR systems, one of those being CEHR. To date, Oscar has worked as the Clinical Manager on multiple State Prison and County Jail implementations.

A few of Oscar’s day-to-day task include, but are not limited to:

- System adherence to clinical standards and correctional health accreditation standards
- Assess effectiveness and efficacy of current and future business operations.
- Strategic product and procedural design and implementation.
- Report client issues directly to the project manager
- Serve as Subject-Matter Expert (SME) in EHR implementation and optimization, clinical workflow planning, business/clinical process redesign
- Workflow re-engineering
- Instructor-led EHR training
- Lead overall training/ancillary product implementation

Academic Background
St. Mary’s University, San Antonio, TX
Bachelor of Science - Biology

Davenport University, Grand Rapids, MI
Master of Business Administration – Health Care Administration

St. Matthew’s University School of Medicine, Orlando, FL
Medicine
Dan Brunell

IT Manager
8 Years of Experience

Summary of Qualifications
Dan joined Fusion in 2012 and has 8 years of experience in the healthcare and the healthcare IT industries. While at Fusion, he has worked as part of the Lead for the ITPS Team to deploy CEHR. Scaling up and down, his experience managing a variety of projects focused on planning, implementing, and executing the integration of healthcare IT systems for a variety of organizations has ranged from large State Prisons with ADP of over 50,000, and small County Jails with an ADP of 500.

Prior to joining Fusion, Dan worked as a software developer for another healthcare information technology company, where he developed numerous add-ons and key components in the enhancement of several software products that company offered.

Dan works closely with the Project Manager and assigns the necessary tasks to his team to ensure successful implementations. He will work with the State’s IT Lead to guarantee joint success between DOC and Fusion. Dan is always looking for a more efficient and effective way to get things done and has a strong history of working across functional and organizational teams to retool and refine, driving improvements that will result in a better experience for healthcare providers and support staff.

His focus on true integration of software into a provider’s day-to-day operations has led Dan to develop a strong background in technical workflow analysis and process improvement. As a direct result of this, Dan led the collaboration, development and production of a suite of Clinical Content and 3rd party interfaces for the CEHR software.

Prior to his role as IT Manager, Dan had several progressive roles in software and healthcare organizations, using technology, best practices, standardization, and simplification as an enabler to improve his client’s competitive advantage. Some of those roles are as follows:

- **Software Engineer:** Dan was instrumental in designing and enhancing the CEHR system for corrections. He worked closely with clients to establish functional requirements and specifications for both standard product and client specific enhancements, such as the fully integrated eMAR that we offer. He translated functional requirements and specifications into schematics by working closely with the software engineers. Dan provided application knowledge and implementation guidance on CEHR installations as well as provided education on new functionality and enhancements he designed.
- **Integration Engineer:** Dan worked closely with many 3rd party vendors ensuring that all systems were communicating the necessary data for the agency to run efficiently and effectively.

Academic Background

DESALES UNIVERSITY, Center Valley, PA

*BS Computer Science/Minor Math/Minor Management of Information Technology*
Summary of Qualifications

Patrick joined Fusion in 2018 and has 7 years of experience as a migration and integration engineer. He is an accomplished data integration engineer with a diversity of management skills. He has the ability to create innovations in the best interests of corporate and client growth. His experience includes delivering robust business solutions for clientele via business process analysis, adaptive flowcharting of business lifecycles and examination of real world performance metric key indicators. He has an in depth understanding of dynamic solutions that are reliable, secure and extensible for future growth needs. He has a proven ability to work effectively with all levels of client employees at the state, regional, and local levels to migrate, integrate, develop and implement robust and secure IT platforms, and he has a thorough understanding of correctional technology architecture and security at all spectrums.

Prior to his role as Migration/Integration Manager at Fusion, Patrick held several progressive roles in software and healthcare organizations including Senior Configuration Specialist and Senior Application Support Engineer.

A few of Patrick’s day-to-day task include, but are not limited to:

- Create a plan of all activities and tasks required to populate the new solutions with all current and historical data necessary for the correct operation of the solutions.
- Develop associated resource and budget requirements to implement the plan within the framework and constraints of the overall program plan and project plans.
- Monitor and report progress of the data migration plan at project level.
- Identify if there are issues and risks for the data migration activities.
- To identify mitigation plan for the risk discovered.
- Manage and co-ordinate activities for the ETL engineers to perform the data migration.
- Design a quality management scheme and plan for data migration activities including validation of loaded data to ensure the maximum efficiency and accuracy of data populated within the new solution.
- Create and maintain a progress tracker for all data migration activities and stages.
- Presentation of plans and progress to project and program boards.

Certifications / Academic Background

Rutgers University, New Brunswick NJ
Bachelor of Science – Computer Science
Olivia Bell  
Training Manager  
10 Years of Experience

**Summary of Qualifications**  
Olivia began working with Fusion in 2015 as a Training Manager. She is an accomplished healthcare information technology professional who works with project managers and application consultants to ensure successful implementation, training, and go-live of CEHR and ancillary products. Olivia has over 10 years of experience with CEHR implementations. Her extensive knowledge stems from a background in training and implementing the product.

Prior to her role at Fusion, Olivia was a practice administrator for many years. She has been the Training Manager on multiple implementations of CEHR for State Department of Corrections.

Olivia provides end user training, assists in system implementation, and provides Go-Live support for CEHR. Olivia has led multiple major projects specifically with the implementation and training of CEHR software in large groups with 300+ users.

A few of Olivia’s tasks include, but are not limited to:

- End User Training
- Provides Go-Live Support
- Manage projects in accordance with approved standards, procedures, and methodologies

**Academic Background**

**Clinical Pathways of Philadelphia**, Philadelphia, PA  
*Certified Nursing Assistant*
In order to provide exceptional implementation services, Fusion never allocates key resources to more than two (2) projects at a time. As previously stated, all project team members have extensive correctional health and IT experience. The table below provides the amount of time (%) that each key resource will dedicate to this project:

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Roles/Responsibilities</th>
<th>Project Dedication (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eli Dunn</td>
<td>Engagement Manager</td>
<td>80%</td>
</tr>
<tr>
<td>Kansas Jackson</td>
<td>Project Manager</td>
<td>100%</td>
</tr>
<tr>
<td>Crystal Price</td>
<td>Senior Business Analyst</td>
<td>50%</td>
</tr>
<tr>
<td>Oscar Anzaldua</td>
<td>Clinical Manager</td>
<td>50%</td>
</tr>
<tr>
<td>Dan Brunell</td>
<td>IT Manager</td>
<td>80%</td>
</tr>
<tr>
<td>Patrick Chan</td>
<td>Migration/Integration Manager</td>
<td>80%</td>
</tr>
<tr>
<td>Olivia Bell</td>
<td>Training Manager</td>
<td>75%</td>
</tr>
</tbody>
</table>

*Allocation subject to change depending on project start date and availability.*

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.

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.

Please see our Confidential and Proprietary Financial Statements in a separate sealed envelope included with this submission.
(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.

No action, suit, proceeding or investigation, judicial, administrative or otherwise (including without limitation any reorganization, bankruptcy, insolvency or similar proceeding), has occurred in Fusion’s history nor is any currently pending or, to the best of Fusion’s knowledge, threatened against Fusion which, either in any one instance or in the aggregate, may have a material, adverse effect on Fusion’s ability to perform its obligations under any resulting contract.
December 24, 2019

To Whom it May Concern:

Diamond Pharmacy Services has had the pleasure of providing pharmacy services to VitalCore Health Strategies, LLC in many of their contracted sites throughout the nation since 2018. We have worked with VitalCore’s leadership for years prior to the founding of their company; their years of experience and vast expertise in the correctional industry is invaluable.

We can attest that VitalCore provides prompt payment of our invoices and is in very good standing with our company. VitalCore and Diamond have an excellent working relationship. They are passionate about what they do, truly care for their clients, and aim to provide the best service possible to their clients as efficiently and cost-effectively as possible. It has been an honor working with VitalCore and we look forward to serving them in the years ahead as they continue to be successful and grow.

Sincerely,

Mark J. Zilner, Owner & Chief Operating Officer
Diamond Pharmacy Services
645 Kolter Drive
Indiana, PA 15701
724.349.1111 x 1003
mzilner@diamondpharmacy.com
12/24/19

RE: Letter of support for VitalCore

To Whom it may concern:

I am writing this letter of support for VitalCore, located at 719 SW Van Buren, Suite 100, Topeka, KS 66603.

I have worked closely with VitalCore in multiple contracts and have found them to be focused on their clients’ care. They are easy to work with and have demonstrated a willingness to collaborate and enhance any part of their program to benefit their clients.

In this fast pace business world, we rely on communication to ensure our success. VitalCore does this and continues to prove, by their actions, that our mutual intent is to ensure that cost effective care is delivered to their clients.

Unlike many businesses out there, VitalCore pays their claims timely and there are no delays in their process. They have a good system and dedicated staff.

It is a pleasure to recommend VitalCore and I would be glad to answer any questions regarding my working relationship with them.

Sincerely,

Greg Ward

Greg Ward, R.T.(R)(ARRT)
VP, Correctional Markets
(615) 714-4561
We understand the importance of a successful, thoroughly planned transition. We have developed and included our proposed transition plan for your review beginning on the following page. We also believe to make any transition successful, maintaining continuous communication prior to and during the transition period is of utmost importance in order to minimize mistakes and ensure continuity of care throughout this critical period of time. This plan is based on our history of transitions we have experienced between correctional healthcare contracts. It is our pleasure to serve you and we look forward to the opportunity to work side-by-side with you.

Our detailed plan begins during the RFP and bid process and continues as follows:

- Request for Proposal
- Contract Award
- Human Resources – Recruitment and Retention (to include current and new staff)
- Orientation and Training for Current and New Staff
- Subcontractors & Specialists Agreements to Include Hospital Services
- Equipment, Inventory, and Supplies (Lab, Radiology, Dental supplies, etc.)
- Communication Plan and Coordination & Administration of the Transition
- Identification, Evaluation, and Resolution of Existing Medical Care Cases
- Pharmacy Services
- Information Technology, Medical Records, and Reporting
- Clinical Services (Training, Policies and Procedures, Committees, Schedules)
- Environmental Services
- Start-Up on Day 1
- Day 2 and Moving Forward
# Kansas Department of Corrections - Comprehensive Transition Plan

## MONTHS PRIOR TO CONTRACT START-UP

<table>
<thead>
<tr>
<th>Area of Responsibility</th>
<th>Responsible Person</th>
<th>Date Completed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Proposal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team meeting to discuss/decide whether to submit proposal</td>
<td>X</td>
<td>CEO &amp; Executive Staff</td>
<td>Viola Riggin</td>
</tr>
<tr>
<td>Establish deliverable dates and assign tasks to persons responsible</td>
<td>X</td>
<td>CEO &amp; Executive Staff</td>
<td>Viola Riggin</td>
</tr>
<tr>
<td>Pre-Proposal Conference</td>
<td>X</td>
<td>Business Development</td>
<td>B. Gillespie</td>
</tr>
<tr>
<td>Respond regarding intent to attend</td>
<td>X</td>
<td>Business Development</td>
<td>B. Gillespie</td>
</tr>
<tr>
<td>Review all RFP deliverables/requirements for bid</td>
<td>X</td>
<td>CEO &amp; Executive Staff</td>
<td>Riggin and All</td>
</tr>
<tr>
<td>Prepare questions</td>
<td>X</td>
<td>CEO &amp; Executive Staff</td>
<td>Riggin/Gillespie</td>
</tr>
<tr>
<td>Research available office space in close proximity to facility and obtain possible lease agreements</td>
<td></td>
<td>Business Development</td>
<td>N/A</td>
</tr>
<tr>
<td>Research all off-site specialty, hospital provider, and subcontractors to target agreements/letters of intent</td>
<td>X</td>
<td>Business Development</td>
<td>N/A</td>
</tr>
<tr>
<td>Submit Proposal (5 months prior)</td>
<td>X</td>
<td>CEO &amp; Executive Staff</td>
<td>Riggin/Gillespie</td>
</tr>
<tr>
<td>Contract Award</td>
<td>X</td>
<td>CEO &amp; Executive Staff</td>
<td>Riggin</td>
</tr>
<tr>
<td>Obtain office space</td>
<td></td>
<td>Business Development</td>
<td>N/A</td>
</tr>
<tr>
<td>Order Office Furniture through approved vendor</td>
<td></td>
<td>Business Development</td>
<td>N/A</td>
</tr>
<tr>
<td>Set up office Telephone Lines</td>
<td></td>
<td>Business Development</td>
<td>N/A</td>
</tr>
<tr>
<td>Signage for office</td>
<td></td>
<td>Business Development</td>
<td>N/A</td>
</tr>
<tr>
<td>Marketing / Branding</td>
<td></td>
<td>Business Development</td>
<td>N/A</td>
</tr>
<tr>
<td>* Business cards for site leadership</td>
<td>X</td>
<td>Business Development</td>
<td>Regional VP</td>
</tr>
<tr>
<td>* VitalCore Brochure</td>
<td>X</td>
<td>Business Development</td>
<td>Regional VP</td>
</tr>
<tr>
<td>* Stationary/Envelopes</td>
<td>X</td>
<td>Business Development</td>
<td>Regional VP</td>
</tr>
<tr>
<td>* Website design</td>
<td></td>
<td>Business Development</td>
<td>N/A</td>
</tr>
<tr>
<td>Plan pre-start up informational meetings</td>
<td>X</td>
<td>Business Development</td>
<td>Regional VP</td>
</tr>
<tr>
<td>Current Employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gain contract administrative approval of the transition plan</td>
<td>X</td>
<td>CEO &amp; Executive Staff</td>
<td>Riggin</td>
</tr>
<tr>
<td>Contact current employees associated with the previous healthcare contracts after gaining approval through the Department's designated point of contact</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Request a list of current employees and positions/job titles, current salaries. All employees offered positions will maintain at least their current salary.</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Review any implications with union agreements or labor management issues with designated staff</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Contact current employees providing recruiting department contact and pertinent information</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Provide application process details to employees</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Provide information regarding dates and times for facility transition meetings</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Conduct meetings with all current staff to introduce VitalCore as an organization, present benefit package, VitalCore’s Mission, Vision, and Values, enrollment information, conduct open Q &amp; A sessions and provide any needed assistance regarding the application process</td>
<td>X</td>
<td>Human Resources, Chief Operating Officer, Health Services Administrator</td>
<td>Riggin/Regional VP/HR/HSA</td>
</tr>
<tr>
<td>Update credentials as necessary to ensure all necessary staff have appropriate licenses.</td>
<td>X</td>
<td>Human Resources</td>
<td>HR/HSA</td>
</tr>
<tr>
<td>Acquire prior credentialing or obtain new credentialing information.</td>
<td>X</td>
<td>Human Resources</td>
<td>HR/HSA</td>
</tr>
<tr>
<td>Acquire previous training records.</td>
<td>X</td>
<td>Human Resources</td>
<td>HR/HSA</td>
</tr>
<tr>
<td>Request prior peer reviews of all retained staff. Work with the administrative point-of-contact and previous contractor to obtain the information.</td>
<td>X</td>
<td>Human Resources, Chief Operating Officer, H.S.A.</td>
<td>Regional VP, Riggin, HR/HSA</td>
</tr>
<tr>
<td>Deliver offers and provide new hire information packets</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
</tbody>
</table>

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**Request for Proposal**

**Contract Award**

**Human Resources - Recruitment & Retention**

---

VitalCore Health Strategies, LLC
# Kansas Department of Corrections - Comprehensive Transition Plan

## MONTHS PRIOR TO CONTRACT START-UP

<table>
<thead>
<tr>
<th>Area of Responsibility</th>
<th>Responsible Person</th>
<th>Date Completed</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Resources - Recruitment &amp; Retention</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Employees / External Recruitment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify newly added/positions not filled by transitioning staff</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Post all opportunities on VitalCore website and recruiting resources</td>
<td>X</td>
<td>Human Resources</td>
<td>HR</td>
</tr>
<tr>
<td>Explain application process details to interested employees</td>
<td>X</td>
<td>Human Resources</td>
<td>HR</td>
</tr>
<tr>
<td>Screen candidates and coordinate interviews with the site operational leadership</td>
<td></td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Conduct interviews, drug screens and background checks as required</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Verify licenses and credentials</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Provide timely offers and establish start-dates in coordination with date of on-site contract initiation.</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Coordinate training prior to VitalCore on-site orientation</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HSA</td>
</tr>
<tr>
<td>Establish new personnel files on all employees</td>
<td>X</td>
<td>Human Resources</td>
<td>HR/HSA</td>
</tr>
<tr>
<td>Provide new employees with VitalCore hiring packets</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Provide information regarding dates and times for facility transition meetings</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR</td>
</tr>
<tr>
<td>Employee Selection - Ensure all staffing levels are in place</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HR/HSA</td>
</tr>
<tr>
<td>Determine method of inventory/charge out for supplies/equipment</td>
<td></td>
<td>Business Development</td>
<td>Accounting</td>
</tr>
<tr>
<td>Develop staff support meetings</td>
<td></td>
<td>Operations</td>
<td>Regional VP/HSA</td>
</tr>
<tr>
<td>Team building and mock opening meeting</td>
<td>X</td>
<td>Operations</td>
<td>Regional VP/HSA</td>
</tr>
<tr>
<td>Prepare Accreditation Readiness Manual</td>
<td></td>
<td>Operations</td>
<td>Regional VP/HSA</td>
</tr>
<tr>
<td>Medical Director to sign all P&amp;P manuals</td>
<td></td>
<td>Operations</td>
<td>Regional VP/MD</td>
</tr>
<tr>
<td>Develop office supply wish list</td>
<td></td>
<td>Operations</td>
<td>HSA</td>
</tr>
<tr>
<td><strong>Orientation and Staff Training</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Develop site mission, philosophy and goals</td>
<td>X</td>
<td>Business Development</td>
<td>Haden</td>
</tr>
<tr>
<td>Develop onboarding deliverables chart to include orientation and training for start-up</td>
<td>X</td>
<td>Business Development</td>
<td>Haden</td>
</tr>
<tr>
<td>Forms, manuals, and policy revisions for the site</td>
<td>X</td>
<td>Business Development</td>
<td>Haden</td>
</tr>
<tr>
<td>Identify staff involved in on-site orientation prior to start-up (HR, Clinical Services, etc.)</td>
<td>X</td>
<td>Business Development</td>
<td>Regional VP</td>
</tr>
<tr>
<td>Arrange orientation for leadership positions (HSA, Practitioners, and DON)</td>
<td>X</td>
<td>Business Development</td>
<td>Regional VP/CEO</td>
</tr>
<tr>
<td>Provide experienced Managers (Health Services Administrator or Director of Nursing) and Administrative Assistants during the first week of the contract</td>
<td></td>
<td>Business Development</td>
<td>Regional VP</td>
</tr>
<tr>
<td>Arrange orientation for the facility Medical Director</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HSA</td>
</tr>
<tr>
<td>Orient nursing staff via orientation checklist, nursing exam, and client requirements</td>
<td></td>
<td>Business Development</td>
<td>Regional VP/HSA</td>
</tr>
<tr>
<td>Coordinate facility orientation for new VitalCore staff</td>
<td>X</td>
<td>Business Development</td>
<td>HSA</td>
</tr>
<tr>
<td>Explain payroll procedures at time of orientation</td>
<td>X</td>
<td>Human Resources</td>
<td>HR</td>
</tr>
<tr>
<td>Introduce staff to Utilization Management procedures</td>
<td>X</td>
<td>Business Development</td>
<td>Regional VP</td>
</tr>
<tr>
<td>Orient staff to using medical records system, Reporting of Events and associated forms</td>
<td>X</td>
<td>Business Development</td>
<td>Regional VP/IT/HSA</td>
</tr>
<tr>
<td>Educate staff on the time keeping system to be utilized</td>
<td>X</td>
<td>Human Resources</td>
<td>HSA</td>
</tr>
<tr>
<td>Orient site leadership to VitalCore and public relations, communication &amp; ROI policies</td>
<td>X</td>
<td>Human Resources</td>
<td>Regional VP/HSA</td>
</tr>
<tr>
<td>Implement and coordinate on-going in-service training program</td>
<td>X</td>
<td>Business Development</td>
<td>Ammons/Reg. VP</td>
</tr>
</tbody>
</table>
## Kansas Department of Corrections - Comprehensive Transition Plan

<table>
<thead>
<tr>
<th>MONTHS PRIOR TO CONTRACT START-UP</th>
<th>8mo</th>
<th>5mo</th>
<th>3mo</th>
<th>1mo</th>
<th>Area of Responsibility</th>
<th>Responsible Person</th>
<th>Date Completed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish potential subcontractors and office space following on-site Pre-Proposal Conf</td>
<td></td>
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<td></td>
<td>CEO, Business Development</td>
<td>Reg. VP</td>
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<tr>
<td><strong>Contracts:</strong></td>
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<tr>
<td>* Medical supplier contract</td>
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<td></td>
<td></td>
<td>Business Development</td>
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<td></td>
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<tr>
<td>* Ambulance services contract (if needed)</td>
<td></td>
<td>X</td>
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<td></td>
<td>Business Development</td>
<td>Reg. VP/HSA</td>
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<tr>
<td>*On-site laboratory provider</td>
<td></td>
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<td>Business Development</td>
<td>Reg. VP/HSA</td>
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<tr>
<td>*Radiology provider</td>
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<td>Business Development</td>
<td>Reg. VP/HSA</td>
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<tr>
<td>*Optometry provider</td>
<td></td>
<td>X</td>
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<td>Business Development</td>
<td>Reg. VP/HSA</td>
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<tr>
<td>*Orthotics and prosthetics provider</td>
<td></td>
<td>X</td>
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<td></td>
<td>Business Development</td>
<td>Reg. VP/HSA</td>
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</tr>
<tr>
<td>*Multi-specialty groups for on-site medical services</td>
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<td>Business Development</td>
<td>Reg. VP/HSA</td>
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<tr>
<td>*Established nursing and other health registry providers</td>
<td></td>
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<td></td>
<td>Business Development</td>
<td>Reg. VP/HSA</td>
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<tr>
<td>*Mobile radiologist to perform and interpret x-rays</td>
<td></td>
<td>X</td>
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<td></td>
<td>Business Development</td>
<td>Reg. VP/HSA</td>
<td></td>
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</tr>
<tr>
<td>*Medical waste &amp; biohazard waste</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Business Development</td>
<td>Reg. VP/HSA</td>
<td></td>
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</tr>
<tr>
<td>*Local hospital/medical centers, primary providers of input and output - off-site services</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Business Development</td>
<td>Reg. VP/HSA</td>
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</tr>
<tr>
<td>*Negotiate contracts for on-site providers to include Dental, HCP, Psychiatric, etc.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Business Development</td>
<td>Reg. VP/HSA</td>
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</tr>
<tr>
<td>*Confirm agreement for Telehealth specialists, if approval received by site POC.</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Business Development</td>
<td>Reg. VP/HSA</td>
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</tr>
<tr>
<td>Initiate discussions with vendors regarding scheduling process and other admin. issues</td>
<td></td>
<td>X</td>
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<td>Business Development</td>
<td>Reg. VP/HSA</td>
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</tr>
<tr>
<td>Meet with hospital Emergency Room Medical Directors</td>
<td></td>
<td>X</td>
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<td>Business Development</td>
<td>Reg. VP/HSA</td>
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<tr>
<td>Finalize contracts with ambulance providers</td>
<td></td>
<td>X</td>
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<td>Business Development</td>
<td>Reg. VP/HSA</td>
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</tr>
<tr>
<td>Provide the site administrator with listings of all providers (to include Telehealth), specialty clinics</td>
<td></td>
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<td>Business Development</td>
<td>HSA</td>
<td></td>
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</tr>
<tr>
<td>Establish schedule for Utilization Management &amp; Peer Review Consultant</td>
<td></td>
<td>X</td>
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<td></td>
<td>Business Development</td>
<td>HSA</td>
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</tr>
<tr>
<td>Establish database of sub-contracted hospitals for emergent/non-emergent, input/output services</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Business Development</td>
<td>HSA</td>
<td></td>
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</tr>
<tr>
<td>Establish a database of participating specialists off site and on site</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Business Development</td>
<td>HSA</td>
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<tr>
<td>MONTHS PRIOR TO CONTRACT START-UP</td>
<td>5mo</td>
<td>35mo</td>
<td>2mo</td>
<td>1mo</td>
<td>Area of Responsibility</td>
<td>Responsible Person</td>
<td>Date Completed</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------</td>
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</tr>
<tr>
<td>Conduct inventory of existing supplies and equipment.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>Ammons/Reg. VP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrange purchase of existing supplies with final contract terms/purchase new supplies</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>Ammons/Reg. VP</td>
<td></td>
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</tr>
<tr>
<td>Review maintenance agreements on existing equipment and renew or replace</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>Regional VP</td>
<td></td>
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</tr>
<tr>
<td>Identify equipment needs and submit Requests in accordance with contract terms</td>
<td>X</td>
<td></td>
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<td></td>
<td>Clinical Affairs/Ops</td>
<td>Regional VP</td>
<td></td>
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</tr>
<tr>
<td>Establish par levels for medical and dental supplies</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>Reg VP/ HSA</td>
<td></td>
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</tr>
<tr>
<td>Assess need and order any necessary office supplies</td>
<td>X</td>
<td></td>
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<td></td>
<td>Clinical Affairs/Ops</td>
<td>Reg VP/ HSA</td>
<td></td>
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</tr>
<tr>
<td>Coordinate delivery of supplies &amp; equip with vendors/schedule delivery with facility mgmt</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>Reg VP/ HSA</td>
<td></td>
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</tr>
<tr>
<td>Obtain property tags and tag each piece of VitalCore equipment</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>HSA</td>
<td></td>
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</tr>
<tr>
<td>Test communication devices and fax operation by sending test pages and faxes</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>Strawder/ HSA</td>
<td></td>
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</tr>
<tr>
<td>Order supplies: Laboratory, Radiology, Dental, etc.</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>DON/ HSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Order emergency medical equipment and supplies</td>
<td>X</td>
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<td></td>
<td>Clinical Affairs/Ops</td>
<td>DON/ HSA</td>
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</tr>
<tr>
<td>Order appropriate forms and medical records folders</td>
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<td></td>
<td></td>
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<td>Clinical Affairs/Ops</td>
<td>DON/ HSA</td>
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<td></td>
</tr>
<tr>
<td>Policy Manual on site (or online), available, and signed off by all staff</td>
<td>X</td>
<td></td>
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<td></td>
<td>Clinical Affairs/Ops</td>
<td>HSA</td>
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</tr>
<tr>
<td>Reference Manuals available to staff on site or online</td>
<td>X</td>
<td></td>
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<td></td>
<td>Clinical Affairs/Ops</td>
<td>HSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock medications list</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>DON/ HSA</td>
<td></td>
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</tr>
<tr>
<td>Narcotic Logs</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>DON</td>
<td></td>
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</tr>
<tr>
<td>Treatment Carts</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>DON</td>
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<tr>
<td>Medication Carts</td>
<td>X</td>
<td></td>
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<td>Clinical Affairs/Ops</td>
<td>DON</td>
<td></td>
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</tr>
<tr>
<td>Emergency Equipment checklist</td>
<td>X</td>
<td></td>
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<td></td>
<td>Clinical Affairs/Ops</td>
<td>DON/ HSA</td>
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</tr>
<tr>
<td>OSHA Protective Equipment checklist</td>
<td>X</td>
<td></td>
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<td></td>
<td>Clinical Affairs/Ops</td>
<td>DON/ HSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linen Rooms / Soiled utility rooms and biohazard process review</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Clinical Affairs/Ops</td>
<td>DON</td>
<td></td>
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</tr>
<tr>
<td>Meet with facility and agency administration. Discuss current employees and determine which staff will not be retained, if any</td>
<td>X</td>
<td></td>
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<td></td>
<td>Operations</td>
<td>Reg VP</td>
<td></td>
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</tr>
<tr>
<td>Establish a pre-contract meeting schedule to update administration on transition progress</td>
<td>X</td>
<td></td>
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<td></td>
<td>Operations</td>
<td>Reg VP/ HSA</td>
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<tr>
<td>Establish, if needed, a site status update to the facility administrator/designee</td>
<td>X</td>
<td></td>
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<td></td>
<td>Operations</td>
<td>Reg VP/ HSA</td>
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<tr>
<td>Establish facility-specific policies and procedures, forms, manuals, and position descriptions</td>
<td>X</td>
<td></td>
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<td>Operations</td>
<td>Reg VP/ HSA</td>
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</tr>
<tr>
<td>After contract award, begin regular communication schedule with the administrative team assigned to this contract</td>
<td>X</td>
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<td>Operations</td>
<td>Reg VP</td>
<td></td>
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<tr>
<td>Develop ongoing site calendars for MAC, CQI, Infection Control and Staff Meetings</td>
<td>X</td>
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<td>Operations</td>
<td>Reg VP/ HSA</td>
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<tr>
<td>Develop Health Services Report which meets the contracted needs and requirements</td>
<td>X</td>
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<td>Operations</td>
<td>Nichols/Reg VP/ HSA</td>
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</tr>
<tr>
<td>Develop survey dates for existing accreditation and develop plan to retain all documents required from previous year required for upcoming accreditation</td>
<td>X</td>
<td></td>
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<td></td>
<td>Operations</td>
<td>Reg VP/ HSA</td>
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</tr>
<tr>
<td>HIPAA Policy &amp; Procedures in place</td>
<td>X</td>
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<td></td>
<td>Operations</td>
<td>HSA</td>
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</tbody>
</table>
# Kansas Department of Corrections - Comprehensive Transition Plan

<table>
<thead>
<tr>
<th>MONTHS PRIOR TO CONTRACT START-UP</th>
<th>5mo</th>
<th>3mo</th>
<th>2mo</th>
<th>1mo</th>
<th>Area of Responsibility</th>
<th>Responsible Person</th>
<th>Date Completed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identification, Evaluation, and Resolution of Existing Medical Care Cases</strong></td>
<td></td>
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<tr>
<td>Receive and evaluate the logs of pending off-site specialty consultations ordered prior to VitalCore assuming contract responsibility</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Medical / UM Team</td>
<td>MD/DON/HSA</td>
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</tr>
<tr>
<td>Our Utilization Management (UM) Department personnel will be available to triage and facilitate pending consultations ordered prior to VitalCore assuming contract responsibility</td>
<td></td>
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<td>X</td>
<td>Medical / UM Team</td>
<td>Nichols/MD/DON</td>
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<tr>
<td>Work rapidly to identify additional providers willing to provide on-site clinics</td>
<td></td>
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<td>X</td>
<td>Business Development</td>
<td>Reg. VP</td>
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<tr>
<td>Each inmate with a request for specialty consultation will be evaluated by a clinician to determine the on-going need for the requested consultation</td>
<td></td>
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<td>X</td>
<td>Medical / UM Team</td>
<td>MD/DON/HSA</td>
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<tr>
<td>Each request will be evaluated against VitalCore UM criteria to determine disposition</td>
<td></td>
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<td>X</td>
<td>Medical / UM Team</td>
<td>MD/DON/HSA</td>
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</tr>
<tr>
<td>100% of specialty consults ordered prior to VitalCore assuming contract responsibility that meet medical necessity will be completed and scheduled in less than 90 days from the start of the contract</td>
<td></td>
<td></td>
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<td>X</td>
<td>Medical / UM Team</td>
<td>MD/DON/HSA</td>
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<tr>
<td><strong>Pharmacy Services</strong></td>
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<tr>
<td>Meetings with Pharmacy and the Health Service Administrator to obtain all pertinent information required for a seamless transition of services</td>
<td></td>
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<td>X</td>
<td>Clinical Affairs / Pharmacy Director</td>
<td>Reg. VP/Pharmacy</td>
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<tr>
<td>Complete a new facility information tool</td>
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<td>Clinical Affairs / Pharmacy Director</td>
<td>Reg. VP/Pharmacy</td>
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<tr>
<td>Identify necessary forms for ordering medication and revise if needed</td>
<td></td>
<td></td>
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<td>X</td>
<td>Clinical Affairs / Pharmacy Director</td>
<td>Reg. VP/Pharmacy</td>
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<tr>
<td>Assess condition of equipment for medication storage/order transmissions. Order new equip.</td>
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<td>Clinical Affairs / Pharmacy Director</td>
<td>Reg. VP/Accounting</td>
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<tr>
<td>Develop a facility fact sheet detailing the information needed to service the facility</td>
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<td>Clinical Affairs / Pharmacy Director</td>
<td>Reg. VP</td>
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<tr>
<td>Review current shipping vendor and schedules for delivery to the facility</td>
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<td>Clinical Affairs / Pharmacy Director</td>
<td>Reg. VP/HSA</td>
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<td>Review current emergency backup pharmacy contracts and revise as needed</td>
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<td>Clinical Affairs / Pharmacy Director</td>
<td>Pharmacy/Reg. VP</td>
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<td>Schedule orientation for staff on any changes to existing pharmacy procedures</td>
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<td>Clinical Affairs / Pharmacy Director</td>
<td>DON/HSA</td>
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<tr>
<td>Review current medication orders and upcoming discharge medications needed to ensure no interruption of medications during contract transition.</td>
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<td>Clinical Affairs / Pharmacy Director</td>
<td>DON/HSA</td>
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<tr>
<td>Medication carts and fax machines arrive, if needed, at the facility</td>
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<td>Complete inventory of supplies and medications on hand at the contract start date</td>
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<td>DON</td>
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## Kansas Department of Corrections - Comprehensive Transition Plan

### Information Technology & Medical Records

<table>
<thead>
<tr>
<th>MONTHS PRIOR TO CONTRACT START-UP</th>
<th>5mo</th>
<th>3mo</th>
<th>2mo</th>
<th>1mo</th>
<th>Area of Responsibility</th>
<th>Responsible Person</th>
<th>Date Completed</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Business rules analysis</td>
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<tr>
<td>Onsite Telehealth capability assessment / Hardware</td>
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<td>Electronic Health Record Solution implementation begins</td>
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<td>Assess compatibility with the local records management system and interfaces needed</td>
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<td>Set up Electronic Data System and Electronic Medical MAR</td>
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<td>Computers / laptops</td>
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<td>Fax</td>
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<td>Phones (VOIP and analog)</td>
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<td>Complete agreement for Hosted Exchange, if needed</td>
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<td>Ensure that Domain name has been set up</td>
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<td>Establish email accounts for staff and business rules for Regional staff</td>
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<td>Training staff on electronic health records and documentation</td>
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<td>Training staff on the Inmate Management System (IMS) re: roles and responsibilities; proper IMS profiles, and how to update IMS, if needed</td>
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<td>Acquire historical reports and collection of data from previous year needed for Accreditation</td>
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<td>Timekeeping and scheduling system</td>
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<td>* Computer/Printer/Kiosks</td>
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<td>* Phone</td>
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<td>* Fax</td>
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<td>Establish Corporate System Access:</td>
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<td>Administrator/Executive Director (Software, purchases, etc.)</td>
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<td>MONTHS PRIOR TO CONTRACT START-UP</td>
<td>5mo</td>
<td>3mo</td>
<td>2mo</td>
<td>1mo</td>
<td>Area of Responsibility</td>
<td>Responsible Person</td>
<td>Date Completed</td>
<td>Comments</td>
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<td>Develop Annual education calendar for staff - Relias</td>
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<td>Ammons/Felps</td>
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<td>Determine CPR and First Aid training schedule</td>
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<td>Ammons/Felps</td>
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<tr>
<td>Set up committees: Medicaid, M&amp;M, P&amp;T, UM, Safety, QAPI, MDST, MDTT, Stand Up, MAC</td>
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<td>Reg VP/HSAs</td>
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<td>Pharmacy Procedures</td>
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<td>DON/HSAs</td>
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<td>Laboratory Procedures</td>
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<td>DON/HSAs</td>
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<td>Stock Care stations: stock meds/narc, logs, clean/soiled utility/med cart/treatment cart</td>
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<td>DON</td>
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<td>Perform clinical staff site competency training and assessments</td>
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<td>Schedule BH training and assessments for all staff, if needed</td>
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<td>Reg BH Coord/HSAs</td>
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<td>Site Policy &amp; Procedures Manual Clinical staff sign-off</td>
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<td>Treatment Carts</td>
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<td>Medication Carts</td>
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<td>Soiled/Clean utility rooms</td>
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<td>Identify Eye wash stations</td>
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<td>Reg. DON/DON</td>
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<td>Determine initial environmental services equipment and supplies order</td>
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<td>Reg. DON/DON</td>
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<td>Trash disposal and pick up scheduled</td>
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<td>Director of Nursing / CS</td>
<td>DON/HSAs</td>
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<tr>
<td>Develop environmental services staff orientation and training (if needed)</td>
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<td>DON/HSAs</td>
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<tr>
<td>Develop environmental services staff competencies (if needed)</td>
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<td>DON/HSAs</td>
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<td>* Maintenance and Environmental Services - coordination with site administration</td>
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<td>Review Programs &amp; Policy/Procedures with Facility Plant Ops</td>
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<td>HSA</td>
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<td>DON</td>
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<td>Continue deep cleaning as required</td>
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<td>DON/HSAs</td>
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<td>Inventory control system for linens</td>
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<td>DON</td>
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<td><strong>Start-Up Day 1</strong></td>
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<td>Verify sharps and narcotics counts</td>
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<td>Reg. VP/Reg DON</td>
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<td>Verify pharmacy, DEA and State licensure</td>
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<td>Ensure VitalCore Nursing Clinical Guidelines and forms are available for nursing staff</td>
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<td>Verify chronic care appointments and waiting list</td>
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<td>Reg VP/Reg DON</td>
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<td>Implement VitalCore Medication Administration Records/EMAR</td>
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<td>Replace all forms with VitalCore forms</td>
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<td>Reg VP/Reg DON</td>
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<td>Remove all Manuals and replace with VitalCore Manuals</td>
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## Kansas Department of Corrections - Comprehensive Transition Plan

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<tr>
<th>MONTHS PRIOR TO CONTRACT START-UP</th>
<th>4mo</th>
<th>3mo</th>
<th>2mo</th>
<th>1mo</th>
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<tr>
<td>Meet with facility administrative staff regularly and as agreed upon by site administration</td>
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<td>Regional Mgt Team</td>
<td>Reg VP/HSA</td>
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<td>Provide experienced management staff and administrative assistants on-site</td>
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<td>Regional Mgt Team</td>
<td>Reg VP/HSA</td>
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<td>Verify inpatient census daily</td>
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<td>Implement Infirmary Census Log</td>
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<td>Review all clinical processes with staff to include, at a minimum</td>
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<td>- Pending Outpatient Referrals</td>
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<td>Conduct ongoing staff in-service trainings on clinical processes.</td>
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<td>Ensure all employee personnel and credentials files are complete</td>
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<td>Human Resources</td>
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<td>Establish post-orders and protocols for nursing staff and mental health professionals to educate / document each position assignment expectations.</td>
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<td>Review accreditation files and continue collecting documentation required for accreditation</td>
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### Next Business Days - 90 Days

- Conduct ongoing staff in-service trainings on clinical processes.
- Ensure all employee personnel and credentials files are complete.
- Establish post-orders and protocols for nursing staff and mental health professionals to educate / document each position assignment expectations.
- Review accreditation files and continue collecting documentation required for accreditation.
AGREEMENT TO PROVIDE PHARMACEUTICAL SERVICES

This agreement, by and between VitalCore Health Strategies (hereinafter “VitalCore”) and Correct Rx Pharmacy Services, Inc. a Maryland corporation (hereinafter “Correct Rx”).

STATEMENT OF WORK

VitalCore is providing health care services to detainees at the County Detention Center (“Facility”). As part of its contract responsibilities, VitalCore is responsible to provide medications to detainees at the Facility (hereinafter “Medications”). VitalCore wishes to utilize the services of Correct Rx and, correspondingly, Correct Rx wishes to provide such services to VitalCore.

Now, Therefore, VitalCore and Correct Rx do hereby agree as follows:

1. VitalCore’s Utilization of Correct Rx Services

For the term of this Agreement, VitalCore will, when available, make best efforts to utilize the services of Correct Rx for the providing of Medications at the Facility.

2. Term of this Agreement

This Agreement shall commence on September 1, 2019 for a term of one year and shall automatically renew annually unless a party submits written notice to the other party, by certified mail to the address listed in Section 7 below, of intent to terminate.

3. Scope of Work

Throughout the term of this Agreement, Correct Rx agrees to provide the following services at the Facility:

- **Fill and Deliver Prescription.** Correct Rx will fill all Medications daily, Monday through Saturday. All orders transmitted to Correct Rx Monday through Saturday will be filled and delivered to the Facility in accordance with a mutually agreeable schedule. Facility agrees to cooperate with Correct Rx regarding ordering schedule.

- **Holidays.** Correct Rx will be closed on New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day. Correct Rx will provide written notice to the Facility in advance of any changes in the schedule for ordering or delivery due to holidays.
• **24/7 Telephone Consultation:** A licensed pharmacist will be assigned to respond to Facility inquiries via Correct Rx’s on-call cell phone after regular business hours and on holidays.

• **Emergency Back-up Pharmacy Service.** Correct Rx will provide emergency medications that cannot be received through the normal delivery process from a contracted local back-up pharmacy selected by VitalCore.

• **Dispensing System.** Correct Rx will dispense most medications utilizing a “blister card” medication packaging system.

• **Medication Quantities.** Correct Rx shall dispense oral tablets and capsule medications in quantities requested by the Facility depending on the frequency of the dosing and the needs of the Facility.

• **Emergency Drug Box.** Correct Rx shall maintain an emergency drug box located at the Facility. Items in each drug box will be determined in consultation with VitalCore’s Health Services Administrator and the Medical Director.

• **Generic Medications.** Correct Rx shall dispense all Medications generically unless there is no generic substitute. All generic medications will be A or AB rated by the FDA.

• **Transmission of Prescriber’s Orders.** Correct Rx shall utilize VitalCore’s bi-directional interface developed by CorEMR and currently in use in the Medical Department. This interface transmits patient demographics, medical information and medication orders for purposes of filling/dispensing medications.

• **Barcode System & Equipment.** Correct Rx will institute the barcode scanning system at the Facility to view shipments, check in orders electronically and run reports at no additional charge to VitalCore.

4. **Liability Insurance**

At all times during the term of this Agreement, Correct Rx shall maintain professional liability insurance coverage of, at a minimum, **$[Redacted]** per occurrence and **$[Redacted]** aggregate.

5. **Pricing**

For the services to be provided as documented in paragraph 3 supra, Correct Rx shall be paid as follows for all medications:

a. Invoice Acquisition cost plus a dispensing fee of **$[Redacted]** per order.
b. The dispensing fee will remain the same for the first year. On the anniversary of the first year and each year thereafter, the dispensing fee will be adjusted three percent (3%).

c. Correct Rx will arrange for a consultant pharmacist to provide quarterly medication room audits. The cost of these quarterly audits will be invoiced to VitalCore at the price billed to Correct Rx with no additional markup.

d. For offenders covered under other third party insurance plan (if requested):

   (i) Correct Rx will invoice ICE, U.S. Marshals, etc. for those eligible patients and medications. Correct Rx will accept the third party reimbursement as full payment where applicable.

   (ii) The Facility agrees to provide Correct Rx with the necessary third party provider information required for billing. If the information is not available to Correct Rx and/or the medication is not covered by the entity, then VitalCore will be invoiced in accordance with Section 5a.

e. Correct Rx will provide a network of backup emergency pharmacies for County. Medications procured will be passed through to VitalCore at the actual price charged to Correct Rx with no additional markup.

f. Returns/Credits: Correct Rx will arrange for the pickup and return of all unused or discontinued medication. Correct Rx will allow 100% credit at Correct Rx's cost for return of full and partial cards of separately charged, unused solid medications with a value greater than $2.00. No credit will be issued for the dispensing fee. Credit will be issued for medications meeting the following criteria:

   ■ The prescription medication did not leave the control of the licensed healthcare member responsible for the security and handling of that prescription and the drug did not come into the physical possession of the individual for whom it was prescribed;

   ■ The labeling and packaging of the prescription drug are accurate, have not been altered, defaced, or tampered with, and include the identity, strength, expiration date, and lot number of the prescription drug;

   ■ The prescription medication was dispensed in unit dose packaging or original manufacturer's packaging (e.g. unused bulk products including liquids, creams, inhalers, ointments, drops, etc.); and

   ■ The prescription medication is not a controlled substance, expired, damaged, deteriorated or contaminated.
Controlled substances, specialty drugs, biologicals, and medications for which efficacy requires un-breached original manufacturers packaging upon opening are not eligible for credit.

Refrigerated items are not returnable for credit since we cannot guarantee that the items were stored under proper temperatures at the Facility.

All medications must be returned in the original container in which they were issued and have a minimum of 90 days shelf life remaining. Correct Rx agrees to abide by all Board of Pharmacy requests and applicable laws regarding returned medications.

No re-stocking fee will be charged to VitalCore. Credits do not expire and are itemized and applied to the next monthly invoice from the date of processing.

g. Payment Terms: All invoices are due Net Thirty Days. A finance charge of 0.5% per month (an annual percentage rate of 6%) will be applied to all past due balances.

6. Representation and Warranties.

a. Correct Rx Representations and Warranties.

1) Correct Rx represents and warrants that it is currently in compliance with all State, Federal and local pharmaceutical licensing requirements and that this licensing compliance shall continue in full force and effect during the term of this Agreement.

2) Correct Rx further represents and warrants that its dispensing of medications shall be in compliance at all times with governing State, Federal and Local pharmaceutical laws and regulations.

3) Correct Rx further represents and warrants that [REDACTED] has the necessary authority to enter into this Agreement on behalf of Correct Rx.

b. VitalCore Representations and Warranties

VitalCore represents and warrants that its duly authorized representative signing this Agreement has the necessary authority to enter into this Agreement on behalf of VitalCore.
7. Notices

All notices or other writings required under this agreement shall be deemed to have been made when sent by certified mail to the following address or to such other address as the parties may designate in writing:

Correct Rx:

Correct Rx Pharmacy Services, Inc.
Attn: [Redacted]
1352 Charwood Road, Suite C
Hanover, Maryland 21076

VitalCore:

VitalCore Health Strategies
Attn.: Viola Riggin, BHSA, CHSA, CCE,
Chief Executive Officer
719 SW Van Buren Street, Suite 100
Topeka, Kansas 66603

8. Representatives

Correct Rx hereby designates [Redacted] to be available to service the Agreement and resolve any problems which relate thereto. Similarly, VitalCore designates [Redacted] as its local contact. Either party may change the designated representatives at any time upon notification to the other party.

9. Termination

With Cause:

If either party defaults in the performance of its obligations under this Agreement and such default is not cured within thirty (30) days of the receipt of written notice, then the non-defaulting party will have the right, in addition to any other rights it may have, to terminate the Agreement by further written notice of intent to terminate this Agreement on any future date not less than thirty (30) days from the date of such further notice.

Without Cause:

This Agreement may be terminated by either party for any reason upon the giving of 60 days advanced written notice to the other party of such termination.
10. **Correct Rx as Independent Contractor.**

The parties acknowledge that Correct Rx is providing the services contemplated hereunder as an independent contractor and is neither an agent, employee, partner or joint venturer of, or with VitalCore.

11. **Indemnification**

Correct Rx covenants and agrees that it will indemnify and hold harmless VitalCore and all of VitalCore's officers, agents, or employees from any claim, loss, damage, cost, charge or expense arising out of any act, action, neglect or omission by Correct Rx or any of its agents, representatives or employees, during the performance of this Agreement, whether direct or indirect, and to any person or property to which VitalCore or said parties may be subject, except that neither Correct Rx nor any of its agents, representatives or employees will be liable under this section for damages arising out of injury or damage to any person or property directly caused or resulting from the sole negligence of VitalCore or any of its officers, agents or employees.

12. **Amendment to Agreement**

No amendment to this Agreement shall be valid or enforceable unless in writing and executed by duly authorized representatives of both parties.

13. **Third Party Beneficiaries**

The parties agree that they have not entered into this Agreement for the benefit of any third person or persons and it is their express intention that the Agreement is for their respective benefits only and not for the benefit of others who might otherwise be deemed to constitute third party beneficiaries hereof.

14. **Severability**

The terms and conditions of this Agreement shall be deemed to be severable. Consequently, if any cause, term or condition hereof shall be held to be illegal or void, such determination shall not affect the validity or legality of the remaining terms and conditions hereunder.

15. **Captions**

The captions appearing in the paragraphs in this Agreement are for convenience only. They are not a part of this Agreement and do not, in any way, limit or amplify the terms and provisions hereunder. In addition, in the event any provision of this Agreement is deemed ambiguous, such provision shall not be construed against Correct Rx for the reason that Correct Rx was primarily responsible for the drafting of this Agreement, since both parties hereby assume equal responsibility for the drafting of this Agreement.
16. **Counterparts**

This Agreement may be executed simultaneously in two or more counterparts each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

17. **Governed Law**

The laws of the State of Maryland govern this Agreement and any disputes that arise here from shall be determined exclusively within the Maryland courts. Each party consents to the Maryland courts’ jurisdiction over it and designates, if necessary, the Maryland Secretary of State to accept service on its behalf.

IN WITNESS WHEREOF, the parties have executed the Agreement effective as of that commencement date documented in paragraph 2 supra.

**VitalCore Health Strategies**

By: [Signature]
Viola Riggin, BHSA,CHSA,CCE
Chief Executive Officer

Date: **9/04/2019**

**Correct Rx Pharmacy Services, Inc.**

By: [Blurred signature]

Date: **8/30/2019**
Responses to RFP Section 3: Terms and Conditions
Terms and Conditions – Section 3

VitalCore has carefully reviewed Sections 3.1 through 3.58 and acknowledges and agrees to comply with all of the terms and conditions of each specific section.

We would also like to note the following:

3.30 HIPAA Confidentiality
VitalCore takes our role in protecting patient offender confidentiality very seriously. Please note that we have a Certified HIPAA Compliance Officer on staff in the corporate office. This person helps us develop and revise our policies and practices and provides ongoing advice to our staff in the field.

3.58 Human Trafficking
VitalCore has numerous county jail and juvenile detention contract sites so we are very aware of Human Trafficking and the potential for any juvenile (female or male) to be a victim of human trafficking, as well as any adult. We believe that the majority of such victims are identified in the initial arrest stages but that some may identify themselves later. VitalCore complies with the polices and laws of the states and counties that we serve regarding Human Trafficking and works in cooperation with these officials to identify and discourage such trafficking. We recognize the serious and sensitive nature of sexual assault and will treat any offender victim appropriately through our comprehensive behavioral health services. We further recognize that some incarcerated offenders may have been the perpetrators of human trafficking and will provide behavioral health treatment to them as well, if appropriate, to help them correct their behaviors. Our policies regarding behavioral health screening and treatment and our Federal Sexual Abuse – PREA policies address our management of victims.
December 30th, 2019
Re: Vital Core Health Strategies Insurability
ATTN: Craig Hanson, Chairman of Board

To Whom It May Concern,

This letter is to inform Correctional Facility Directors, Managers, State and County Members of the insurability of Vital Core Health Strategies, LLC

The Mahoney Group currently places the professional liability for Vital Core for a number of other county contracts and we can verify that Vital Core currently has General Liability limit for $2,000,000 Per occurrence and $4,000,000 aggregate and professional liability limits of $1,000,000 per occurrence and $3,000,000 aggregate and the carrier is authorized and licensed to do business in the State of Kansas. The Workers Compensation limits are $1,000,000. The carrier is intending and willing to satisfy all of Vital Core’s new contracts and business growth and is a key partner in its insurance placement and risk management. Certificates of Insurance and current policy can be sent upon request. We have reviewed the “Insurance Requirements for Independent Contractors” and have concluded our current policy complies with all requirements.

The Mahoney Group was founded in 1915 and has grown to become one of the nation’s largest independent insurance agencies. We are listed among the top 100 U.S. brokers by revenue and our partnership with Assurex Global affords us the opportunity to partner with the world’s largest privately held brokerage group. We have the ability to provide coverage in all 50 States!

Regards,

Guffy Wright, CIC | Team Leader | gwright@mahoneygroup.com
The Mahoney Group – Agency Partner
Tel: 480-214-2714 | Mobile: 480-292-4266 | Fax: 480-730-4929 | www.mahoneygroup.com

The Mahoney Group
Employee Owned for 100 Years
Your Insurance Professionals since 1915

Assurex Global

Our website address: www.mahoneygroup.com
Arizona – Flagstaff, Kingman, Mesa, Phoenix, Prescott, Show Low, Tucson • Michigan – Grand Rapids
Nevada – Las Vegas • New Mexico – Albuquerque • Utah – Salt Lake City • Washington – Seattle
Catastrophic Illness and Transplant Insurance

VitalCore has contacted our current insurance agencies for this type of insurance. We will utilize the Hays Companies and their associated company, Brown & Brown Company, Beecher Evergreen Managed Care. Unfortunately, these insurance agencies cannot provide accurate estimates of cost for such insurance without having more critical claims and loss history information that has not been made available to bidders. The Hays Companies will utilize their underwriters, Lloyd’s and Companies, for this type of coverage.

If awarded the contract, VitalCore will work with these insurance agencies to obtain this insurance following award and hopefully after more information can be obtained. We have attempted to project the potential costs for such insurance within our cost proposal.
Responses to RFP Section 4: Scope
VitalCore Health Strategies, LLC Responses to SPECIFICATIONS EVT0006973 Comprehensive Health Care Services Kansas Department of Corrections

Please note that VitalCore is submitting our responses to each subsection of Section 4 of this RFP in the order in which they were presented in the RFP. We did not place the RFP wording prior to each subsection, but we did title each subsection to match the requirements of the RFP. We have supplied a copy of the RFP at the end of our attachments section so that the reviewers may easily refer to the RFP if needed.

4.1 Scope

4.1.1. Description
VitalCore Health Strategies acknowledges and agrees to comply with the language of this section. We understand the scope of this RFP and that the contract will be a full-risk contract. VitalCore will be responsible for all the healthcare as stated within the RFP and for the associated costs of the healthcare for the full contract period and any renewals authorized. VitalCore prides itself on providing high quality health care while controlling costs and utilizing efficiencies. We understand that we are also responsible for the work of any subcontractors that we utilize and will monitor them carefully.

4.1.2. Objective
VitalCore fully understands the objectives of the contract. Our patient-first approach ensures safe, high-quality care aimed at optimizing outcomes and mitigating risk. VitalCore focuses on preventive care, outcomes-based behavioral services, and treating the whole patient. We’ve seen how preventive medicine leads to healthier patients, fewer risks, and lower costs. We put our energy where it matters most. We value smart cost management. Our years of boots-on-the-ground experience running institutions and leading oversight boards taught us how to manage a lean budget without sacrificing quality.

We will provide all of our health care services in compliance with community standards of care. All of our corporate policies comply with NCCHC and ACA standards. These policies will be adapted appropriately for each site. VitalCore will seek, obtain, and maintain both NCCHC and ACA accreditation. VitalCore senior leaders and many of our staff already are familiar with Kansas statutes and regulations as well as KDOC policies and procedures and will ensure that we abide
by them. We treat all state level and facility staff as our partners and will maintain positive working relationships with them. VitalCore believes that open, clear communication plays a critical role in ensuring healthy facilities. We will hold regular meetings with each facility’s administration to ensure joint monitoring, planning, and problem resolution. VitalCore will provide numerous regular reports to the KDOC and each facility’s administration as desired. Of course, we understand the security and safety needs of correctional facilities and will provide our services accordingly.

4.1.3. Population and Facilities
VitalCore understands the physical layout of each facility and will provide clinic operations in separate housing units, as required. We understand that KDOC regularly serves over 10,000 adult offenders and approximately 165 juvenile offenders. We have much experience in working with both adult and juvenile offenders in correctional facilities.

4.1.4. Definitions
VitalCore has reviewed and understands the terms utilized within this RFP as defined in the Definitions section.

4.2 Access to Health Care Services

4.2.1 Unimpeded Access
VitalCore agrees that all offenders must have unimpeded access to health care services, and we select and train our site health care staff on this model. We will ensure that our health care staff respond appropriately to the severity of the offender’s symptoms. If such care cannot be provided on site, VitalCore staff will make an appropriate and timely referral to an outside provider or to another facility that offers a higher level of care.

4.2.2. How VitalCore Will Provide Access
VitalCore has comprehensive policies for both adult and juvenile correctional facilities that address offender Access to Care. All offenders will be informed both verbally and in writing how to access VitalCore’s health care (including behavioral and dental health), grievance system, and individual plan of care. This information will be presented in a manner that each offender can understand. All offenders will have access to healthcare request forms. Access to care means that the offender will be initially assessed in a timely manner, seen by a clinician as appropriate, and receive care that is ordered for the individual. Please see Access to Care Policy #P-A-01.00 for adults and Access to Care #Y-A-01.00 for youth within our comprehensive policy manuals, enclosed.

4.3. Comprehensive Medical Services
4.3.1. Medical Oversight – Responsible Health Authority.
VitalCore will ensure that each Kansas facility has a Medical Director who will have the final authority on all clinical issues. Some facilities will have more than one physician and mid-level provider that will serve under the authority of the Site Medical Director. All Site Medical Directors will report to the Regional Medical Director for all clinical issues. Collaboration on complex clinical cases will occur daily including weekends between health care practitioners and the Regional Medical Director or designee. Please see the attached organizational chart that delineates our clinical oversight model.

4.3.3. Standards of Care.
VitalCore acknowledges and agrees to comply with the language of this section. We will provide services that comply with NCCHC, ACA, PBMS standards for juvenile offenders, and prevailing professional practices. VitalCore will also comply with KDOC’s IMPPs. VitalCore will ensure that our standards of care meet or exceed the standards and recommendations of the American Academy of Family Physicians.

VitalCore instructs staff to practice no differently in a correctional healthcare setting than in a community clinical setting. We require the same clinical community standard of practice with no shortcuts within the correctional environment. To ensure this community standard is met, our orientation and annual training curriculum for each facility’s clinical staff will be evaluated and approved by the clinically trained academic team at George Washington University.

4.3.4. Nursing Clinical Guidelines

4.3.4.1 Current EHR System
VitalCore understands that KDOC’s current EHR system has a specific set of nursing treatment guidelines or algorithms built into the system. Whatever system KDOC decides to utilize, including the same EHR system, VitalCore will review the content of these guidelines and make changes/improvements as needed to match our nursing clinical guidelines in compliance and collaboration with the KDOC-OHCC.

4.3.4.2 Sample Guidelines for Basic Nursing Encounters
VitalCore maintains a complete set of Nursing Clinical Guidelines that will provide the healthcare effectively, and in compliance with appropriate guidelines. We maintain these guidelines for both adults and juveniles, but the examples included herein are for adults only.

Our clinical guidelines have been reviewed and approved by a team of highly skilled experts including Dr. Linette Linthicum, MD, Board Certified Internal Medicine, Dr. Newton Kendig, MD. Board Certified in Family Medicine and Infectious Disease, and Dr. Levi Maes, MD. Board Certified in Family Medicine and MAT. In addition to these highly qualified physicians, the Nursing Clinical Guidelines have been reviewed and approved by six nurses in the correctional health care field.
with experience in Correctional Nursing, Emergency Nursing, Family Practice Nursing, and Infectious Disease training.

We recognize that the OHCC Team have extensive expertise in the development of Nursing Clinical Guidelines. VitalCore looks forward to working with the OHCC team to ensure we are meeting the expectations of the Monitors. We are committed to make any changes the OHCC Team requires and believe that a collaborative evaluation of these documents will improve the product, resulting in better patient outcomes. Therefore, all Nursing Clinical Guidelines will be submitted for final approval prior to implementation.

The Nursing Clinical Guidelines are designed to enhance the physician’s care and use resources efficiently. Nurses can refer offenders to a physician, psychiatrist, or dentist at any time. However, when the guidelines are used for the third time on the same health complaint, the offender will automatically be referred to the appropriate practitioner. The offender must be seen by the practitioner within seven day, unless an earlier appointment is needed.

In addition to referring to a health care practitioner at the third event, we will promote the policy that all repeat visits to the PA/APRNs are reviewed by the physician assigned to that facility and at the third referral for the same complaint to the PA/APRN that patient will be referred to the physician and/or specialist for evaluation, diagnosis, treatment, and clinical collaboration with the clinical team.

Because training is integral to the VitalCore workplace culture, all nursing staff will be trained on their use of the clinical guidelines. They must also demonstrate their knowledge and the skills needed to use the guidelines. The actual guidelines are reviewed annually to ensure their continued effectiveness. In addition, VitalCore protocols require a Nursing Peer Review, Monthly CQI chart reviews, and an annual competencies test.

Please see the attached Nursing Guidelines for the basic nurse encounters described:

(a) **General Musculoskeletal Pain** - NCG #915 covers sprains and fractures, etc.; NCG #200 covers back pain; and NCG #1100 covers general discomfort.
(b) **Ectoparasites** – NCG #500
(c) **Influenza-like illness** – NCG #810
(d) **Dental Pain** – NCG #400
(e) **Ear, Nose, and Throat** - NCG #505
(f) **MRSA** – NCG #910
4.3.4.3. Emergent Nursing Clinical Guidelines

Please see VitalCore’s Nursing Clinical Guidelines for emergent care as described below attached.

(a) Trauma – NCG #2010
(b) Head Injury – NCG #306, 605, 705, 1010, and 2010
(c) Intoxication and Withdrawal – NCG #1605, 1925, 2300, and 2305
(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) – NCG #300
(e) Hypoglycemia – NCG #735
(f) Seizure/Status Epilepticus – NCG #1905
(g) Emergent Allergic Reaction/Anaphylaxis – NCG #110
(h) Respiratory Distress – NCG #120
(i) Suspected Overdose (include the use of Narcan) – NCG #1605.1
(j) Heat-related Illness – NCG #715
(k) Post-exposure Prophylaxis – NCG #511 and 2315
(l) PREA – NCG #1910

4.3.5 Consent to Treat/Right to Refuse

VitalCore strongly agrees that adult patient offenders have the right to make informed decisions regarding their healthcare, including the right to refuse care. All examinations, treatments, and procedures will be governed by informed consent practices in Kansas and according to NCCHC standards.

In any case we also recognize that a refusal from the patient does not release the clinical team from the responsibility of monitoring a non-compliant patient within the institutional environment and that chronic refusals may lead to poor outcomes. Therefore, medical and mental health will work with security, administration, and the patient to reach a common ground for appropriate monitoring of patients that are at risk who refuse treatment. Any patient refusing treatment that could lead to serious negative outcomes will have a treatment plan established to monitor the patient with an end goal to achieve compliance with treatment whenever possible.

For juveniles, the knowing and voluntary agreement, without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion, of a person who is capable of exercising free choice (informed consent) to health care shall be obtained from the juvenile resident or parent or legal custodian, as required by law. The resident and parent or legal guardian, as appropriate and applicable, shall be advised by an appropriately trained medical professional of the material facts regarding the nature, consequences, and risks of the proposed treatment, examination or procedure and the alternatives to it.
Please see our comprehensive Informed Consent and Right to Refuse Treatment Policy #P-I-05.00 and our juvenile policy of the same name, Y-I-04.00, for detailed procedures.

4.3.6 Receiving Screening

4.3.6.1 Nursing Staff Perform Receiving and Transfer Screenings
VitalCore acknowledges and agrees to comply with the language of this section. We deliver timely, efficient healthcare to all offenders, including during the intake process. In fact, patient screening is a critical component to fully understanding an offender’s medical needs and ensuring those are met effectively and efficiently. If healthcare staff identify emergent and urgent medical, dental, and mental health care needs, those will be managed appropriately. VitalCore has clear established policies for managing offenders who arrive at the intake facility in urgent need of medical attention, including those experiencing alcohol or drug withdrawal or who may be unconscious or otherwise incapacitated. The entire facility’s health ecosystem depends on swift identification of health issues for arriving offenders so that any potential serious condition can be managed appropriately.

VitalCore will conduct intake screenings immediately upon arrival to the facility in compliance with NCCHC and ACA standards. Please see our Receiving Screening Policy #P-E-02.00 for more details.

4.3.6.2. Less than 24-Hour Nurse Coverage
VitalCore nurse staff will conduct a chart review on the electronic medical records system to complete a transfer screening form prior to an offender’s transfer to a facility that does not have 24-hour nurse coverage. The receiving site nurse will then review the form and assess the offender the next day the nurse is on site. Any site with less than 24-hour Nurse Coverage will be assigned to a parent clinic that will maintain 24-hour communication by a RN in charge.

4.3.6.3. Referrals to Behavioral Health
When the nurse that is conducting the receiving screening detects signs of acute mental illness, psychological distress, or believes the offender is a danger to self or others, the nurse will complete an emergency referral to behavioral health professionals verbally. The nurse will also complete a behavioral health referral form and document that the behavioral health professional has been notified. The screening nurse will also make an appropriate recommendation for the offender’s housing which may include immediate behavioral health observation/suicide watch.

Referrals to Behavioral Health for routine requests and non-emergent follow up needs upon intake shall be handled through Behavioral Health sick call by a qualified behavioral health professional daily, Monday through Friday. Behavioral Health sick call will be handled the same as any other sick call including the patient will be triaged for emergent needs, and seen as appropriate, no later 24 hours on weekdays and no later than 72 hours for routine follow up on
weekends. In addition to being seen emergently, each patient with positive clinical findings related to behavioral health will be assigned to a qualified behavioral health professional. Documentation of that assignment will be made in the health record.

4.3.6.4. Referral to Health Care Practitioner
VitalCore’s receiving screening process at the intake facility includes the nurse’s ability to refer to a health care practitioner when the nurse notes significant clinical findings. The referral can be on an emergency basis if needed. The nurse findings will be documented on the Admission Health Screening form. In addition to onsite physician coverage for referrals upon intake positive findings, we will have access to the George Washington University Telemedicine program that will assist the clinicians in handling acute and/or emergent clinical encounters after hours.

4.3.6.5. Continuation of Medications
VitalCore recognizes and agrees to continue medications that incoming offenders may be taking prior to admission, as long as the medications can be verified, are safe for the patient, do not promote drug abuse dependency, and do not conflict with other medications the offender is taking. If a formulary exception will be required, the site health care practitioner or on call practitioner will be notified and will begin the process if he/she believes it appropriate for continuation.

If the medication is not continued, the health care practitioner shall document the reason the medication was not continued and provide rationale for an alternative plan of care.

4.3.6.6. Communication on Transfer
VitalCore will ensure that a transfer summary (written or printed) is completed prior to an offender’s transfer to another facility. When the offender has complex medical or mental health conditions, this communication becomes even more critical. In such cases, the nursing staff will make verbal telephone contact with the nurses of the receiving facility prior to the transfer.

In significant cases, where significant coordination is required, such as SPMI patients that are destabilized, patients transferred from infirmary to infirmary, and patients transferred for surgical and/or offsite care needs, a full report shall be included in the daily health care practitioner’s call to ensure both the sending and receiving health care practitioners are in agreement in the pass off of care from one site to the other.

4.3.7 Initial Health Assessment

4.3.7.1 Health Assessment within 7 Days
VitalCore acknowledges and agrees to comply with this language. We will complete the initial health assessment as soon as possible but within seven (7) days of the offender’s admission. Our goal will be to perform the intake physical exam on day 3-4 of intake. This allows the patient
satisfactory time to hydrate, rest, and gain awareness of the surroundings to allow the patient to competently report any clinical concerns.

4.3.7.2. Initial Health Assessments
VitalCore acknowledges and agrees to comply with the language of this section. VitalCore’s initial health assessments are conducted only by a licensed physician, an Advanced Practice Registered Nurse (APRN), a Physician’s Assistant, or a Registered Nurse with documented training in advanced health assessments. A physician will review and cosign each health assessment that is completed by a Physician’s Assistant or a Registered Nurse. When there are clinically significant findings in an assessment conducted by an APRN, a physician will also review and cosign that assessment.

VitalCore will be happy to submit our training curriculum for conducting initial health assessments. We will also ensure that nurses that conduct dental screenings are trained and certified by a dentist. We will reaffirm this training annually as part of our clinical education program. VitalCore’s health assessment process will comply with NCCHC and ACA standards and the guidelines of the American Academy of Family Physicians. Please see our Initial and Periodic Health Assessment Policy #P-E-04.01, and our Initial Health Assessment Policy #Y-E-04.00 for youth in our enclosed manuals.

You will see that our initial health assessment process includes all of the items listed in this section. Of course, these policies will be adapted to Kansas to include the requirement of subsection (f) to utilize free services offered by the Kansas Department of Health and Environment (KDHE) when available.

4.3.8. Periodic Health Assessments
VitalCore acknowledges and agrees to comply with the language of this section. VitalCore’s policies for periodic health assessments are included within the policies mentioned in the Initial Health Assessment sections. We will conduct assessments annually for juveniles, for adults with special needs, chronic care, and for adults over 50 years of age. Otherwise, patients between 18 and 39 years of age will have an assessment every 5 years. Those between the ages of 40-50 will have an assessment every 3 years. Our adult policy will be modified to move to annual assessments at the age of 50.

VitalCore is committed to work with KDOC’s OHCC Team to ensure the clinical advancements in health assessment requirements and recommendations are evaluated annually. We will review the American Academy of Family Practitioner’s guidelines, as well as NCCHC’s and ACA’s policies and guidelines on clinical monitoring for both initial and periodic health assessments. We will abide by any recommendations that the OHCC Team requires.
4.3.9 Medical Classification System

4.3.9.1 Current PULHEX System
VitalCore acknowledges and agrees to utilize the KDOC’s PULHEX classification system for adult offenders and the separate classification system used for juvenile offenders to classify the medical and mental health status of offenders. In addition to this system we will update the program to include frailty scales and mobility scales as part of the permanent processes by including them into the electronic health record forms.

Juvenile patients will be given full evaluation of immunization history, growth progress and charting, dental evaluation and special dietary needs specific to the needs of pediatric processes.

4.3.9.2 Housing and Facility Assignments
VitalCore understands that KDOC will consider an offender’s medical and mental health condition when determining housing/facility assignment and that KDOC makes the housing/facility determinations. We will also consider the use of frailty and mobility, as well as the emotional and cognitive needs of the offender, to promote physical and emotional stabilization of the offender in his/her living environment.

VitalCore will work to enhance up to date systems in the electronic health record that includes monthly monitoring of bottom bunk assignments, wheelchair assignments, other Activities of Daily Living needs assignments, and equipment needs, to ensure that outdated orders are discontinued to ensure we maintain the flow of these limited resources at each facility.

4.3.9.3 Sharing of Information
VitalCore agrees to share medical information and other special care issues with KDOC staff on a need-to-know basis for housing/work assignments. We will promote positive sharing of documents, information, and schedules with the KDOC to promote healthy lifestyles and ensure that all involved in the activities of daily living have the information necessary to care for the patient while maintaining patient confidentiality.

We will ensure that we promote inclusion in our multidisciplinary team process. It is our position that all information that we own is only ours as part of our work performed for the State and that there should be no information held back. We will find the appropriate channels to have all information regardless of the proprietary nature of that information be able to be reviewed by the appropriate personnel within KDOC and/or OHCC team.

4.3.10 Non-Emergency Health Care Services/Sick Call

4.3.10.1 Offender Access to Routine Health Care
VitalCore will conduct both Open Sick Call and Closed Sick Call as described within this section
and will do so in accordance with NCCHC and ACA standards. Our nursing staff will collect sick call requests 7 days per week and triage them the same day. At facilities where Closed Sick Call is most appropriate, we will ensure the use of Closed Sick Call has a rhythm for appointments through submission of sick call request forms and timely nursing assessments to prevent abuse of the sick call system. Our goal is to ensure there is not too much reliance upon Open Sick Call nor to stifle open sick call when the facility prefers that management technique.

4.3.10.2 Daily Triage of Requests
VitalCore nurses will triage and prioritize sick call requests on a daily basis seven days per week. We understand that KDOC has secure boxes in place for the offenders to deposit the sick call requests in each living unit. Our nurses will collect the requests from those boxes daily.

Restrictive Housing offenders will receive access to sick call daily. We will ensure those offenders have access to health request forms during the nursing daily restrictive housing rounds so that offenders are not dependent on officer staff to make their requests.

Behavioral health and dental requests will be handled the same as medical health requests. The nurse will evaluate the behavioral health and dental request forms daily, seven days per week, to ensure all urgent clinical issues are addressed timely. The nursing staff will refer the behavioral health and dental request forms to their departments and sick call for those requests shall be performed within 24 hours of receiving the triaged forms. For any person needing evaluated prior to the next behavioral health or dental sick call, the nurse will perform a face to face assessment.

4.3.10.3 Face to Face Encounters and Timelines
VitalCore strives to address all potential health care requests/complaints as quickly as possible so that situations do not become more serious and complicated. In facilities that maintain 24-hour nursing coverage, a nurse will see each offender that submits a sick call request face to face within 24 hours of receipt of the request. In facilities that do not have 24-hour nurse coverage, VitalCore will train and utilize a health care liaison to collect and review sick call requests. In communication with the nursing staff at the parent facility, the health care liaison will arrange for the offender’s access to care. Sick call will be held 7 days per week at all facilities regardless of coverage. Appointments scheduled as a result of sick call triage will take place as soon as possible but no later than 24 hours on weekdays and 72 hours after the initial face to face meeting with the offender.

4.3.10.4 Health Liaison for WWRF and NCF-East Unit
VitalCore acknowledges and agrees to comply with the language of this section. See our response to Subsection 4.3.10.3. We will ensure that a health care liaison is available and trained to pick up and review requests at the Wichita Work Release Facility and the NCF-East Unit.
4.3.10.5 Guidelines for Triage
VitalCore will ensure that each facility’s Medical Director, in cooperation with the Regional Medical Director, establishes and maintains the guidelines for triaging health complaints. VitalCore will train all of our health care staff in the use of the guidelines during orientation and again annually.

4.3.10.6 Nursing Sick Call Schedules
VitalCore will strive to conduct nurse sick call seven (7) days per week at all facilities. VitalCore understands that is a requirement to conduct sick call seven (7) days per week in restrictive housing units and at the Kansas Juvenile Correctional Complex. We believe that waiting 2-4 days due to weekends and holidays can result in delay in care, based on evaluation of just a health request form, therefore, we will perform sick call each day unless there is an emergency that does not allow it to be performed.

4.3.10.7 Restrictive Housing and KJCC
VitalCore understands and agrees to comply with the requirements of this section, as stated in Subsection 4.3.10.6. We will conduct sick call seven (7) days per week in restrictive housing and also at the Kansas Juvenile Correctional Complex. Upon contract start up, VitalCore will immediately identify proper clinical space in each restrictive housing unit to promote unimpeded access to care in a safe and secure setting that promotes privacy of care for the patient.

4.3.10.8 Sick Call Within Restrictive Housing
VitalCore understands the need to minimize transports out of high security areas so we will agree to conduct sick call appointments inside restrictive housing units at designated clinical space within that housing unit within 24 hours of the request.

4.3.10.9 No Sick Call During Sleeping Hours
VitalCore agrees that we will not conduct sick call during sleeping hours (11:00 p.m. to 3:30 a.m.) except during an emergency.

4.3.10.10 Referrals to HCP
VitalCore’s policies require that an offender be referred to a Health Care Practitioner (HCP) when the offender submits the same medical complaint more than twice. We will refer any offender to the HCP at any time as needed.

We will require all sick call be performed by a RN unless it is in an emergency and a RN is not available due to assisting other patients. We believe that the RN sick call is the basis of quality access to care.

In addition to the referrals from nursing to HCP’s, patients being seen by mid-level practitioners as HCP’s will be referred to a physician after the second appointment that results in unresolved
clinical findings, or if in the APRN/PA’s clinical opinion the case should be advanced to the physician due to complexity of care needs.

Each site will have a physician assigned to that facility to ensure APRN’s and PA’s have proper supervision and oversight. Clinical conditions that require physician management will be identified during care management meetings weekly and discussed until resolution and stabilization is achieved.

4.3.10.11 Urgent Needs
VitalCore agrees to immediately evaluate an offender’s urgent needs and to make a referral to an HCP, as needed. We recognize that timeliness of treatment and being evaluated by the appropriate level of clinical expertise is crucial to the success of the clinical practice. VitalCore has ensured that each facility has appropriate clinicians including physicians and RN staffing adequate to prevent delays in care.

4.3.10.12 No Cell-Side Assessments and Treatments
VitalCore agrees with the importance of conducting nurse clinical encounters in a clinical setting no matter where the offender is housed. We believe that we must protect the offender’s right to privacy and so, will not perform these assessments or treatment cell-side within restrictive housing.

Behavioral health rounds and Nursing clinical rounds will not be misconstrued as a sick call. Those rounds, while technically considered a clinical encounter, shall be documented as such. Any patient requiring further treatment other than a wellness check, will have the patient removed from the housing room and the encounter will continue in the designated sick call space identified for that housing unit.

4.3.10.13 HCP Clinics On-Site
VitalCore agrees to hold Health Care Practitioner clinics on-site and has proposed staffing for this contract that will allow an HCP to conduct the clinics a minimum of 4 hours per week per 100 offenders. We have described a robust telehealth program for Kansas. However, we are very much aware that the need to have onsite HCP time is essential to a properly run clinic. Onsite time will include administrative meetings with full participation by the HCP and not just the APRN and/or PA.

4.3.10.14 Facilities Over 1,000 Offenders
VitalCore agrees to hold HCP clinics in facilities with more than 1,000 offenders at least five (5) days per week. We have planned for this requirement in our proposed staffing plan. In addition, we believe that daily HCP clinics should be held at the main facilities of WCF, NCF, LCMHF, HCF, EDCF, LCF, ECF, TCF.
We will work with our health care practitioners to spread their time out during the week so that no patient waits more than 24-48 hours to be seen for acute care issues. This will greatly reduce the risk of delay of care. We will ensure this is completed by providing competitive wages and stabilizing benefits for the physicians to encourage them to be a permanent part of our team.

Our strategy is to provide a physician at every site. We will augment that physician time with an APRN or PA at every site so that at a minimum of 5 days per week we have an HCP on site during the week.

At Lansing, Eldorado, and Hutchinson we intend to place APRN/PA personnel during the evenings and weekends. We have demonstrated our coverage for you in our Staffing Plan provided for your review and approval. In these critical clinical placement facilities, we have augmented hours over and above the minimum staffing in our Alternative Staffing Plan. We are willing to make any adjustments to this Plan as KDOC and OHCC Team deems necessary.

4.3.10.15 Referral to HCP Timeline
VitalCore will ensure that the HCP appointment is completed as soon as possible but no later than seven (7) days after the nurse sick call encounter. It is our mission and goal to have these encounters be performed within 48 hours of the referral. We believe that it will take our team approximately 3-4 months to catch up on the backlog of sick call and physician referrals that may be at each facility.

Once we are caught up with all backlog, we will move our referral expectations to 48 hours from referral. This will greatly reduce the risk for delay in care and prevent unnecessary offsite treatment.

One method to ensure timeliness of HCP appointments is to ensure each day the HCP (both physician and APRN/PA) have 5-10 slots (depending on the patient caseload) open for urgent care each day 5 days per week. This will in most cases allow for all referrals from sick call to be seen that same day or the next clinic day, leaving the rest of the schedule for HCP follow up appointments, chronic care and health assessments.

VitalCore will provide to OHCC each month a list of all sick call requests with their follow up appointment dates via the Electronic Health Record.

4.3.10.16 HCP Clinic Scheduling
VitalCore agrees that we will not hold HCP clinics during offender sleep hours except in an emergency. We will also avoid high traffic times, such as shift change and count times. We will expect movements to be managed in collaboration with the site Warden and head of Security.
4.3.10.17 Restrictive Housing Sick Calls
VitalCore will conduct our HCP sick calls in appropriate clinical settings. We realize that there are clinic areas in various housing units in some facilities and that this will mean that the HCP and nursing staff will be required to perform their duties in the various housing unit clinics to reduce the risk of transporting offenders. VitalCore understands that this will include restrictive housing units.

4.3.10.18 Availability of Sick Call for All Offenders
VitalCore agrees that all offenders have the right of access to health care, which includes sick call, regardless of their housing status. Sick call will be held 7 days a week for all sites and all units regardless of placement.

4.3.10.19 Offender Co-Pay Programs
VitalCore acknowledges the KDOC’s co-pay program for adult offenders and the parameters of the program. We understand that each adult offender will be charged $2.00 for each primary visit initiated by the offender for a specific complaint or condition.

VitalCore will cooperate with this program and will not charge the offender for any of the items listed in subsections (a) through (l) of this section. In addition, we will work to ensure that all challenges to charges for sick call are evaluated by the H.S.A. on site and answered directly to the offender to prevent grievances. We recognize this system must be handled correctly to prevent the offender from developing mistrust with our clinical team.

4.3.10.20 Rules for Co-Pay
VitalCore acknowledges that multiple co-payments cannot be assessed for one sick call encounter. We will track all co-pays and report these chargeable events to each facility’s business office each week.

In addition, we acknowledge that sick call events for the same complaint will not be charged. If an offender does misuse sick call, the site HCP, H.S.A., D.O.N. and Behavioral Health Coordinator shall develop a treatment plan that is documented in the health record on handling of the patients need to proliferate health requests. This is meant to ensure we do not become deliberately indifferent to the needs of those patients that misuse the system, while providing balance to the clinicians that are charged with evaluating and treating the patient.

4.3.10.21 Addressing All Complaints During Single Sick Call
VitalCore agrees that we will not limit health complaints to only one issue during a single encounter. We will only charge one Co-Pay per visit regardless of the number of complaints or issues discussed during that visit. We understand that this will help to limit movement of offenders to clinic spaces, reduce grievances, and eliminate the potential for missing a significant clinical issue.
We understand the patient has the right to voice all concerns and have those concerns addressed. Any patient misusing the system will be managed through specific treatment planning by the multidisciplinary team.

**4.3.11 Restrictive Housing Medical Services**

**4.3.11.1 Restrictive Housing Schedule for Sick Call**
VitalCore agrees to conduct nurse sick call 7 days per week in restricted housing. We will ensure these encounters do not conflict with other activities of daily living when possible.

**4.3.11.2 Effect of Custody Status on Sick Call**
VitalCore will provide sick call to offenders in restrictive housing clinic spaces when the offender’s custody status prevents the offender’s movement to the main clinic. Custody status does not change the requirement of providing comprehensive services to the patient.

In the event there are offenders that cannot be moved (i.e. high profile cases) but are in need of clinical evaluation, VitalCore will work to make arrangements with specialists through telemedicine whenever possible to eliminate any delay in care or deliberate indifference, while still maintaining the safety of the community by not moving the patient outside of the facility.

**4.3.11.3 HCP Visit Within 7 Calendar Days**
VitalCore will ensure that a restricted housing unit offender is seen by an HCP within 7 calendar days of sick call request, when referred. Again, our goal will be to have these encounters within 48-72 hours whenever possible. Restrictive housing HCP will be held daily in most facilities to ensure these offenders do not have a different level of access than the general population offender.

**4.3.11.4 Sick Call in Special Clinic Rooms in Restrictive Housing**
VitalCore understands the need to restrict movement of restrictive housing unit offenders so we will hold HCP clinic in restrictive housing clinic areas. We will strive to ensure compliance with sick call rules for privacy, while maintaining security of our clinical staff and the security staff managing the clinical event.

We believe that training in how to manage clinical information is important to provide to both the clinical and security staff at each facility. This will assist in preventing a new officer or nursing staff in overstepping their roles, over sharing, under sharing, or demanding privacy and/or information outside of the “Need to Know” rules.

**4.3.11.5 Restrictive Housing Rounds for All Offenders**
VitalCore nursing staff will provide daily, face to face rounds of all offenders in restrictive housing. Our Patients in Restrictive Housing Policy #P-E-09.00, attached in our manual, outlines this
process and the documentation of the rounds.

In facilities that have significant numbers of Restrictive Housing Offenders, LCF, EDCF, and HCF, we will provide Restrictive Housing Rounds at a minimum of 2 times per day during each shift to ensure we are seeing each offender at different times during the day. This will give us a better understanding of the offender’s current wellbeing.

In addition to standard rounds, we will train the nursing and behavioral health staff to look for signs and symptoms of failing health both medical and mental health. Instances of weight loss, patients looking too thin, patients appearing to be ill, color and/or pallor of the patient, difficulty with breathing, difficulty with activities of daily living, and agitation will require follow up by a clinician even when the offender does not request health care. The clinic staff will be trained to promote a clinical contact in the clinic space with the patient to evaluate these conditions.

4.3.11.6 No Encounters During Sleeping Hours
VitalCore will not conduct restrictive housing unit visits during sleeping hours, unless it is an emergency. VitalCore will work with the facility to ensure that healthy sleep plans are maintained and that offenders have unimpeded sleep schedules between the hours of 11pm and 5am whenever possible.

4.3.11.7 Template in EHR System for Daily Rounds
VitalCore will be happy to develop and utilize a template within the current EHR system or within our proposed system to document the offender’s status as observed/assessed during the nurse daily rounds.

4.3.11.8 Review of Restrictive Housing Placement
VitalCore’s policy regarding patients in restrictive housing calls for a thorough screening process upon an offender’s placement there. We will ensure that this screening is completed within 4 hours of placement. VitalCore will communicate any health needs that require accommodation to KDOC staff.

The screening will require a chart review of each patient being placed in restrictive housing, a face to face screening of the offender by nursing staff prior to placement whenever possible, and a face to face screening by behavioral health staff within 4 hours of placement.

4.3.11.9 EHR Templates/NCCHC and ACA Standards
VitalCore will develop/maintain Restrictive Housing Clearance templates in the EHR system and will ensure that the documentation meets NCCHC and ACA standards.
4.3.12 Special Needs Clinics/Chronic Care/Special Needs Treatment Planning

4.3.12.1 Plan for Special Needs Offenders
VitalCore has comprehensive policies for patients with special needs. Please see our Chronic Disease and Special Needs Policy #P-G-01.00 for adult offenders and our Chronic Disease Services Policy #Y-G-01.00 and Patients with Special Health Needs Policy #Y-G-02.00 for juveniles.

The policies include all of the special needs listed in this section and outline the development of treatment plans, frequency of visits, and labs as required. The treatment plan will be documented in detail within the offender’s health care record. VitalCore utilizes the multi-disciplinary approach to management of special needs offenders.

Clinical encounters for chronic conditions outside of the chronic care clinics will not be charged a co-pay.

4.3.12.2 Special Needs Treatment Plans
VitalCore will ensure that all special needs treatment plans are developed by an HCP. These plans will be updated at each chronic care/special needs visit. Please see VitalCore’s Disease Management Guidelines (Chronic Care Manual) enclosed for your review.

VitalCore understands that KDOC must approve our chronic care guidelines and that we may need to develop and implement new guidelines. VitalCore will ensure that our staff remain current in their knowledge of current diseases and any new ones identified during the course of this contract. We will revise and develop disease management/chronic care guidelines for the treatment of these diseases as new information becomes available.

VitalCore’s current Chronic Care Manual has been reviewed by outside physicians at the University level, as well as, reviewed by nationally recognized experts in Correctional Medicine to ensure we are providing the most up to date clinical evaluation tools available. We welcome OHCC Team’s input and guidance as well. We believe that collaborative input into the makeup of documents and tools for treating and documenting care keeps both the KDOC and VitalCore safe.

4.3.13 Hepatitis C
VitalCore’s management of Hepatitis A, B, and C is outlined in our Disease Management Guidelines (Chronic Care Manual). We will follow KDOC’s plan of action for treating all Priority Levels 1 and 2 offenders followed by Priority Level 3. VitalCore plans to eradicate Hepatitis C in the KDOC within 2 years of contract award.

At a minimum we will provide direct acting viral (DAA) treatment to 605 offenders in FY 2021 to eliminate the backlog. We understand that the estimate for the number of offenders who will
need treatment annually after that is 500 and will ensure that we treat at a minimum that number of cases per year.

If we find that the cases are less than the 500, or the cost of the medication and treatment reduces, we will reimburse the KDOC for all monies not spent on Hepatitis C Treatment during that contract year.

4.3.14 Emergency Medical Services

4.3.20.1 24-Hour Services
Top-quality, 24-hour emergency services for medical, behavioral, and dental health are a critical component to maintaining a healthy population within each facility. VitalCore will ensure that a Regional Manager, Health Care Practitioner, Qualified Behavioral Health Professional, Psychiatrist, and Dentist are on call 24/7 in order to provide swift, quality care to offenders in need.

VitalCore’s Telemedicine capabilities through George Washington University will also strengthen our ability to manage emergency medical needs, giving us access to a wide range of specialists 24 hours per day, 7 days per week. We understand that we are responsible for all costs for 24-hour emergency services.

4.3.20.2 Participation in Response Teams
VitalCore will have both EMTs and RN Staff on duty 24 hours per day in most facilities who will see offenders in need of an urgent medical and/or behavioral health evaluation. These staff will be ACLS-Certified and adhere to community standards of care. This includes first aid and cardiopulmonary resuscitation for offenders, facility staff, contractor staff, and visitors 24 hours per day, seven days a week.

We will also make the EMTs available for extra training in security measures so that they will work well with the facility’s security team. We understand that EMTs will be first responders in facility emergencies and that when they are not engaged in an emergency, they may conduct medical restrictive housing rounds and be assigned to assist with clinic duties that are within their scope of practice.

VitalCore will also develop and maintain contracts with local hospitals and ambulance services. An important component to providing Emergency Services includes training staff on proper transfer and security procedures should offenders need to be seen outside the facility. VitalCore’s commitment to safety is the foundation of all our training and protocols, especially during an emergency.

Each facility’s designated Medical Director will be responsible for all emergency admissions to
Returning to the facility will require medical clearance by the Health Care Practitioner. Once the patient is back onsite, the Nurse must clear the patient to go back to the housing unit prior to placement in the unit regardless of the nature of the offsite appointment.

4.3.20.3 Narcan and Training of Staff
VitalCore will supply Narcan for placement in Fentanyl exposure kits in the correctional facilities and parole offices. We will train appropriate KDOC staff how to administer the Narcan in the event of staff or offender exposure. VitalCore will establish a tracking mechanism to ensure that when Narcan has been used, it is replaced, and to ensure that the drug has not expired.

VitalCore will work with local and State Grant holders to ensure KDOC receives their share of Narcan medicine and training funds available. We will return any funds received from the State and Local Grant holders to the KDOC for the Narcan program. VitalCore has established these programs in several locations and we are adept at ensuring all persons leaving the KDOC system will receive proper education and medication necessary to sustain life in case of a drug overdose.

4.3.21 Sexual Assault

4.3.21.1 Reporting of Sexual Assaults
VitalCore takes sexual assaults very seriously. We will ensure that our staff receive PREA training upon hire. VitalCore will train staff to report sexual assaults immediately according to the KDOC’s PREA policy. We have our own Federal Sexual Abuse Regulations Policy #P-B-04.00 which will be adapted to meet the KDOC’s policy as needed. VitalCore agrees to comply with all of the requirements of this section.

We understand that we will be responsible for payment of all services related to evaluation and treatment of sexual assault victims. VitalCore will also ensure that we follow up for prophylactic treatment per CDC guidelines. We will certainly make referrals to behavioral health staff once the offender is returned to the facility.

4.3.21.2 Training of Staff – PREA and KDOC Policy
VitalCore agrees to provide specialized training regarding PREA upon hire and annually thereafter to all of our site medical staff, including behavioral health staff. Nursing Clinical Guideline #1910 for Sexual Assault-Abuse will be adapted to ensure that all instructions comply with KDOC’s PREA policy.

4.3.21.3 Reporting of Juvenile Assaults
VitalCore agrees to report juvenile sexual assaults according to KDOC’s PREA policy.

4.3.21.4 Availability of Prophylactic Medications
VitalCore will ensure that we have enough prophylactic medications on site at each facility to
begin immediate treatment for an offender’s exposure while waiting for the full prescription to be received from the pharmacy.

4.3.22 Prenatal Care/ObGyn Services

4.3.22.1 Pregnancy Tests
VitalCore will conduct pregnancy tests on all female offenders under the age of 60 upon arrival. If it is determined at receiving or any time thereafter, we will ensure that the female receives close obstetric supervision and pre-natal care.

VitalCore’s Counseling and Care of a Pregnant Patient #P-G-09.00 and #Y-G-09.00 Counseling and Care of Pregnant and Postpartum Care of Juveniles will be adapted as needed to meet the requirements of this section.

VitalCore will work on special housing, diet, exercise, and care related to prenatal care and post-partum care for all females.

4.3.22.2 Pap Smears and Mammograms
VitalCore has a comprehensive Initial and Periodic Health Assessment Policy #P-E-04.01 and Initial Health Assessment #Y-E-04.00 policy for juveniles that outline our plan for pap/breast examinations and mammograms for female offenders. The plan/policy already meets NCCHC and ACA standards, and we will ensure that it meets the clinical guidelines of the American College of Obstetricians and Gynecologists.

VitalCore plans to hire an APRN to be onsite daily to perform all Pap Smears, STD testing and treatment, Breast Exams and female reproductive portion of the physical exam at TCF. This will ensure that these very important components of the physical exam are performed timely and consistently.

We will ensure that all females at KJCC have these exams performed by the HCP on site as part of the physical exam.

4.3.22.3 Schedule for Mammograms
Annual mammograms are not recommended for female patients under the age of 40 unless the female has a genetic mutation or has a family history of breast cancer. In such cases, mammograms may be initiated 10 years earlier than the age of the first affected relative. The Topeka Correctional Facility’s Medical Director and the KJCC’s Medical Director will determine the need for mammograms for females under 40. All other offenders over age 40 will receive annual mammograms onsite.
4.3.22.4 OB/GYN Services for TCF and KJCC
VitalCore recognizes the need and agrees to provide OB/GYN services to female offenders at TCF and KJCC. We will strive to hire an OB/GYN specialist but understand that a family practitioner with OB/GYN experience will be sufficient. Our plan will be to conduct mammograms for all females over the age of 40 and for those females with a family history that indicates the need for earlier screening as determined by the site Medical Director.

Pap smears will be conducted annually for females unless symptoms and/or family history indicate the need for more frequent testing. VitalCore will ensure proper emergency delivery equipment is on site at both TCF and KJCC in the event such equipment is needed.

4.3.23 Diagnostic/Ancillary Services

4.3.23.1 On-Site Services
VitalCore acknowledges the need and agrees that we will provide as many ancillary services on site as possible. This will include the use of mobile units. VitalCore will work cooperatively with facility staff in arranging appointments for off-site services as much in advance as possible. We fully understand that the cost of these services is VitalCore’s responsibility.

4.3.23.2 Scope of Diagnostic Services
VitalCore acknowledges and agrees to comply with the requirements of this section. We will conduct as many diagnostic services on site at the main facilities as possible, including through the use of mobile units for such services as mammography. VitalCore will oversee and cover the cost of all lab and x-ray, ancillary services, supplies and equipment at the facility, under the guidance of written policies and protocols for their use.

A one-shift, one-nurse accounting system will be deployed, resulting in two (2) nurses counting each time, as part of our efforts to keep the facility safe and keep all lab and X-Ray instruments or tools with staff and away from offenders.

All on-site diagnostic services will be registered, accredited, and meet all state and federal laws and requirements. VitalCore will provide all Lab, X-Ray, and medical supplies necessary to ensure all care and treatments are provided in a timely professional manner, utilizing the proper supply and technique that meets community standard.

The HCP will be notified immediately of all STAT labs and X-Rays. The HCP will evaluate those tests within 2 hours of receipt and document the treatment plan for the patient. Nursing staff will take the orders off within that same shift and provide all follow up care as ordered. Standard lab and X-Ray services will be reviewed by a Board-Certified physician for lab and Board-Certified Radiologist for X-Ray and signed within 72 hours of receipt of services. All test results and the HCP’s acknowledgement of the results will be documented in the EHR.
4.3.23.3 Plan for Laboratory Testing
VitalCore will conduct as many laboratory services on site as possible. Site medical staff will collect specimens that cannot be tested on site and contract with a local laboratory for pick-up of the specimen. All results and the HCP’s acknowledgement of the results will be documented in the E.H.R.

All test results will be reviewed and signed by the HCP within 72 hours for routine lab and within 8 hours on all acute lab results. Any lab received that is considered STAT will be reported to the onsite HCP or the on-call HCP if lab results are received after hours for review and determination of actions necessary to ensure the patient receives proper care and attention.

The charge nurse on each shift shall review all lab each day to ensure all lab results are handled as clinical orders requiring action prior to the end of each shift. The D.O.N. shall review all lab weekly to ensure the lab system is working properly and that lab results are being transcribed and managed as required and expected by the site Medical Director.

The VitalCore Kansas Regional Medical Director shall ensure all lab tests are managed timely and as ordered through the use of monthly quality improvement screens to track all lab tests.

4.3.23.4 Approval for CLIA Waivered On-Site Lab Tests
VitalCore agrees that we will seek approval from KDOC to utilize CLIA waived on-site laboratory tests. If used, we will ensure the results and the HCP’s acknowledgement of the results are documented in the EHR. VitalCore will ensure that site medical staff are trained in the use of such tests and that quality control measures are implemented. We will also ensure that a current CLIA-waiver is posted in the medical department.

VitalCore’s policy requires that all licenses, lab waivers, and certifications be reviewed and documented each January of every calendar year. VitalCore will submit to KDOC a log of all licenses, waivers, certifications, and training by February 1st each year for the duration of the contract.

4.3.23.5 Plan for STAT Lab Studies
VitalCore will ensure that we receive results within 4 hours for any STAT labs ordered. We will then ensure that the HCP evaluates the test results within 2 hours of receipt and documents the treatment plan for the patient in the EHR.

4.3.23.6 Lab Orders/Phlebotomy Services
VitalCore will provide on-site phlebotomy services and will draw the labs as soon as possible after the HCP’s order, but always within 72 hours.

4.3.24 Nutrition and Medical Diets
4.3.24.1 Nutritive Supplements
VitalCore agrees to provide nutritive supplements as described in this section and as prescribed by an HCP. The process will be under the control of the Regional Medical Director.

4.3.24.2 Special Diet Orders
VitalCore will ensure that all medical diets are ordered in writing by an HCP. We will work with the KDOC’s Food Service provider to establish the medical diets and their contents, frequency, and duration. VitalCore will adapt our current Medical Diets Policy #P-F-02.00 to comply with IMPP 10-199D (Appendix G), including the rule that any deviation from the special diet orders shall require written approval from the Regional Medical Director. We understand that KDOC will be responsible for the cost of all food with the exception of nutritive supplements.

4.3.24.3 Communication with Food Service
VitalCore agrees to provide a daily diet report to the Food Service Department at each facility. We will work collaboratively with food service staff to promote healthy lifestyles for the offenders. If there is a conflict with any clinical diet or food order, our Regional Medical Director will work directly with the dietician to work through the clinical concerns.

VitalCore has a long history of working collaboratively with food service and we intend to ensure our relationship is strong and positive, to include collaborating on difficult clinical cases.

4.3.24.4 Special Requirements for Juvenile Offenders
VitalCore will adapt the Nutrition and Medical Diets Policy #Y-F-02.00 for juveniles to comply with KDOC’s requirements. We are familiar with the requirements of the Federal School Lunch and Breakfast program and the regulations of the Kansas State Board of Education and will comply with them.

4.3.24.5 Review of Medical Diets
VitalCore will ensure that each medical diet ordered is reviewed by the HCP every 90 days to determine the need for continuation. We understand that if the need continues, that the HCP may continue for up to another 90 days. The 90-day provisions have been included in our adult and juvenile policies for Kansas DOC.

4.3.25 Specialty Services

4.3.25.1 List of Specialty Services
VitalCore will provide all specialty services required by the needs of the offender populations of each facility and will provide as many of these on-site as possible. We will provide more on-site services at the main facilities. VitalCore will provide all of the on-site specialty services listed in RFP Appendix H.

Through our unique Telehealth program, we will be able to provide many more specialty services which include but are not limited to endocrinology, rheumatology, hematology, infectious
disease, dermatology, wound care, cardiology, pulmonology, and immunology. Please see information provided in Section 4.3.26 Telemedicine for more information about our premiere Telehealth Program.

4.3.26 Telemedicine

4.3.26.1 Requirements for Telemedicine Program
VitalCore acknowledges and agrees to comply with the language of this section. We understand that we will be responsible for all of the costs of our Telehealth program, including the cost of the equipment, hardware, and software.

VitalCore has a contractual relationship with one of the top Telehealth providers in the nation, enabling efficient, cost-effective, high-quality care in each facility. VitalCore’s Telehealth services are far-ranging and include patient self-education and self-management, pre- and post-acute management of chronic conditions, and routine check-ups.

Because Telehealth is an innovative, fast-growing segment of healthcare, VitalCore has partnered with George Washington (G.W.) University, a leading academic institution in the field. VitalCore’s Telehealth services function 24/7 and ensure full confidentiality. Specialty tele-consultations give on-site healthcare staff immediate access to an expansive care team.

Telehealth helps VitalCore remain committed to nurturing a culture of top-quality healthcare. Having dozens of physicians and specialists through this program as our partners provides that quality. We recognize that many tout the use of Telehealth as part of a correctional healthcare package, yet little to no Telehealth is actually produced. We have solved the connectivity problems and the lack of physicians available to provide the service. Our unique George Washington Telehealth program will:

- help the State to reduce the cost of transportation and correctional officer staffing;
- reduce the challenges of medical staff shortages outside of highly populated areas;
- improve access to medical specialists;
- ensure high-quality, continuous care routinely and in emergencies via satellite or mobile links to G.W. medical staff;
- lower costs associated with non-emergency department use and replace higher costs associated with continuum of care settings, such as emergency rooms and urgent care clinics;
- reduce hospitalizations and hospital readmissions, especially among patients with heart disease and COPD. (Studies conducted in 2011 found that compared to standard care, those patients with heart failure receiving telehealth had a 42% reduction in hospitalizations.)
VitalCore fully understands how difficult it can be to find qualified physicians that are willing to serve offenders, especially in rural areas of the State. The George Washington University Telehealth program will eliminate that problem. We further understand Kansas telehealth networks as established in a few Kansas hospital systems can be very expensive. The cost for GW Telehealth services is very reasonable and has been included in this proposal.

VitalCore will ensure that our telehealth services comply with NCCHC and ACA standards. George Washington University will ensure that at least two of their physicians are licensed in Kansas. Most of GW University’s Telehealth physicians/psychiatrists, however, will not be licensed in Kansas. George Washington University’s Telehealth program, however, ensures that all of its physicians are properly credentialed for the work they perform through their national network. The George Washington University Telehealth program has an excellent reputation in the nation. The Telehealth program is part of the Department of Emergency Medicine at George Washington University. Dr. Neal Sikka, M.D., provides oversight of the Telehealth Program. Dr. Sikka has agreed to present to the KDOC our collaborative program for your review and understanding as part of the oral presentations.

VitalCore will review our Telehealth plan semi-annually and revise it as needed. We will submit a report of our analysis to KDOC as requested, and we understand that our plan and any revision to the plan must be approved by KDOC. Please see our George Washington University Telehealth Program information and their plan for Telehealth for the Kansas Department of Corrections, attached.

**(a) Plan for Telemedicine**

Within 30 days of contract award, VitalCore will submit our Telemedicine Plan to KDOC for approval. VitalCore agrees to review the plan semi-annually and revise as needed. We will also submit a report to KDOC of the results of our review/analysis. We understand that any revisions will require the approval of the KDOC.

4.3.26.2 Installation of Separate Secure Network Infrastructure

VitalCore understands that we will be responsible for the installation of a separate secure network infrastructure for all telehealth and telepsychiatry, and telephone fees related to telemedicine. The secure network will be compliant with NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations. The George Washington University Telehealth network is already a secure network that is HIPAA compliant as well. The GW Telehealth network has been in existence for many years and will ensure that it is operational no less than 99.9% of the time.

4.3.26.3 Virtual Multi-Specialty Outpatient Clinic

The availability of specialty services through George Washington University Telehealth is one of the main reasons that VitalCore has chosen to partner with them. They have access to over 750 physicians in over 50 different specialties, 24 hours per day, 7 days per week. Their specialties include endocrinology, rheumatology, hematology, infectious disease, dermatology, wound care, cardiology, pulmonology and immunology, as well as many other specialties. Again, the George
Washington University Telehealth program ensures that all of their physicians are appropriately credentialed in the services they perform. If we needed to seek all of these specialists within Kansas, the work would be very challenging, not to mention the costs would be expensive for setting up telehealth equipment and networks for each one with locations all over the State.

4.3.26.4 Telehealth Technology Platform
VitalCore has included the costs of the establishment of the George Washington University Telehealth Program and its technology platform in our price proposal. This includes the infrastructure and ongoing services.

4.3.26.5 Physician Responsibility
VitalCore will ensure that each of our site physicians/mid-level providers are partners with our Telehealth provider. The site Health Care Practitioner will maintain responsibility for the offender when in the clinic, but the Telehealth provider will also assume responsibility for the offender through the Telehealth Program.

4.3.26.6 Telehealth Use of EHR
VitalCore will ensure that the George Washington Telehealth program providers have access to the KDOC’s electronic health records to be able to review the record as well as make entries. We will ensure that the Telehealth program is appropriately interfaced with KDOC’s EHR system. VitalCore will have an onsite liaison at every facility to ensure that the documentation of all telehealth encounters is captured at the time of the event. Each patient will have a clinical staff member onsite with the patient during the time of the telehealth appointment.

4.3.26.7 Documentation Requirements
VitalCore will ensure that our Telehealth providers complete all documentation required in a timely manner and according to NCCHC and ACA standards and KDOC’s policies and procedures. There will be no exception for telehealth providers as opposed to site providers.

4.3.26.8 Programmatic Quality Metrics
VitalCore will ensure that our Telehealth providers meet the metrics described in this section. Each site’s Health Services Administrator and Medical Director as well as the State’s Regional Medical Director, Manager, and Quality Improvement Coordinator will monitor our Telehealth Services carefully and review the accuracy of diagnoses, use of time, video etiquette, patient and provider satisfaction, and other metrics regularly as part of our overall Quality Assurance Performance Improvement (QAPI) program.

George Washington’s program for telehealth is the premier program in the U.S. to include providing services to the U.S. government and other maritime agencies. They bring with them a comprehensive quality assurance and performance improvement program that will serve as a check on VitalCore’s staff, and VitalCore will serve as a check on G.W.’s clinical staff ensuring a double check of all systems.
4.3.26.9 Telehealth Statement of Work
Please see the Statement of Work/ George Washington University Telehealth Program Plan for the Kansas Department of Corrections, attached.

4.3.26.10 Annual Report – Telehealth Effectiveness
VitalCore will be carefully monitoring the operations of the George Washington University Telehealth Program and will provide an annual report to the KDOC regarding its effectiveness, efficiency, quality, and offender satisfaction.

Each month VitalCore will share with the KDOC a copy of all G.W. services provided to demonstrate compliance with our contract promises.

4.3.26.11 Maintenance of Electronic Log
VitalCore agrees to maintain an electronic log that documents each use of telemedicine equipment including the physical location of the service, date and time of service, reason for use, offender name and KDOC number, and VitalCore staff participants.
Transforming lives through healing, education and discovery

To Provide
Telemedicine Support Services
For
Kansas Department of Corrections
With
VitalCore Health Strategies

Submitted To:
VitalCore Health Strategies
Ms. Viola Riggin, CHA, CCHP
Chief Operating Officer

Submitted By:
GW Medical Faculty Associates
Department of Emergency Medicine
Kyle Majchrzak
Business Development Manager

December 2019
Memorandum of Agreement:
The Memorandum of Understanding (MOU) dated 1 June 2018 between VitalCore Health Strategies and The GW Medical Faculty Associates Inc. (MFA), established the framework for telehealth support services. The GW MFA is willing to provide Telehealth Services statewide and will collaborate, with our partner VitalCore, to ensure proper licensing and credentialing is in place to provide that service.

GW MFA is proud to work with VitalCore Health Strategies to present this Memorandum of Agreement (MOA) to provide Telehealth Services to the Kansas Department of Corrections. GW MFA will work with VitalCore to ensure there are a minimum of two (2) licensed providers in Kansas to manage telehealth services throughout the process to ensure all needs to the contract are met. GW MFA will ensure all licensing and credentialing are met to ensure compliance with both local and federal law.

Executive Summary:
The GW Medical Faculty Associates Inc. (MFA) is the largest multi-specialty physician group practice in Washington, DC. We are a not-for-profit organization that supports the education and research missions of the George Washington University School of Medicine. GW Global Health Services (GHS) is housed within the MFA’s Department of Emergency Medicine (DEM).

GHS provides remote medical care and oversight, clinical case management, medical repatriations and escorts, medical specialist consults, medical training, referrals and recommendations for medical equipment. Through our 24/7 Worldwide Emergency Communication Center (WECC), we can provide remote care via phone, email, video, and secure telemedical kits. GHS supports a variety of clients in the maritime, aviation, remote bases for the USG and government services. In addition to the listed, GW MFA is able to craft focused solutions to meet our clients’ specific needs.

GHS principal physicians are board-certified in Emergency Medicine, but within the Department of Emergency Medicine there are physicians with Boards in Internal Medicine, Infectious Disease, Family Medicine, and Critical Care Medicine. Our physicians and medical providers are highly sensitive to the intricacies of providing remote healthcare in non-traditional settings, often with limited resources. We are particularly proud that many of our physicians are national and international leaders in Emergency Medicine, Wilderness Medicine, Wound Care, Telehealth, Point-of-Care Ultrasound, and Remote Medicine.

Approach and Capabilities:
The MFA employs over 780+ clinicians who treat more than 4,600 patients per day in 52 medical specialties at nearly 50 practice locations throughout the Washington D.C. Metropolitan Area and abroad. When specialty backup is needed, GHS physicians will serve as the liaison to the appropriate specialist and continue to coordinate follow-up care. The WECC serves as the real time operational hub for our GHS programs. The center is staffed 24/7 by EMT’s and Paramedics who have received additional specialized training to serve in this role and serves as a single point of contact for our clients. The WECC connects clients directly to physicians and operationalizes telemedical services such as emergency and specialty consultations, case management and care planning, medical repatriations, and remote health monitoring.

The GW Medical Faculty Associates is proud to be able to offer the following specialties:

- Allergy, Asthma & Sinus
- Anesthesiology
- Bariatric Surgery
- Breast Surgery
- Breast Imaging & Intervention
- Cancer & Blood Disorders
- Cardiology
- Cardiothoracic Surgery
- Contact Lens Center
- Cosmetic Dermatology
- Dermatology
- Diagnostic Radiology
- Ears, Nose & Throat Center
- Emergency Medicine
- Epilepsy Center
- Family Practice
- Gastroenterology & Liver Diseases
- General Surgery
- Gynecology
- Gynecologic Surgery
- Hospital Medicine
- Infectious Diseases
- Interventional Radiology
- Kidney Diseases & Hypertension
- Memory Clinic
- Movement Disorder Program
- Neurology
- Neurosurgery
- OB/GYN
- Optometry
- Orthopedic Surgery
- Pathology
- Pelvic Health Center
- Plastic Surgery
- Podiatry
- Preventative Medicine
- Primary Care
- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Thoracic Surgery
- Transplant Services
- Urogynecology
- Urology & Urologic Surgery
- Vein Centers
- Voice Treatment Center
- Audiology
- Breast Center
- Cardiac Surgery
- Colon & Rectal Surgery
- Cosmetic Surgery Center
- Digestive Disorders
- Endocrinology
- Fertility & IVF
- Geriatrics & Palliative Care
- Headache Center
- Internal Medicine
- Mammography
- Neurology
- Ophthalmology
- Pain & Non-Operative Spine Services
- Physical Medicine & Rehabilitation
- Pregnancy & Hematology
- Prostate Cancer Clinic
- Radiation Oncology
- Sleep Disorders
- Trauma Center
- Vascular Surgery
- Weight Loss Clinic
The WECC is the 24/7/265 telemedical services command center that supports video teleconferencing, various telemedical kits (Digigone, Philips Tempus i2i, and PARSYS Xchange), phone (with language lines available as needed), and email. The WECC complies with all HIPAA physical and technical safeguards to ensure confidentiality, integrity, and security of electronic protected health information. The WECC maintains a video wall that helps to maintain situational awareness within the areas we provide services. The WECC currently supports separate phones systems, two internet paths, and uninterrupted power supplies (UPS) on critical equipment to ensure maximum uptime.

**GW MFA Advantage:**

- **Immediate Access:** 24/7 Worldwide Emergency Communication Center with an average speed of answer of less than 30 seconds
- **Technology Agnostic:** We make all efforts to work with any communication systems
- **Academic Medical Center:** Offering world-class clinical faculty, who are actively practicing Emergency Medicine
- **Specialty Care:** Access to over 51 medical specialties and over 800 medical providers at the George Washington Medical Faculty Associates, the largest academic-based medical practice in Washington, D.C.
- **Care Continuity:** Whether a minor or major medical issue, a care plan is created with a follow-up schedule to ensure until all issues are resolved.
- **Global Experience:** Over 30 years of experience providing unique medical solutions in a wide variety of austere environments
- **Reduced Liability:** The GHS program directly correlates to reduced liability within the Duty of Care requirements
- **Medical Training:** American Heart Association, NAEMT, US Coast Guard approved training classes for medical education and qualifications
- **Integrated Case Management Team:** Providing communication with physicians, the care team, and the patient to review and monitor medical care during treatment, and to assist in the coordination of the patients return to duty or needed care
- **Repatriation Services & Medical Escorts:** Our team has a long history of providing medical services on commercial carriers to substantially reduced costs to our clients
- **Customized Reporting:** Through our customized records system, we can provide client-specific reporting to include case summaries, medical incident analysis, and quarterly usage reporting
- **Cost Containment Solutions & Management:** Our goal is to provide the best care for the patient while avoiding unnecessary and excessive costs. In the vast majority of cases, we can manage a patient remotely and reduce unnecessary evacuations.

**HIPAA & Security Compliance**

The GW MFA will safeguard all Company and Government property to include all information of a confidential and/or sensitive nature. Such information will not be disclosed nor released. The providers will comply with DOD 6025.18-R guidance on “Department of Defense Health Information Privacy Regulation” and “DoD Health Information Security Regulation,” as amended and all additional requirements. All MFA providers are trained in the principles of the Health Insurance Portability and Accountability Act (HIPAA) and are well aware of reporting requirements and the safeguarding of protected health information. The MFA conducts annual online comprehensive training for all personnel. The MFA will report to the Government any security incident involving protected health information of which it becomes aware.

The MFA carries medical liability insurance and provides a certificate of insurance annually to all of our customers for their awareness and files upon request.

**Medical Faculty Associates, Inc.**

2150 Pennsylvania Ave NW
Washington, DC 20037

**NAICS Code(s):** 621111 & 621112

**DUNS:** 841694974

**CAGE Code:** 1VHT7

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4.3.27 Health Education

4.3.27.1 Methods to Provide Patient Education
VitalCore will provide offender patient education through the use of appropriate materials and media. Our Healthy Lifestyle Promotion Policies #P-F-01.00 and Y-F-01.00 (for juveniles) detail the types of education provided individually and in groups.

The education includes all topics listed in this RFP section and more. VitalCore will be happy to plan and conduct annual wellness fairs at each facility. We find that these are wonderful opportunities to educate offenders who may never have access to such information otherwise. VitalCore will provide new education materials and sessions as needs arise and according to the requests of the KDOC.

We will look to sponsorship as appropriate for the wellness fairs. We will include the site staff as well as the offenders in the wellness fairs with specific times for officers and administrative staff to visit the wellness fair outside of offender times.

4.3.28 Food Services Screenings

4.3.28.1 Health Status of Food Service Workers
VitalCore will provide clearances for food services workers, as requested by KDOC, through basic health screening prior to assignment to the food service area. We will complete a Kitchen Clearance form that is placed within the offender’s EHR. VitalCore site medical staff will share appropriate information with KDOC staff as to the health status of these offenders. VitalCore will also conduct periodic screenings/clearances on food services workers. Our food service clearances will comply with NCCHC and ACA standards.

4.3.28.2 Food Service Clearances
VitalCore agrees to perform clearances for contract food service staff through a screening questionnaire that will comply with NCCHC and ACA standards.

4.3.29 Dialysis Services

4.3.29.1 Dialysis Services at LCF and TCF
VitalCore will subcontract the provision of dialysis services at both Lansing Correctional Facility and Topeka Correctional Facility to a licensed dialysis provider. VitalCore provides renal and peritoneal dialysis treatments across the country. We will work closely with the KDOC, LCF and TCF Wardens, and community-based providers to deliver a dialysis program of the highest quality.

VitalCore will subcontract with Chardonnay Dialysis services. Our on-site dialysis services will include dialysis stations, dialysis chairs, water purification system, water filtrate, media and pharmaceuticals required for dialysis. VitalCore will be responsible for maintaining tanks, valves,
meters, filters, and everything else used in the pretreatment of water. VitalCore will provide all equipment necessary including a replacement, backup or special infectious disease dialysis unit if needed. We will maintain the equipment as necessary.

A Registered Nurse with dialysis experience will perform the on-site treatments under the direction of a Board-Certified Nephrologist. All dialysis related equipment will be maintained per manufacturer’s guidelines by a dialysis experienced Biomedical Technician. VitalCore’s contracted Nephrologist and Regional Medical Director will provide oversight for our dialysis related services.

4.3.29.2 Provision for On-Site Dialysis Services
Please see our response to the previous subsection #4.3.29.1. VitalCore agrees to require our contracted Nephrologist to make site visits at LCF at least every 6 weeks. We further understand that KDOC will transport TCF offenders to LCF for nephrology consults. However, VitalCore will make every effort to have these visits through telehealth to prevent unnecessary transports.

4.3.29.3 Renal Dialysis QI Program
VitalCore maintains a very comprehensive Quality Assurance Performance Improvement (QAPI) program. See enclosed QAPI Manual. QAPI includes review of our Infection Control program that is demonstrated in our Infection Prevention and Control Manual, also enclosed.

VitalCore employs a one-shift, one-nurse accounting system that results in 2 nurses counting each time, as part of our efforts to keep the facility safe and instruments and tools away from offenders. VitalCore provides biohazardous and medical waste services such as needles, syringes, and other materials used to treat patients and will ensure they are managed safely and in compliance with all rules and regulations at the Federal, State and County level.

Dialysis requires specific quality improvement program techniques that are not traditionally part of the QAPI system. Therefore, we will require Chardonnay to track all blood by products, bodily waste, needles, etc. and all quality assurance components of the dialysis system. We will include these reports as part of our monthly QAPI and forward them to KDOC and the OHCC Team.

4.3.30 Infirmary Services

4.3.30.1 Plan for Infirmary Services
VitalCore acknowledges and agrees to comply with the language of this section. We are experienced in the management of correctional infirmaries and have ensured that our proposed staffing will provide adequate coverage to ensure all the staffing requirements of this section. Please see our comprehensive Infirmary Manual for details.

VitalCore understands that call lights and sound are in place where offenders in an infirmary are
not actually in direct sight and sound. We will ensure that no offender remains in an Infirmary longer than necessary. VitalCore will ensure that the HCP enters a discharge note in the EHR when he/she discharged from the Infirmary.

VitalCore understands the importance of proper maintenance and sanitation of negative air flow rooms. We will monitor air flow to ensure that the air is circulating appropriately. VitalCore understands that when the air flow system is not working, we will contact KDOC as soon as possible. If KDOC has not corrected the problem within 72 hours, we understand that we can arrange for a professional air-handling vendor to correct the problem, then submit the invoice to KDOC for reimbursement.

VitalCore will perform a comprehensive evaluation of each infirmary room at every site within 30 days of startup. We will provide the KDOC with a comprehensive list of all corrective actions necessary to bring the infirmaries into compliance with OSHA, KDHE, ACA, and NCCHC standards as it relates to call lights, negative air flow, clean linens, good repair, and cleanliness. We will ensure that a plan for correction accompanies this report and will work to mitigate these concerns immediately.

**4.3.20 Off-site Hospital Care**

**4.3.20.1 Responsibility and Arrangements for Off-Site Hospital Care**

VitalCore will utilize local hospitals close to each facility for emergent care services to ensure the patients are cared for as quickly as possible. All non-emergent care will be provided by whichever service center provides the most-prompt appointment, by qualified clinicians, and will be based on service availability first. Any care not available at the first response hospital will be managed (after stabilization) at another service hospital.

Cost containment is important, but we believe we can contain costs through preventative medicine, quality clinical communication with outside providers, prompt payment discounts, and aggressive negotiations with the right vendors. VitalCore understands that we will be responsible for all costs for off-site care. We take great pride in prompt payment of invoices and will pay hospital bills within 30 days of service with a clean claim. This means that we will work immediately following the hospitalization with hospital billing staff to ensure that we are invoiced appropriately as quickly as possible. VitalCore is aware that when offender hospital stays extend more than 24 hours in Kansas, the hospital may be able to bill Medicaid. For other off-site services, we establish positive relationships with community providers and negotiate low rates, most commonly Medicaid rates.

**4.3.20.2 Daily Review of Status**

VitalCore staff will monitor offender hospital stays on a daily basis to ensure that offenders stay no longer than necessary. In situations in which care can safely be provided in a facility infirmary,
we will seek discharge to a facility infirmary.

VitalCore will provide weekly status reports to the facility’s Warden and the Director of Health Care Compliance regarding hospitalized offenders. We will also provide a daily status report to the Health Care Compliance Office regarding the status of all KDOC hospitalized offenders. VitalCore understands that this may be done through conference calls.

4.3.21 Assisted Daily Living Unit (ADL Unit)
VitalCore will screen all offenders upon admission and as needed otherwise. If medical staff determine that an offender needs assistance with the tasks of daily living, we will make recommendations to KDOC staff regarding housing and/or other special services. We understand that housing for those in need of ADL assistance will be accommodated in the infirmary and/or in housing units that are equipped to handle the offender’s needs.

4.3.22 End of Life Program

4.3.22.1 Comprehensive End of Life Program
VitalCore’s Hospice Care Quality Guidelines, attached, comply with the Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings by the National Hospice and Palliative Care Organization (NHPCO). Our Care for the Terminally Ill Policy #P-F-07.00 follows these guidelines as well as NCCHC and ACA standards.

Once we are awarded the Kansas contract and begin providing services, we will ask the NHPCO to come to Kansas to assess and certify our End-of-Life program.

4.3.23 Outpatient Surgery/Ambulatory Services
VitalCore will establish arrangements with outpatient surgery and ambulatory services in the communities in which the facilities are located. We will try to prevent the need for such services by addressing offender complaints and medical needs as quickly as possible to avoid further complications, but we realize that some offsite services will be necessary. VitalCore takes great pride in establishing positive working relationships with providers in the community and can obtain low costs services through negotiations and the promise of prompt payments.

4.4 Transportation and Security

4.4.1 Off-site Transportation
VitalCore will work with KDOC to coordinate all offsite transportation.

4.4.1.1 Responsibility for Transport of Offenders
VitalCore acknowledges and agrees to be responsible for transportation of offenders when medical staff determine that the transport must take place by emergency vehicle. We will
develop agreements with local emergency transport services for this purpose. Each site’s Health Services Administrator will provide the site’s emergency transportation services plan to the Facility Warden or designee, outlining which emergency transport service(s) are authorized by VitalCore to provide transport.

When the need for transport does not require the use of an emergency vehicle, VitalCore understands that KDOC will provide the transportation for off-site services and for transfer to another facility. In such cases, VitalCore staff will provide as much advance notice as possible to facility correctional staff so that appropriate staffing/arrangements can be made.

4.4.1.2 Transport Responsibility for Functional Incapacitation/Parole Release
VitalCore acknowledges and agrees that we will be responsible for the arrangements and the cost of the transport of any functional incapacitation or parole release offender until he/she arrives at another facility for ongoing care.

4.4.1.3 Responsibility for Care During Transit
VitalCore acknowledges and agrees that we will be responsible for the health care of offenders that are in transit between facilities and throughout the state while under the supervision of KDOC, including transports to work release or private industry employment, as long as the offender remains on the KDOC offender count. Once the offender is no longer on the facility count, VitalCore will not be responsible for that care. We will coordinate and collaborate with the KDOC to regain clinical stability of the offender after discharge whenever possible.

4.4.1.4 Coordination with Facility for Off-Site Visits
VitalCore agrees to communicate well with each facility’s transportation coordinator regarding the scheduling of off-site services. Whenever possible, we will coordinate multiple offenders needing to be transported to the same site.

4.4.1.5 Screening of and Responsibility for Contract Bed Placements
VitalCore acknowledges and agrees to comply with the language of this section. We will conduct the medical/mental health screening for KDOC offenders being considered for transfer to in-state or out-of-state contract beds. VitalCore understands the importance of transferring offenders that are in good health and/or have few medical needs. We will document our screening and provide a copy of the screening to the KDOC contract bed coordinator. VitalCore understands that on-site care at the receiving facility will be the responsibility of the receiving facility. We further understand that any off-site care will return to VitalCore’s responsibility. VitalCore understands that we can request that KDOC return the offender to a KDOC facility when the offender needs more intensive care and/or offsite care.

VitalCore will ensure the screens are performed during the intake physical exam and again whenever requested by the KDOC.
4.4.2 Security

4.4.2.1 Responsibility for Security by KDOC and by VitalCore
VitalCore understands that KDOC will provide security and associated procedures to protect VitalCore’s and KDOC’s medical equipment. We will ensure that our site staff follow KDOC’s procedures for transportation, security, custody, and control of offenders.

4.4.2.2 KDOC Security Escorts
VitalCore understands that KDOC will provide security escorts of offenders to and from clinic appointments. We will work to ensure that all appointments are coordinated timely and professionally to reduce the risk of harm to transporting officers and to mitigate miscommunication that can lead to unsuccessful or repeat appointments.

4.5 Comprehensive Dental Services

4.5.1 General Dental Services
VitalCore acknowledges and agrees to provide General Dentistry services to all KDOC offenders.

4.5.1.1 On-Site Dental Services
VitalCore acknowledges and agrees to provide as many on-site dental services as possible, including less complicated oral surgery. Each facility will have a dentist on-call to manage dental emergencies 24 hours per day, 7 days per week.

4.5.1.2 Regional Dental Director Oversight
VitalCore agrees that our Regional Dental Director will provide clinical oversight of all dental services, including off-site referral services.

4.5.1.3 Dental Screenings upon Arrival
VitalCore nurses that are specially trained by a dentist to provide oral screenings will conduct this screening upon an offender’s admission to the facility. This screening will include observation of the teeth and gums and notation of any obvious or gross abnormalities requiring immediate referral to a dentist. We will ensure that this process complies with NCCHC and ACA standards.

VitalCore will ensure all nurses are trained in appropriate screening for dental issues during orientation and again each year during annual training.

4.5.1.4 Parole and Conditional Release Violators
VitalCore will conduct dental examinations on parole/conditional release violators within 30 days of admission if the last exam was completed more than one year from re-admission date.
4.5.1.5 Dental Exam and Instruction
VitalCore will provide a dental examination conducted by a dentist that includes review of the patient’s oral history, an oral head and neck exam, charting of teeth, and exam of hard and soft tissue of the oral cavity, within 30 days of admission for all newly admitted offenders. Oral instruction will also be provided at the same time. These processes will meet NCCHC and ACA standards.

4.5.1.6 Ongoing Dental Exam and Instruction
Following the initial oral exam and instruction, VitalCore will ensure that each offender receives the same every two years during the offender’s birth month unless required more frequently. This process will follow NCCHC and ACA standards.

4.5.1.7 Dental Treatment
VitalCore will provide necessary dental treatments to offenders, including fillings and extractions, as necessary to maintain the offender’s health. If oral surgery is needed, it will be provided on site whenever possible but for more complicated needs, the dentist may refer to an appropriate specialist in the community. All treatments will be part of a documented treatment plan.

4.5.1.8 Referrals to Dental Specialists
VitalCore will provide dental services and treatment on site whenever possible but will refer to dental specialists in the community as necessary.

4.5.1.9 Emergency Dental Care
Each facility’s dentist will be on call 24 hours per day, 7 days per week to be able to return to the facility to provide emergency services.

4.5.2 Dentures

4.5.2.1 Responsibility for Dentures
VitalCore understands that we will be responsible for supplying dentures to offenders when needed for mastication.

4.5.2.2 Dentures for Cosmetic Purposes
VitalCore agrees to supply dentures for an offender for cosmetic purposes when the offender has the ability to pay for the dentures, when the service would significantly improve the appearance for the offender to allow for improved rehabilitation, and when approved by the Regional Dental Director.

4.5.2.3 Replacement of Lost/Damaged Dentures
VitalCore will order the replacement of dentures for offenders when they are lost or damaged within 5 years of the original dentures issued, but the offender must pay for the dentures.
4.5.2.4 VitalCore’s Responsibility for Lost/Damaged Dentures
VitalCore will replace dentures of offenders that are lost or damaged that are over 2 years old, at VitalCore’s cost.

4.5.2.5 Purchase of Dentures from KCI Denture Laboratory
VitalCore agrees to purchase medical necessary dentures from the Kansas Correctional Industries (KCI) denture laboratory at the Topeka Correctional Facility. We understand that this cost includes the materials needed for making the dentures as well as shipping costs.

If an offender wants to pay for his/her own dentures for cosmetic purposes, the offender may designate another laboratory for manufacturing the dentures. VitalCore further understands that if the KCI laboratory is unable to fulfill orders, we may utilize another laboratory with the approval of the Director of Health Care Compliance.

4.6 Comprehensive Behavioral Health Services

4.6.1 Comprehensive, Evidence-Based Behavioral and Mental Health Services
A cornerstone of VitalCore’s healthcare philosophy is an unwavering commitment to providing outcome-based, comprehensive behavioral health treatment. Our goal is to reduce recidivism with a focus on rehabilitation and we have a profound appreciation for the role that behavioral health services plays in that pursuit. We commit to providing services that mirror industry best-practices and that are constantly evolving.

VitalCore understands and embraces the complexities of providing behavioral health care to the somewhat unique population of justice-involved individuals. We recognize the importance of trauma-informed, gender-specific differences in the etiology and expression of mental illness, and other populations requiring treatment, such as differences with the geriatric and juvenile populations, and those with co-occurring disorders, to name a few. The behavioral health curriculum we utilize reflects this stance in its inclusion of group therapies offered to achieve maximum benefit for the individuals served within the system. We believe in using modularized curriculums and interventions that are proven to be best practice in the industry and are researched and updated annually. Our interventions are geared toward addressing each individual’s needs.

Best-practice research, funded by the National Institute of Mental Health, describes recommended treatment for justice-involved individuals as follows:

There is research providing evidence to guide group therapy module development. Morgan and colleagues (2011), using metanalytic techniques, found that a variety of treatments addressing trauma, stress, medication compliance, and skill building were effective in reducing criminal
justice involvement of justice-involved persons with SMI. These interventions were also found to reduce distress, improve coping, and reduce behavioral problems.

With this research in mind, we have developed a comprehensive set of curriculums for our clinicians to use to address the individual’s high risks/needs and presenting symptoms. Topics addressed in our curriculums include:

- Trauma-Informed Interventions
- Skills and Mindfulness Training
- Managing Stress and Anger
- Cognitive-Behavioral Skills Building and Socialization
- Co-Occurring Symptoms
- Medication Adherence
- Addictive Behavior
- Motivational Interviewing

VitalCore provides services from the point an incarcerated individual enters a facility, through re-entry into the community at discharge. All incarcerated individuals are screened for mental health services, with an opportunity for service at all levels of care within the behavioral health continuum: Outpatient, residential, and acute care service models. We also target specialized populations within our models, to include individuals with specific safety considerations and emergency interventions for suicide prevention. Additionally, if necessary, we provide a diversionary model for those who have been housed within a restrictive housing environment and an exemplary model for Medication Assisted Treatment, devised by experts in the field.

Care coordination with re-entry services is imperative for an incarcerated individual to reduce risk for recidivism. Prior to discharge, VitalCore will communicate and collaborate with DOC re-entry staff regarding discharge planning needs for all offenders with mental health diagnoses, with particular attention to those with serious behavioral health needs. VitalCore understands that the discharge planning service will be provided by the KDOC, however we will collaborate and partner with discharge planning staff regarding needs of individuals releasing into the community. We will also be facilitating the process for individuals with pending releases, whose functioning is grossly impaired, to determine the need for hospitalization and/or involuntary civil commitment.

Individuals identified as severely impaired by serious mental disorder, those who are dangerous to themselves or others, and those who show an inability to function within a general population setting within the facility are followed through behavioral health Special Needs clinics and remain on the mental health caseload throughout their incarceration. Additionally, accessing behavioral health treatment may occur at any point during an individual’s incarceration. Behavioral health care requests can be submitted by offenders with a known history of behavioral health needs to
facilitate immediate and ongoing treatment, as well as by any other offender as a means to assess and provide treatment.

VitalCore will meet or exceed the standards of care as established by ACA and NCCHC for behavioral health care and will remain current with all standards and expected practices as they change over time. Our Corporate Correctional Healthcare Consultant, Dr. Lannette Linthicum, is a recent past president of the American Correctional Association. Dr. Linthicum was instrumental in expanding the healthcare expected practices for ACA. In collaboration with our Corporate Medical Director, Dr. Linthicum sets the bar for our healthcare policies and processes and safeguards practices to guarantee American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCCHC) practices are implemented within each facility. Our Regional Medical Director works to ensure those processes are in place at the site and regional levels. Our Site Medical Director directs all healthcare at the site level. Our leadership staff are invested in achieving and maintaining their credentials as a Certified Correctional Health Professional (CCHP) by the NCCHC. Additionally, our Corporate Behavioral Health leaders are certified trainers in the ACA’s Correctional Behavioral Health Certification (CBHC) program. As a company, we are invested in exceeding standards and expected practices in correctional healthcare.

4.6.2 Screening Upon Intake with Follow-Up Assessments
VitalCore’s initial receiving screening policies require that all individuals admitted into custody receive a health screening upon intake by a behavioral health-trained registered nurse. This screening includes observation of the individual’s behavior and symptoms, as well as a series of questions designed to elicit information regarding the individual’s history of behavioral health treatment, drug use, and suicidal behaviors. The screening also elicits information regarding current or past use of psychotropic medications, previous psychiatric hospitalizations, and suicidal, homicidal, and/or self-harm ideation or behaviors. The screener also visually observes the offender’s behavior for possible delusions, hallucinations, communication difficulties, speech, posture, impaired consciousness, disorganization, memory deficits, depression, or evidence of self-mutilation. All individuals admitted into custody are screened in order to identify any urgent mental health needs due to mental illness, suicide risk, and substance use issues. The offenders who screen positive for any of these risk factors are referred for a behavioral health-specific screening and evaluation. Emergent referrals are made if necessary and an assessment is completed as soon as possible, within one (1) hour. Individuals requiring a behavioral health evaluation are evaluated by a Qualified Behavioral Health Professional (QBHP), with a referral, if indicated, for services by a Psychiatrist.

We will ensure that there are enough nurses available on each shift to meet this initial screening requirement. QBHP’s will be available to evaluate emergent referrals or consult with health staff as needed. We will assess our staffing plan annually to ensure it meets the evolving health needs of the population. Our overall approach to offender health care is not just to meet minimal
standards but to provide excellent health care according to community standards. We fully believe that we provide better care by performing our duties right the first time so that we prevent costly complications in the future.

4.6.3 Outpatient Individualized Services
VitalCore will intervene when individuals need care as early as possible to reduce or ameliorate distress and to prevent the worsening of behavioral health symptoms. We strive to increase the duration of recovery for each individual with serious mental illness, highlighting the need for preventative care and maintenance within an outpatient environment. Our outpatient program is specifically designed to address the needs of incarcerated individuals with mental illness, from intake through discharge and to address those needs in an individualized manner. We use modularized group and individual interventions with a focus on planning, prevention, and skills building. We also focus on emotion-regulation skills and therapies addressing symptoms related to trauma to help improve the coping skills of individuals with co-occurring illness as well as those who experience situational setbacks in their mental health recovery. VitalCore uses a person-centered behavioral health treatment approach, allowing clinicians to form individually based treatment plans that involve monitoring specific outcomes to determine if the interventions match the treatment goals.

Individuals access services in an outpatient setting by requesting an appointment via the behavioral health request process or by any staff making a referral for the individual. Interventions include group or individual therapy and psycho-social and educational modules by licensed and trained health staff.

Group-based therapies are the most common method of delivery for behavioral health services. Individual therapy services are most often used as a supplement to group services or as an alternative for group when an individual is unable or unwilling to participate in a group therapy context.

Individuals who report or who are observed to experience behavioral health symptoms will be assessed for outpatient behavioral health services. Individuals experiencing brief, non-serious behavioral health symptoms (adjustment problems or bereavement) also will be able to access behavioral health treatment through outpatient services.

4.6.3.1 Informed Consent
We strongly advocate for fully informing our prospective offender-patients of all aspects surrounding informed consent, whereby an offender agrees to a treatment, examination, or procedure after the patient receives the material facts about the nature, consequences, and risks of the proposed treatment, examination, or procedure; the alternatives to it; and the prognosis if the proposed treatment is not undertaken. Informed consent procedures also include the administration of psychological tests and ensuing evaluations, results, and recommendations.
Upon an individual’s (patient’s) entry into custody, the patient will be requested to sign a Consent to Treat Form. Prior to any mental health evaluation, individual, or group therapy, or psychotropic medications, the patient and clinician will discuss and witness the Informed Consent which clearly shows the patient has been informed of the nature, consequences, risks, and benefits of the proposed treatment or procedure. Limits to confidentiality will also be discussed, to include concerns about harm to self or others and sexual or physical abuse disclosures. Another limit to confidentiality – given the correctional environment - includes any plans for escape or other possible security issues that correctional staff would be expected to report. Exceptions to obtaining informed consent must be in accordance with state and federal laws and regulations. Examples of such exceptions may include: An emergency that required immediate medical intervention for the safety of the patient; Emergency care involving patients who do not have the capacity to understand the information given; or Public health matters, such as communicable disease treatment. When a Health Care Practitioner (HCP) proceeds without consent, he/she will document in the health record all aspects of the patient’s condition and the reasons for the medical intervention.

Consent for psychotropic medication will be obtained prior to administration of medications using a Medication Consent Form. Any psychotropic medication given without consent will be administered in accordance with Emergency Administration of Psychotropic Medications or Involuntary Psychotropic Medication Policies.

When Behavioral Health Services receives a request to conduct an evaluation of a patient, the Qualified Behavioral Health Professional (QBHP) must provide to the patient an explanation of need, obtain an informed consent and fully explain the limits of confidentiality.

Normally a patient can refuse to participate in treatment or a procedure at any time. When a patient refuses treatment, healthcare staff attempt to determine the reason for refusal to ensure the patient is fully informed of the recommended treatment. Housing placement in the infirmary for monitoring or housing for medical isolation or monitoring cannot be refused. The health care staff will inform the patient of the health evaluation, treatment, or care available and offer education as to the possible outcomes of refusing the care or treatment. If the patient refuses care, a Refusal to Submit to Treatment form will be signed by the patient and witnessed by a healthcare staff member and this document becomes a part of the medical/behavioral health record. There are times that the offender will refuse to sign the Refusal to Submit to Treatment form. In this case, a progress note will be written by the health care staff documenting the refusal and education provided to the patient. The health care staff documents in the health record the nature of the condition for which health evaluation, treatment, or care is offered, as well as the nature of the service to be provided as indicated on the refusal form. If the patient refuses to sign the refusal form, documentation will be obtained from two (2) witnesses of his/her refusal to sign. Patients will not be allowed to give a blanket refusal to treatment. The patient will be
informed that the right to subsequent treatment has not been waived by signing the refusal of treatment.

If an offender continues to refuse treatment and his/her medical condition deteriorates to the point of becoming serious or life-threatening, the health care practitioner will consult with the Multi-Disciplinary Services team regarding the reasons for the refusal. The health care practitioner, Behavioral Health Coordinator, Regional Medical Director, Health Service Administrator, site attorney and VitalCore Corporate office will be informed of this issue and a decision will be made regarding the possible necessity of court-ordered treatment. If a patient refuses behavioral health treatment and becomes significantly impaired by mental illness so they are unable to be managed in a general prison setting, the patient’s treatment and placement status will be reviewed by the site Behavioral Health Coordinator and site Psychiatric provider to make recommendations on the treatment plan. Forced or involuntary medication processes may ensue at this time if necessary.

4.6.3.2 Routine Assessments
All individuals admitted into custody will receive a health screening upon intake by a behavioral health-trained registered nurse. This screening includes observation of the individual’s behavior and symptoms, as well as a series of questions designed to elicit information regarding the individual’s history of behavioral health treatment, drug use, and suicidal behaviors. The screening also elicits information regarding current or past use of psychotropic medications, previous psychiatric hospitalizations, current depression and suicidal, homicidal, and/or self-harm ideation.

In the instance that an individual presents with a positive response on the behavioral health section of the admission screening, the qualified health professional conducting the receiving screening will notify the behavioral health staff and inform them of the need for further assessment by a QBHP. Individuals with a psychotropic medication regimen upon admission will be immediately referred to a psychiatric healthcare provider. Initial receiving screenings will be reviewed by a QBHP following the administration of the screen by the qualified health professional.

Routine behavioral health assessments will be provided to those newly admitted individuals with positive findings on the initial behavioral health screening and help determine diagnoses and appropriate behavioral health classifications. The behavioral health assessment will be conducted via a face-to-face interview that includes assessment of current behavioral health status and current/historical treatment, and psychotropic medication use; Assessment of current suicidal potential and person-specific risk factors that increase suicide potential, as well as protective factors against suicide potential; Assessment of violence potential and person-specific factors that increase violence potential; Assessment of prior sexual abuse, victimization, and
predatory behavior; Assessment of drug and alcohol use and/or addiction treatment; A records review; Social history of the individual; and Consultation with correctional staff regarding behavioral observations of the individual. Additional screenings, such as those suggested below may be utilized to clarify diagnostic impressions and guide appropriate classifications. These screenings may include but not be limited to:

- A suicide risk assessment (Columbia Suicide-Severity Risk Survey – C-SSRS)
- Substance Use Screening (National Institute on Drug Abuse quick screen – NIDA)
- Screening for Traumatic Brain Injury (HELPS Brain Injury Screening Tool (HELPS)
- Mental health symptom screening (Correctional Mental Health Screen for Men -CMHS-M and the Correctional Mental Health Screen for Women - CMHS-W)

If the KDOC concurs, VitalCore will offer the QBHP these additional screening tools to be used as needed during the Initial behavioral health assessment process. In brief, the C-SSRS is an evidence-based screening tool that assesses three (3) broad domains to include suicidal ideation; intensity of ideation; and suicidal behavior. Scoring of the tool yields information as to the actual or potential lethality of the suicidal behavior. The NIDA-Quick Screen is a validated instrument designed to identify the offender’s use of alcohol and other substances. It is a simple tool to use with a scoring guide that provides little chance for misinterpretation. The screen inquires whether a participant has used drugs (mood-altering, illegal, or prescription for non-medical reasons), alcohol, or tobacco products within the past year and how often these substances have been used. The HELPS Screening Tool for Traumatic Brain Injury can be used when there is a suspicion of head trauma/brain injury. This tool is easy to score and will indicate when an offender should be referred for further assessment.

VitalCore believes that it is very important to identify mental illness among newly admitted offenders as soon as possible and is supportive of including evidence-based tools to complete the mental health assessments. The Correctional Mental Health Screen for Men (CMHS-M) and the Correctional Mental Health Screen for Women (CMHS-W) have been identified as two of the most promising tools for such use. The CMHS-M measures acute mental health issues present in offenders that should be identified prior to placement. Questions are answered in a yes-no format, and then rated on a Likert-scale from 1 (low risk or need) to 5 (high risk or need), depending on severity. (Sources: Julian Ford, Robert L. Trestman, Fred Osher, Jack E. Scott, Henry J. Steadman, and Pamela Clark Robbins. (2007) NIJ Research for Practice: Mental Health Screens for Corrections. http://www.ncjrs.gov/pdffiles1/nij/216152.pdf).

If administered during the Behavioral Health Screening, the results of the screening tools (e.g., CMHS-M or CMHS-W, NIDA-Quick Screen, the HELPS and or the CSSRS) will be used to inform
the overall evaluation and treatment planning process and identify evidence-based outcome parameters for referral to programs.

4.6.3.3 Prompt Assessment for Emergent Needs

VitalCore provides prompt assessments to determine emergent and non-emergent needs through providing mental health sick call services. To request behavioral health services, individuals will complete a Health Services Request form (which is made available to all individuals on their living unit) which is then placed in a designated area (such as a locked box). The individual may also bring the completed form to the health clinic during designated open sick call times.

Completed Health Services Request forms will be collected and triaged by health personnel. A priority system will be used to schedule clinical services. All health Services Request forms will be picked up and triaged daily, 7 days per week to determine the level of priority, which includes emergent, urgent, and routine. Health services requests will be seen within 24 hours of receipt of the request unless there is an emergent situation. A behavioral health-trained nurse will screen the request forms to determine the severity of complaint or need for immediate assessment by a QBHP. Those requiring immediate assessment will be seen immediately. Those not requiring immediate assessment/care will be seen within twenty-four (24) hours of receipt of the request form. Clinical services will be available to incarcerated individuals in a clinical setting, seven days a week. Individuals requesting behavioral health services will be assessed by a QBHP, BH Activity Therapist, BH Nurse, or behavioral health trained professional depending on the nature of the request and referred for follow-up services as clinically indicated.

4.6.3.4 Individualized Treatment Planning

Based upon the mental health evaluation findings, the qualified behavioral health professional will initiate ongoing mental healthcare and treatment as clinically indicated. The focus of mental health services will be upon identification, stabilization, and treatment of the seriously and persistently mentally ill, including offenders experiencing acute mental health crisis. VitalCore mental health professionals will develop and maintain mental health treatment plans for such offenders in need of ongoing mental health treatment. VitalCore will ensure that each offender with a clinically indicated need has an Individualized Mental Health Treatment Plan (ITP) based on an assessment of their clinical needs. The ITP is an integral component of the mental healthcare program as it provides a “roadmap” for defining and communicating the ongoing plan of care to address the treatment needs of each offender.

Once the behavioral health team is able to establish a diagnosis and the ongoing behavioral health needs of the offender, an individualized treatment plan is developed. The treatment plan is designed to assist the offender in achieving his or her highest level of function. The treatment plan is a working agreement between the behavioral health professionals who are providing
services and the offender who is receiving these services, outlining where the treatment is headed and how the treatment will work.

VitalCore’s treatment plan:

- Provides the offender and the behavioral health team with a working diagnosis
- Establishes goals for the offender to achieve
- Details skills and supports necessary to achieve the goals
- Outlines potential barriers to achieving the goals
- Identifies and guides behavioral health interventions.
- The frequency and type of interventions may be included in the treatment plan.

The behavioral health classification level is often determined during the process of developing and reviewing the treatment plan. VitalCore’s approach to individualized treatment planning is centered on a multidisciplinary team approach and will include collaboration with the Multidisciplinary Treatment Team at each facility that provides mental health services. The team will include correctional staff as part of the Multidisciplinary Services Team. VitalCore considers the correctional staff an important source of information that provides valuable treatment and behavioral information.

A mental health professional will be assigned as the primary therapist to an SMI offender (Special Needs) upon arrival at their facility. The clinician will develop an initial treatment plan within 72 hours of arrival and a master treatment plan based on comprehensive assessment within 30 days. The Mental Health Team will review and update the treatment plan at least every 90 days or more often as clinically indicated.

4.6.3.5 Psychiatric Treatment and Monitoring

Psychopharmacology practices will be conducted in accordance with the current regulatory standards of NCCHC, APA, KDOC policies and procedures, VitalCore clinical guidelines, and appropriate community standards for psychiatric care. Psychotropic medication will be used only to treat serious mental health disorders. Offenders that do not present with a serious mental illness will be referred to mental health treatment before psychotropic medication is started. VitalCore strongly believes in a model where the least invasive form of treatment is used first. Individuals with a psychotropic medication regimen upon admission will be immediately referred to a psychiatric healthcare provider. Initial Behavioral Health positive screenings will be reviewed by a QBHP following the nursing administration.

Individuals identified as needing ongoing, routine psychiatric services including medication management will be added to the psychiatric caseload. Psychiatric providers will develop an individualized treatment plan, including clinical visits minimally every 90 days, or more frequently
if treatment is provided in an acute or residential treatment environment, or if needed according to newly prescribed medication and monitoring. Advanced tele-health services may be utilized as a supplement to, or in place of, in-person encounters. Site psychiatric providers will prescribe psychotropic medications, their dosages, frequency of administration, and the frequency of continued psychiatric follow-up. Psychiatric providers will make medication and treatment decisions based on evidence-based clinical practices, and in line with VitalCore’s approved formulary. VitalCore’s psychiatric providers will follow Disease Management Guidelines to ensure evidence-based clinical practices are utilized.

Prior to prescribing psychiatric medication, the benefits, side effects, and risks will be explained to each offender and a signed consent will be obtained by the prescribing practitioner. No offender will receive psychotropic medications for the purpose of chemical restraint or for other punitive reasons. VitalCore understands that an offender may be medicated involuntarily, for a maximum of six months, if all the conditions set forth in KDOC IMP 10-118 have been met and approved by the Medical Treatment Review Committee.

4.6.3.6 Evidence-Based Group Therapy

Group-based therapies are the most common method of delivery for behavioral health services. Individual therapy services are most often used as a supplement to group services or as an alternative for group when an individual is unable or unwilling to participate in a group context.

The VitalCore Behavioral Health Group Curriculum includes researched treatment options for the QBHP to utilize, that are proven to work within the correctional population. Group therapies will be chosen based on the current needs and level of functioning of an identified group of individuals.

- All group treatment modules will be approved and be research-based
- All modules will require a pretest and posttest (administered by the QBHP). Outcome measures for each group will be tracked and reported to VitalCore’s Behavioral Health Coordinators and Clinical Supervisors.
- When a module is completed, the QBHP will award individuals attending the group with a certificate of completion.
- All groups will operate at the speed most conducive to the structure and content of the group. Time limits will not be required for each module. Some groups will work at a slower or faster rate than others, depending on the needs of the individuals in the group.
4.6.3.7 Evidenced-Based Individual Therapy
The QBHP will utilize individual therapy based on the individual’s current need and level of functioning to address specific goals in the treatment plan, or as an adjunct to group-based services.

Each therapeutic individual contact will address a specific goal of treatment for effective, outcome-based interventions. VitalCore will utilize individual therapy services as such services are needed and determined on an individual basis for the offender. VitalCore understands the responsivity principle and will match the level of intervention to the level of identified need. VitalCore further acknowledges that some offenders are better suited for individual therapy based on their intellectual and cognitive abilities, criminogenic risk issues, and other co-occurring mental health issues. Offenders will be referred for group therapy when possible, as group therapy holds opportunities for offenders to learn from one another and allows for consistent contact with at-risk offenders throughout their incarceration.

4.6.3.8 Crisis Assessment and Interventions
VitalCore provides a careful assessment, evaluation, and follow up for suicidal and potentially suicidal individuals through crisis assessment and interventions. Custody and healthcare staff collaborate with each other to increase awareness of the risk factors for suicide and to be alerted to information that may indicate that an individual is at risk for suicide.

Upon recognition that an individual is at risk for suicide, the individual will be placed in a housing area that affords monitoring, (i.e. constant surveillance) until the individual can be further assessed by designated staff. Any individual who is suspected to have suicidal ideation, engages in self-injury, or attempts suicide will receive immediate medical and behavioral health attention. Once any emergency medical treatment is completed, a QBHP will complete an evaluation. Pending the evaluation, the individual will be maintained under constant observation by corrections officers.

Suicide precautions will be implemented with any individual at risk for self-injury or suicide. The evaluation by the QBHP will determine the subsequent actions needed to provide for individual support and monitoring during this critical period. Some signs of risk for self-destructive behavior include, but are not limited to:

- Discussion about suicide or self-injurious behavior with others.
- Documented history of previous suicide attempt(s) or self-harm.
- Markedly sad, tearful behavior or reduced emotional reactivity.
- Substance use.
- Severe agitation or aggressiveness.
- Noticeable mood and/or behavior changes.
- Projected hopelessness or helplessness.
- Preoccupation with the past; expresses no sense positive sense of future.
- Withdrawal/minimal responding.
- Giving away significant possessions.
- Vague references that a problem "will not be a problem much longer."
- Increased difficulty relating to others.
- Loss of stabilizing resources (spouse, job, home, etc.).
- Severe guilt or shame regarding offense.
- Sexual assault or threat of it.
- Current Mental Illness.
- Poor physical health or terminal illness.
- Impending/recent court hearing.
- Admission to restrictive housing.
- Stress related to anniversary or other significant dates.
- Decreased staff supervision.

Healthcare staff will work in collaboration with custody staff to make arrangements for safe housing and suicide watch as needed. QBHPs will change the level of suicide watch or release an individual from suicide watch in consultation with the site behavioral health coordinator, clinical supervisor, or psychiatry staff member.

**Disposition and Treatment**

After a clinical evaluation, if a QBHP determines that the individual presents no evidence of psychological distress, and the individual does not appear to be at risk for suicidal ideation or intention, the individual will be returned to a housing unit with recommendations that behavioral health staff be contacted, if needed, and a follow-up visit is scheduled.

VitalCore uses a standardized, reliable and validated screening device – the Columbia Suicide Severity Rating Scale (C-SSRS), which is administered by the QBHP to identify and assess suicide risk. If a QBHP determines that the individual is in danger of self-harm, the QBHP will recommend to the psychiatric staff that the individual be placed on an appropriate suicide watch for monitoring.

A longitudinal risk assessment will be used as the standard of care when monitoring individuals who are considering self-harm acts. VitalCore does not support the use of “Contracts for Safety” in the evaluation, treatment, monitoring or documentation of suicidal or potentially suicidal individuals.
An individual placed on suicide watch will be required to see a psychiatric provider as soon as possible. Provider evaluations conducted in person will be considered standard practice, except at sites with access to tele-psychiatric services as determined by contract policies.

While on a suicide watch status, individuals will be assessed daily, using the Brief Mood Survey at minimum by health staff if a QBHP is not on site, to identify any change in condition indicating the need for a change in supervision level, a more frequent multidisciplinary team review, or required transfer or commitment. Any change in watch status will be accompanied by the administration of the C-SSRS as a quantifiable measure of risk and to support clinical decision making.

The evaluation will include follow-up services following the removal of suicide monitoring within 24 hours of removal, 7 days, and 14 days thereafter, and then monthly as clinically indicated, per the Special Needs policy. An individualized treatment plan will also be developed with the individual and revised as necessary.

Strategies and services to address the underlying reasons for the individual’s suicide ideation will be determined. The strategies include treatment needs when the individual is at a heightened risk for suicide, as well as follow-up treatment interventions and monitoring strategies to reduce risk.

4.6.3.9 Intensive Services – Restrictive Housing
VitalCore’s behavioral health staff will provide follow up and monitoring services for those patients placed on restrictive housing status. Behavioral health staff will communicate with correctional staff regarding seriously mentally ill offenders who are considered for placement on restrictive housing status. Appropriate monitoring for behavioral health symptoms will occur for offenders placed on restrictive housing status. Referrals for behavioral health and psychiatric services will be made for those who need such services.

VitalCore does not distinguish between short-term or extended Restrictive Housing (RH) status for purposes of treatment. All individuals with a RH housing classification will receive treatment as determined by their level of needs. Quality behavioral health treatment and programmatic services will be provided to those determined to be in need regardless of their housing status.

Individuals with serious mental illness and placed in RH will be managed by treatment plans and receive behavioral health treatment and activities. Whenever possible, VitalCore will provide recommendations for individuals to be housed in Acute Care Units instead of Restrictive Housing Units, depending on the individual’s security requirements. Multi-disciplinary services teams will be utilized to help make placement recommendations for individuals with a serious mental illness and placed within RH. When this is not possible, treatment will be provided at the individual’s living unit. RH is not considered a designated unit; it is based on an individual’s status of not
being allowed out of cell for 22 hours or more. VitalCore will provide intensive services for offenders in Restrictive Housing with serious mental illness.

A detailed approach to provide intensive services for offenders in restrictive housing can be found in section 4.6.17 Restrictive Housing Services.

4.6.3.10 Referral Process for Offenders Whose Needs Cannot be Met in One KDOC Facility

Comprehensive behavioral health assessments will be provided for newly admitted individuals into the system and/or those with positive findings on the initial behavioral health screening. Behavioral Health evaluations will be completed by a QBHP and reviewed by a practitioner who has an independent license to practice through the Behavioral Sciences Regulatory Board. The assessment will include a face-to-face interview whereby the QBHP asks the patient historical information regarding treatment and medication use and performs a review of screenings and assessments that are provided during the interview process and pertinent to the situation. From a compilation of the information received during the comprehensive evaluation, a treatment plan will be developed and implemented, and include recommendations concerning level of care needs and treatment and program interventions. Housing and placement recommendations will be made based on the patient’s individual needs. Transfers to a facility with a higher level of care will be recommended by the VitalCore clinician to the site Behavioral Health Coordinator if the level of care necessary is not provided at the facility. Case consultation will occur with a doctoral-level psychologist and or psychiatric staff to determine if a referral to a higher level of care is necessary.

VitalCore’s Acute Care Services model will address the needs of individuals with serious behavioral health difficulties. The program includes introducing, practicing techniques, and applying positive coping skills. VitalCore’s Behavioral Health Residential Treatment Program is a behavioral health recovery-based treatment community model. It is a designated housing unit that provides a safe, protective and therapeutic environment for ongoing behavioral health care to individuals who have long-term or chronic needs for treatment. These individuals struggle with living in a general population setting due to symptoms of serious mental illness (SMI) and/or severe and persistent mental illness (SPMI). The program may also include those with special behavioral issues, whose symptoms impair their ability to adequately manage their own health and welfare in a general population setting. Patients transferring in and out of an acute or residential behavioral health program do so with the approval of the Director of Psychiatry in the Regional Office. Referrals to mental health facilities for offenders whose psychiatric needs exceed the treatment capability of the facility will be made and arranged at this level.

VitalCore will provide for transfer to an inpatient or acute mental health setting for individuals who present a danger to self or others due to acute psychosis or for individuals with psychiatric difficulties that might benefit from placement because their symptoms have not improved at their current level of care, or where the care exceeds the capability/design of the facility to which
they are assigned. Referral for transfer of these individuals is completed following a due process procedure. If the individual is transferring to the State Psychiatric Hospital (female offenders) from an Acute Care Unit and has already undergone an Acute Care Unit screening procedure to transfer to a unit, due process will still be completed for transfer to the psychiatric hospital.

4.6.4 Coordination with KDOC Discharge Planners
VitalCore concurs and will actively coordinate with KDOC discharge planning staff for services to provide continuity of care between the facility and community. This includes the involvement of correctional staff and probation and parole services as it is deemed appropriate for inclusion. We will cooperate fully in providing KDOC discharge planners and Central Office Reentry staff (including SOAR staff) who oversee the discharge planning work full access to the E.H.R. and ability to document their work within the E.H.R. Our health and behavioral health staff will work hand-in-hand with the discharge planners to ensure proper continuity of care for release planning. VitalCore has developed an extensive care coordination and case management program to assist with offender discharge planning needs and will include KDOC’s discharge planners within the program.

Following intake and identification of health and behavioral health needs, offenders will be managed through care coordination and case management throughout their incarceration according to their individual level of healthcare needs. At VitalCore, we manage Acute Care, Chronic Care, Special Needs, and any other necessary levels of treatment and conditions through a consistent and inclusive process. VitalCore’s Care Management Program includes individuals with acute, chronic disease, special needs, or other significant health conditions and disabilities receive ongoing multidisciplinary care and treatment planning aligned with standards. Patients will be identified and tracked through the Care Management Program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function. Through the Care Management Program, the following ensues to ensure care coordination and monitoring:

- VitalCore Healthcare site staff, as designated by the Health Services Administrator, will maintain a comprehensive report on patients currently enrolled in Case Management, to include Acute Care, Chronic Care and Special Needs Clinics.
- On a weekly basis, the Multidisciplinary Treatment Team and Utilization Review / Care Management Committee will meet to discuss offsite care coordination and onsite higher acuity clinical cases associated with the patient’s needs. Multidisciplinary Treatment Teams will convene to also discuss serious events, case outliers, and to provide recommendations regarding treatment, management issues, and recommendations for accommodations to the committee.
Clinical recommendations by the Multidisciplinary Treatment Team will be documented in the health record and carried forth by each prospective discipline authority.

The Multidisciplinary Team will include the Medical Director and Behavioral Health Coordinator, as well as associated healthcare staff designated in coordinating patient care. The KDOC Discharge Planners will be invited into this process as an additional means to communicate the health and behavioral health needs of offenders.

Communication will occur with facility Administration through the Health Services Administrator on a need-to-know basis regarding patients with special needs who may be at risk for not adapting or coping with the correctional environment (for example, mental disabilities or individuals who require assistive devices to ambulate) or those requiring a special housing assignment.

Discharge planning begins during the initial medical and behavioral health screening at intake, where acute and chronic medical and behavioral health issues are identified. KDOC Discharge Planners will be invited to work with medical and behavioral health staff, as well as institutional staff, to ensure the timely identification of those patients preparing for release.

Following intake and identification of needs, incarcerated individuals will be placed within the necessary case management and tracking program according to level of needs (acute, chronic care, special needs).

- While incarcerated, offenders will receive care and follow-up according to individual treatment plan, clinical case management through the weekly Care Management Committee Meeting, and chronic care/special needs tracking programs.

- Designated health care staff will work with the KDOC discharge planners to arrange appointments with hospitals, community clinics, or other services as needed for the offender while he/she is incarcerated.

- Prior to the offender’s release, KDOC discharge planning staff will use the established referral network to provide appointments with community clinics, health departments, indigent care facilities, shelters, and mental health providers, as needed. VitalCore staff will assist KDOC discharge planners in any way necessary to accomplish appropriate referrals. Depending on patient need, linkages to the community may also be provided with a list of resources available to individuals within their community of release.
4.6.5 Multi-Disciplinary Teams

Multi-Disciplinary Teams in VitalCore have become a standard of care for offenders with serious mental illness and serious and persistent mental illness (SMI & SPMI). The importance of collaborative information sharing and working together to agree on a plan is critical in implementing effective service and treatment interventions.

VitalCore integrates a multidisciplinary services team model and provides an integrated approach to individual care and treatment. The members meet to develop a plan to provide collaborative medical and behavioral health care services and individualized treatment for incarcerated individuals with emphasis on addressing needs that arise during confinement. Everyone works together on the same therapeutic goals by integrating services and treatment.

The diversity of disciplines and their specialized skill sets creates a balanced and holistic approach to behavioral health treatment. These professionals work within the scope of their discipline coordinating efforts so they’re not interfering with each other’s duties.

Inclusive Collaboration: The Multi-Disciplinary Services team may include physicians, APRN’s, psychologists, psychiatric practitioners, licensed social workers, licensed mental health counselors, registered nurses, activity therapists, security, unit team staff, and administration.

Clinical and custodial concerns will be discussed openly, with the purpose of ensuring a therapeutic environment for the offender, and a safe and secure environment for staff and offenders. Everyone will be expected to maintain the confidential information provided in a professional manner and within the limits of confidentiality defined by policy.

Multi-Disciplinary Services Teams are used in many different situations with VitalCore:

- Care Management Committee Meetings
- Collaboration with KDOC Discharge Planners or Providers outside of VitalCore
- Suicide Prevention
- Development of Behavioral Management Plans
- Restrictive Housing with Serious Mental Illness
- Crisis Placements in Acute Care or Residential Units within KDOC
- Referrals to Inpatient Facilities (for both medical admissions and female offenders to the State Hospital).

4.6.6 Specialty Care
4.6.6.1 Unique Treatment for Female Offenders

VitalCore recognizes the importance of providing specialty care that is appropriate to the facility population. Specifically, VitalCore acknowledges gender differences in the etiology and expression of mental illness and agrees to provide comparable treatment that is offered to both females and males. VitalCore recognizes that characteristics of female offenders differ from those of men. Research continues to address the specific needs of female offenders that differ from their male counterparts (Covington, 1998). Female offenders are a diverse population. Many are ethnic minorities, have had significant academic or educational difficulties, are survivors of child abuse (sexual and/or physical) or domestic violence, and have histories of significant substance use. It is not uncommon for a female offenders’ involvement in the justice system to trigger a reliving of past traumatic events, which may cause them to present with symptoms of posttraumatic stress disorder (PTSD). Female offenders have higher rates of mental illness than men. In addition, female offenders involved in the criminal justice system are more likely than men to enter because of drug-related charges. According to the Bureau of Justice Statistics, almost half of the women in prison reported committing their offense under the influence of drugs or alcohol.

VitalCore recognizes the importance of trauma informed treatment, particularly for the female population. During the assessment and diagnostic process, VitalCore’s practices reflect this stance in its inclusion of trauma specific assessment tools (ACE questionnaire) and gender-informed care in the treatment planning and intervention recommendations. Our treatment model includes a harm-reduction model, which incorporates addressing issues related to trauma and violence, motivational aspects, and gender-informed best-practices.

VitalCore’s behavioral health curriculum also reflects this stance in its inclusion of group therapies offered to achieve maximum benefit for the individuals served within the system. Examples include:

| Beyond Trauma: A Healing Journey for Women Beyond Trauma (Covington, 2016). Provided for the female population for those individuals exposed to trauma and as a follow-up to the substance use recovery program. | Post-Traumatic Stress, Trauma, Co-Occurring |
| Beyond Violence: A Prevention Program for Criminal Justice-Involved Women; Special Edition for use in the Criminal Justice System. | Coping with History of Violence; Prevention |
| Trauma Recovery and Empowerment: A Clinician’s Guide to Working with Women in Groups | Trauma Recovery and Empowerment |
| Seeking Safety (Najavits, 2002) | Co-Occurring; PTSD |
| Moving On (Van Dieten, 2010) Focuses on responsivity issues for women offenders; Helps women identify and mobilize both personal and community resources. | Cognitive Skills - Motivational Interviewing |
4.6.6.2 Treatment for Juvenile Offenders

VitalCore is dedicated to providing accessible and comprehensive behavioral health treatment services to all incarcerated youthful individuals demonstrating the need for intervention. While VitalCore’s juvenile services policies and procedures are specific to best-practice for the non-adult population, the overall scope of care is comprehensively similar to the services provided to the adult incarcerated population. Incarcerated juveniles require a treatment model that is tailored to the developing youthful population. The current treatment model is rooted in an ideological approach that promotes the goal of assessing the youth’s developmental progress, establishing treatment needs and interventions geared toward where the juvenile is developmentally, and returning to the community with increased stability of behaviors and symptoms.

Because VitalCore recognizes the difference in the treatment of justice-involved juveniles, whose needs are different than those in the adult population, VitalCore utilizes different assessment instruments upon admission based on the juvenile population. For instance, upon admission, juvenile offenders will be administered the Massachusetts Youth Screening Instrument-2 (MAYSI-2) (Grisso & Barnum, 2006), Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A); Substance Abuse Subtle Screening Inventory, Adolescent Version 2 (SASSI-A2); Shipley Institute of Living Scale-II; and Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) for juvenile sexual offenders ages 12-18.

Evidence of gender responsive programming will also be utilized as appropriate. Research supports that following elementary school self-esteem drops significantly more for girls than boys. Girls tend to become more preoccupied with identity, appearance, family and peer relationships than boys and tend to ignore their sense of self, emphasizing instead personal relationships and looking to others for validation. Girls also have higher rates of physical, emotional and sexual abuse in their history than do boys statistically. Girls also have a statistically elevated likelihood of comorbid mental health conditions such as depression and anxiety. The reauthorization of the Juvenile Justice and Delinquency Prevention Act in 1992 encouraged gender specific treatment for girls. Girls also respond well to issues of gender development, therefore promoting healthy connections and collaborative relationships facilitates successful treatment in females. VitalCore incorporates such techniques into treatment and recognizes the individuality of females in determining which techniques may be more effective.

Additionally, VitalCore provides a strong basis for suicide prevention and interventions that are based on the needs of juvenile offenders. Suicide prevention training consists of using the Training Curriculum and Program Guide on Suicide Detection and Prevention in Juvenile Detention and Correctional Facilities and Residential Programs (Hayes, L.M. Training Curriculum and Program Guide on Suicide Detection and Prevention in Juvenile Detention and Correctional Facilities and Residential Programs. Baltimore, MD: National Center on Institutions and Alternatives, 2013). This training is the most comprehensive and up-to-date instruction on suicide prevention.
in juvenile facilities.

This training curriculum is designed to equip direct care, security, medical, mental health personnel with a comprehensive understanding of suicidal behavior as it relates to the facility environment of a correctional facility. It includes a discussion on juvenile suicide research, guiding principles to suicide prevention, why facility environments are conducive to suicidal behavior, staff attitudes about suicide, potential predisposing factors to suicide, warning signs and symptoms, identification of suicide risk despite the denial of risk, high-risk periods, components of the facility’s suicide prevention policy, instruction regarding the proper role of staff in responding to a suicide attempt, critical incident stress debriefing, and liability issues. Issues related to suicidality and juvenile corrections specifically include risk factors directly relatable to the juvenile population.

Finally, VitalCore offers treatment curriculums that focus on the needs of juvenile offenders with behavioral health needs. For example, the following curricula are available for our QBHP’s:

| Coping With Stress: A CBT Program for Teens with Trauma (Mary K. Jankowski Ph.D., M.A. Harriet J. Rosenberg, Ph.D. Stanley D. Rosenberg, Ph.D. & Kim Mueser; Hazelden). | Coping Skills; PTSD Treatment |
| Positive Life Changes: A Cognitive-Behavioral Intervention for Adolescents and Young Adults (Dr. Nancy Guerra, Research Press Publishers). | Cognitive Behavioral Skills Building |
| Skill streaming the Adolescent: A Guide for Teaching Prosocial Skills, 3rd Edition (Dr. Ellen McGinnis) | Identifying Mood Symptoms; Coping Skills |

4.6.6.3 Specialized Programs for Reintegration of Offenders in Specific Units
A detailed approach to VitalCore’s specialized programs focusing on reintegration for the LCF-TRU, LCF TRU-II, EDCF IRU, TCF MH Unit, and KJCC MH Unit can be found in Section 4.6.18 Continuum of Mental Health Care and Specialized Housing Units.

4.6.6.4 Specialized Programs for Offenders with Special Needs
VitalCore will identify, monitor, and provide appropriate programs to elderly individuals experiencing measurable physiological, functional or cognitive changes related to aging. To the extent possible, reasonable accommodations will be provided that enable elderly and aging individuals to “age in place” at their designated facility. Treatment for individuals with services needs related to the aging process, to include those with accelerated aging concerns (i.e., premature degeneration of physiological/functional health) and/or those with dementia and other neurocognitive disorders, will occur on-site at designated facilities within the site.
infirmaries or residential care units, if needed. In addition to these service areas, VitalCore will provide treatment services specific to the elderly and/or those experiencing cognitive decline at any facility Behavioral Health Unit. The programs at these facilities will provide monitoring and support with activities of daily living, developing appropriate compensation strategies to account for cognitive decline, skills development, and ongoing stabilization of behavioral health symptoms throughout the course of the individual’s incarceration. Within these programs, individuals may participate in group therapy, individual therapy, special needs monitoring, activity therapy, and psychiatric services with the goal of maintaining and/or improving their mental and physical stability.

Assessment
An initial and ongoing assessment of need will be accomplished regularly. Newly admitted elderly offenders will receive a comprehensive history and physical assessment and be enrolled in a Chronic Care Clinic as appropriate. A baseline Preventive Health risk assessment and an annual Preventive Health record review and/or physical assessment for individuals 50 years of age and older will be performed. The Preventive Health Risk assessment will be completed within 6 months of the individual’s incarceration and will include:

a. Chronic disease risk
b. Skeletal fracture risk
c. Sensory loss
d. Cognitive loss
e. Functional loss (e.g., strength, balance, etc.)
f. Lifestyle habits (e.g., nutrition, physical activity, weight management, etc.)
g. Cancer risk
h. Infection risk

If, while monitoring elderly/aging individuals, it is suspected that enhanced services, beyond what can be provided in an ambulatory care environment, are required, health care staff will assess for placement in a treatment area.

Placement Process
VitalCore will incorporate a placement process for the elderly and those with cognitive impairment treatment needs. Individuals considered for placement in the elderly/cognitive impairment treatment areas will be first rated medically by practitioners by using the Frailty Scale. The Frailty Scale also takes into consideration the Mobility Scale, which assesses walking distances, stair climbing ability, need for equipment for mobility, need for assistance by staff for activities of daily living, or those needing total care. The Frailty Scale utilized by VitalCore and developed by the Kansas Department of Corrections is as follows:
1 = Individual is not frail
2 = Individual is de-conditioned due to age or handicap; however, would not be considered frail.
3 = Individual is considered frail due to age or handicap.
4 = Individual is considered frail due to disease process or injury.
5 = Individual is frail to the point of total care.

For medical purposes, an individual will be classified as frail on the scale with a score of 3 through 4. Comparatively speaking, these individuals would be considered for an assisted living facility within the community designed for geriatric individuals. Individuals on a scale of 3-4 within the facility will be considered for placement at the elderly unit. Individuals with a level 5 on the Frailty Scale within the KDOC will be placed in sheltered housing in the infirmary setting because they are total care patients.

Individuals who are diagnosed with a neurocognitive disorder will be monitored cognitively as well as physically for placement within a cognitive impairment program or infirmary. The Behavioral Health KDOC functional ability classification levels will be utilized to guide the level of support an individual needs. For example, A Behavioral Health Functionality Level Classification of 2 through 4 indicates consideration for placement within an elderly/cognitive impairment program. A BH Classification Functionality Level of 4 through 5 indicates consideration for placement within an infirmary.

Clinical Programmatic Design
A variety of clinical programs will be utilized when treating individuals who are elderly, are cognitively impaired, intellectually disabled, or who have dementia. Activity Therapy will be focused on geriatric needs to keep the population active and engaged.

- Groups and activities that meet their needs (painting, puzzles, games, music and geriatric exercise programs, cognitive skills building)
- Companionship programs, such as a dog program, peer support, or community involvement of volunteers and church members.
- Work program designed for this population to maintain skills and to prevent feelings of idleness or uselessness. Work assignments will be meaningful and appropriately matched to each individual’s functional abilities.
- Physical Therapy to provide rehabilitation for orthopedic issues
- Behavioral Health services to identify associated mental health needs and develop/implement clinically indicated treatment plans and services.
✓ Security staff specially trained to handle the needs of this population (for example, hard of hearing, easily agitated due to confusion of environment).

✓ Tele-health services to provide access to specialty care providers, as well as training for staff. This reduces frequent, offsite, patient transportation.

✓ Health/Behavioral Health engagement in a Multidisciplinary Services Team geared toward accommodating the individual elderly/aging individual’s need for safe housing and optimization in programming participation.

**Facility Lay Out**
When placing elderly or cognitively impaired individuals within sheltered housing infirmaries or behavioral health units, several factors relating to the physical plant of the facility will be reviewed prior to program establishment for the Multi-disciplinary services team to consider:

✓ Units have a wider shower and bathroom (due to the need for wider spaces between shower heads).

✓ Units have an area for recreation. A larger area may be too noisy and confusing for the population.

✓ Units have easy access to the clinic, dining hall, and behavioral health/activity therapy offices.

✓ Yard is equipped with a walking track, benches, and exercise equipment that is appropriate for geriatric use.

✓ All areas are wheelchair accessible

✓ Floor services are maintained as “non-skid” as possible and where indicated, handrails are placed.

✓ Indoor recreation area is available for use in winter and inclement weather.

✓ Dining hall has round tables with swing benches to allow for wheelchair placement at any table space.

✓ Benches are placed in hallways to allow for breaks during movement.

✓ Due to diminished sensorium, environmental accommodations such as large print notifications, large clock faces and calendars, brighter lighting, etc. will help with
Infirmaries
Progressive dementia patients will be housed in the infirmary and have an individualized treatment plan according to their special needs and functional abilities. The plan includes activity therapy, ongoing behavioral health monitoring, psychiatric care as needed, as well as development of plans to help individuals complete activities of daily living. Elderly individuals with behavioral health needs may require higher acuity health services and will be housed in the infirmary within the system, hospitalized at a community hospital, or placed in a behavioral health unit, depending on the individual’s needs.

Discharge/Re-entry Planning
Re-entry planning will incorporate referral of the elderly/aging individual to applicable community services to include medical, behavioral health and social services at the time of re-integration into the community. Where applicable, health service staff will participate in the evaluation of the patient for compassionate release consideration. VitalCore will communicate necessary services to the KDOC Discharge Planners to ensure community placement meets the needs of the individual.

4.6.7 CQI Program for Behavioral Health Issues
VitalCore’s continuous quality improvement program establishes a quality assurance-based format that meets the current Medicaid (CMS) service model. The Quality Assurance Performance Improvement (QAPI) monitors and improves behavioral healthcare delivered at each site, as well as a more inclusive, general monitoring of trends throughout the state.

At each site, a multidisciplinary QAPI committee will be established by the Health Services Administrator with the purpose of monitoring and evaluating the quality and appropriateness of patient care services – to include behavioral health - by collecting and analyzing data and reviewing trends in a number of different areas to include: Emergency care and psychiatric hospitalization; Chronic care; Access to care; Mental Health Receiving screening; Behavioral Health assessment; Sick call; Discharge planning and Medication Services. In addition to site specific monitoring tools, the site will perform other quality assurance activities on a concurrent or retrospective basis which includes, but which are not limited to: Morbidity and mortality review of all custody deaths (to include a Psychological Autopsy in the case of suicide); Special studies/case chart reviews by the responsible physician or clinician; Investigation and review of grievances & complaints; Serious incident reviews to include suicide attempts; Root cause analyses; Use of therapeutic restraints and forced medication; Utilization management audits; Ongoing daily care management review; Daily infirmary rounds review; and Onsite monitoring of (behavioral) health service outcomes on the Health Services Report and Client satisfaction surveys.
Each site will have the ability to develop site specific monitoring tools with indicators and criteria designed to identify ways to improve behavioral healthcare delivery processes and patient outcomes. Monitoring tools are developed utilizing community standards of care found in policies and procedures, literature from medical and nursing journals and professional organizations, American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC) guidelines, site audit results, and peer review organizations.

The site QAPI committee including the Site Medical Director and Behavioral Health Coordinator (if designated onsite) will be involved in all aspects of the QAPI process and will meet monthly to discuss results of review tools, establish corrective actions, follow-up to resolve concerns, and recommend training. This information will be captured in meeting minutes and retained by the Health Services Administrator. A performance improvement plan that contains corrective actions for established behavioral health targets that are not met 90% of the time will be forwarded to the VitalCore Corporate Office by the 5th of every month. The targets for each issue will be established by using community standards of care. The threshold will be determined by the VitalCore Corporate Office QAPI Committee.

The VitalCore QAPI committee shall identify areas of opportunity and analyze and identify the root cause in order to fix underlying causes of persistent or systemic problems. An annual review (annual report summary) of the minutes to determine the effectiveness of the QAPI program will be completed by the Health Services Administrator and/or designee.

The Corporate QAPI committee will meet annually and ensure that measurable goals and objectives are established and QAPI templates are sent out to the sites to use. The sites then will develop site-specific studies in addition to the corporate set as deemed necessary. The facility and/or corporate office will track results of quality improvement activities for trends and patterns. Corrective action will be taken as necessary by the facility or the corporate office to improve processes and outcomes. If no improvement is seen, the corrective action plan will be revised, followed by further monitoring until compliance or improvement is noted. The findings will be reviewed and used in facility training and educational activities.

VitalCore’s Quality Assurance/Performance Improvement (QAPI) program is based on five (5) programmatic elements, with related goals as noted herein. Design and scope are ongoing and comprehensive to deal with the full range of services offered by the facility including, but not limited to:

- Chronic health and behavioral health care
- Emergent Care
- Preventative Care
- Care Transitions / Sequential Intercepts
• Accreditation & Compliance
• Outcomes-based treatment and cost effectiveness
• Setting goals for safety, quality and prevention for all clinical interventions while emphasizing outcome and evidence-based treatment and cost effectiveness

VitalCore’s Quality Assurance/Performance Improvement program integrates specialty care appropriate to each facility’s population. For example, the KDOC’s specialty units at LCF TRU I & TRU II, EDCF, KJCC Behavioral Health Unit, and TCF Mental Health Units will have individualized screens targeting the group interventions provided and the individualized treatment plans for random patients reviewed.

Areas of Focus
The Behavioral Health Coordinator for each site will track designated topics, evaluate the results, and report findings to the site and Corporate Quality Assurance/Performance Improvement Committee. The Performance Improvement Committee or assigned workgroup will implement preventive actions and mechanisms that include feedback and education throughout the facility. The Quality Assessment Rounds Form can be used to identify areas of concern such as:

• Adverse patient events include, but are not limited to:
  o Medication errors
  o Adverse drug reactions
  o Major injuries
  o Sentinel events
  o Patient deaths (including Suicides)

• Other QAPI Areas of Focus reviewed on a regular, rotating basis include:
  o Behavioral Health Continuum of Care Units
    ▪ Acute Care Group Therapy
    ▪ Acute Care Treatment Plans
    ▪ Residential Care Group Therapy
    ▪ Residential Care Treatment Plans
    ▪ Juvenile Behavioral Health Units
    ▪ Female-Specific Behavioral Health Units
    ▪ Use of chemical and therapeutic restraints
  o Discharge planning
  o Offender satisfaction
  o Medication management
  o Information technology
  o Pharmacy services
  o Infection control management
  o Safety management
Environmental services
Accounting practices
Rehab/Physical therapy
Nursing services
  - Falls & Accidents
  - Pain management effectiveness
  - Pressure ulcers
  - Venous Thromboembolism
  - Consistent assignments

A detailed approach to VitalCore’s Quality Assurance Performance Improvement program can be found in Section 4.6.20 Mental Health Continuous Quality Improvement (MH-CQI).

4.6.8 Mental Health Screens

4.6.8.1 All Offenders Receive Mental Health Screens Upon Entry
Upon admission to a facility, a behavioral health screening will be completed by qualified behaviorally trained nursing staff. The screening will include observation of the patient’s behavior and symptoms, as well as a series of questions designed to elicit information regarding the patient’s history of behavioral health treatment, drug use, suicidal behavior and developmental disabilities. Other information to be included in the screening includes current or past use of psychotropic medications, past hospitalizations for a mental health disorder, and current depressive or suicidal ideation. Patients demonstrating acute mental health distress due to situational anxiety, mental illness, and other behavioral health issues will be triaged according to crisis procedures.

To ensure the skill level of the staff providing screening, on an annual basis, the facility Behavioral Health Coordinator, or designee, will provide specific training to nursing staff conducting screening assessments on each of the following topics: Interviewing skills; Signs and symptoms of behavioral illness and substance abuse/dependence; Identifying mental illness, cognitive impairment due to head injury, and intellectual or developmental disabilities; and Information regarding making referrals to behavioral health staff and Indicators for suicide potential.

4.6.8.2 and 4.6.8.3 (a) through (f) Content of Mental Health Screening Process
All individuals admitted into custody will receive a health screening upon intake by a behavioral health-trained registered nurse. This screening includes a file review, if applicable, and a face-to-face interview with observation of the individual’s behavior and symptoms, as well as a series of questions designed to elicit information regarding the individual’s history of behavioral health treatment (inpatient or outpatient), alcohol or substance use and history of treatment, current or historical suicide ideation or suicidal behaviors. The screening also elicits information regarding current or past use of psychotropic medications, previous psychiatric hospitalizations,
current depression or reports of mental health problems, and homicidal, and/or self-harm ideation. If the offender presents with a current prescription for psychiatric medications, they will be referred to a psychiatric provider for a medication evaluation, which is completed within 72 hours of the referral. To the extent possible, and if verified through record reviews, medications will be continued as prescribed in the community until the in-house psychiatric review is complete.

In addition, staff will be trained to observe and document the offender’s appearance (e.g., sweating, tremors, anxious, disheveled), behavior (e.g., disorderly, appropriate, insensible, aggressive); state of consciousness (e.g., alert, responsive, lethargic); thought processes (e.g., disorganized, tangential, coherent), mood (e.g., euphoric, depressed, angry) and condition of skin including trauma markings, bruises, and needle marks or other indications of drug abuse.

4.6.8.3 (g) (1) to (3) Offenders with Signs of Acute Mental Illness

All initial screenings by nursing staff will be reviewed in person or by telephone by a QBHP as soon as possible, but within eight (8) hours of notification of positive findings. All reviews of initial behavioral health screenings by a behavioral health staff must be in person and acknowledged in writing by the end of the next business day.

Any patient demonstrating a need for further assessment of a behavioral health issue that is non-emergent will be seen by a QBHP the same day, but no later than 24 hours of the screen. Patients who are confirmed to have been receiving psychotropic medication upon admission to the facility will be referred immediately by the nurse to the staff psychiatrist or psychiatric Advanced Practice Registered Nurse (APRN). The staff psychiatrist or psychiatric APRN will assess the patient within seventy-two (72) hours following referral to determine if the current medication regimen should be continued.

If, in the opinion of any health care professional, the patient requires immediate intervention based upon the review of the behavioral health screening or the presence of acute signs of mental illness, psychological distress or current evidence of suicidal/homicidal ideation or intent, the patient will be seen by a QBHP immediately (within one hour).

Behavioral health evaluations shall be conducted by licensed behavioral health staff based upon positive findings on the initial behavioral health screening and will include a review of the patient’s history of treatment for mental disorders (including inpatient and outpatient treatment for mental illness and substance use), a brief mental status examination, an assessment of the patient’s current treatment needs, and any housing/management issues that result from a patient’s current behavioral health issues. Such housing considerations will include suicidal ideation, vulnerability to victimization, and ability to tolerate stress. Documentation of such assessments will be made in the patient’s medical record.
4.6.9 Intra-system Transfers and Receiving

4.6.9.1 Offenders Currently Receiving Treatment/Medication
Upon transfer to another facility, the Behavioral Health Coordinator will inform the Behavioral Health Coordinator of the receiving facility of the pending transfer for all patients with a diagnosis requiring special needs placement (exclusive of substance use disorders), currently prescribed psychotropic medications, diagnosis of intellectual disability, those under the age of 18 years, neurocognitive disorders, and those with a severe personality disorder. Such information will be communicated to the Behavioral Health Coordinator (or designee) at the next destination site and prior to the offender’s transfer.

4.6.9.2 Review of Behavioral Health Record
After qualified health care professionals have completed the visual screening of the patient during the transfer-in process, the health care staff or health-trained security staff will refer immediately the patient(s) to behavioral health professionals if any of the following exist: Signs of acute behavioral illness; Psychological distress; Danger of harm to self or others; or is currently prescribed psychotropic medication(s).

A behavioral health professional will review the behavioral health record within twelve (12) hours of the individual’s arrival at the facility. Medication will also be ordered at that time by the qualified healthcare staff. The encounter shall be documented in the health record. As deemed clinically appropriate, assessments, appointments and follow-up care will be made to ensure continuity of care to include therapeutic interactions, psychotropic medication and psychoeducation.

4.6.10 Behavioral Health Appraisals

4.6.10.1 (a) to (c) Parole/Post Release/Condition Violators
VitalCore concurs that all parole/conditional violators who do not have a new sentence will be screened and considered for the need of an updated behavioral health intake assessment. If there is documented evidence of a behavioral health intake assessment within the previous ninety (90) days, a new behavioral health intake assessment will not be required unless the patient has positive responses on the intake screening. Parole/conditional violators who have not been evaluated in the last ninety (90) days will be required to receive an updated behavioral health intake assessment. This intake assessment will be completed within fourteen (14) days of the patient’s admission to the facility.

The Clinical Director at each facility will communicate with admission/discharge personnel and facility classification administrators will identify those offenders who have returned to the facility via condition/post-release violation. Upon obtaining information regarding these offenders, the Clinical Director will assign intake interviews with them among the mental health staff. Intake
interviews will include a review of the revocation packet, and updated diagnostic impression (if needed), and will identify any potential treatment or intervention needs. If the patient reports receiving a behavioral health intake assessment or needs evaluation in the community, a release of information request will be obtained from the patient so that relevant documents may be reviewed to determine any changes from the most recent RDU report.

If necessary to conduct, the behavioral health appraisal/assessment will contain the following elements:

1. Review of the most recent mental health screening and RDU report;
2. Review of the intake interview or any updated information in the institutional file that is pertinent to the updated appraisal;
3. Assessment of current behavioral status and condition;
4. Assessment of current suicidal potential and person specific circumstances that increase suicide potential;
5. Assessment of violence potential and person specific circumstances that increase violence potential;
6. Review of available historical records of inpatient and outpatient psychiatric treatment;
7. Review of prior treatment with psychotropic medication;
8. Review of prior psychotherapy, psycho educational groups, and classes or support groups;
9. Review of prior drug and alcohol treatments;
10. Review of educational history;
11. Review of prior sexual abuse, victimization and predatory behavior;
12. Assessment of drug and alcohol use and/or addiction;
13. Use of additional assessment tools and referrals to treatment as indicated; and
14. Development and implementation of a treatment plan including any recommendations concerning housing, job assignment, and program participation.

4.6.11 Mental Health Evaluations

4.6.11.1 and 4.6.11.2 Timeliness and Content of Mental Health Evaluations Upon Arrival
VitalCore will complete behavioral health assessments from the RDU if it is deemed necessary for an offender to need further mental and behavioral health services within fourteen (14) days of the offender’s referral or arrival at the facility. The behavioral health evaluation will include at a minimum, a review of the offender’s RDU report, a comprehensive clinical interview with the offender, and completion of any additional personality, cognitive/intellectual, functional ability
measures, and a compilation of the offender’s mental health treatment history. VitalCore’s QBHP will complete the face-to-face evaluation with offenders referred for evaluation in a secure setting that is respectful of the offender’s privacy. The results of the assessment will be documented, and identification of needs related to programming or treatment recommendations will be provided.

From a collection of the information received during the comprehensive evaluation, a treatment plan will be developed and implemented, and will include recommendations concerning level of care needs and treatment and program interventions. Housing recommendations will be made based on the facility’s individual nuances and level of care available at the facility. Transfers will be recommended if the level of care necessary is not provided at the facility.

Case consultation will occur with a doctoral-level psychologist and or psychiatric staff if the behavioral health professional is unable to ascertain a differential diagnosis or otherwise requires a second opinion regarding assessment, housing, or program recommendations.

4.6.12 Mental Health Classifications

4.6.12.1 through 4.6.12.3 Timeliness of and Assignment of Mental Health Classifications
VitalCore agrees to comply with each facet of 4.6.2 Mental Health Classifications. Every incarcerated individual admitted into custody will receive a behavioral health classification assigned by a QBHP following the completion of a behavioral health screening and assessment. The classification will include the KDOC’s numbered classification level system that indicates the severity of an individual’s disorder (Disorder level), the individual’s functional abilities (Functionality), the individual’s level of treatment need (BH Treatment), employability limitations (Employability), referral to treatment if indicated, and the recommendations regarding specialized housing and placement (Housing level), if available at the facility. Behavioral health classifications will be reviewed and updated for each incarcerated individual within the system at least every 120 days.

In line with the continuum of care for behavioral health services, the classification system by the KDOC is designed to communicate the behavioral health needs of an offender to behavioral health staff and psychiatric providers. The behavioral health classification system does not focus on the specific diagnosis; it communicates to non-clinical staff who needs what services, and when, where, and how those services will be delivered. The behavioral health classification levels are primarily based on the status of the offender’s symptoms and how those symptoms affect their ability to function. As offenders move through the different levels of behavioral health interventions based on symptoms of mental illness and ability to function, the behavioral health classification system communicates their current level of need to the institutions as they change.
4.6.13 Mental Health Sick Call

4.6.13.1 Process for Requesting Mental Health Services
Patients will have the opportunity daily (7 days per week including holidays) to request behavioral health care. Requests will be documented and triaged by qualified health professionals for immediacy of need and the intervention required. Sick call and practitioner clinics will be conducted on a timely basis and in a clinical setting by qualified health care professionals.

4.6.13.2 Triage of Requests
A supply of Health Services Requests will be placed in each housing unit (to include Restrictive Housing settings). Offenders will obtain a Health Services Request and complete the required information to request Behavioral Health services. The patient will place the completed Health Services Request in the designated area (locked box) or bring the request to open sick call.

The Health Services Requests will be picked up daily by health care staff. The forms will be triaged by medical personnel within twenty-four (24) hours, and the results of the triage will be documented. When qualified health staff are not available (such as in work release or minimum-security facilities), health trained correctional personnel will ensure timely access to an appropriate level of health care provider.

4.6.13.3 Priority System for Mental Health Requests
At each facility, a nurse will screen offender requests to determine severity of complaints and the need for immediate assessment by a nurse, behavioral health or other health care provider. High acuity cases will be assessed immediately. Those not requiring immediate assessment / care shall be seen within twenty-four (24) hours of triage of the Health Services Request.

4.6.13.4 Mental Health Sick Call to be Held in Clinic Setting
At a minimum, mental health sick call will be held daily, Monday through Friday, five (5) days a week at a designated time and clinic setting for physicians, nurse practitioners, physician assistants, dentists, and behavioral health clinicians to respond to health requests. Patients who bring their behavioral Health Services Request to an open sick call will be seen that day in open sick call.

During sick call, the QBHP will make timely assessments, provide treatment according to clinical priorities or schedules the patient for the additional services which may include crisis intervention services, psychotropic medication management, individual therapy, group therapy and/or psychoeducational programs. As indicated, mental health treatment plans will be developed to guide the care.
4.6.13.5 Requests for Psychotropic Medications

When the use of psychotropic medications is being considered for the care of patients, referrals to psychiatry (to include psychiatric nurse) will be completed within seven (7) days from the sick call appointment. Emergent or urgent referrals shall be seen by psychiatry staff within 72-hours of the referral. Once placed on medications for a mental disorder, patients will meet with psychiatry staff at least every 90 days for a review of their current medication regime, a determination of any possible adverse side-effects from psychotropic medications, and recommendations regarding changes in the patient’s plan of treatment.

VitalCore will also ensure that a Health Care Practitioner (HCP), Qualified Behavioral Health Professional (QBHP), and a Psychiatrist are among the staff that are on-call twenty-four (24) hours per day, seven (7) days per week to provide emergency behavioral health to patients within the facility. When it is determined that a patient exhibits symptoms indicative of a mental illness, he/she will be referred to psychiatry staff for further evaluation within 24 hours. Psychotropic medications will be ordered as deemed appropriate and an Informed Consent Form for medication is signed.

In addition, provisions will be in place should a patient require emergency psychotropic medications which may be ordered by a psychiatrist when less restrictive measures are ineffective or clinically inappropriate. The medication will be ordered and administered only to protect the life and imminent wellbeing of the offender and/or others and in the belief that the failure to administer such emergency medication could be expected to cause the offender to commit an act of violence or significant harm against self or others and/or cause marked and imminent deterioration in the offender’s conditions. Emergency psychotropic medication episodes require a continuous watch that is documented every fifteen (15) minutes on the Suicide Precaution / Close Observation / Therapeutic Restraints form. For after-hours events, a QBHP will come on site immediately to conduct a face-to-face interview with the individual.

4.6.13.6 No Co-Pay for Mental Health Sick Call

VitalCore endorses the KDOC stipulation that no co-pays are required for mental health sick call.

4.6.14 Crisis Intervention

4.6.14.1 (a) Availability of Crisis Intervention Services

VitalCore staff and our correctional partners will collaborate to provide crisis intervention services from the time of arrival of each individual throughout the continuum of confinement and discharge to the community. Individuals who exhibit significant emotional distress and/or mental illness and who are considered to be dangerous to self or others due to mental and/or emotional disturbance will receive crisis intervention services by the behavioral health staff in a timely and effective manner to protect their safety and the safety of others. VitalCore will ensure that a Qualified Behavioral Health Professional (QBHP) and a Psychiatrist are among the staff that
are on-call twenty-four (24) hours per day, seven (7) days per week to provide emergency behavioral health to patients within the facility within one hour of being called. On-call schedules will be prepared at least monthly to ensure continuous crisis coverage.

Patients who are evaluated to be dangerous to self or others will be considered for placement in the infirmary, or in other designated observation cells, on a crisis care status which includes suicide watch, constant observation, and may include therapeutic restraints, and forced psychotropic medications. Close monitoring by behavioral health, medical and security staff will be fully documented.

4.6.14.1 (b) Monthly On-Call Schedules/Requirements
VitalCore will establish monthly on-call schedules for every facility and will be prepared to provide psychiatric coverage via phone, telehealth, or in live clinics within fifteen (15) minutes of being contacted by a site or behavioral health staff. VitalCore has at its disposal, expanded use of Telehealth Services for all Kansas facilities through George Washington University and other Kansas-based practitioners. We will be able to utilize these Telehealth Services to supplement the services of off-site specialists but also to respond to offender complaints introduced through the Health Services Request system, and especially those that are more emergent in nature. The Telehealth Services operate 24 hours per day, 7 days per week. Between GW Telehealth, Kansas-based telehealth practitioners, and our in-house and on-call psychiatric coverage, we will ensure psychiatric consultations occur within fifteen (15) minutes of contact by a site.

4.6.14.1 (c) Master’s Level Mental Health Coverage at EDCF, HCF, KJCC, LCF, TCF
VitalCore agrees to provide at least Master’s level staff who will provide, at a minimum, 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. In keeping with the complexity of the patients housed at these sites on crisis monitoring, psychiatry staff involvement (in-person or remote) will occur during the daily patient reviews.

4.6.14.1 (d) Master’s Level Coverage at ECF, EDCR-Oswego, LCMHF, NCF, and WCF
VitalCore agrees to provide at least Master’s level staff who will provide, at a minimum, eight (8) hours per day, on site, Monday through Friday at ECF, EDCR-Oswego Unit, LCMHF, NCF and WCF, to assess, treat and collaborate with a Multidisciplinary Treatment team that includes psychiatry, nursing, and other staff as appropriate on the provision of care for any offender on crisis status. Careful collaboration among the MDT will be in keeping with correctional healthcare standards and supported by VitalCore policy and practice.

4.6.14.1 (d) (1) Offenders on Crisis Status on Weekends and Holidays
Nursing staff will assess offenders on crisis status through the weekend and/or holidays via face-to-face contact. In addition, staff will complete the Brief Mood Survey for each offender on crisis
status which will provide information regarding mood, possible risk and provide a measurable record of symptoms and severity. Nursing staff will consult with the on-call QBHP regarding Survey review and the need for more targeted or specialized assessment or intervention. The review and results of the consultation will be included as a permanent record in the nursing documentation for each patient.

4.6.14.2 Collaboration with Security and Unit Team Staff – Crisis Situations
VitalCore endorses a Crisis intervention team approach as the preferred manner for responding to behavioral health emergencies. Team members, who receive an initial two (2) hours and two (2) hours annually thereafter, of specialty training may include: the behavioral health or psychiatric staff on duty who is designated as the crisis intervention team leader; Health-trained, designated security staff at the lieutenant and/or captain level; Charge nurse on duty; Designated unit team managers; Other staff members as designated by the facility administrator.

When on-site, a Qualified Behavioral Health Professional (QBHP) will respond to a request for an emergency evaluation in a swift and timely manner. In the absence of a QBHP, the security officer on duty or unit manager will respond to conduct a preliminary evaluation of the individual and situation. If the individual is at imminent risk of self-harm or injury to others, security officers will act to ensure the safety of the individual and/or others, while ensuring continuous observation of the individual.

The staff nurse will be notified that a potential crisis is in progress and the medical file will be reviewed for pertinent information such as:

1. Current psychiatric diagnosis and psychotropic medication
2. History of psychiatric diagnosis and psychotropic medication
3. History of suicide attempts and self-harm behaviors
4. History of violent behavior
5. History of in-patient treatment placement in a psychiatric facility
6. Preliminary evaluation of the individual’s mental and medical status

The evaluation by the crisis team member will be conducted in a location that assures privacy and confidentiality of statements. If the individual is in population, he/she will be brought to the clinic or to the behavioral health services department for the evaluation. If the individual is in a restrictive housing unit, the crisis intervention team member(s) will respond to the restrictive housing unit.

The staff nurse will contact the on-call QBHP, and the following information will be provided:

1. Current behavior of the individual
2. Behavioral health information from the file.
3. Assessment of current functioning of the individual by the involved crisis team member(s)

The on-call QBHP will offer recommendations regarding safe and appropriate management of the individual, which may include suicide watch or precautions placement. The staff nurse will contact the on-call Psychiatrist or Psychiatric Advanced Practice Registered Nurse (APRN). The on-call Psychiatrist or Psychiatric APRN will give orders, and the staff nurse will note and carry out the psychiatric orders.

4.6.15 Offender Companion Program

4.6.15.1 and 4.6.15.2 (a) to (f) Participation in Offender Companion Program

VitalCore supports the use of offender companion programs to supplement the oversight and supervision of offenders placed on crisis level supervision. While we are clear that incarcerated individuals do not provide health care services and are not substitutes for staff monitoring, we do endorse the idea that, with appropriate selection, training, and supervision, offenders can be valued adjuncts to the crisis level oversight.

The recommendation to use companions for any specific crisis level is made on a case-by-case basis by the KDOC in consultation with VitalCore. This decision takes into consideration the safety and security needs of the offender in crisis, offender companions, and the facility as a whole.

The site Behavioral Health Coordinator and Classification Administrator (or designee) will be the designated Suicide Prevention Coordinators for this program. He or she will be responsible for the training and selection of individual companions. The Classification Administrator (or designee) will also provide input into the selection and training process. The site Behavioral Health Coordinator and the Chief of Security will be consulted for the assignment and removal of individual companions.

The warden may decide whether the companions are selected as volunteers or whether they are placed on an institutional work assignment when they are on their scheduled shift, assisting in monitoring a potentially suicidal offender.

Selection of Offender Companions

Because of the very sensitive nature of such assignments, the selection of offender companions requires considerable care. To provide round-the-clock observation of potentially suicidal offenders, a sufficient number of observers should be trained, and alternate candidates should be available. The facility Suicide Prevention Coordinators will determine the number of trained observers with consideration given to the capacity and mission of the institution.

Observers will be selected based upon their ability to perform the specific task but also for their
reputation within the institution. In the Suicide Prevention Coordinators’ judgment, they must be mature, reliable individuals who have credibility with both staff and offenders. They must be able to protect the suicidal offender’s privacy from other offenders, while being accepted in the role by staff. Finally, they must be able to perform their duties with minimal need for direct supervision. The QBHP will provide a brief report on the suitability of each candidate.

When screening offenders for selection as a companion, the following factors at a minimum will be considered:

- a. Criminal history;
- b. History of substance use;
- c. Disciplinary record;
- d. History of PREA involvement;
- e. History of participating in suicidal threats, self-injurious behavior, or have a history of crisis level placements.
- f. Classification issues.

**Offender Companion Shifts**

Each observer ordinarily will work a four-hour shift. An exception may be made to extend the shift, with breaks and meals provided, however observers will not work longer than an eight-hour shift in any 24-hour period. Offender observers will receive pay for the time on watch, unless the facility uses observers on a volunteer basis only.

**Training Offender Companions**

Each observer will receive at least four hours of initial training as arranged by the Behavioral Health Coordinator/Suicide Prevention Coordinator before being assigned to a suicide watch observer shift. Additional facility staff may participate in the training. Each observer will also receive at least four (4) hours of Mental Health First Aid training and two (2) hours of suicide prevention training. The designated Suicide Prevention Coordinator will review policy requirements and instruct the offenders on their duties and responsibilities during an offender watch, including:

- a. The location of suicide watch areas;
- b. Summoning staff during all shifts;
- c. Distinctive clothing worn by offender observers during their shift;
- d. Recognizing behavioral signs of stress or agitation; and
- e. Recording observations in the observation log.

**Meetings with Behavioral Health Coordinator/Suicide Prevention Coordinator**

Observers will meet at least quarterly with the Behavioral Health Coordinator or designee to review procedures, discuss potential problems, and to supplement training. The Behavioral
Health Coordinator or designee will debrief offenders that have served as observers, individually or in groups, to discuss their experiences and make program changes, if necessary, after any negative outcome event.

**Records**

The Behavioral Health Coordinator will maintain a file of the following:

- An agreement of understanding and expectations signed by each offender companion;
- Documentation of attendance (including a sign-in sheet) and topics discussed at each training meeting; and
- Lists of offenders available to serve as observers, which will be available to Operations personnel during all working hours.
- Supervision of Offender Companions During Crisis Level Placement

**Security Staff Supervision**

Offender observers require security staff supervision while working as offender companions. If an offender is placed on any crisis levels (one through three), constant, face-to-face observation, the offender companion will be allowed if one is assigned. If an offender observer is assigned, KDOC will determine the frequency of security observations in addition to the offender observer.

The observer will document behavioral observations every 15 minutes within the approved offender observation logbook. Security staff will document behaviors every 15 minutes (or every 30 minutes for crisis level 1’s). In-person security checks will occur on a staggered basis, but no longer than every 60 minutes.

Offender observers will have the ability to obtain immediate staff assistance when necessary. When an offender observer alerts security staff to an emergency situation, staff must immediately respond to the crisis cell to take necessary action.

**4.6.16 Mental Health Special Needs Clinics/Special Needs Treatment Plans**

**4.6.16.1 (a) (1) to (6) Plan for Management of SPMI Offenders and Others and Treatment Plans**

VitalCore recognizes the necessity of monitoring and providing a range of behavioral health services to patients diagnosed with a severe and persistent mental illness (SPMI), serious mental illness, a neurodevelopmental disorder or a serious medical condition with the potential for significant behavioral health implications. More specifically, diagnoses to consider for inclusion for routine monitoring on the Special Needs list may include but are not limited to: any schizophrenia spectrum or other psychotic disorder, bipolar disorder, major depressive disorder, intellectual developmental disability, neurocognitive disorders, gender dysphoria, post-traumatic stress disorder, self-injurious patients, and suicidal patients. Other DSM-5 diagnoses can be considered for inclusion for routine monitoring on the Special Needs list as clinically
indicated. Any patient removed from suicide precautions/crisis level will be monitored routinely and placed on the Special Needs list. All patients placed on treatment for Hepatitis C will be placed on the Special Needs list. All such patients diagnosed will receive services and periodic monitoring, at least every 90 days, by a Qualified Behavioral Health Professional (QBHP) according to their individual needs to ensure appropriate care is provided and effective.

Individualized behavioral health treatment plans will be implemented within 14 days of the completion of the RDU report, or from diagnosis, for any patient with a mental health need. Treatment goals will reflect areas of targeted need, but also include the individual strengths and resources upon which the patient can draw. The treatment plan will be developed with collaboration between the patient and QBHP and will also reflect input from the Multidisciplinary Team who can provide valuable insights to the plan development and its implementation. Services that may be included on the plan are a variety of psychosocial, educational, and pharmacological therapies, either individual or group, including biological, psychological, and social, to alleviate symptoms, attain appropriate functioning and prevent relapse.

Each Behavioral Health Coordinator will be responsible for developing and maintaining a list of patients who require routine monitoring for Behavioral Health Special Needs. The Behavioral Health Special Needs list will be revised at least monthly, but more often depending on the facility’s need and each patient will have this status designated on the electronic health record (EHR).

Each Behavioral Health Special Needs patient will be assigned a QBHP who will be responsible for monitoring the patient at least monthly. Such monitoring requires consulting with the MDT, a personal interview of the patient, assessment of the patient’s mental status, assessment of harm to self and others, and a determination of the patient’s current needs. Monthly special needs monitoring by the QBHP will be documented on the health record. Any progress toward the completion of the patient’s treatment goals will be documented in the progress note.

Patients who are receiving medications for a mental disorder will meet with the psychiatry staff at least every 90 days for a review of their current medication regime, a determination of any possible adverse side-effects from psychotropic medications and recommendations regarding changes in the patient’s plan of treatment.

Each Behavioral Health Special Needs patient will have a completed Treatment Plan that details the patient’s short-term and long-term treatment goals and any intervention necessary to address the patient’s special needs. Intervention may include activity therapy, medication education groups, discharge planning services, and individual and group therapy. The Treatment Plan should reflect any known medical conditions of the patient that interacts with the patient’s behavioral health condition (e.g., diabetes). The Treatment Plan will be updated regularly,
4.6.16.2 Regular Meetings with QBHP
As specified in the treatment plan, the QBHP will meet, at a minimum, every 30 days with each Behavioral Health Special Needs patient. The QBHP will document any changes in the patient’s diagnosis or treatment goals, at least every 90 days. Contributions from the MDT will be solicited and incorporated into treatment – and will be especially important in the case of the patient’s poor or non-compliance with treatment recommendations. In such cases, revision of the Treatment Plan to better accommodate the individual’s need and encourage participation should be considered.

4.6.16.3 Regular Meetings with Psychiatric Staff
Patients who are receiving medications for a mental disorder will meet with the psychiatry staff at least every 90 days for a review of their current medication regime, a determination of any possible adverse side-effects from psychotropic medications and recommendations regarding changes in the patient’s plan of treatment. The exception includes juveniles and those in specialty programs (TRU, IRU, TCF MH Unit) who require enhanced oversight and shall be seen at least every 30 days.

4.6.16.4 Regular Meetings of MDT
The MDT, typically consisting of the Corrections Counselor or Unit Team Manager, Behavioral Health Professional, and Lieutenant or living unit Security representative, and any additional staff from other disciplines as deemed appropriate (such as a representative from Activity Therapy, Psychiatry, Re-entry or Chaplain), shall meet at least every ninety (90) days to discuss the status of each patient. Among other duties, the MDT will help develop and coordinate treatment and activities among various departments to assist the patient in achieving goals; determine if the individual is completing the recommended treatments and required programming; and determine if the individually recommended treatments/activities are effective in completing individual goals.

4.6.16.5 Skills Training for Daily Functioning
Skills training can be instrumental in helping those with special needs live their most functional lives – especially given the complexities of communal and rule-bound living of the correctional environment. VitalCore has a robust list of training offerings that provides outcome-based interventions for delivering effective cognitive restructuring and skills development. Such training concentrates on enhancing motivation for treatment, symptom management of serious mental illness, changing irrational thinking patterns, psychotropic medication management, and may also include substance use and relapse prevention as indicated.

documenting any changes in the patient’s diagnosis, treatment goals, and will be reviewed by a QBHP at least every 90 days.
4.6.17 Restrictive Housing Services

4.16.17.1 (a) Mental Health Screening and Treatment in Restrictive Housing
Quality behavioral health treatment and programmatic services will be provided to all individuals in need regardless of their housing status. Individuals with mental illness are often best managed in specialized housing or treatment units other than Restricted Housing (e.g., Acute Care Units with Managed Movement), but if placed in a Restrictive Housing Environment, careful care coordination will be required. VitalCore ensures, in accordance with applicable correctional health care standards, that screening will occur for all individuals within twenty-four (24) hours of placement in RH status to assess for signs and symptoms of mental illness, suicide risk, and self-harming behavior.

If the placement occurs after hours, the medical staff will contact the on-call QBHP immediately to discuss the patient’s behavioral health issues and to decide a recommended housing disposition. The QBHP will also determine whether a face-to-face evaluation is needed before the next business day. Behavioral Health Professionals will be trained to assess not only the offender’s mental health but will be trained to consider other factors such as a medical condition or disability that might increase the risk of harm to the patient if housed in RH. As much as possible, VitalCore will train all staff, including correctional staff, about the potential impact of RH on any offender, regardless of medical or mental health condition. Our goal will be to ensure that RH is used infrequently and only as absolutely necessary for the least amount of time possible.

4.17.1 (b) Restrictive Housing Rounds – Behavioral Health
VitalCore recognizes the benefit of close monitoring of the mental health needs of offenders in RH and will ensure that appropriately scheduled rounds are conducted at least weekly and documented in the EHR. As requested, VITALCORE will ensure that BH rounds are conducted daily – Monday through Friday – at EDCF, HCF, KFCC, LCF, and TCF. In addition, we will conduct weekly rounds at all other facilities’ RH units – except as indicated for those individuals with SPMI or SMI – who shall be seen daily Monday through Friday.

In addition, nursing staff will make daily, (7 days per week including holidays) face-to-face rounds of all offenders in RH. The presence of healthcare staff in restrictive housing will be announced, conducted at reasonable times to increase offender engagement, and will be recorded. At the time of the rounds, the health staff will pass out Health Services Requests. All offenders in RH may access Sick Call for any medical, behavioral health, or dental issue by submitting a written Health Services Request or by stating the desire to healthcare staff during rounds. Via this process, BH services can be summoned as requested by any individual in RH.

4.6.17.2 MH Special Needs Clinics/Treatment in Segregation Areas
VitalCore recognizes the need to provide behavioral health services to all individuals in need,
regardless of housing status. From the initial Behavioral health assessment at the time of admission into Restrictive Housing, through to release from this status, QBHPs attend to, and recommend appropriate accommodations to custody to address the behavioral health needs of the offender. Those with previously identified behavioral health needs will be followed closely, however, VitalCore recognizes the possibility that symptoms of emotional distress can develop or exacerbate for individuals at any time when placed in this environment.

VitalCore will conduct chronic care/special needs clinics at a minimum every 30 days to ensure that offenders receive quality follow up care and monitoring of their medications and other treatment. Each chronic care patient will receive an individualized treatment plan that includes the appropriate number of follow up visits, frequency of testing, instructions to the offender, and recommended housing. Continuity of Care will also include the referral of offenders to off-site community providers as needed, including hospitalization for health reasons and inpatient psychiatric care as needed.

Behavioral health treatment while in RH will include the determination of behavioral health treatment needs and treatment plan development. If the individual shows significant difficulties in functional ability, placement in a diversionary BH program or Acute Care Unit will be considered. Each offender in need of BH services will receive the following monitoring, assessments, and consultations with the Multi-Disciplinary Services Team:

- Consultation with the MDST and the Restrictive housing Review Board regarding behavioral health treatment needs.
- Behavioral Health staff will make recommendations within 24 hours of Restrictive Housing (RH) placement to the RH Multidisciplinary Services Team (MDST) on the need for treatment in an Acute Care Unit with Management Movement or treatment in a RH unit. The RH MDST will be responsible for reviewing all individuals with a MH Disorder level 4-6 and on RH status. The RH MDST will complete the Restrictive Housing/Reintegration Unit Referral form for all new individuals with a BH Disorder Level 4-6, placed in RH, and reviewed by the RH MDST.
- The Restrictive Housing Review Board (which is independent from the RH MDST) may divert an individual to an Acute Care Unit. A transfer summary will be completed by the BHP representative. The transfer review process will then ensue.
- An individual may be referred for a transfer review to the Acute
4.6.17.3 Mental Health Sick Call for RH Offenders

VitalCore recognizes the benefit of close monitoring of the mental health needs of offenders in RH and will ensure that nursing staff make daily, (7 days per week including holidays) face-to-face rounds of all offenders in RH. The presence of healthcare staff in restrictive housing will be announced, conducted at reasonable times to increase offender engagement, and will be recorded. At the time of the rounds, the health staff will pass out Health Services Requests. All offenders in RH may access Sick Call for any medical, behavioral health, or dental issue by submitting a written Health Services Request or by stating the desire to healthcare staff during rounds. At a minimum, behavioral health staff will make weekly rounds to monitor individuals for the development or exacerbation of mental health symptoms. Psychiatric visits will be conducted as needed, and as determined by the treatment plan.

Completed Health Services Request forms will be picked up daily by VitalCore staff. The completed forms will be triaged by medical personnel within twenty-four (24) hours. The nurse will screen the requests to determine severity of complaints or need for immediate assessment by a nurse, behavioral health provider or a physician. Those requiring immediate assessment shall be seen immediately. Those not requiring immediate assessment / care shall be seen within twenty-four (24) hours of triage of the Health Services Request.

Offenders requiring behavioral health assessment or care will be seen by the QBHP in a healthcare designated room in RH that affords both security and confidential communications to occur. As indicated, treatment plans will be developed that will guide follow-up appointments for monitoring or treatment.

4.6.17.4 When Custody Status Precludes Sick Call Attendance

VitalCore will ensure that if an offender needs to be seen for sick call services, our staff will conduct the service in the most confidential setting possible. If security or other concern precludes an offender from leaving the RH unit; or even from traveling to the sick call area in the RH unit; the QBHP will look for ways to maximize a confidential conversation cell-side. While cell-side Behavioral Health interactions are not ideal, when individual circumstances require it, the QBHP could consider conducting the assessment while other offenders nearby are at Recreation or otherwise engaged, speaking as quietly as possible, etc.

4.6.17.5 RH Housing Sick Call in Special Clinic Rooms

In accordance with correctional healthcare standards of care, mental health appointments for those in RH will be conducted in a designated area with RH that is chosen with the dual purpose
of providing a measure of confidentiality to the engagement while ensuring safety/security of staff and the offender.

4.6.17.6 Crisis Intervention for Suicide Risks

The multidisciplinary team approach has become a recognized standard of care for crisis intervention services to individuals with serious mental illness, serious functional impairment, and suicide risk. The importance of collaborative information sharing and working together to agree on a diagnosis and plan is critical in implementing effective service and treatment interventions.

VitalCore’s commitment to safety includes a robust protocol for crisis intervention services that incorporates the contributions of the MDST. A practiced, disciplined plan around crisis intervention greatly increases the odds of the situation de-escalating more quickly. VitalCore staff will be trained on how to intervene with an offender who shows significant emotional distress or mental illness and appears to be a risk for self-harm or harming others. A mental health assessment could lead to therapeutic seclusion, a more expansive exam, suicide watch, forced medication, or restraint. The goal is always to ensure the safe, humane treatment of each offender. On-site, each facility will have a dedicated and well-trained Crisis Intervention Team, with clear protocols and guidelines for managing an incident. Our evidence-based philosophy for crisis intervention requires the use of a longitudinal risk assessment as the standard of care when monitoring patients who are considering self-harm acts. VitalCore does not support the use of “Contracts for Safety” with potentially suicidal or suicidal patients.

All VitalCore staff will be trained and their knowledge assessed regarding crisis intervention. The protocol includes a strict cascade of contact and information sharing. The training includes communication and de-escalation skills.

In addition, VitalCore staff and each facility’s staff partners will participate in suicide prevention from the time of arrival of each individual throughout the continuum of confinement and discharge to the community. Our Suicide Prevention Program was developed to prevent suicides in correctional facilities by utilizing a thorough longitudinal risk assessment, ongoing clinical evaluation, and medically necessary monitoring by healthcare and custody staff. Our program was adopted from a training program developed by Lindsey Hayes, M.S. (2016) with components added that relate to healthcare policies. All health and correctional staff members are responsible for suicide prevention and intervention at every encounter with an individual. All suicide statements, threats, and gestures by individuals must be taken seriously, considered a mental health emergency, and immediately acted upon when observed or reported by staff or other individuals. VitalCore will provide Suicide Prevention Training to all staff. Correctional staff and health care staff who are assigned to special housing areas should receive additional in-depth training regarding identification and management of potentially suicidal individuals.
VitalCore staff will work with correctional staff in the identification of risk for suicide and the appropriate placement of the offender. Any offender who is suspected to have suicidal ideation, participates in self-injury, or attempts suicide must receive immediate medical and behavioral health attention. Pending an evaluation, the offender must be maintained under constant observation by correctional staff. A VitalCore QBHP will assess an offender within one hour of any self-harm incident. VitalCore staff will work in collaboration with correctional staff to make arrangements for safe housing and suicide watch as needed following the evaluation.

4.6.17.7 (a) and (b) Role of Behavioral Health Staff on RH Review Board
VitalCore will train its behavior health professionals to thoroughly assess an offender’s mental status to determine the advisability of placement in restrictive housing or continued placement in restrictive housing. Partnering with our correctional co-workers, our staff will be trained to communicate with correctional supervisory staff regarding the contraindications for an offender’s placement or continued placement. They will be trained to utilize their best judgement following evaluation of the offender and convey their recommendation clearly with correctional staff. In disciplinary circumstances, the assessment will determine if the QBHP believes the misconduct was due to mental illness or mitigating factors related to the mental illness and whether placement contraindicates disciplinary detention, and if special behavioral health precautions or alternative placement in a treatment unit is needed.

VitalCore will also train its behavioral health professionals to make recommendations to the Multidisciplinary Services Team regarding whether offenders in restrictive housing should be included in a behavioral management program, or if they would be better served by an admission into the Individualized Reintegration Unit. If they are already receiving treatment in the IRU, a recommendation regarding the need for the offender’s participation in the special restrictive housing management program would occur.

VitalCore staff will be trained to deliver services as follows for those considered for placement in RH.

- A behavioral health screening will occur for all individuals prior to placement in RH status to assess for signs and symptoms of developmental disabilities and mental illness, suicide risk and self-harming behavior. Individuals that are seriously mentally ill or have significant developmental disabilities will require staffing by a multidisciplinary team to determine safe and secure methods of treatment while the individual serves disciplinary sanctions or is placed in restrictive housing status for the safety and security of the facility and others housed with the individual. Alternative placements for those with serious mental illness/developmental disabilities are preferred and will be considered in each case whenever possible.

- Should the uncommon need arise for a seriously mentally ill/developmentally
disabled individual to be placed within short term Restrictive Housing, the individual will receive the following monitoring, assessments, and consultations with the Multi-Disciplinary Services Team:

- Behavioral health assessment prior to admission into restrictive housing to determine behavioral health treatment needs and treatment plan development. If the individual shows significant difficulties in functional ability, placement in a diversionary BH program or Acute Care Unit is considered.

- Consultation with the MDST and the Restrictive Housing Review Board regarding BH treatment needs,

- Daily rounds by healthcare staff,

- At minimum – weekly rounds (unless otherwise specified) by BH staff,

- Out-of-cell, evidence-based group therapy interventions or activity therapy, as appropriate

- Psychiatric visits as determined by the treatment plan.

4.6.17.8 Plan for Transitioning Out of Restrictive Housing
VitalCore recognizes the need to provide services to all individuals with mental illness regardless of their housing status. We further advocate for housing individuals in the least restrictive setting as safety allows. However, we recognize that in a correctional environment, it is sometimes necessary to house an individual – even those with mental illness and developmental disabilities, within the secured confines of Restrictive Housing (RH). In the event that a seriously mentally ill individual is placed in RH, VitalCore will engage in specific strategies to closely monitor the individual while placed and work collaboratively with the MDST, the Restrictive Housing Review Board (RHRB), and the Regional Behavioral Health staff to transition the individual back to general population. The following strategies will be implemented:

- Ongoing behavioral health assessments will occur at least every 30 days to determine whether any decline in mental status or increase in symptoms has occurred as a result of Extended Restrictive Housing.

- Ongoing treatment received will be determined according to the BH Classification of the individual and the designated functional acuity of the individual. Ongoing behavioral health treatment planning occurs. If the individual shows significant difficulties in functional ability, placement in
a diversionary BH program or Acute Care Unit will be considered.

- Behavioral Health practitioners will consult with the Restrictive Housing Review Board and make recommendations to the Multidisciplinary Services Team (MDST) regarding the benefits and risks of placing an offender with SMI/SPMI into a Restrictive Housing Unit and providing behavioral health services there, versus the option of a providing treatment in a Behavioral Health Diversion unit, if available; and discuss behavioral health treatment needs.

- Transition planning into a less restrictive unit following specialized housing placement, as well as reentry into the community, will be included within each patient’s individualized Treatment Plan.

For all releases, but especially for those rare releases of individuals with BH needs that may occur directly from RH, VitalCore will provide critical communication of recommended continuity of care services to the KDOC Discharge Planners. We will educate the offender about the dangers of stopping medications and will provide lists of resources available to him/her within the community to which the individual is being released. VitalCore staff will discuss with KDOC Discharge Planners which appointments for community services are appropriate and necessary. And always, we will provide enough medication for the individual to take until he/she can obtain a prescription from a community provider.

Program for Transitioning into a Less Restrictive Environment
VitalCore has established a program for transitioning individuals out of Extended Restricted Housing. VitalCore has developed the following strategies to provide services/treatment based upon one’s assessed Treatment Level and level of risk for returning to RH.

Transition planning for individuals with SMI and in restrictive housing, as well as assisting those in extended restrictive housing to return to a transition setting will be included within each individual’s individualized Treatment Plan (ITP). Individual risks for the specific offender will be identified by the primary QBHP. Those risks will be included in the ITP. When the goals are met, the individual will begin to transition out of the RH.

As an individual achieves his/her specific goal targets, a RH Relapse Prevention and/or Safety Plans will be developed by the MDST for each individual when a move to a less restrictive environment is considered. This plan will be constructed by the QBHP together with the individual and signed by the individual prior to his/her advancement to the highest Treatment Level or a less restrictive housing placement. This plan will be included as part of the individual’s individualized treatment plan and entered into the health record by the QBHP.
Each behavioral health classification disorder level will require individualized treatment and frequency of interventions. The treatment needs for individuals classified among different levels will vary depending on their evaluated stability. Therefore, different acuity levels were established as treatment guidelines for clinicians.

**Acuity Determination for Treatment Needs**

The initial step in determining acuity levels for treatment for individuals in extended restrictive housing is to utilize the individual’s KDOC behavioral health classification Treatment level. Levels are hierarchical, ranging from 1 through 6.

The Treatment Level is then used to determine the Acuity level for individual treatment plans. The Treatment Levels are summarized below:

- **Treatment Level 1:** Not currently receiving BH treatment. There is a pattern of stability without reported or displayed symptoms.
- **Treatment Level 2:** Receives time-limited treatment by a behavioral health professional.
- **Treatment Level 3:** Needs on-going treatment, which may include medication management by psychiatry services.
- **Treatment Level 4:** Needs special needs monitoring.
- **Treatment Level 5:** Needs a BH structured reintegration unit.
- **Treatment Level 6:** Needs intensive mental health placement.

Once the Treatment Level is determined, the acuity level of treatment is used as an intervention guideline when developing an individual’s treatment plan while in extended restrictive housing. There are three designated levels for acuity of treatment: Low, Moderate, and High. Each acuity level has a guideline for services to be included for each individual: mental health treatment hours (including mental health group, individual treatment, and/or activity therapy), treatment team monitoring needs, and frequency of psychiatric follow-up. Additional supportive services will be included according to the individualized treatment plan for the individual.

The acuity levels are guided by the BH Classification Treatment Levels as follows and as illustrated in the diagram below:
Treatment Guidelines
The following treatment guidelines will be used within the extended restrictive housing programs for those individuals with behavioral health treatment needs:

Clinical Curricula: Low Acuity
Designated behavioral health curricula will be utilized with individuals who are determined to have a low acuity treatment need. Examples of the curricula utilized within this program are included below:

Outcome Measures: TCU Criminal Thinking Scales (Knight, Garner, Simpson, Morey, & Flynn, 2006)

Anger Management for Substance Abuse and Mental Health (Reilly, et al., 2002) – This program provides individuals with summary of core concepts, worksheets, and homework assignments to complete, and space to take notes for each session. This workbook is intended for use with an anger management group.
Outcome Measures: Snell Clinical Anger Scale (Snell, Gum, Shuck, Mosley, & Kite, 1995)

Curriculum-Based Motivation Group (Fields, 2005) – A counseling approach that helps individuals resolve their ambivalence about engaging in treatment and stopping drug use.
Outcome Measures: Situational Confidence Questionnaire (Center for Substance Abuse Treatment, 1999)

Criminal and Addictive Thinking (Minnesota Department of Corrections, 2011) – A cognitive therapy program that targets criminal thinking and addictive behaviors. Individuals learn how to think about their own thoughts, learn more about distorted thinking and how it effects emotions and behavior, learn to identify old thinking patterns in order to begin new patterns, and learn how to make rational choices using the new thinking patterns.
Outcome Measures: TCU Criminal Thinking Scales (Knight, Garner, Simpson, Morey, & Flynn, 2006)

Mindfulness Based Stress Reduction (Stahl & Goldstein, 2010) – evidence based – A program that uses a combination of mindfulness meditation, body awareness, and yoga to help people become more mindful. Individuals gain insight into beneficial effects, including stress reduction, relaxation, and improvements to quality of life.
Outcome Measures: Mindfulness Awareness Attentions Scale (Brown & Ryan, 2003)

**Activity Therapy**

**Leisure Education** (Stumbo, 2002) – The ultimate outcome of leisure education is seen as enabling individuals to enhance the quality of their lives in leisure. Individuals learn to consider the role and responsibility of recreation and leisure in various aspects of health and daily living. Approaches and strategies which can be utilized in this process are presented.

**Life Management Skills** (Korb-Khalsa, Leutenberg, & Leutenberg, 2001) – Individuals learn skills and behaviors appropriately to increase their responsibly in the management of personal affairs. Skills will be acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life.

**Relaxation Group** – stress reduction – Relaxation techniques are exercises done that reverse the physical stress response. The belly softens, the breathing deepens, muscles ease, digestion improves, the heart slows and blood pressure lowers. Offenders will learn and practice various relaxation techniques that involve concentration or mindfulness.

**Clinical Curricula: Moderate Acuity**

Any curricula can be utilized from the low or high acuity designated curriculum list.

**Clinical Curricula: High Acuity**

**Dialectical Behavior Therapy** (Linehan, 2015) – Introduces 4 primary DBT skills training modules: mindfulness skills, interpersonal effectiveness skills, emotion regulation skills, and distress tolerance skills.

Outcome Measures: Difficulties in Emotional Regulation Scale (Gratz & Roemer, 2004); Mindfulness Awareness Attentions Scale (Brown & Ryan, 2003); Dialectical Behavioral Therapy Ways of Coping Checklist (Neacsiu, Rizvi, Vitaliano, Lynch, & Linehan, 2010).

**Socialization** (Minnesota Department of Corrections, 2011) – *evidence based* – Socialization helps individuals explore difficulties of building relationships based on trust and respect.

Outcome Measures: TCU Social Functioning Scales (Institute of Behavioral Research, 2007)

**Curriculum-Based Motivation Group** (Fields, 2005) – A counseling approach that helps individuals resolve their ambivalence about engaging in treatment and stopping drug use.
Outcome Measures: Situational Confidence Questionnaire (Center for Substance Abuse Treatment, 1999)

**Activity Therapy**

Leisure Education (Stumbo, 2002) – The ultimate outcome of leisure education is seen as enabling individuals to enhance the quality of their lives in leisure. Individuals learn to consider the role and responsibility of recreation and leisure in various aspects of health and daily living. Approaches and strategies which can be utilized in this process are presented.

Life Management Skills (Korb-Khalsa, Leutenberg, & Leutenberg, 2001) – Individuals learn skills and behaviors appropriately to increase their responsibly in the management of personal affairs. Skills are acquired via teaching or direct experience that are used to handle problems and questions commonly encountered in daily human life.

Relaxation Group – stress reduction - Relaxation techniques are exercises done that reverse the physical stress response. The belly softens, the breathing deepens, muscles ease, digestion improves, the heart slows, and blood pressure lowers. Learn and practice various relaxation techniques.

**4.6.17.9 Behavioral Health RH Rounds**

VitalCore fully supports the close monitoring of all individuals in RH and will ensure that daily rounds from Health Care are completed and at least weekly rounds by QBHPs are conducted. This level of engagement will be instrumental in identifying symptom exacerbation, or the development of distress – which can be addressed quickly and therapeutically. The presence of healthcare staff in restrictive housing will be announced and recorded. Additionally, at the time of the rounds, the health staff will pass out Health Services Requests. All offenders in restrictive housing may access Sick Call for any medical, behavioral health, or dental issue by submitting a written Health Services Request or by stating the desire to healthcare staff during rounds.

**4.6.18 Continuum of Mental Health Care and Specialized Housing Units**

**4.6.18.1 (a) to (f) (1) to (5) Care in Specialized Housing Units**

All incarcerated individuals are eligible for mental health services, with an opportunity for service at all levels of care within the behavioral health continuum: Outpatient care, residential care, and acute care service models. VitalCore proposes the following models for each of the facilities housing offenders with SPMI, SMI, or serious concerns association with mental illness symptoms, intellectual disability issues, or other cognitive/neurocognitive issues. We also target specialized programs within our models, to include individuals with specific safety considerations and emergency interventions for suicide prevention. Additionally, if necessary, we provide a diversionary model for those who have been housed within a restrictive housing environment.
Treatment Process

VitalCore’s Acute Care and Residential Services model is specialized to address the needs of individuals with serious behavioral health difficulties. The program includes teaching, role playing, and the practice of applying positive coping skills. Our standardized group therapy process emphasizes developing relapse prevention, safety, and wellness plans for each participant. VitalCore’s Acute Care & Residential Services model includes combining best-practice community programs with correctional behavioral health topics into interventions.

The Model includes the development of:

✓ Individualized interventions designed to promote distress tolerance to include identification of personal triggers and de-escalation techniques.
✓ Wellness Plans, which focuses on positive steps an individual chooses to take to prevent relapse of mental health symptoms.
✓ Safety Transition Plans to help participants identify supports outside of the acute care unit, and aid with the transition to a lower level of care.
✓ Guidance and training for behavioral health professionals to standardize the group therapy process, ensuring groups stay on track and positive interventions are made within the time allotted.
✓ Focused periods dedicated to education, practice and application of skills.

Acute Care and Residential Services allows for treatment of individuals who require services within a specialized unit to include group therapy, individual therapy, activity therapy, participation in Multidisciplinary Service Teams, and psychiatric services. The unit milieu and program focus on improving coping strategies, interpersonal communication, individual strengths, skill development, and continued stabilization of behavioral health symptoms as the individual works towards a lower level of care. Admission Criteria and Placement Process for Acute Care & Residential Units:

a. Overt psychotic symptoms not controlled by medication.
b. Current and serious self-injurious behavior.
c. High levels of trauma to the extent that trauma-related anxiety is causing destructive behaviors motivated by avoidance of General Population
d. Ongoing depression with chronic suicidality.
e. Those with serious mental illness who need enhanced psychiatric services to control symptoms, including KDOC Behavioral Health Classification Disorder Levels 4-6.

Individuals are referred for transfer to the Acute Care & Residential Units by the QBHP completing a Transfer Summary document and presents the summary during the Multidisciplinary Services Team Meeting.
Clinical Programmatic Design

The QBHP Curriculum Guide provides evidence-based treatment options that the QBHP utilizes based on the individual’s current need and level of functioning.

Treatment is defined as interventions that are most frequently provided out-of-cell, included in the individualized treatment plan, which is approved by appropriately licensed clinicians, to address a behavioral health diagnosis or issue. Treatment interventions include evidence-based group or individual therapy and psycho-social and educational modules by licensed or trained medical staff, psychiatric services, activity therapy, special needs monitoring, and interventions to increase medication compliance.

1. All treatment group curricula have been approved and are either evidence-based or evidence-informed.
2. All modules require a pretest and posttest (administered by the QBHP).
3. The QBHP has the freedom to choose the appropriate module based on the clinical need of their group.
4. When a module is successfully completed the QBHP awards each individual with a certificate of completion and such is reported during the MDST meeting and documented in the individualized treatment plan.
5. A weekly group schedule will be developed and followed by each unit. A sample schedule is shown.

Activities are defined as any out of cell activity that an individual attends voluntarily. Programming consists of normal unstructured or structured unit activities, such as yard and showers, or out of cell classes and education assigned by the Multi-Disciplinary Services Team (MDST). Treatments, activities, and programs that best meet the needs of the individual and facility is directed by the MDST. Treatment interventions are determined by the QBHP and psychiatric staff. A proposed example of the therapeutic aspects for each of the therapeutic units is as follows:
El Dorado Correctional Facility – Individualized Reintegration Unit
VitalCore acknowledges that the EDCF IRU consists of 64 beds of offenders with highest acuity symptoms, as well as an additional 128 beds for the residential/reintegration program.

**Treatment Process**

<table>
<thead>
<tr>
<th>Unit</th>
<th># Groups</th>
<th>Types/Content of Groups</th>
<th>Group Frequency</th>
<th>MDST Meetings</th>
<th>Clinical Monitoring</th>
<th>Medication Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRU – High Ac 64 beds</td>
<td>10/Week</td>
<td>Motivational Interviewing; Managing Stress &amp; Anger; Skills &amp; Mindfulness Training; Socialization</td>
<td>3x Weekly</td>
<td>Monthly or more often</td>
<td>Daily</td>
<td>Monthly</td>
</tr>
<tr>
<td>IRU – Res 128 beds</td>
<td>10/Week</td>
<td>Medication Adherence &amp; Education; Addictive Behavior; Dual Diagnosis; Illness Self-Management; Community Meeting.</td>
<td>1 Weekly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

Lansing Correctional Facility – Treatment and Reintegration Unit (TRU)
VitalCore acknowledges that the LCF – TRU consists of 284 beds which includes a residential level reintegration unit of up to 110 beds and a more intensive outpatient focused program (with the remaining TRU beds).

**Treatment Process**

<table>
<thead>
<tr>
<th>Unit</th>
<th># Groups</th>
<th>Types/Content of Groups</th>
<th>Group Frequency</th>
<th>MDST Meetings</th>
<th>Clinical Monitoring</th>
<th>Medication Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRU – Res 110 beds</td>
<td>7/Week</td>
<td>Medication Adherence &amp; Education; Addictive Behavior; Dual Diagnosis; Illness Self-Management &amp; Recovery; Community Meeting.</td>
<td>Weekly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Monthly</td>
</tr>
<tr>
<td>TRU – IO 174 beds</td>
<td>10/Week</td>
<td>Medication Adherence &amp; Education; Addictive Behavior; Dual Diagnosis; Illness Self-Management; Managing Stress &amp; Anger; Community Meeting Anger; Community Meeting.</td>
<td>Monthly</td>
<td>90 Days</td>
<td>Monthly</td>
<td>90 Days</td>
</tr>
</tbody>
</table>
**Topeka Correctional Facility – Mental Health Unit (TCF-MHU)**

VitalCore acknowledges that the TCF-MHU contains up to 26 beds for high acuity and transitional mental health services for female offenders.

### Treatment Process

<table>
<thead>
<tr>
<th>Unit</th>
<th># Groups</th>
<th>Types/Content of Groups</th>
<th>Group Frequency</th>
<th>MDST Meetings</th>
<th>Clinical Monitoring</th>
<th>Medication Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHU – High Ac 13 beds</td>
<td>5/Week</td>
<td>Dual Diagnosis; Medication Adherence; Skills &amp; Mindfulness Training; Trauma &amp; Stress Reduction; Socialization; Motivational Interviewing</td>
<td>3x Weekly</td>
<td>Weekly</td>
<td>Daily</td>
<td>Monthly</td>
</tr>
<tr>
<td>MHU – Res 13 beds</td>
<td>5/Week</td>
<td>Medication Adherence &amp; Education; Addictive Behavior; Dual Diagnosis; Illness Self-Management &amp; Recovery; Community Meeting.</td>
<td>3x Weekly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

**Kansas Juvenile Correctional Complex**

VitalCore acknowledges that KJCC holds up to 15 beds to house juveniles with serious behavioral and mental health concerns.

### Treatment Process

<table>
<thead>
<tr>
<th>Unit</th>
<th># Groups</th>
<th>Types/Content of Groups</th>
<th>Group Frequency</th>
<th>MDST Meetings</th>
<th>Clinical Monitoring</th>
<th>Medication Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHU – High Ac 7 beds</td>
<td>3/Week</td>
<td>Socialization; Motivational Interviewing;</td>
<td>Daily</td>
<td>Weekly</td>
<td>Daily</td>
<td>Monthly</td>
</tr>
<tr>
<td>MHU – Res 8 beds</td>
<td>3/Week</td>
<td>Cognitive Skills Building; Socialization; Motivational Interviewing; Dual Diagnosis; Substance Use Education;</td>
<td>Daily</td>
<td>Weekly</td>
<td>Daily</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

**VitalCore Behavioral Health Group Therapy Curriculum**

VitalCore’s curricula for group therapy includes a wide variety of choices for the clinician. The topics covered are associated with the evidence-based issues known to work with justice-involved individuals: Addictive Behavior; Motivational Interviewing; Trauma-Informed Interventions; Medication Adherence; Skills & Mindfulness Training; Cognitive-Behavioral Skills Building & Socialization; Dual Diagnosis; Criminogenic Risk Factors; Managing Stress & Anger; and Activity Therapy. *Open-ended groups* are ongoing. Behavioral health professionals rotate the
different group topics in the core curriculum. These groups are intended to prevent waiting lists for individuals who are symptomatic and should not wait for the initiation of group therapy.
<table>
<thead>
<tr>
<th>Topic Addressed</th>
<th>Curriculum Name</th>
<th>Suggested Outcome Measures</th>
<th>Formal Group Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI, AB, DD</td>
<td>Curriculum-Based Motivation Group: A Five Session Motivational Interviewing Group Intervention</td>
<td>Situational Confidence Questionnaire; SOCRATES</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>MI, DD, AB</td>
<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT) 4-Week Curriculum</td>
<td>SBIRT Skills Assessment Mini-Clinical Evaluation Exercise</td>
<td>SBIRT</td>
</tr>
<tr>
<td>SMT, MSA, TII</td>
<td>Dialectical Behavioral Therapy Skills Building</td>
<td>DBT Ways of Coping Checklist, Difficulties in Emotional Regulation Scale, Mindfulness Awareness Attention Scale</td>
<td>DBT Skills</td>
</tr>
<tr>
<td>MSA, SMT</td>
<td>A Mindfulness-Based Stress Reduction Workbook</td>
<td>Mindfulness Awareness Attention Scale (MAAS)</td>
<td>Stress Reduction and Mindfulness</td>
</tr>
<tr>
<td>CBSS, SMT, MI, TII, CRF</td>
<td>START NOW Facilitator Manual</td>
<td>TCU Criminal Thinking Scales</td>
<td>START NOW</td>
</tr>
<tr>
<td>CBSS, CRF</td>
<td>From the Inside Out: Taking Personal Responsibility for Relationships in Your Life</td>
<td>Relational Assessment Questionnaire (RAQ); Conflict Resolution Questionnaire (CRQ)</td>
<td>Relationships</td>
</tr>
<tr>
<td>CBSS, CRF</td>
<td>Time Out for Men (excluding sexuality component) and Ideas for Better Communication: Special Version for Incarcerated Populations</td>
<td>Relational Assessment Questionnaire (RAQ); Conflict Resolution Questionnaire (CRQ)</td>
<td>Relationships</td>
</tr>
<tr>
<td>CBSS, DD, AB</td>
<td>A New Direction: Socialization</td>
<td>TCU Social Functioning</td>
<td>Socialization</td>
</tr>
<tr>
<td>MSA, CRF</td>
<td>Beyond Anger: A Guide for Men</td>
<td>Snell Clinical Anger Scale</td>
<td>Beyond Anger</td>
</tr>
<tr>
<td>TII, DD</td>
<td>Beyond Trauma: A Healing Journey for Women</td>
<td>TCU Mental Trauma and PTSD Screen</td>
<td>Beyond Trauma</td>
</tr>
<tr>
<td>CRF</td>
<td>Beyond Violence: A Prevention Program for Criminal Justice-Involved Women; Special Edition for use in the Criminal Justice System</td>
<td>Snell Clinical Anger Scale</td>
<td>Beyond Violence for Women</td>
</tr>
<tr>
<td>TII, DD, MSA</td>
<td>A Mind Frozen in Time: A PTSD Recovery Guide</td>
<td>TCU Mental Trauma and PTSD Screen</td>
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<td>Quick Inventory of Depressive Symptomatology (QIDS-16)</td>
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<td>Quick Inventory of Depressive Symptomatology (QIDS-16)</td>
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<td>The Complete Art of Assertiveness: Practical Skills for Positive Communication</td>
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**Legend:**
- **AB:** Addictive Behavior
- **MI:** Motivational Interviewing
- **TII:** Trauma-Informed Intervention
- **MA:** Medication Adherence
- **SMT:** Skills & Mindfulness Training
- **CBSS:** Cognitive-Behavioral Skills Building & Socialization
- **DD:** Dual Diagnosis
- **CRF:** Criminogenic Risk Factors
- **MSA:** Managing Stress & Anger
- **AT:** Activity Therapy

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### Juvenile BH Group Curriculum

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<tr>
<th>Area/s Covered</th>
<th>Name of Group</th>
<th>Curriculum Used</th>
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<td>MSA, CRF, SH</td>
<td>Anger Management</td>
<td>In Control: A Skill-Building Program for Teaching Young Adolescents to Manage Anger</td>
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<td>Ann Fields</td>
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<td>Positive Life Changes</td>
<td>Positive Life Changes: A Cognitive-Behavioral Intervention for Adolescents and Young Adults</td>
<td>Guerra (Research Press)</td>
<td>Mindful Attention Awareness Scale – Adolescent Version (MAAS-A); Brief COPE; Rosenberg Self-Esteem Scale</td>
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<td>UCLA PTSD Index</td>
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<td>The Matrix Model-Intensive Outpatient Alcohol and Drug Treatment Program</td>
<td>J. Obert; P. Brethen; M. McCann</td>
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<td>Forward Thinking</td>
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<td>Trauma Intervention</td>
<td>Coping With Stress: A CBT Program for Teens with Trauma</td>
<td>MN DOC (Hazelden)</td>
<td>Beck Hopelessness Scale; BDI-II; BAI</td>
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<td>One Circle Foundation</td>
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<td>TII, SMT</td>
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<td>Voices: A Program of Self-Discovery and Empowerment for Girls</td>
<td>Dr. Stephanie Covington</td>
<td>Rosenberg Self-Esteem Scale; Brief Copet; Mindfulness Attention and Awareness Scale – Adolescent Version (MAAS-A)</td>
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<td>Norma J. Stumbo, Ph.D., CTRS</td>
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<td>Wellness Reproductions &amp; Publishing</td>
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**AB:** Addictive Behavior  
**CRF:** Criminogenic Risk Factors  
**MSA:** Managing Stress & Anger  
**SH:** Separation from GP Housing  
**TII:** Trauma-Informed Intervention
**Resistant to Group or Individual Therapy Process**
VitalCore aggressively works with offenders to establish treatment plans that are geared toward the offender’s viewpoint regarding their individual recovery. Motivational interviewing techniques are utilized to engage the offender in the treatment planning process. When an individual participates in their treatment plan and sets goals for their own recovery process, they are more apt to participate in the therapeutic process. Goals can then be aligned between the individual, clinician, and Multidisciplinary Services Team.

**Medication Compliance Monitoring & Communication to MDST Process**
All individuals requiring psychotropic medication must remain medication compliant throughout treatment. Exceptions to this rule are those identified by psychiatry as no longer requiring medication or those who are in the process of discontinuing medications. The QBHP assigned as the offender’s designated primary clinician will report the percentage of the offender’s medication compliance during the MDST review process.

**Reintegration/Re-entry Process for Transfers & Discharges**
Transition planning into a less restrictive environment as well as reentry into the community is included within each individual’s individualized Treatment Plan. Reentry into a less restrictive placement takes place before release unless the individual poses too great a risk to the security of the facility as determined by the MDST and facility Warden/Superintendent.

BH Relapse Prevention Plans are developed by the MDST for each individual when a move to a less restrictive environment is considered. This plan is constructed by the BHP together with the individual and signed by the individual prior to their advancement to a less restrictive housing placement. This plan reflects the recommendations of the MDST as a whole. This plan is included as part of the individual’s individualized treatment plan and is entered into the health record by the BHP.

The MDST provides recommendations to the receiving housing environment regarding the reentry needs of each individual within a behavioral health unit. These recommendations are also placed within the individualized Treatment Plan by the QBHP.

Before the individual’s release from incarceration, the MDST reviews and provide re-entry recommendations to the Unit Team Counselor, KDOC Discharge Planner, Mentoring Coordinator/Peer Behavioral Health Counselor and Victim Services Coordinator as needed.

Multidisciplinary care of individuals housed within the facility is coordinated with health services and security staff throughout the incarceration process.

BH Relapse Prevention Plans and Safety Plans are developed by the MDST for each individual when a move to a less restrictive environment is considered. This plan is constructed by the BHP.
together with the individual and signed by the individual prior to their advancement to the final incentive level. This plan reflects the recommendations of the MDST as a whole. This plan is included as part of the individual’s individualized treatment plan and is entered into the health record by the QBHP.

A Transition plan may include:
- An individual’s List of Coping Skills
- Community and Crisis Resources
- Journal Pages
- List of Strengths
- Labeling Emotions List
- Gratitude List
- Wellness Plan Template
- Facility Resources

**Dual Diagnosis Treatment Process for SPMI/SMI/MI symptoms**
VitalCore has implemented evidence-based practices to address behaviors leading to re-incarceration, including substance use disorders. Curricula used incorporates cognitive-behavioral techniques to change high-risk thinking and behavior.

VitalCore uses an *integrated treatment model for substance use and co-occurring disorders*; a research-proven model for individuals with serious mental illnesses and co-occurring substance use disorders (Fox, 2015). Within this model, individuals receive combined treatment for mental illness and substance use disorders from the same provider so that they receive consistent messages about treatment and recovery.

**Objectives of Treatment**
- Incorporate psychotropic medication management and medication assisted treatment for substance use as indicated.
- Provide outcome-based interventions for delivering effective cognitive restructuring and social skills training. Treatment services concentrate on behavioral patterns of addiction, changing irrational thinking patterns, and enhancing motivation for treatment, while also incorporating treatment for symptoms of serious mental illness.

**Design of the Co-Occurring Treatment Model**
Depending on level of treatment need at the facility, group therapy is the primary mode of treatment, with individualized sessions added as necessary. An initial screening for substance use disorders is conducted during the initial admission and intake evaluation process. The intake
comprehensive evaluation provides an initial diagnosis regarding substance use and serious mental illness. Assessments including the Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2006) and the Rapid Opioid Dependence Screen (RODS; Wickersham, Azar, Cannon, Altice, & Springer, 2015) may be used as clinically appropriate.

**Screening Recommendations**

Based on the above screenings, the following may be recommended:

- Educational 12-Step and Preventative groups.
- Motivational Interviewing as a preparatory course to assess and prepare for readiness to address the co-occurring disorders.
- Further assessment for inclusion in the Co-occurring group therapy program
- Medication Assisted Treatment (MAT) as indicated by medical and/or psychiatric evaluation.
- Mental health treatment in conjunction with MAT and/or as a preparatory measure and as needed for stabilization prior to initiating substance use treatment.

**Outcome Assessments & Follow up Recommendations** –

Following completion of the designated therapeutic interventions and curriculums, outcome measures are administered. Outcomes are designed to measure the reduction of substance use, improvements in psychiatric symptoms and functioning, increases in overall stability, reduction of recidivism and substance use, and show an improved quality of life.

- Determination of needs prior to the individual’s release, such as recommendations for Medication Assisted Treatment (MAT).
- The total duration of treatment is determined by the individual’s needs, response to treatment, and length of incarceration.

**Co-Occurring Disorders Treatment**

- Treatment includes a harm-reduction model, which incorporates addressing issues related to trauma and violence, motivational aspects, and gender-informed best-practices.
- Those performing co-occurring disorders treatment are preferably dually licensed as behavioral health clinicians and licensed addictions counselors.
- Co-Occurring mental health and substance use treatment is addressed by the same team, in the same location, and is integrated on organizational and clinical levels.
- The following group therapy components may be incorporated as needed into an individual’s treatment plan within VitalCore’s Co-Occurring Disorders Program:
Curriculum Based Motivation Group (Fields, 2005). This program is used to assist individuals in their preparation for treatment.

Integrated Dual Disorders Treatment (Fox, 2015).

Release and Reintegration – A New Direction Curriculum (Minnesota Department of Corrections, 2011).

Seeking Safety (Najavits, 2002).

Beyond Trauma (Covington, 2016). Provided for the female population for those individuals exposed to trauma and as a follow-up to the substance use recovery program.


Criminal and Addictive Thinking - A New Direction Curriculum (Minnesota Department of Corrections, 2011).

Additional curricula may be added to address emotional regulation, managing stress and anxiety, and other topics as needed.

Weekly MDST Meeting for Transfer Recommendations To/From high acuity to transitional/reintegration units. (to include documentation of meeting between facilities/units)

The Multidisciplinary Services Team (MDST) identifies those individuals that need behavioral health treatment at a higher level of service than general population/outpatient.

Multi-Disciplinary Services Team Guidelines:
The MDST minimally consists of the following three (3) persons: Corrections Counselor or Unit Team Manager, Behavioral Health Professional, and Lieutenant or living unit Security representative. Any additional staff from other disciplines may attend as deemed appropriate (such as a representative from Activity Therapy, Psychiatry, Re-entry, or Chaplain).

The purpose of the MDST:

1. Once the Regional Behavioral Health Director approves transfer into a behavioral health program, the MDST determines the appropriate unit placement.
2. Develops and coordinates treatment and activities among the various departments to achieve individualized goals.
3. Determines if the individual is completing recommended treatments and required programming.
4. Determines if recommended treatments/activities are effective in the
5. individual working toward completing their goals.
6. Recommends increasing or decreasing privileges/incentives.
7. Recommends reintegration to general population housing to the RH Review Board when clinically appropriate.

The MDST meets regularly, reviewing each unit individual and their progress with their treatment plan goals. Individuals may be reviewed by the MDST more frequently, depending on the acuity of the individual.

**Process for Refusals to Participate in Program**

VitalCore actively engages individuals within the program in the treatment process, even when the offender refuses to participate. Motivational Interviewing techniques are added individually on a regular basis. Individuals are not automatically removed from the program for non-participation. No later than one week of noncompliance in treatment, the QBHP addresses the issue in the following ways:

- Revise the Treatment Plan to better accommodate the individual’s need and encourage participation.
- Institute daily BH rounds if the individual refuses treatment or limits contacts to the extent that the BH Professional is unable to evaluate the individual’s mental status.
- Offer individualized Activity Therapy.
- Discuss with the MDST the Treatment Plan and intervention techniques weekly to improve participation.

**Continuous Quality Improvement Tracking – Effectiveness of Treatment Plans/MDST & Post-Transfer Monitoring for Recidivism to Higher Level of Treatment**

VitalCore assigns an outcome measure for each treatment curriculum assigned to an individual according to their treatment plan. Individuals who are higher acuity and who have not made positive progress with the outcome measures associated to the treatment interventions will be reviewed by the Multidisciplinary Services Team (MDST) more frequently in order to make additional changes to the treatment plan. Outcome measure results will be reported out to the MDST. Additionally, behavioral targets will be discussed for each individual to meet as assigned by the MDST and reported on by the assigned clinician during the scheduled MDST meetings.

Post-transfer monitoring will also occur for individuals who have transferred to a lower level of care to facilitate a positive adjustment and ongoing assessment for recidivism to a higher level of treatment.
**Annual Reviews for Program Structure, Group/Individual Therapies & Staffing Levels**

VitalCore acknowledges and agrees to provide annual reviews of each treatment unit with KDOC collaboration to continually improve upon the program’s structure, adding evidence-based individual and group therapies, and a review of staffing levels to ensure adequate resources are available to provide necessary treatment on each unit.

**4.6.18.2 Activity and Recreational Services**

**4.6.18.2(a) Services at EDCF, KJCC, LCF, HCF, and TCF**

Activity and Recreational Therapists (ARTs) will be used in our programs to restore, remediate, and address an individual’s level of functioning and independence in life activities by using a person-centered, recovery-based model. Activity and Recreation Therapists promote health and wellness, teach life and recovery skills, and work to reduce or eliminate the activity limitations and restrictions that can be caused by mental illness.

The VitalCore Behavioral Health Activity Therapy Curriculum provides treatment options that ART staff utilize based on the current needs and level of functioning of an individual or group of individuals. Thus, the curriculum can easily be modified to fit the needs of the various facilities and populations noted – namely, EDCF, KJCC, LCF, HCF, and TCF. The following group-based activities form the core of offerings and are presented to individuals as part of the ART services curriculum:

**Social Skills**

- Provides opportunities for patients to learn and practice appropriate social behaviors via strategies such as rehearsal and role play to increase their ability to engage with and communicate effectively with others.
- After teaching a module, individuals role play initiating two (2) interactions with peers and staff per session.

**Health and Wellness**

- Provides health and wellness topics and activities to increase an individual’s understanding of basic nutrition, health needs, and self-care (sleep hygiene, relaxation, etc.).
- Encourages adoption of general wellness strategies including diet, fitness/exercise, relaxation, and stress reduction.
✓ Individuals can identify and demonstrate at least two (2) alternatives for maintaining a healthy lifestyle that they plan to incorporate into their lives upon discharge.

**Relaxation**

✓ Teaches various self-regulatory techniques to decrease feelings of tension and increase the sense of calmness, and may include breathing techniques, progressive muscle relaxation, guide relaxation CD’s/videos, aromatherapy, and other relaxing activities.
✓ Individuals identify and show an improved understanding of which self-soothing and free time activities are most helpful and/or interesting to them.

**Leisure Activities and Music**

✓ Provides education and opportunities to explore a variety of games, crafting, and other leisure activities to help individuals identify personal areas of interest/hobbies that they can utilize for more adaptive use of free time in their current setting, or upon return to the community or a less restrictive setting.

**Current Events/Reality Orientation**

✓ Educates and encourages socialization and communication skills via sharing opinions and thoughts on a wide variety of topics related to local and world events.
✓ Promotes validation of personal opinions and feelings. Utilizes a variety of materials such as the newspapers, internet articles, and other supplemental self-assessments/worksheets.
✓ Individuals develop a connection with the world around them and an improved ability to evaluate and share information.
✓ Awareness of events in the community is beneficial for individuals who have been incarcerated or hospitalized for an extended period.

**Management of Personal Life Skills**

✓ Provides individuals with education and training to develop skills integral to personal life and work issues including effective management of money, household, health, transportation, and technology.
✓ Explores identification of personal barriers and strengths.
✓ Individuals submit a household/management budget that encompasses all the
variables and skills learned in the group to fit their lifestyle.

Assertiveness Training

- Provides individuals with healthy models of acting in one’s own best interest, standing up for one’s self, expressing oneself honestly and directly without infringing on the rights of others
- Identifies differences between aggressive and passive versus assertive behaviors
- Teaches strategies for healthy communication such as listening skills, making requests, learning how to say “no”, and displaying appropriate body language
- Individuals role-play and receive feedback on effectively and appropriately communicating their requests and or declining someone else’s request.

4.6.18.2(b) Qualifications of Activity and Recreational Therapists
Because of the important role that A & R therapists play in the delivery of Activity/Recreation based therapies, VitalCore will ensure that each ART has at least a bachelor’s degree in an appropriate activity therapy field or in a behavioral health related field.

4.6.18.2(c) Oversight and Goals of Activity and Recreational Services
Activity and Recreation Therapists will work under the direction of an independently licensed behavioral health staff to provide purpose-driven, goal-oriented activities that teach skills in: hygiene and wellness, assertiveness, interpersonal and social skills, managing stress and relaxation, leisure activities, independent living (including time management, management of medication, and health promotion), and job skills. Activity and Recreational Therapists promote individualized interests and pursuits and help individuals engage in daily activities.

4.6.18.2(d) Activities Provided and Percentage of Anticipated Use
Many of VitalCore’s Activity and Recreation Therapies are outlined in the sample Curriculum’s noted in section 4.6.18.1. While the exact percentage of use may vary depending on the site/population, in general, across sites, we have built Activity Therapies into our curriculums so that they can be offered at the most acute levels twice a day; 5 to 6 days a week. As always, VitalCore will match the treatment based upon individual need and therefore, individual involvement in AR therapies will be dictated to some extent by the motivation/abilities of the patient, and the group culture.

4.6.18.3 (a)(1) to (4) Sex Offender and Substance Abuse Treatment for Juvenile Offender Populations

Substance Use Disorder Treatment for Juvenile Offenders
VitalCore has implemented evidence-based practices to address substance use in juvenile offenders. Curricula used incorporates cognitive behavioral techniques to change risky thinking
and behavior.

Treatment objectives:
Treatment services concentrate on behavioral patterns of addiction, changing irrational thinking patterns into rational thinking patterns, enhancing motivation for treatment, while also incorporating treatment for trauma-related symptoms and symptoms of other serious mental illness. Psychotropic medication management is also incorporated into treatment according to the individual’s psychiatric treatment plan.

Design:
Depending on level of treatment need, group therapy is the primary mode of treatment, with individualized sessions occurring as clinically indicated. The program may be comprised of the following components:

As part of the comprehensive evaluation, individuals are evaluated for substance use treatment need utilizing the Substance Abuse Subtle Screening Inventory (SASSI) (Miller, 1989). Individuals identified as needing treatment are then evaluated utilizing the Addiction Severity Index (ASI) (McLellan, Luborsky, O’Brien, & Woody, 1980) or the Teen Addiction Severity Index (TASI) (Kaminer, Burkstein, & Tarter, 1991). The evaluation establishes the level of treatment indicated for the individual, based on their historical substance use and their current risk for continued use.

The following may be recommended based on the results of the evaluation:

• Mental Health Treatment as stabilization prior to initiating substance abuse treatment.
• Motivational Interviewing as a preparatory course to assess and prepare for readiness to address the co-occurring disorders.
• Educational & Preventative groups.
• Substance Abuse group therapy curriculum.

Outcome Assessments & Follow up Recommendations:
• Following completion of the designated therapeutic curriculums, individuals are assessed for treatment outcomes, utilizing the ASI (McLellan, Luborsky, O’Brien, & Woody, 1980) or the TASI (Kaminer, Burkstein, & Tarter, 1991). Outcomes targeted include reduced substance use, improved psychiatric symptoms and functioning, increased housing stability, reduced recidivism, and improved quality of life.
• Determination of needs and follow-up recommendations are provided prior to the individual’s release.
• The total duration of treatment is determined by the individual’s needs and response to treatment.
**Treatment:**
Clinicians performing substance related treatment are licensed as addictions counselors by the KS state licensing board. Treatment includes a harm reduction model, incorporates issues related to trauma and violence, motivational aspects, and gender-informed best-practices.

Mental health and substance use treatment are evaluated and addressed by the same team, in the same location, and is integrated on organizational and clinical levels. The current primary curriculum for individuals receiving substance use treatment services for VitalCore is the Matrix Model (Obert, Brethen, & McCann, 2007), an evidence-based program effective in reducing risk of substance use in youthful individuals.

**Sex Offender Treatment for Juveniles**
VitalCore provides comprehensive sexual offender treatment for juvenile sexual offenders. VitalCore will collaboratively work with Juvenile Services to ensure those who meet requirements treatment are included in the program. VitalCore has developed a research-informed treatment program for juvenile sexual offenders. In a comprehensive effort, VitalCore provides programming through the Risk-Needs-Responsivity (RNR) model and customizes interventions to address the specific criminogenic needs of individual offenders.

VitalCore acknowledges that juvenile offenders will be released to live and work alongside us in our communities and be responsible for controlling their own behaviors. Based on this reality, our program is designed to give those screened into the program the knowledge and skill sets that they need to live pro-social, law-abiding, and productive lives as they grow into adulthood. The primary purpose of the program is to reduce the likelihood of sexual re-offending by assisting participants in the management of their thoughts and behaviors that can lead to sexual offending.

**Sexual Offender Treatment**
VitalCore recognizes that the treatment needs of juveniles are different. Our juvenile sexual offender treatment program is based on the philosophy that sexual offenders have the ability to change, and that sexual re-offending behavior can be reduced through counseling and treatment. VitalCore will provide a comprehensive approach to therapeutic assessment, evaluation, counseling and treatment, intervention, and discharge assessments/follow up with juveniles. This is accomplished through the application of psycho-educational groups, group therapy, and individual therapy provided with sufficient time to build strong therapeutic alliances and to identify and address underlying issues and concerns. VitalCore’s philosophy of providing treatment to sexual offenders incorporates the following beliefs:

- There is evidence indicating that sexual offender treatment is effective.
- Ongoing assessment at the beginning, during the treatment process, and upon discharge and follow up is essential.
Sexual offenders are responsible for their behaviors. Acceptance of responsibility for their behaviors is possible by internalization and insight through the treatment process.

Individuals can learn to monitor and control their thoughts and behaviors that can lead to sexual offending.

Treatment for sexual offenders will always be delivered in a professional and ethical manner.

Treatment is designed in an individualized manner through targeting dynamic risk factors within designated timeframes.

Treatment goals are established through a collaborative process between the Multi-Disciplinary Treatment Team (MDT) and the offender.

Interventions include motivational techniques to engage the individual, facilitating a gratifying and beneficial process, facilitating the most likely opportunity to gain positive, prosocial insight and progress in the program.

Individuals are responsible for their participation and progress through the program.

Sexual offenders that participate in treatment in a supportive environment are less likely to reoffend.

Follow-up treatment in the community may be necessary for many offenders.

Screening and Assessments
VitalCore proposes to work closely with the Juvenile Services to define which incarcerated individuals are considered for sexual offender treatment. All individuals will be assessed upon admission to determine needs associated with mental health disorders, substance use, behavioral risks, as well as additional items for intake and classification. Upon admission, individuals will be provided with a full complement of screenings with a review of psychological and educational testing and history that may include:

- Substance Use Screening
- Trauma Screening
- Academic Achievement Screening
- Intellectual Screening
- Risk Assessments
- Personality Assessment
- Individually administered intelligence testing (when indicated)
- Sexual Offender risk assessment (when indicated)

Screening and assessment instruments will be utilized to establish treatment needs and match interventions that meet their identified risk and need level specifically for sexual offender treatment. Additionally, these assessment tools will be utilized during and at the end of the
treatment program to measure progress throughout the program and validate gains when treatment is completed. Many times, higher risk sexual offenders do not volunteer to participate in treatment. VitalCore proposes to complete face to face screenings with all sexual offenders upon admission during the Reception and Diagnostic process. We use motivational interviewing techniques and the development of a therapeutic rapport to increase rates of higher risk sexual offenders volunteering to participate in the treatment program. Our screening and assessment instruments incorporate a combination of a static and dynamic risk assessments, personality assessment variables, brief measure of intelligence, and criminogenic risks and needs. These instruments are used to inform our treatment providers as to high areas of risk, inform decisions on levels of treatment, and assess changes in risk status during the process of treatment and posttreatment monitoring. Examples of Screening and Assessment instruments may include, but not be limited to the following:

- The Estimate of Risk of Adolescent Sexual Offense Recidivism (The ERASOR) is an empirically guided approach to estimating the risk of a sexual re-offense for an adolescent, presently aged 12 to 18 years, who has previously committed a sexual assault.
- Juvenile Risk Assessment Scale (JRAS)
- Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II)
- Treatment Progress Inventory for Adolescents who Sexually Abuse (TPI-ASA)
- Comprehensive interview
- Review of historical and demographic data
- Full sexual history questionnaire

Once the assessment is complete, the clinician, in conjunction with the treatment team, will develop an individualized relapse prevention treatment program. Responsivity issues are addressed that maximize the individual’s ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender. The individualized plan outlines the individual’s sexual issues, short- and long-term goals, offender and staff responsibility during the individual’s daily schedule, and a list of coping strategies that assist the individual in following his/her relapse prevention program. Individual and group counseling with an emphasis on relapse prevention is also a key component of the program.

**Treatment Program**

VitalCore proposes different levels of treatment based on risk level. The program is comprehensive in scope and utilizes an integrated approach including individual and group counseling, individualized treatment planning, and psycho-educational groups. A mainstay of treatment involves individuals learning to avoid sexual aggression as well as learn and apply the skills they need to live responsibly in the community. Self-Regulation is an important element of
treatment which affords the participant opportunities to learn about and practice interventions to more effectively and pro-socially meet their needs. Working collaboratively with their therapist, offenders learn what lead to past offenses and then work to develop pro-social attitudes, thinking, and skills needed to reduce the likelihood of re-offending and increase pro-social living.

Program participants receive individual and group therapy and psycho-educational group sessions. Group sessions generally include 12 to 14 members at a maximum. The assessed risk level of the individual determines how many recommended hours of treatment per week are assigned. Additionally, offenders have monthly individual sessions with their therapist. Participants who complete the primary treatment phases are expected to participate in aftercare treatment once released to the community. This community phase may last from 6-12 months depending on individual risk factors, compliance with supervision and treatment progress.

The goals of group therapy during incarceration include:

- Help the offender gain insight and understanding of their individual pathway which led to sexually offending.
- Develop, implement, and monitor both cognitive and behavioral interventions to recognize and intervene on their specific dynamic risk factors.
- Teach relapse prevention and skills necessary for the offender to reduce, and control risk.
- Help the offender learn the attitudes, skills, and behaviors necessary to live pro-socially.
- Help the offender prepare to use their new skills and knowledge in the community.
- Additional specialty groups address sexual deviancy, life skills, self-regulation skills, co-occurring needs such as chemical dependency, emotional regulation, and other topics.

VitalCore’s sexual offender treatment program is divided into three risk levels. Our core curriculum includes the following major subject areas: Inappropriate Sexual Behavior; Healthy Sexuality; Social Competency & Core Beliefs and Values; Cognitions Supportive of Sexual Abuse; Attitudes Supportive of Sexual Abuse; Victim Awareness; Affective/Behavioral Regulation; Risk Prevention Awareness; Positive Family Dynamics; Relapse Prevention & Successful Living Plans; and Discharge Planning & Aftercare.

Sample Risk Levels and Example Prescribed Treatment Hours:
Low Risk – approximately 6 months or less
- Group sexual offender treatment (psychoeducation) per week = 1 hour
- Individual sexual offender treatment = as needed
- Other groups as necessary based on risk level and substance use/mental
health needs

Moderate to High Risk – approximately 9 to 12 months or less
- Group sexual offender treatment per week = 2 hours
- Individual sexual offender treatment = as needed
- Other groups as necessary based on risk level and substance use/mental health needs

High Risk – approximately 12 to 18 months
- Group sex offender treatment = 3 hours
- Individual sex offender treatment = 1 hour per week
- Cognitive-based skills groups = 3 hours per week
- Other groups as necessary based on risk level and substance abuse/mental health needs

Evaluating Progress
VitalCore measures the progress of each participant using a variety of tools and outcome measures including but not limited to the following: Multi-Disciplinary Services Team and Staff Observation; Group Participation and Assignment Completion; Quizzes to Evaluate Understanding of Psycho-Educational Material, and the TPI-ASA. The treatment team meets with any juveniles making unsatisfactory progress within the program.

4.6.19 Services Available at All Facilities including Specialized MH Programs

4.6.19.1 (a) (1) Group Therapy
We intervene when individuals need care as early as possible to reduce or ameliorate distress and to prevent the worsening of behavioral health symptoms. We strive to increase the duration of recovery for each individual with serious mental illness, highlighting the need for preventative care and maintenance within an outpatient environment. Our outpatient program is specifically designed to address the needs of incarcerated individuals with mental illness, from intake through discharge and to address those needs in an individualized manner. We use modularized group and individual interventions with a focus on planning, prevention, and skills building. We also focus on emotion-regulation skills and therapies addressing symptoms related to trauma to help improve the coping skills of individuals with co-occurring illness as well as those who experience situational setbacks in their mental health recovery. VitalCore uses a person-centered behavioral health treatment approach, allowing clinicians to form individually based treatment plans that involve monitoring specific outcomes to determine if the interventions match the treatment goals.

VitalCore understands and embraces the complexities of providing behavioral health care to the
somewhat unique population of justice-involved individuals. We recognize the importance of trauma-informed, gender-specific differences in the etiology and expression of mental illness, and other populations requiring treatment, such as differences with the geriatric and juvenile populations, and those with co-occurring disorders, to name a few. The behavioral health curriculum we utilize reflects this stance in its inclusion of group therapies offered to achieve maximum benefit for the individuals served within the system. Our interventions are geared toward addressing each individual’s needs.

We have developed a comprehensive set of curriculums for our clinicians to use to address the individual’s high risks/needs and presenting symptoms. Topics addressed in our curriculums include:

- Trauma-Informed Interventions
- Skills and Mindfulness Training
- Managing Stress and Anger
- Cognitive-Behavioral Skills Building and Socialization
- Co-Occurring Symptoms
- Medication Adherence
- Addictive Behavior
- Motivational Interviewing

VitalCore has samples of these learning objectives and homework assignments for each module, and outcome assessments available to share with the DOC.

4.6.19.1(2) Thinking for a Change
VitalCore endorses the T4C curriculum for adults diagnosed with SMI and will ensure that staff are trained to facilitate groups, to include with partnership with KDOC program providers.

4.6.19.1(3) Process for Review of Group Offerings
A cornerstone of VitalCore’s healthcare philosophy is an unwavering commitment to providing outcome-based, comprehensive behavioral health treatment that mirrors industry best-practices and that are constantly evolving. We believe in using modularized curriculums and interventions that are proven to be best practice in the industry and are researched and updated at least annually. In determining the efficacy of the group offerings, VitalCore staff will consider the research, industry best practices, facility group culture, and individual accomplishment towards treatment goals as a result of group participation. Any editions or deletions from offerings, or major revisions to the curriculum being contemplated will be submitted for review and approval by the Office of Healthcare Compliance.
4.6.19.1(4) Dual Diagnosis Groups
VitalCore uses an integrated treatment model for substance use and co-occurring disorders; a research-proven model for individuals with serious mental illnesses and co-occurring substance use disorders (Fox, 2015). Within this model, individuals receive combined treatment for mental illness and substance use disorders from the same provider so that they receive consistent messages about treatment and recovery. This framework incorporates the use of outcome-based group interventions for delivering effective cognitive restructuring and social skills training. Additionally, group topics concentrate on behavioral patterns of addiction, changing irrational thinking patterns, and enhancing motivation for treatment, while also incorporating treatment for symptoms of serious mental illness. Psychotropic medication management and medication assisted treatment for substance use are incorporated into the curriculum, as indicated.

4.6.19.1(5) Restrictive Housing Program (Telehealth Potential)
Quality behavioral health treatment and programmatic services will be provided to all individuals in need regardless of their housing status. Individuals with mental illness are often best managed in specialized housing or treatment units other than Restricted Housing (e.g., Acute Care Units with Managed Movement), but if placed in a Restrictive Housing environment, careful care coordination will be required. VitalCore ensures, in accordance with applicable correctional health care standards, that screening will occur for all individuals within twenty-four (24) hours of placement in RH status to assess for signs and symptoms of mental illness, suicide risk and self-harming behavior, and regular and ongoing monitoring and provision of care is offered throughout the individual’s stay in the Restrictive Housing environment. A detailed approach to provide intensive services for offenders in restrictive housing can be found in section 4.6.17 Restrictive Housing Services. Where facility infrastructure, institutional circumstances, or individual offender status precludes an in-person group format, VitalCore will work with KDOC staff to determine the appropriateness of remote (tele-health) group interventions.

4.6.19.1(6) Open-Ended Group Therapy for Immediate Access to Treatment
The VitalCore Behavioral Health Group Curriculum includes researched treatment options for the QBHP to utilize, that are proven to work within the correctional population. Group therapies are chosen based on the current needs and level of functioning of an identified group of individuals and utilizes the Open-ended group format. These groups are intended to prevent waiting lists for individuals who are symptomatic and should not wait for the initiation of group therapy. All groups operate at the speed most conducive to the structure and content of the group. Time limits are not required for each module. Some groups work at a slower or faster rate than others, depending on the needs of the individuals in the group.
4.6.19.1(7) Completion and Documentation of Mental Health Groups

VitalCore will ensure that all mental health group sessions are completed and documented as required in this contract. Accurate and permanent documentation in each patient’s record of behavioral health services provided is critical for continuity and quality of care.

4.6.19.2(a)(1) Psychiatric Services and Psychotropic Medications – Psychiatric Coverage

VitalCore will establish monthly on-call schedules to every facility and is prepared to provide psychiatric coverage via phone, telehealth, or in live clinics within fifteen (15) minutes of being contacted by a site or behavioral health staff. VitalCore has at its disposal, expanded use of Telehealth Services for all Kansas facilities through George Washington University and other Kansas-based practitioners. We will be able to utilize these Telehealth Services to supplement the services of off-site specialists but also to respond to offender complaints introduced through the Health Services Request system, and especially those that are more emergent in nature. The Telehealth Services operates 24 hours per day, 7 days per week. Between George Washington Telehealth, Kansas-based telehealth practitioners, and our in-house and on-call psychiatric coverage, we will ensure psychiatric consultations occur within fifteen (15) minutes of contact by a site.

4.6.19.2(a)(2) Timeliness of Psychiatric Evaluations

VitalCore emphasizes prevention, identification, early intervention and the aggressive treatment of mental disorders. Our protocols support giving priority treatment to those individuals who are most severely impaired by their mental disorder, are dangerous or who can’t function within the facility. This philosophy is reflected in our approach to the provision of psychiatric care. If the offender presents with a current prescription for psychiatric medications, he/she will be referred to a psychiatric provider for a medication evaluation, which is completed within 72 hours of the referral. Emergency psychiatric referrals will be addressed immediately, and well within the KDOC specified four (4) hour timeline.

4.6.19.2(a)(3) Newly Admitted Offenders in Need of Psychotropic Medications

All individuals admitted into custody will receive a health screening upon intake by a behavioral health-trained registered nurse. This screening will include a file review, if applicable, and a face-to-face interview with observation of the individual’s behavior and symptoms, as well as a series of questions designed to elicit important mental health data. One such screening questions elicits information regarding current or past use of psychotropic medications. If the offender presents with a current prescription for psychiatric medications, the offender will be referred to a psychiatric provider for a medication evaluation, which is completed within 72 hours of the referral.
4.6.19.2(a)(4) Monitoring of Offenders on Psychotropic Medications

VitalCore’s staffing levels will ensure a psychiatrist is available to routinely interview and examine offenders on psychotropic medications. Individuals identified as needing ongoing, routine psychiatric services including medication management will be added to the psychiatric caseload. Psychiatric providers will develop an individualized treatment plan, including clinical visits minimally every 90 days, or every 30 days if treatment is provided in an acute or residential treatment environment, or if needed according to newly prescribed medication and monitoring. Advanced tele-health services may be utilized as a supplement to, or in place of, in-person encounters. Site psychiatric providers prescribe psychotropic medications, their dosages, frequency of administration, and the frequency of continued psychiatric follow-up. Psychiatric providers make medication and treatment decisions based on evidence-based clinical practices, and in line with VitalCore’s approved formulary. VitalCore’s psychiatric providers will follow Disease Management Guidelines to ensure evidence-based clinical practices are utilized.

4.6.19.2(a)(5) Offenders on Psychotropic Medications Offered Psycho-Educational Groups

For individuals prescribed psychotropic medications, adherence and compliance with taking the medication as prescribed is an important component in attaining optimal functioning. As such, activities that can increase one’s understanding of mental illness, the effects and side effects of psychotropic medications, and the need for treatment compliance will be offered. Psycho-educational modules, delivered in a group format, that help the individual develop and rehearse skills, explore personal barriers and strengths, and foster a sense of understanding and mastery of their symptoms/mental illness will be offered by licensed or trained medical or behavioral health staff.


Psychopharmacology practices will be conducted in accordance with the current regulatory standards of NCCHC, APA, KDOC policies and procedures, VitalCore clinical guidelines, and appropriate community standards for psychiatric care. VitalCore will establish a formulary with our pharmacy vendor of legend drugs for use within the facilities. This formulary will be kept current with community standards of practice within managed care environments and will include atypical anti-psychotic medications, new generation anti-depressants, and generics. VitalCore’s quarterly Pharmacy and Therapeutics Committee meetings will include review of the formulary and non-formulary medication usage, provider prescribing practices, drug utilization review, educational information, drug costs, and other relevant topics to pharmacy operations.

4.6.19.2(a)(7) Use of Formulary Exceptions when Offender is Stable

VitalCore supports timely identification and treatment of individuals with mental illness and recognizes that entering the correctional environment can be stressful and destabilizing for those identified as SPMI. Patients who enter the facility on prescription psychotropic medication will be continued on the same medications as verified, even if non-formulary, until such time as seen
by the psychiatrist and evaluated. Once evaluated, the medication may be continued, or an alternative may be offered if indicated. Typically, practitioners will prescribe from an approved VitalCore formulary to the extent possible. However, VitalCore is receptive to the use of non-formulary medications and has established guidelines within policy to guide our providers should a SPMI offender present at admission, as stable on a non-formulary medication. If such an event occurs, a non-formulary request will be completed in the intake process to ensure there is no delay in care and will be received by the offender within 24 hours of the order initiation.

4.6.19.2(a)(8) At Least One FTE Psychiatrist is Credentialed to Treat Opioid and Other SA Disorders (MAT).
VitalCore will provide an evidence-based/best practices Medication Assisted Treatment program to treat offenders diagnosed with an opioid use disorder.

The VitalCore model views substance use disorders through the lens of chronic disease and provides offenders access to medical and behavioral health education, treatment and linkages that support healthy functioning and their successful re-entry into society.

VitalCore staffing plans will include at least one (1) FTE physician/psychiatrist trained and credentialed to prescribe MAT and be responsible for overseeing assessing, treating and monitoring the use of MAT for the full range of incarceration. Each facility will have access to the range of FDA approved MAT medications and where feasible, the physician(s) will be trained to be able to receive a Waiver and to provide buprenorphine on site.

In the absence of compelling clinical indication, VitalCore does not support the practice of automatic medically supervised withdrawal of patients from MAT medications upon intake into a facility -especially for those individuals with an anticipated short stay. Our current policies contemplate continuing MAT medications for offenders who enter the facility with an active MAT prescription, until or unless a QHCP institutes a different course of medical treatment, according to contractual policies. If a MAT prescription is noted, the individual will be referred timely to a QHP to determine the clinical appropriateness of MAT maintenance continuation. Interruptions in established MAT medication regimes should only be made by a QHP. Pregnant females with an active MAT prescription should be referred immediately to a QHP for MAT continuation consideration. VitalCore shall coordinate its services with the Substance Use Treatment, and as indicated in best practices – we will ensure each site has Naloxone available for use 24 hours a day. To support the range of treatment options, we will include descriptions of both medical induction and withdrawal management policies in our healthcare intoxication and withdrawal policies. Finally, given the heightened risk of overdose for those with opioid use disorder returning to the community after a period of incarceration, discharge planning services will be provided. In keeping with best practices, VitalCore will work closely with all discharge planning activities to ensure continuity of patient care to include medication, scheduling community appointments with local and regional substance use treatment programs, and other activities.
that may include peer support and or family connections.

**4.6.19.3(a) Individual Therapy on Outpatient Basis**

VitalCore understands the responsivity principle and will match the level of intervention to the level of identified need. We recognize that some offenders are better suited for individual therapy based on their intellectual and cognitive abilities, criminogenic risk issues, and other co-occurring mental health issues. As such, we utilize individual therapy based on the individual’s current need and level of functioning to address specific goals in the treatment plan, or as an adjunct to group-based services. Individual therapy services are most often used as a supplement to group services or as an alternative for group when an individual is unable or unwilling to participate in a group therapy context. When, and if appropriate, offenders will be transitioned to group therapy, as group therapy holds opportunities for offenders to learn from one another and allows for consistent contact with at-risk offenders throughout their incarceration.

**4.6.19.3(b) Individual Therapy within Treatment Plan**

VitalCore mental health professionals will develop and maintain mental health treatment plans for offenders in need of ongoing mental health treatment. VitalCore will ensure that each offender with a clinically indicated need has an Individualized Mental Health Treatment Plan (ITP) based on an assessment of the offender’s clinical needs. The ITP is an integral component of the mental healthcare program as it provides a “roadmap” for defining and communicating the ongoing plan of care to address the treatment needs of each offender.

Once able to establish a diagnosis and the ongoing behavioral health needs of the offender, an individualized treatment plan will be developed. The treatment plan is designed to assist the offender in achieving his or her highest level of function. The treatment plan is a working agreement between the behavioral health professionals who are providing services and the offender who is receiving these services, outlining where the treatment is headed and how the treatment will work.

VitalCore’s treatment plan:

- Provides the offender and the behavioral health team with a working diagnosis
- Establishes goals for the offender to achieve
- Details skills and supports necessary to achieve the goals
- Outlines potential barriers to achieving the goals
- Identifies and guides behavioral health interventions.
- The frequency and type of interventions may be included in the treatment plan.

VitalCore’s approach to individualized treatment planning is centered on a multidisciplinary team approach and will include collaboration with the Multidisciplinary Treatment Team at each facility that provides mental health services. The team will include correctional staff as part of
the Multidisciplinary Services Team. VitalCore considers the correctional staff an important source of information that provides valuable treatment and behavioral information.


Individuals diagnosed with Personality Disorders/Behavior Disorders, as defined by the DSM-5, exhibit behaviors that create significant challenges in the correctional environment. The disruptions in cognitions, affect, interpersonal functioning and impulse control are enduring and often maladaptive patterns that significantly impact the individual and the environment and are best managed with a multi-disciplinary services team (MDST) model – led by behavioral health staff.

Carefully constructed and well thought out BMPS, that target specific maladaptive and strength-based behaviors will be used to guide management of these individuals. Decreasing acts of self-injurious, suicidal or aggressive behavior, and emotional reactivity; and increasing active problem solving, accurate communication of emotions, and emotion modulation are the types of behaviors that can be addressed in a BMP. Established individualized targets outlined on the BMP will be tracked daily with emphasis and acknowledgment given to small successes and accomplishments; and with provisions for expected behavioral setbacks.

Engaging a MDST to help guide and reinforce appropriate pro-social behavior; and provide accurate, timely and consistent feedback can be instrumental in managing this population. The MDST will meet regularly, reviewing individual’s progress with the BMP. Individuals may be reviewed by the MDST more frequently, depending on the acuity of the individual. Additional responsibilities for the MDST include coordinating treatment and activities among the various facility departments to achieve individualized goals; provides feedback regarding whether the individual is completing recommended treatments and required programming; determines if recommended treatments/activities are effective in the individual working toward completing their goals; and recommends increasing or decreasing privileges/incentives as appropriate.

4.6.19.4(a)(2) Utilization of Evidence-Based Therapeutic Interventions and Skill Building Techniques

A cornerstone of VitalCore’s healthcare philosophy is an unwavering commitment to providing outcome-based, comprehensive behavioral health treatment techniques as identified in the individual’s BMP. Toward that goal, we commit to providing services that mirror industry best-practices and that are constantly evolving. A range of effective interventions that seek to enhance intrinsic motivation; understand level of risk and target criminogenic needs; be responsive to an individual’s temperament, learning style, culture and gender; provide skill training, attend to positive reinforcement; engage on-going support in the correctional environment; measures relevant processes, and provide feedback, will be most effective for this population.
VitalCore utilizes evidence-based therapeutic interventions and skill building. Modularized curriculums and interventions are proven to be best practices in the industry and are researched and updated annually. Our interventions are geared toward an individual's needs. According to best-practice research funded by the National Institute of Mental Health1, “a variety of treatments addressing trauma, stress, medication compliance, and skill building were effective in reducing criminal justice involvement of justice-involved persons with SMI.” These interventions were also found to reduce distress, improve coping, and reduce behavioral problems. With this research in mind, we have developed a comprehensive set of curriculums for our clinicians to use depending on the individual’s high risks/needs and symptoms. Topics addressed in our curriculums include: Trauma-Informed Interventions-Skills, Mindfulness Training, Managing Stress and Anger, Cognitive-Behavioral Skills Building and Socialization, Dual Diagnosis, Medication Adherence, Addictive Behavior and Motivational Interviewing.

All individuals admitted into custody will receive a behavioral health (BH) screening. Individuals who screen positive on a number of factors – to include indices suggestive of personality disorder – will be referred for a full behavioral health evaluation. Individuals requiring a full behavioral health evaluation will be evaluated by a QBHP, with a referral for services by a Psychiatrist. The comprehensive behavioral health evaluation, which can help lay the groundwork for the BMP includes a face-to-face interview that includes an assessment of:

- Current behavioral health status and current/historical treatment, to include psychotropic medication use
- Current suicidal potential and person-specific risk factors that increase suicide potential, as well as protective factors that protect against suicide potential
- Violence potential and person-specific factors that increase violence potential.
- Prior sexual abuse, victimization, and predatory behavior.
- Drug and alcohol use and/or addiction treatment
- Records review, including criminal history, current charges, and social history
- Consultation with correctional staff regarding behavioral observations of the individual
- A review of psychological and educational testing and history that may include:
  - Substance Use Screening
  - Trauma Screening
  - Academic Achievement Screening
In addition, VitalCore staff has available a number of screening tools that may be used to understand the offender’s symptoms and, in some cases, rate the severity of the symptoms. The screening tools themselves do not diagnose mental disorders, but they can be adjunctive tools used to clarify clinical perceptions and provide goals/target content for inclusion on the BMP.

The Structured Clinical Interview DSM-5 (SCID-5) will be used to help diagnose Neurodevelopmental Disorders, Bipolar and Related Disorders, and Anxiety Disorders. The LOCUS can be used to guide assessment, level of care placement decisions, continued stay criteria, and clinical outcomes. The GAMA can be used to assesses a person’s intellectual ability using minimal verbal requirements (language barrier, inability to verbally express himself/herself). The ACE tool is now widely used to predict who is at greater risk of both physical and mental health problems in adulthood, based upon the person’s experiences as a youth. This tool helps to identify trauma and abuse. The Personality Inventory for DM-5-Brief Form assesses 5 personality trait domains including negative affect, detachment, antagonism, disinhibition and psychoticism. With the option of use of these screening and assessment tools, Behavior Health Professionals will be able to more accurately diagnose disorders and develop meaningful treatment plans/BMPs.

4.6.19.4(a)(3) Training for Staff Who Will Interact with Offender
VitalCore is intensely committed to empowering and educating staff with the skills needed to work most effectively with this population. Our dedication to training is highlighted by the fact that our corporate leadership staff maintain their credentials as Certified Correctional Health Professionals (CCHP) by the NCCHC. Additionally, our Corporate Behavioral Health leaders are certified trainers in the ACA’s Correctional Behavioral Health Certification (CBHC) program. As a company, we are invested in exceeding standards and expected practices in correctional healthcare.

As such, VitalCore dedicates time to providing training to staff on how to intervene with an individual who shows significant emotional distress or mental illness and who appears to be a risk for self-harm or harming others. We find it extraordinarily beneficial to have a common base of understanding between the behavioral health and other staff – especially as other staff (e.g., security) are more often present with offenders on a day-to-day basis. We find that if security
and other staff are trained and attuned to recognize, interact, and refer those with personality disorders into treatment, all stakeholders stand to gain. Topics included in training include:

- Administration of first aid care
- Recognition of the need for emergency care in life-threatening situations
- Recognition of acute manifestations of certain chronic illnesses (e.g., intoxication and withdrawal, and adverse reactions to medication)
- Recognition of signs and symptoms of behavioral illness, personality disorders, acting out, and intellectual disability
- Understanding of behavioral management techniques
- Application and use of reinforcement
- Suicide Prevention
- Crisis Intervention
- Confidentiality of health care information

4.6.19.4(a)(4) Continuity of Care between Facilities and for Discharge

VitalCore staff will complete a medical (to include behavioral health) summary sheet for all inter and intra system transfers to ensure continuity of care. It is vital that appropriate information is provided to the behavioral health care staff at the receiving facility so that any treatment needed can be maintained. Further, VitalCore staff will initiate communication with the receiving facility so that any questions can be answered in an expeditious manner. VitalCore will ensure that appropriate records are received and understood so that appropriate treatment can be maintained.

VitalCore recognizes the importance of establishing appropriate care for offenders upon release to the community and will therefore meet with facility staff and the offender long before the release date to discuss the need for services and the resources already available to the offender. When indicated, we will arrange linkages with community clinics, health departments, indigent care facilities, shelters, and mental health facilities; provide a list of resources available to individuals in their community of release, prepare a discharge summary to provide to the individual with a summary of his/her care needs to be provided to the next provider in the community, work with psychiatric staff to ensure appropriate medications are prescribed at release, work with Social Security Administration to address disability access and care for individuals with significant needs, facilitate the process for individuals with pending releases, whose functioning is grossly impaired, to determine the need for hospitalization and/or involuntary civil commitment. In addition, where possible, we will provide opportunities for community service providers to meet the offender.

We also believe that it is important to teach the offenders in self-management of behavioral health. We will counsel offenders about the importance of taking their medications, maintaining mindfulness and stress reduction practices, getting good sleep, eating healthy foods, and
exercising. VitalCore staff will also teach the offenders about the dangers of overdoses. It is important to talk with all offenders about preventing addictions, but for those who have already experienced addiction, we will refer them to community resources to assist them with addiction treatment and maintaining sobriety. And as already stated, VitalCore treats the whole patient so we realize that successful re-entry requires the means for the individual to support himself/herself.

4.6.19.5(a) Documentation of All Behavioral Health and Psychiatric Encounters
All behavioral health and psychiatric encounters will be documented utilizing the Electronic Health Record. VitalCore will ensure completion of all documentation in a timely manner and in keeping with the policies and procedures of the KDOC and NCCHC and ACA standards. The protected health records will be available to all staff with a documented need to know, will be maintained under secure conditions, and will be maintained confidentially.

4.6.19.5(b) Timeliness of Documentation of Encounters
Accurate and timely documentation is critical in the healthcare environment and is in keeping with ACA expected practices and NCCHC standards. VitalCore supports and endorses the practice of behavioral health staff completing documentation related to a behavioral health encounter prior to the end of the workday. Where temporary failure of the EHR or other emergency conditions exist, documentation for all encounters will be completed no later than the end of the next business day.

4.6.20.1(a) through (h) – Process and Content for Mental Health Continuous Quality Improvement (MH-CQI)
VitalCore understands and supports the multidisciplinary provision of healthcare with the goal of continuously improving performance that enhances individual/patient outcomes. VitalCore provides a Quality Assurance Performance Improvement (QAPI) Program that supports the safe, effective, and appropriate provision of health care for the individual receiving services. With oversight and input from VitalCore’s Corporate Director of Quality Improvement and the Regional Quality Improvement Coordinator, each site’s Health Services Administrator will ensure the facility is implementing QAPI.

Structure of the Program
Performance Improvement is a proactive and continuous study of processes with the intent to prevent or decrease the likelihood of problems. The site Health Services Administrator will be the on-site party responsible for the development and oversight of the facility’s QAPI Program. He/she will be the liaison between the VitalCore Corporate Director of Quality Improvement, Regional QI Coordinator, and facility staff and will assemble a multidisciplinary QAPI committee that meets monthly to identify areas of opportunity and identify and analyze the root causes of persistent or systemic problems.
The Regional Vice President will oversee and assist the Health Services Administrator to ensure the facility is implementing the QAPI program as intended. Once the site has identified areas for improvement, the VitalCore Corporate Office QAPI Committee, which will include but not be limited to the Director of Quality Improvement, the Corporate Medical Director, the Chief Operating Officer – Clinical Services and the President of Clinical Affairs-Behavioral Health, will collaborate to provide corrective action plans and establish targeted expectations for improvement. Monthly re-evaluation and follow-up will continue until the facility achieves at least 90% compliance. Thresholds will be determined by the VitalCore Corporate Office QAPI Committee who establishes targets for each problem by using Community Standards of Care, Policies, Procedures and Nursing Clinical Guidelines that are compliant with the National Commission on Correctional Healthcare, American Correctional Association, Agency for Healthcare Research & Quality, and the Institute for Safe Medication Practices.

The Corporate Director of Quality Improvement will oversee the Corporate Quality Assurance Performance Improvement Calendar. This calendar will provide Corporate expectations for standardized monthly reviews of critical healthcare functions. Data collected during these monthly company-wide reviews will inform and highlight areas of relative strength and opportunities for improvement. Quality Improvement Screens developed for each of these areas of oversight will be used to evaluate site data.

**Goals & Elements of the Program**

VitalCore’s QAPI is based on five (5) programmatic elements, with related goals as noted herein:

1. Design and scope are ongoing and comprehensive to deal with the full range of services offered by the facility including, but not limited to:
   - Chronic care
   - Emergent Care
   - Preventative Care
   - Care Transitions / Sequential Intercepts
   - Accreditation & Compliance
   - Outcomes-based treatment and cost effectiveness
   - Setting goals for safety, quality and prevention for all clinical interventions while emphasizing outcome and evidence-based treatment and cost effectiveness
   - Goals Include, but are not limited to:
     - Provide a systematic method for multidisciplinary staff engagement within an environment of performance improvement, providing opportunities for feedback and learning
     - Implement quality assessment, evaluation, performance improvement planning, and monitoring of healthcare processes and outcomes
     - Identify and reduce errors
o Improve overall staff and offender safety

2. Governance and Leadership are part of the critical foundation that stabilizes the QAPI program and encompass:
   • Healthcare administration that provides leadership and support to the employees as they make the Quality Assurance process part of their routine and integrate into the culture of the site and the organization.
   • A Health Services Administrator that leads the employees through the process by coordinating employee training, confirming access to resources and equipment and ensuring competency development for excellent standardized care.
   • Leadership within the facilities that ensures expectations are being set and maintained for safety, quality, access, and prevention in a transparent and respectful environment.
   • Leadership that is responsible for accountability as VitalCore believes in creating an atmosphere of safety, not punishment wherein quality concerns are reported and addressed in a respectful, efficient, and effective manner.

3. Systems are in place to monitor care and services, drawing data from multiple sources including but not limited to:
   • Patient Outcome Measures
   • Audit results including but not limited to:
     o Monthly self-auditing standards results
     o Grievances or reported concerns
     o Life safety results
     o Serious outcome or adverse/sentinel event clinical reviews
   • Health Record data
   • Internal facility monitoring tools including but not limited to:
     o Maintenance and Environmental Services monitoring tools
     o Patient satisfaction surveys
     o Staff satisfaction surveys
     o Infection control surveillance, tracking and trending tools

4. Performance Improvement Projects (PIPs) are developed, tracked and trended patterns are identified to improve processes and outcomes
   • PIPs are developed in areas identified as needing attention
   • Information is gathered systematically, and improvements are implemented
   • Selected areas are important and meaningful for specific type and scope of services unique to each facility
5. Systematic Analysis and Action (SAA) are essential
   • SAA utilizes a systematic approach to determine where in-depth analysis is needed to fully understand problem, causes and implications of change
   • Ensures a thorough, organized and structured approach
   • Includes policies and procedures that demonstrate proficiency in use of Root Cause Analysis
   • Promotes continual learning and continuous improvement

Areas of Focus
The Health Services Administrator or designee will track adverse patient events, analyze their causes, and report findings to the Performance Improvement Committee. The Performance Improvement Committee or assigned workgroup will implement preventive actions and mechanisms that include feedback and education throughout the facility. The Quality Assessment Rounds Form can be used to identify areas of concern such as:

   • Adverse patient events include, but are not limited to:
     o Medication errors
     o Adverse drug reactions
     o Major injuries
     o Sentinel events
     o Patient deaths (including Suicides)
   
   • Other QAPI Areas of Focus may include:
     o Behavioral Health Specific
       ▪ Acute Care Unit Treatment Planning
       ▪ IRU Treatment Planning
       ▪ Recidivism to Acute Care/IRU
       ▪ Group Therapy outcome measure progress
     o Offender satisfaction
     o Medication management
     o Information management
     o Information technology
     o Pharmacy services
     o Infection control management
     o Safety management
     o Environmental services
     o Accounting practices
     o Marketing practices
     o Rehab/Physical therapy
     o Discharge planning
     o Nursing services
- Falls & Accidents
- Pain management effectiveness
- Pressure ulcers
- Venous Thromboembolism
- Consistent assignments
- Use of chemical and therapeutic restraints
  - Human Resource Services
    - Staffing Levels
    - Staff turnover
    - Staff Satisfaction

Performance Indicators & Methodology

VitalCore’s Performance Indicators include:
- QAPI-1 - Quality Assessment Rounds Form
- QAPI-2 - Performance Improvement Project Worksheet
- QAPI-3 - FOCUS-PDCA Worksheet
- QAPI-4 - Performance Improvement Plans (PIPs) Report Form

The FOCUS-PDCA: “Find, Organize, Clarify, Understand, Select” (FOCUS) - “Plan, Do, Check, Act” (PDCA) system will be used as the accepted quality improvement methodology at all VitalCore sites. This methodology provides a structured and standardized process of identifying and conducting quality improvement projects. Each facility, with its unique issues, will be expected to identify specific areas of health care that require oversight and improvement.

Performance Improvement Plans (PIPs) will be used to establish the objectives and processes necessary to deliver results in accordance with the expected goals. Performance measures will be based on current evidence-based and best-known practices developed to represent interdepartmental communication and interdisciplinary processes as necessary to provide a solid infrastructure. The following data sources may be used in the development of performance measures:
- Employee perceptions of potential safety risks to offenders and/or employees
- Employee reports of errors or perception of errors
- Auditing tools and oversight findings
- Mental health policies and procedures
- Outcomes of processes or services, including adverse events
- Resource performance measures from facility-approved internal and external databases
- Infection control surveillance and reporting
- Review of Grievances
• Satisfaction Surveys
• Peer-Reviewed Research
• Review of sentinel events
• Performance measures related to the following processes, as appropriate for care and services provided, are reviewed monthly by the QAPI Committee:
  o Management of Hazardous Conditions
  o Medication Management
  o Any Identified Procedures that Places Patients at Risk
  o Restraint Use
  o Staffing Effectiveness.
  o Appropriateness and Effectiveness of Pain Management
  o Care or Services to High-Risk Populations
  o Benchmarks or Thresholds that Trigger Intensive Assessment and Evaluation are Established

Summary
Quality Assurance Performance Improvement is an integral component of the VitalCore healthcare delivery model. It is built into the ethic of our sites and is utilized to measure the effectiveness of the care and services we provide. QAPI is most effective when it is planned, systematic, and when all appropriate healthcare and other disciplines work collaboratively to implement. At the site, Regional, and Corporate level, VitalCore is committed to a culture of quality and continuous improvement.

4.7 Pharmacy Services

4.7.1 General Pharmaceutical Services
VitalCore will provide all pharmaceutical services for the KDOC system.

4.7.1.1 Responsibility for Pharmaceuticals
VitalCore will provide all prescription and non-prescription medications and will comply with all State and Federal regulations. We will ensure that all pharmaceutical operations are under the direction of a licensed pharmacist.

4.7.1.2 Pharmaceutical Packaging and Supplies
VitalCore will provide all related packaging, inclusive of all packaging material, supplies, distribution, and courier services through our proposed subcontract Pharmacy Providers, Correct RX or Diamond Pharmacy. We are providing information regarding both providers so that KDOC can choose which provider they prefer. Both are exceptional providers of pharmaceutical services. Please note that VitalCore does not hold any exclusive agreement with any
pharmaceutical provider but does hold agreements with both companies.

4.7.1.3 through 4.7.1.5 Details of Pharmaceutical Management

VitalCore will provide for management of pharmaceuticals that includes:

- A formulary.
- A formalized method for obtaining non-formulary medications.
- Prescription practices, including, requirements that medications are prescribed only when clinically indicated as one facet of a program of therapy, and a prescribing provider re-evaluates a prescription prior to its renewal.
- Medication procurement, receipt, distribution, storage, dispensing, administration and disposal.
- Administration and management in accordance with state and federal law and supervision by properly licensed personnel.
- Administration of medications by persons properly trained and under the supervision of the health authority and facility or program administrator or designee.
- Secure storage and perpetual inventory of all controlled substances, syringes, and needles.
- Accountability for administering and distributing medications in a timely manner and according to physician orders.

VitalCore will provide monitoring and oversight of our Pharmaceutical partner. We understand that all services provided by the pharmaceutical subcontractor is the responsibility of VitalCore, and we will manage that service as our own.

PHARMACY SERVICES- VitalCore will ensure the availability of pharmacy services that meet the needs of the offender populations. Our plan is to provide for pharmaceuticals to the County in the most cost-effective and reliable manner available.

PHARMACY CONSULTANT AND INSPECTIONS - A consultant pharmacist, paid for by VitalCore, will conduct inspections monthly for the first year of the contract and not less than quarterly thereafter. These inspections will include all aspects of pharmacy from the point of order entry, through dispensing, administration/distribution, disposal, and documentation. The pharmacist will inspect all areas where medications, whether legend drugs or Over-the-Counter (OTC) products, are stored and maintained at the facility.

The inspection will cover other aspects of pharmaceutical management such as storage conditions, security, disposal practices, return of unused medications, and documentation of inventory management for stock medications and psychotropic and controlled substances.

Security aspects such as double locking of controlled substances will be included. Physical issues such as light, ventilation, overall temperature, moisture, refrigerator use, and temperature will be included as well.
This pharmacist will generate a professionally prepared, legible report from each inspection, and we will develop a response with a plan of corrective action for any problematic areas. These complete reports will be delivered by the Health Services Administrator to the KDOC.

STOCK MEDICATIONS- VitalCore will ensure that the stock supply includes emergency drugs for the emergency supplies as determined by the Medical Director. We will ensure that there are enough stock medications to cover the first 48 hours of a prescribed order. Additionally, stock will include items for poison control, antidote, and overdose management, again determined by the Medical Director.

All staff who work with medications will be oriented fully to pharmacy procedures and to poison control numbers. These numbers will be posted conspicuously in medication areas and in the infirmary and intake areas.

FORMULARY- VitalCore will establish a formulary with our pharmacy vendor of legend drugs for use within the facilities. This formulary will be kept current with community standards of practice within managed care environments. A comprehensive policy and procedure describing the use of the formulary and procedures for non-formulary approval will be maintained and updated annually.

The on-site Medical Director will approve or deny any non-formulary request including psychotropic medications. A formulary for OTC products will be established, and we will coordinate with the use of approved nursing protocols for minor, self-limiting illnesses among the offender population. Commonly used medications are available and include medications that are newer generation, safe for the environment, and in compliance with all state regulations.

VitalCore’s contracted pharmacy will provide appropriate educational materials for medications for staff and to provide to offenders as needed. Please see our most commonly used Drug Formulary attached.

PHARMACY AND THERAPEUTICS COMMITTEE- VitalCore will establish a quarterly Pharmacy and Therapeutics Committee meeting to include review of the formulary and non-formulary usage, provider prescribing practices, drug utilization review, educational information, drug costs, and other relevant topics to pharmacy operations. The Medical Director and D.O.N. will participate, and the consulting pharmacist will chair the committee. All providers on-site will participate in the meeting.

MEDICATION ADMINISTRATION AND DISTRIBUTION- Medications will be administered to the offender population by appropriately licensed personnel (RN, LPN, or CMA) or with proper oversight may be Keep on Person (KOP) by the offenders depending upon the medications involved and the assigned housing unit. No controlled substances, TB, HIV, Hep C, or psychotropic medications will be KOP and will be administered on a dose-by-dose basis by licensed nursing
staff. KOP medications will be monitored within the population, and we will work with the KDOC on implementation of the process and the training of security staff regarding search and seizure situations.

Nursing staff will document the administration of medications on the Medication Administration Record (MAR) at the time of the administration. The number of prescriptions and medications dispensed will be included in the monthly Health Services Report.

Nurses that administer medications will be required to report any errors immediately to their supervisor.

DISPOSAL/DESTRUCTION OF MEDICATIONS- VitalCore will establish a formal process, in concert with state and federal laws, regarding the destruction or disposal of medications including patient-specific dispensed medications, stock medications, controlled substances (whether stock or dispensed), and psychotropic medications. Medications will be purged routinely so that the on-site quantity does not build up. Documentation of all destruction and disposal will be complete, thorough, and available for review upon request.

VitalCore’s subcontracted pharmacy provider will accept unused medications for refunds when each unit dose is properly labeled. The pharmacy provider will arrange for pick up and return of all unused or discontinued medication.

SAFETY OF STORAGE- VitalCore will ensure that all medications are maintained in a safe and secure manner and that counts of controlled substances occur on a per-shift basis by the oncoming and off going nurses together. Counts will always be conducted by a two-person team. Any waste will be documented appropriately. VitalCore staff will maintain an inventory of pharmacy medications and supplies.

Controlled substance stock will be managed and documented appropriately with no cross-outs or whiteouts. The pharmacist conducting the routine inspections will monitor this documentation for completeness and accuracy as well as the charge nurse or nursing supervisor and Director of Nursing, as these aspects are critical to the performance evaluations and ongoing supervision of nurses managing these medications.

INTAKE MEDICATIONS- VitalCore will establish a policy and procedure for the handling of medications coming into the facilities with offenders upon intake. Offenders arriving at intake who are currently on psychotropic medication(s) will be continued on the same medications as verified, even if non-formulary, until such time as seen by the psychiatrist and evaluated for a change to a formulary medication.

A non-formulary request will be completed in the event of the intake continuation of a verified community prescription that is not on the current formulary. We will work on Non-formulary and
specialty medication in the intake process to ensure there is no delay in care.

ORDER PROCEDURES - VitalCore will ensure that medications are only administered according to a legitimate order by a practitioner including physician, psychiatrist, mid-level provider, or dentist and are received by the offender within 24 hours of the order initiation. We will ensure all telephone or verbal orders are countersigned within the time allotted by law within the State. Nursing may distribute OTC medications in accordance with approved nursing clinical guidelines. Any pharmacy errors made in the packaging of medications will be reported immediately to the nursing supervisor and to the pharmacy. The contracted pharmacy and VitalCore staff will maintain a tracking system for renewal of medication orders.

VitalCore will maintain oversight of the pharmacy program to ensure pharmacy rules and regulations are followed and monitored closely. Please also refer to our Pharmaceutical Operations – Controlled Substances Policy #P-D-01.01 as well as our corresponding juvenile policy, Pharmacy Operations – General #Y-D-01.00 for further details.

Each facility will have an established back up pharmacy which provides medication when delivery from the contracted vendor pharmacy will not be timely for appropriate patient care and when stock medications will not suffice.

Each facility’s drug room will post the following certificates: Institutional Drug Room Certificate/Permit; Distributor Certificate of Renewal/Permit; State Board of Pharmacy Certificate; DEA for facility clinic; and DEA for retail pharmacy vendor.

VitalCore will maintain IV drugs including drugs that can be safely administered as chemotherapy at EDCF. We will also maintain Hepatitis C direct acting viral treatment for all offenders identified with the disease and according to the KDOC’s plan.

VitalCore will maintain awareness of new medication regimes approved by the DEA for treatment of conditions that currently have no identified medication regimen and will utilize those medications as appropriate.

VitalCore will conduct annual competency tests for all medical staff (RNs, LPNs, and CMAs) that administer medications, including direct observation administration as well as KOP medications.

4.7.2 Release Medications

4.7.2.1 to 4.7.2.6 Supplies of Release Medications for Varied Purposes
VitalCore will establish site-specific policies and procedures for the management of legend medications upon offender discharge. We will provide for continuity of care and avoid disruption of prescribed medications, particularly those life-sustaining or for chronic illness management, to
include mental health conditions. The duration of these release medications will be as follows:

- 30-day supply for offenders released to the community, if the offender can be trusted to handle appropriately;
- 7-day supply for those released to Court when the offender is expected to return to KDOC custody;
- 7-day supply for offenders that need closer supervision and are assigned to a discharge planner. The offender can receive up to 5 additional 7-day prescription refills as a pharmacy convenient to the offender’s residence;
- Prescriptions for refills until the offender successfully completes an initial health care visit in the community or 45 days from release, whichever comes first;
- VitalCore will provide the cost to provide 90 days of release medications within our cost proposal, however, we believe that safety nets for providing large quantities of medications would need to be put into place prior to beginning this program. Education and possible follow up may be necessary to ensure this would be safe for the offenders. VitalCore physicians and psychiatrists would be required to have follow up monitoring. We will work with KDOC Discharge Planners to ensure that follow up appointments with providers in the community are scheduled soon after the offender’s release;
- 7-day supply for offenders released to the custody of another jurisdiction such as a county jail or Federal detainer.

4.7.3 Identification of Pharmacy Vendor

4.7.3.1 Pharmaceutical Vendor Information

VitalCore’s proposed pharmacy vendors for this contract are Correct RX and Diamond Pharmacy. Please see the information in Section 2 regarding Correct RX operations. Correct RX is based in Hanover, Maryland. They will supply medication for KDOC from their Maryland location, which is strategically located next to the BWI/Thurgood Marshall Airport. This allows greater flexibility regarding order cut off times and dependable delivery. VitalCore has no company or corporate affiliation with Correct RX.

Diamond Pharmacy began its operation in 1970 and became the nation’s largest correctional pharmacy provider. The company is based in Indiana, Pennsylvania. Diamond has a complete product line and specializes in their unit dose (blister packs) packaging. The company is fully computerized and provides very competitive pricing. This company was the first national correctional pharmaceutical provider to be accredited by the Joint Commission.

We are giving KDOC the choice as to which pharmacy vendor they would prefer. Both pharmacies proposed will be able to meet all of the requirements of the RFP and have excellent national reputations. Please see Correct RX responses to Section 4:
4.7 General Pharmaceutical Services

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.

Pharmaceutical Services

Correct Rx Pharmacy Services, Inc. (Correct Rx) is a pharmacist owned and operated full service institutional pharmacy serving correctional healthcare since 2003. Correct Rx currently provides full range of pharmaceutical services to over 450 correctional facilities with an average daily population of approximately 160,000 lives. Correct Rx’s pharmacy services feature operational excellence, advanced technology, program management, stellar customer service and the most innovative clinical pharmacy programs in the industry.

Correct Rx will provide professional and accurate pharmaceutical services for all prescription, non-prescription, and intravenous medications as ordered by licensed prescribers. Correct Rx’s staff has years of experience providing medications to correctional facilities. Our experience allows us to provide recommendations and solutions for medication dispensing systems tailored to the unique requirements for each facility.

We are flexible and will work with KDOC to provide the best solution to the quantity of dispensed medications, how they are packaged and ready to be administered at KDOC. Not all facilities or units within facilities are created equal and you will find our ability to accommodate your needs is quite different than most pharmacies.

Regulatory Affairs

Correct Rx will not put our company or the KDOC in harm’s way. Correct Rx recognizes that there is increased scrutiny to ensure regulatory compliance, particularly with the unique responsibilities that govern health care, handling of controlled substances, and caring for the safety and welfare of the public. Correct Rx’s commitment to promoting strong business ethics and accountability is manifested through its development of a Corporate Compliance and Regulatory Affairs Division. Our focus promotes and monitors the laws, rules and regulations that govern institutional pharmacies and the clients that we serve. Legal and regulatory expertise is critical for operational and clinical programs to comply with the intricate landscape of Federal, State and local legislation. While many organizations have failed to address the issue and view the matter as either unimportant or cost prohibitive, Correct Rx has developed a Regulatory Affairs Department.

Compliance with Healthcare Standards

NCCHC: Correct Rx is quite familiar with the health care standards of the NCCHC and we ensure that all pharmacy program services are compliant with NCCHC standards. Our goal is to establish, maintain and exceed standards in between accreditations - not just to
prepare for them. Correct Rx is proud of the fact that our clients have never been cited or failed the pharmacy portion of an NCCHC or ACA audit.

ACA: Dr. Hui Seo, Correct Rx Chief Clinical Officer, was selected as the only Clinical Pharmacist in the industry to serve on the “Healthcare Performance-Based Standards Expected Practices and Outcome Measures Review” Sub-Committee for the ACA.

With more than fourteen years of correctional pharmacy service, Dr. Seo provides invaluable insight and is a leader in correctional standards as a member of this Sub-Committee. Under the direction of the current ACA President, this committee updates and reviews expected practices, outcome measures and clarifies definitions to evaluate current and far-reaching topics that affect access to care, emergency planning, biohazardous waste management, chronic care, health appraisals, mental health, quality assurance and pharmaceuticals.

The Contractor shall also provide all related packaging, inclusive of all packaging material, supplies, distribution, and courier services.

Correct Rx will provide all related packaging, inclusive of all packaging material, supplies, distribution and courier services. Correct Rx will provide a specialized dispensing system to ensure safe and efficient medication distribution. Our dispensing system packages prescription medications and OTC products in 30 dose blister cards. However, there are some medications which are required by the Federal Drug Administration (FDA) to be dispensed in the original manufacturer container. Correct Rx can also provide medications in other means per request and as approved by KDOC.

Correct Rx dispenses all medications in packaging approved by the United States Pharmacopeia-National Formulary (USP-NF) for that drug. Correct Rx ensures that the medication is packaged in a manner that:

1. Maintains the integrity of the medication dispensed;
2. Manufacturer storage recommendations will be maintained;
3. Maximizes the expiration dating of the medication;
4. Minimizes medication waste and cost to KDOC;
5. Minimizes the risk;
6. Promotes safety of patients, health care staff, and other facility personnel;
7. Decreases the potential for facility contraband;
8. Includes bulk packaging, unit dose packaging, and child proof containers for discharge medications as required.

**Damage and Tamper Resistant Packing**

Prescriptions and OTC products are packaged in 30 dose tamper resistant blister cards or the manufacturer’s original container per request and as approved by KDOC. Each prescription is properly dispensed and labeled inmate specific or non-patient specific in complete compliance with all current and future state and federal laws, rules, regulations and provisions in accordance to all labeling regulations. Any medications received that are damaged are replaced by Correct Rx at no additional cost.
We maintain the storage requirements during shipping so they are protected from damage. Refrigerated items are packed in insulated containers clearly marked on the outside of the box. Any medications received that are damaged are replaced by Correct Rx at no additional cost.

**OTC Medication**

Correct Rx sends OTC medications in bulk packaging, unless the prescriber has ordered the medication for a patient, in which case the medication shall be dispensed in blister packs or prescription bottles, as requested.

**Ear drops, Liquids, Creams, or Ointments**

Correct Rx provides ear drops, liquids, creams, or ointments in the original manufacturer container with no packaging fee, or shall repackage in alternate containers if requested.

**Medication Carts**

Correct Rx will provide lockable medication carts as requested for KDOC for utilization during the length of this contract that are constructed specifically for use in a correctional setting. Correct Rx will ensure that each facility receives a sufficient number of medication carts.

Correct Rx provides medication carts supplied by Capsa (formerly, Modern Metals Industries). These medication carts have lockable drawers and have an additional locked narcotic box contained therein, and will be ordered to meet the needs of the medical staff. They include large shock resistant wheels for ease of handling inside the facility. The color and size of the carts will be coordinated with the Health Services Administrator. Each cart is customizable to provide drawers that will be provided to hold blister cards along with bulk liquids, topicals, ear, nose and eye products.

Correct Rx understands the unique and potential dangers with medication storage in a correctional environment. As part of the quarterly inspection process, Correct Rx will ensure that all packaged medications delivered to the facilities are stored in a lockable storage device in order to minimize the risks associated with medication diversion. During these inspections, Correct Rx will verify that not only the storage units are lockable, but that appropriate security procedures are in place and being followed to minimize unauthorized access to medications.

If the need arises during our contract term, Correct Rx will provide any additional medication carts for facilities which need them at no cost to the KDOC. Correct Rx will pay the cost of procuring the necessary carts and the cost of shipping those carts to the facility. Correct Rx will also maintain the carts and make any necessary repairs due to normal wear and tear.
Section IV: Specifications

December 23, 2019

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.

Correct Rx will 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. All emergency prescription medications shall be filled and delivered immediately.

Next Day Delivery Arrangements

Correct Rx’s strategic location is less than five miles from the Baltimore/Washington International Thurgood Marshall Airport. Given our relationship with FedEx and UPS, the volume of business we provide them, and the fact that we are so close to the airport, Correct Rx is afforded a later pick-up time from these nationally reputable carriers. Correct Rx will provide an extended cutoff time to 4PM Eastern Time Monday through Friday. Also, we will be able to honor a noon cutoff time on Saturday.

Reliable Next Day Delivery-Same Cut off Time for New and Refill Orders

Dependable and reliable next day delivery solves a whole host of issues as it applies to the need to utilize emergency back-up pharmacy services.

This combined with our extensive correctional experience will provide the KDOC with front door service. Deliveries will be made directly to the designated area identified by security. Each facility will receive deliveries up to six days a week. Correct Rx has agreements in place with both UPS and FedEx and will select the overnight carrier that provides the most dependable service to KDOC facilities.

Also, Correct Rx’s shipping department is able to track all overnight packages online with both carriers. Our delivery statistics show successful deliveries exceed 99.5% and we are instantly notified if there is a potential delivery problem. Medications will be packaged in an organized manner so they are protected from damage during normal shipment due to the elements or handling. We ship all refrigerated items in an insulated container and clearly mark the outside of the box that a refrigerated item is contained inside. In addition we take particular care when shipping controlled substances. Although we include controlled substances with the overnight shipment we place them in a separate hermetically sealed bag to ensure extra security. Any medications received that are damaged will be replaced by Correct Rx at no additional cost to the KDOC.

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 health care practitioner 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.

Correct Rx will maintain an adequate supply of starter stock medications at each facility drug room to initiate medication therapy. Correct Rx understands that timely medication administration improves treatment outcomes. The starter supply of medications will be
sufficient to accommodate the majority of medication orders. The goal is to maintain continuity of care until the patient specific prescription arrives. The inventory levels of starter stock medications will cover the first forty-eight (48) hours from the time the medication order is generated.

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
n. Pharmacy inventory
o. Formulary
p. Pharmacy & Therapeutics Committee
q. DEA License verification
r. Institutional Drug Room Licensure
s. Medication Renewal tracking system
t. Drug Storage and delivery services
u. IV drugs including chemotherapy drugs that can be safely administered by chemotherapy-certified staff at EDCF.
v. Accountability and destruction processes
w. Stock medication supplies and approval
x. Back up pharmacy services
y. Hepatitis C direct acting antiviral treatment for all offenders identified with the disease.
z. Medication treatment for offenders whose diagnosis currently has no identified medication regimen as new medication regimes are identified during the life of the contract that may prolong the life or cure the illness of such offenders in accordance with accepted community standards of care for such diseases.

Pharmaceutical Services Plan

Correct Rx prides ourselves on the value of the services that we provide. We are clear that the KDOC is not just buying a commodity. Correct Rx will provide comprehensive Clinical, Operational and Program Management Services that are fully described throughout this RFP response. We know that the services that the vendor you select will make a big difference in the quality and cost of the pharmaceutical services contract. We are equally clear that the pharmaceuticals need to be readily available when ordered.
Administrative, Operational & Clinical Personnel

Correct Rx is committed to providing substantial administrative, operational and clinical personnel dedicated to our contracts. We will assign the appropriate experienced members of our management team who are familiar with the administrative, operational and clinical responsibilities required in this RFP. Whether its medication delivery, CQI reporting or clinical services, our management team’s professionalism, attention to detail, and follow through will guarantee that you are provided with a quality Pharmacy Services Program.

a. Level of professional staff qualifications designated for Medication Administration in accordance with KDOC policy.

The key to a well-designed comprehensive pharmacy program is that all associates work in tandem to provide the highest level of patient care. First you must ensure that you hire staff with the best experience and impeccable credentials. It is equally important that you provide a corporate culture founded on caring and accuracy. Correct Rx embraces the concept that what we do and how well we perform our job matters. We call it the “Correct Way”. All new associates as part of their orientation are trained to understand the importance of providing safe and reliable pharmaceuticals. Our associates are expected to do things the “Correct Way”. You can always expect something extra from Correct Rx associates, whether that is producing an accurate CQI report, preparing or sending an order, or taking a call after business hours. Accuracy is core to the culture of Correct Rx.

Correct Rx knows that accuracy and reliability are essential when providing pharmacy services for KDOC. Correct Rx only hires employees who are fully credentialed and licensed to perform their respective job functions. Prior to hire, Correct Rx verifies educational experience, licensure with the respective licensing bodies and professional references. Correct Rx maintains a Quality Assurance credentialing spreadsheet used to monitor compliance and plan for license and certification renewal.

Correct Rx will ensure through our credentialing process that all staff has the proper credentials and licenses required by law to provide the services described in our response. Correct Rx is fully licensed as an institutional pharmacy. All of our pharmacists are licensed pharmacists and are all in good standing.

b. System of Administration to include Keep on Person Medication System

Keep on Person Medications are not psychotropic, controlled substance or medications that have the potential for abuse. KDOC will determine which inmates qualify for the KOP program. Correct Rx will assist the medical and mental health providers in determining those medications that are best suited for a KOP program. Correct Rx will label KOP orders in the direction line to help the medical staff handing out the medications. Correct Rx has developed a Medication Self-Administration Bulletin with detailed
instruction on using KOP medications. This KOP bulletin has a signature line for the inmate to sign prior to beginning a self-administration program. This form can be edited to suit your needs. Correct Rx provides a daily manifest/packing list included with each delivery. This manifest is sorted alphabetically by patient and includes the offender number, name of drug, quantity shipped; it provides a space for the offender to sign for receipt of KOP medications. Correct Rx will supply an easy to use KOP stamp with a signature line that can be utilized on the MAR or a separate KOP sheet for documentation.

Correct Rx will collect documentation annually of all RN, LPN and CMA staff to ensure they are properly administering medications to the offenders through both Keep-on-Person and Direct Observation Programs.

c. Controlled Substances Accountability

Extra care and accountability is taken when controlled substances are dispensed by Correct Rx. Controlled substances are packaged in 30 dose blister cards or the quantity ordered and sent to the facility with a control sheet. This control sheet is filled out by a nurse with the appropriate information when the controlled medication is administered. These sheets allow for the quick, easy reconciliation of the number of doses of each controlled medication. This facilitates the required controlled medication count. Correct Rx will assist the facility in setting up and maintaining this process. All controlled medications are sent in a red and white tamper proof sealed package with a separate packing list. All medical staff is in-serviced concerning the proper procedure for checking in and verifying the receipt of controlled medications.

Delivery Manifest and Controlled Medications

Correct Rx ensures that all medications are shipped according to manufacturer specifications. Correct Rx is also mindful of those products that must be dispensed and shipped in their original packaging. Our boxes are prepared for shipment in a neat and orderly fashion and such that the medication will not be damaged during shipment. All liquids that are susceptible to potential leaking are taped and placed in separate plastic bags. Refrigerated items are placed in special Mylar bags with sufficient ice packs to keep them cool and frozen products are shipped inside of special coolers with multiple ice packs.

All medication orders are delivered in sealed containers properly identified with the facility name and number. Inside the delivery box is an itemized delivery manifest sorted alphabetically by inmate’s last name listing each medication, strength and quantity. Correct Rx takes particular care when shipping controlled substances. These medications are delivered in a secure tamper-evident sealed package with a unique delivery manifest separate from the normal delivery. Correct Rx also has an electronic barcode system that allows the onsite healthcare team access to their delivery manifests for 90 days.

Correct Rx’s clinical pharmacist verifies the accuracy of all controlled substance count records during their quarterly on site reviews. Correct Rx will immediately notify KDOC of any discrepancies. All policies regarding the accountability of controlled substances are
provided in accordance with KDOC’s Policy and Procedure for administering schedule medications. No controlled substances may be returned to the pharmacy provider. Controlled substances shall be destroyed per state regulations and facility policies.

d. Medication Administration Record Utilization

Correct Rx can provide Medication Administration Records (MARs) on a monthly basis on approved forms, within the time parameters set forth by KDOC. New MARs are provided monthly and as needed for patients currently receiving medications that do not expire by the first day of the month as well as new patients who do not have a current MAR. Correct Rx takes great pride in making sure the information in the patient record is accurate. Therefore, the pre-printed MARs just need to be edited for any additions or deletions from the time they were printed by Correct Rx and delivered to the facility five days before the end of the month.

Correct Rx Pharmacy Services has greatly customized the monthly production of MARs. In fact, we are currently printing MARs on three different forms as requested by our clients. Facilities pick between two landscape and one portrait version. Each facility has also specified their preference of whether or not to include side effects on the MAR, or if they prefer to have separate patient specific education materials printed.

Although most facilities prefer MARs printed close to the 25th of each month, in order to efficiently turn over MARs each month, several sites have requested monthly MARs printed on monthly MAR management. Correct Rx Pharmacy Services has also developed “Protocol MARs” which allow facilities to have MARs pre-printed with commonly used therapeutic protocols. The “Protocol MARs” are programmed as facility specific documents for use in patients admitted on alcohol detox, drug detox, sliding scale insulin regimens, or any other standard orders as requested.

e. Monthly Reports as to the Number of Scripts Written and Medications Dispensed

KDOC Approved Formatted Reports

Correct Rx will be responsible for the development and/or upkeep of electronic data tracking in a format approved by KDOC. Correct Rx is familiar with and will produce extensive utilization, billing, clinical and CQI reports in a myriad of formats designed to meet the individual and specific needs of the entire KDOC team from the statewide level down to specific units inside a facility. Correct Rx will continue to be able to respond to various electronic data requests as they arise and to provide the expert analysis and interpretation that best equips KDOC to manage the patients we serve together in a high quality and cost efficient manner.

Correct Rx provides professionally written reports that are informative, responsive and timely. All of the pharmacy reports discussed in this response and others as requested
are provided by Correct Rx on a regular basis by the due date. Correct Rx has experience working with multiple disciplines in a collaborative manner so that data may be collected and reported in the development of indicators to be measured. These performance indicators are then utilized in a standardized reporting format that may be used for clinical, management and administrative purposes. Correct Rx provides reports that monitor provider prescription practices against the formulary and any reports necessary for cost audit purposes. In collaboration with prescribers, additional reports detailing medical information based upon the needs of KDOC are also provided as requested often the same day as requested.

Correct Rx utilizes software specifically designed for the correctional market. Correct Rx has the proven ability to produce dozens of standard and customized reports regarding utilization. Correct Rx’s clinical department has spent years developing well designed statistical reports. These reports will provide KDOC with detailed year to date statistical and utilization data sorted by month and facility. Some of the more complex and detailed statistical reports will be produced for KDOC to assist in the management of high acuity and high cost patients. All data is expressed in easily understood terms and ratios specifically designed for the correctional healthcare arena. Reports are provided in writing and are also augmented by verbal clarification if requested or needed. Listed below is a description of the information contained in Correct Rx’s Drug Utilization and Provider Usage Reports.

Correct Rx will submit a prescribed set of statistical reports to KDOC on a monthly basis and additional reports as requested. Correct Rx will generate each report in the form and format as determined most useful by KDOC. Correct Rx provides reports that address, but are not limited to: prescriptions filled by drug, type, whether formulary or non-formulary, and quantity, including total drug spend per drug type; patient profiles; prescription trends; drug history and clinician prescribing reports; usage and disposal reports; prescriptions filled in conjunction with inmate releases to the community; delivery reports by date and institution including emergency deliveries; and other reports as deemed necessary.

**Reports by Type**

Correct Rx will accommodate KDOC when a different format is preferred or additional information not currently included in these reports is needed. Correct Rx maintains ongoing two-way communication with our clients to determine the addition or deletion of reports needed to manage the provision of optimal healthcare services. Correct Rx is constantly working with our software vendor to refine and tailor the reporting capabilities. Our goal is to provide the most relevant data in the most user friendly format.

**Monthly Statistical Report**

The monthly statistical report shows twelve (12) months of data by facility stating costs of Formulary versus Non-Formulary usage, HIV costs, Total number of prescriptions, Number of clients on meds, Number of prescriptions per client per month, Percentage of
clients on meds, Cost Per-Client-Per Month. It also includes cost per disease state per month. The reports show trends in cost spending by facility and prescriber.

**Utilization Review Reports**

Correct Rx provides utilization review reports that include comprehensive patient drug use evaluations that permit the review of the patient medication profiles based on orders processed by the pharmacy. These utilization review reports will be included in the routine contents of the Pharmacy and Therapeutics Committee agenda.

The report shall include, but not be limited to facility, service date, inmate, patient full name, patient date of birth, prescriber full name, identifier, Rx number, Rx start date, Rx stop date, generic name, strength, form, frequency, count, bill order quantity, price per unit, charges, directions, GPI#, and NDC#.

**Monthly Chronic Disease Report**

The monthly Chronic Disease Report lists by facility all utilization/statistical data for chronic diseases including Asthma, Hypertension, Hyperlipidemia, Seizures, Diabetes, HIV, HCV, Psych and Dialysis. This report shows the total cost of each disease category and the cost per client per month of each disease state. This report includes the previous monthly so that a quick comparison can be made without searching for previous reports. KDOC can assess any trends or spikes in usage by facility, by disease state or by region.

**Drug Utilization Report**

This report is the most versatile report available for use by KDOC. It can be provided at any time. It can be manipulated to show high levels of detail or just show a total. The report can list pricing or the pricing can be left off. It can show only brand name drugs, only generic drugs or both. Reports can be run to show only the information for a specific patient or a list of specific patients.

The reports can be broken down to show only the medications listed on the formulary or to show the non-formulary medications. The report can be manipulated to show all classes of narcotics or only specific classes. This report can also be transferred into an electronic format such as excel for easy manipulation as well as ease in delivery. Descriptions of the most commonly used versions of the Drug Utilization Report are listed below:

**Utilization by Drug**

This Drug Utilization Report can be processed to list each drug prescribed for a specified period of time. The medications appear in alphabetical order along with the number of fills, total quantity dispensed and if desired, the total cost for that particular medication. The report can be broadened to include all the medications used by the facility or narrowed to include only specific classes or groups of medications. This report can be used to gauge excessive usage of certain medications or find exact counts of pills being
used. If looking at a specific group of medications, spikes in usage in a group such as Psychotropic Medications can indicate possible need for a reexamination of prescribing procedures or an in depth cost analysis.

**Utilization by Facility**

This report tends to be a broader report in general, but can also be tailored to provide much needed information. This report is generally used when looking at multiple facilities in comparison activities.

The report when generalized can just show totals for each facility, specifically listing the number of fills, total quantity of medication dispensed and if desired, cost. The more detailed report can go so far as to list each person, medication, prescription number, order start and stop dates, number of fills, prescription quantity and if desired, cost.

**Utilization by Doctor**

This Drug Utilization Report provides a listing of each patient, medication description, prescription number, order start and stop dates, number of fills, medication quantity and if desired, cost for any specified period of time. This report is grouped by physician for easy reference. This report is useful in ensuring that any formulary in use is being followed. It can be very useful in cost analysis activities.

**Utilization by Location**

This report can only be used if patients have been assigned to different locations within the facility such as a segregated unit or the infirmary and the facility has notified Correct Rx of those locations. The report lists the location of the patient, patient name, medication description, prescription number, order start and stop dates, number of fills, quantity dispensed, and if desired, cost for the time period specified. Again, this report is useful for cost analysis purposes as well as patient specific utilization purposes.

**Patient Profile**

This report is furnished upon request and has been used most effectively for researching an inmate complaint or in response to a call from a family member. Additionally, other healthcare contractors have requested this report in order to effectively respond to an ARP or provide administrative data needed to ensure policy compliance with their staff on site.

This is just one of the many ways Correct Rx works in a collaborative manner to ensure success and to enhance patient continuity of care. The report provides the patient’s name and ID#, where and when the medication was dispensed as well as the drug name, Rx number, start and stop dates, prescriber’s name and directions.
Quarterly Chronic Disease Report

The Chronic Disease Report lists by facility and by quarter all utilization/statistical data for chronic diseases including Asthma, Hypertension, Hyperlipidemia, Seizures, Diabetes, HIV, HCV, Psych and Dialysis. The report shows the total cost of each disease category and the cost per client per month of each disease state. The report includes the previous quarter’s information so that a quick comparison can be made without searching for last quarter’s report. KDOC can assess any trends or spikes in usage by facility or by disease state.

Annual Report

Correct Rx compiles a comprehensive annual report of all statistical utilization along with a narrative summary delineating the specific achievements of the Correct Rx Pharmacy Program during the contract year. This report will be a roll up of the monthly statistical and narrative reports.

We are very excited to present KDOC with a range of options to manage pharmaceuticals with our robust reporting systems and the new dynamic web based dashboard reporting system that we have included with this proposal. We believe it will provide KDOC with instantaneous access to a full menu of reports which will provide valuable information and save the time by not having to manipulate raw data. Our written reports and participation in interdisciplinary meetings provides Correct Rx with the opportunity to consistently demonstrate our quality of service and dedication to focusing on the client value first, being customer friendly, being customer centered and always providing something extra. Understanding and meeting the needs of our clients is essential and always in the forefront of our operations.

Web-Based Dashboard Reporting: Instantaneous Access to Utilization

Correct Rx will provide an internet secure web-based integrated reporting system for KDOC use that provides up-to-date (previous day’s orders shall be viewable) on all pharmaceutical ordered for KDOC utilization management. Our system will provide reports by date, cost, facility, prescriber, offender, drug or drug category utilization or any combination thereof. Additionally, Correct Rx will provide KDOC the ability to run reports, including prescriptions needing to be refilled. Additionally, monthly reporting of drug returns, and prescription errors shall be provided.

Modern business analytics is a vital necessity when managing a healthcare system. However, information is only beneficial if it is current, accurate, and readily available. Executives and Managers need real time information that matters. Correct Rx is providing a new analytics Dashboard Reporting System for KDOC. This web based program will act as a nerve center where quantitative and qualitative information is readily available online, accessible 24 hours a day 7 days a week. We want to make you more effective by making information readily available, intuitive, interactive and easy to understand.
From the statewide level, the dashboard can aggregate pharmacy data from across the KDOC System serviced by Correct Rx. The quick glance map will provide visual information with green and red color codes on how each facility is performing related to key performance indicators like medication budget, utilization by patient, cost per inmate, number of prescriptions per inmate and attention alerts. Each key performance indicator will allow filtering to narrow the analysis to the facility level. In addition, qualitative alerts like findings on medication room inspections can be posted in the Notification Center. Managers will find this system to be an essential management tool, as they will know exactly what is happening in each of their facilities. Each user will be assigned a user name and password with an assigned level of access to the dashboard from the executive, regional and site level.

**Key Performance Indicators**

The Dashboard will allow managers to track and report results related to pharmaceutical utilization. Key Performance Indicators such as medication cost, HIV cost, Psychotropic cost, Nonformulary cost, Number of Fills, Number of Clients on Medications (including HIV, Psych, Nonformulary, and Hepatitis), Average Daily Population, Cost Per Client Per Month (PCPM) and monthly accruals can be customized to meet KDOC needs. Additional reports including Top 50 Drug by Cost and most expensive patients, Formulary compliance and cost by disease state are provided.

**Message Content**

In addition to the quantitative information available, each facility will have a message center where managers will have access to reports, site inspection findings, meeting/visit
dates, clinical updates, drug shortages and operational issues identified. For example, let’s say that 25% of KDOC’s current total medication expenditure is attributable to 47 of the over 12,000 inmates that you service. These high cost patients would be identified in the “Most Expensive Patients” Report and could be monitored closely on the Dashboard Reporting System. KDOC personnel at multiple levels could monitor their care closely and communicate on cost saving strategies within their healthcare teams and with the Correct Rx Clinical Team.

Key Features of the Correct Rx Dashboard

- Overall analytics can be tailored to fit data requirements and graphically displayed on the dashboard
- Data feeds can be synced automatically on a scheduled basis depending on user requirements
- Super Administrators have access to an overall reporting screen with drill-down access for viewing location specific details
- Super Administrators have access to add/change location information and post alerts
- Each location will receive a login where they will be able to view their own specific dashboard
- Each location will automatically receive a printable report via email showing their site specific data
- Most Expensive Patient feature lists patient by ID number and provided cost and detailed medication list
- Cost by Provider lists top prescribers by cost and fills to provide updated information for managers
Drug Utilization Review beyond Reporting

Correct Rx will provide drug utilization reviews as requested by KDOC. Correct Rx’s approach to drug utilization reviews is to improve medication use within KDOC beyond the number of fills and or cost. The traditional model of providing drug utilization in correctional healthcare is to provide a mountain of data for the client to comb through. Although, Correct Rx will provide a full spectrum of pharmacy reports as discussed in our response, the key difference with our methodology is to provide a systematic approach to analyze prescribing patterns and provide actionable recommendations based on best practices in medicine. We recommend in-depth reviews of each therapeutic class at least annually.

Correct Rx customizes and develops comprehensive drug utilization reviews to improve prescribing practices. Our clinical pharmacists are experienced in developing and implementing therapeutic category drug utilization reviews to improve patient safety and reduce unnecessary medications within a healthcare system.
Examples of Correct Rx’s Drug Utilization Reviews:

- Formulary Efficiency – Review selection of formulary versus non-formulary medications within specific categories.

Diabetes Review & Overview

1. There was a total of $134,291.80 spent on insulin over a one year period. This is a decrease from $273,584.96 (51% decrease) spent in the previous year. This decrease in cost was predominantly due to a decrease use of Levemir.

2. Humulin N is the most utilized insulin by quantity, followed by 70/30 then Humulin R. These are our preferred formulary insulin products.

3. Lantus and Levemir have lower utilization by quantity but accounts for a higher utilization cost.
Section IV: Specifications

December 23, 2019

Poly-Pharmacy – Analyze the number of medication orders by patient that have duplications in therapeutic categories.

**CHRONIC POLYPHARMACY REVIEW**

<table>
<thead>
<tr>
<th>Rank</th>
<th>GPI</th>
<th>Drugs</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5816</td>
<td>Fluoxetine, Sertraline, Citalopram, Paroxetine, Fluoxetine soln.</td>
<td>1973</td>
<td>5.6%</td>
</tr>
<tr>
<td>2</td>
<td>3610</td>
<td>Lisinopril, Enalapril, Captopril, Benazepril</td>
<td>1662</td>
<td>4.7%</td>
</tr>
<tr>
<td>3</td>
<td>6610</td>
<td>Naproxen, Ibuprofen, Meloxicam, Indomethacin, Ketorolac 30mg Inj.</td>
<td>1619</td>
<td>4.6%</td>
</tr>
<tr>
<td>4</td>
<td>6410</td>
<td>Aspirin EC, Aspirin Chew, Aspirin, Salsalate, Diflunisal</td>
<td>1601</td>
<td>4.5%</td>
</tr>
<tr>
<td>5</td>
<td>9065</td>
<td>Vit A&amp;D, Lubrskin lotion, Vitamin E lotion, Hydrophor Oint, Ammonium Lactate</td>
<td>1340</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

Drug contraindications – Customized drug utilization studies to identify patients on drug combinations that are either absolutely or relatively contraindicated, e.g. NSAIDs and ASA or HIV and PPIs.

Matched Case for Patients Treated with NSAIDs and ASA

Recommend minimizing concurrent use of ASA with NSAIDs to decrease risk of cardiovascular events

Separate dose of NSAIDs by 2 to 4 hours

There is also concern for increase risk for GI Bleeds when NSAIDs are used with ASA, warfarin and corticosteroids

Minimize duration of NSAID use to decrease cardiovascular risk.
Guest Lecturers

In addition, Correct Rx provides guest lecturers as appropriate to assist the P&T Committee and the healthcare team in obtaining updated pharmaceutical information, information on the availability of new drugs and in evaluating available evidence regarding the relative safety, efficacy, and effectiveness of prescription drugs within a class or classes of prescription drugs.

Valuable Tool

Correct Rx believes that this tool will leverage KDOC to meet established medication use goals and manage overall healthcare costs within its facilities. The ability to measure and monitor performance is a vital step to achieving sustainable success.

Correct Rx Remote Reporting System

The Remote Reporting System will provide KDOC real-time access to our pharmacy database in a secure environment that is HIPAA compliant. This windows based reporting feature can be used to augment the Correct Rx Dashboard and menu of available data reports. Correct Rx’s Remote Reporting System is a Windows based application and is accessible via the Internet through Remote Desktop, Microsoft’s RDP protocol (remote desktop protocol). KDOC users can connect to Correct Rx using no additional software.

The user interface (UI) of the Remote Reporting System is designed to have the look and feel of a Windows based application. This aids in overall ease of use and shortens training time. Remote Reporting System will provide a full menu of reporting features which include:

- The system will provide real-time prescription information for each patient, cost, location, prescriber, medication, directions, date and length of order.
- Top medications by cost or fill
- Detail drug utilization by drug name or category (e.g. Diabetes, Asthma, HIV or Psych)
- Detail utilization by prescriber
- Current active orders
f. Reporting of Medication Nursing Errors

Administrative and Clinical Data Management

The Correct Rx administrative and clinical management teams assigned to the KDOC contract are ultimately responsible for the provision of data and reports that demonstrate a high level of accuracy, validity and integrity. We have gained a wealth of hands on correctional experience over the past 30 years. We have used this experience to gather data and design reports that are tailored to meet the specific needs of our clients and the individual healthcare teams at each facility, including medication nursing errors.

Collaborative Collecting and Reporting of Data

Correct Rx will work collaboratively with the Health Services Vendors in the collecting and reporting of data and in the development of indicators to be measured and standard reports for management and administrative purposes. These will include, but not be limited to, reports monitoring provider prescription practices against the KDOC formulary, established in conjunction with the Contractor, and any reports necessary for cost audit purposes. Correct Rx shall provide the KDOC Medical Director, upon request, specific reports detailing medical information within one business day.
g. Medication Pharmacy Errors

Medication Pharmacy Errors

At Correct Rx, accuracy holds the highest priority in our company. We constantly reinforce the importance of exactness to our staff, utilize the latest technology and have stringent review processes in place to monitor and improve our accuracy. In order to demonstrate our dedication to excellence, Correct Rx works diligently to ensure that all discrepancies are identified and reported. Furthermore, we use a broader definition of discrepancy than most companies, as we strive for perfection, not inflated statistics.

In order to ensure Continuous Quality Improvement, we must ensure that all pharmacy discrepancies are reported following the proper procedure allowing us to implement our internal CQI program. The purpose of the Correct Rx Internal CQI is to analyze all discrepancies from a systems approach. The attitude is not punitive, but educational, to implement a corrective action that improves the process to eliminate future occurrences. The ultimate goal is ensuring patient safety and we have demonstrated this with our commitment to excellence and an accuracy rate well above industry standards. The following chart provides the type of pharmacy discrepancies tracked by Correct Rx:

<table>
<thead>
<tr>
<th>Pharmacy Discrepancy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorrect Drug Data Entry / Missed Orders</td>
<td>The incorrect drug is selected or a specific order is missed at the time of medication order entry.</td>
</tr>
<tr>
<td>Incorrect Drug In Card</td>
<td>The medication order is dispensed with the proper label, but the wrong drug in the card.</td>
</tr>
<tr>
<td>Incorrect Directions / Packaging</td>
<td>The medication is dispensed with directions that do not match the order or are in the incorrect package (e.g., a request for child resistant discharge medication was dispensed in a blister card).</td>
</tr>
<tr>
<td>Incorrect Dosage from Data Entry</td>
<td>The dispensed medication dosage does not match the medication order dosage.</td>
</tr>
<tr>
<td>Incorrect Quantity</td>
<td>The number of pills dispensed does not match the quantity listed on the label.</td>
</tr>
<tr>
<td>Wrong Name / ID#</td>
<td>The medication is dispensed under the wrong patient name, a misspelled name and /or incorrect patient identification number.</td>
</tr>
<tr>
<td>Shipping Error</td>
<td>The medication was not shipped to the proper shipping location.</td>
</tr>
</tbody>
</table>

Correct Rx requests that all discrepancies are reported by the on-site healthcare teams as soon as they are identified so that the proper steps are taken to resolve the issue. If a patient has received and taken the wrong medication, the patient should be evaluated by the appropriate healthcare provider. A Correct Rx Pharmacist will provide information about the potential deleterious impact of taking the wrong medication and of missing the prescribed medication. A discrepancy report should be completed and returned to Correct Rx to allow for implementation of CQI and counseling. A photocopy of the front and back
of the medication blister card should also be sent to Correct Rx with the discrepancy report.

For every reported discrepancy, Correct Rx is able to identify the pharmacy technician(s) and pharmacist(s) involved with each medication dispensed. Every discrepancy is addressed through 1:1 counseling that is provided to those involved with each incident. On a monthly basis, Correct Rx analyzes all discrepancies from a systems perspective in order to determine operational controls that may be implemented to ensure the highest level of safety for our clients. Correct Rx will calculate an accuracy rate based upon the number of prescriptions per month and the number of reported discrepancies per facility. A detailed report is provided to the appropriate personnel and will be presented at the Pharmacy & Therapeutics meetings and/or as instructed by the KDOC.

h. Corrective Action Plans

Continuous Quality Improvement System (CQIS) is the management term utilized by Correct Rx to describe the process of systematically reviewing and improving existing administrative, clinical and operational programs. This process is best described as the commitment to the ongoing improvement of patient outcomes through the systematic review and enhancement of Correct Rx’s Quality Care Initiatives and their continuous improvement over time. Correct Rx focuses on a team approach to improvements that rewards rather than creating a culture of blame.

A corrective and preventive action policy is essential to an effective quality improvement program. Some of the key processes of the Correct Rx CQIS program are:

- Identification of the Issue
- Evaluation
- Investigation
- Analysis
- Action Plan
- Implementation
- Effectiveness Measurement

Correct Rx’s CQIS program provides the knowledge and expertise to affect organizational improvements. Correct Rx focuses on the structure and dynamics of the entire organization to equip it with the tools and skills to meet existing and emergent challenges. As part of our CQIS initiatives, Correct Rx provides educational workshops to all of our associates.

The following is a partial list of the Specific Quality Indicators that Correct Rx monitors as part of our CQIS initiatives:

- Regulatory and Accreditation Standards
- Facility Audits
- Data Management
- Organizational Effectiveness
i. Return and Refund for Unused Medications

Correct Rx, in accordance with State and Federal Law, will provide a method for the return and credit of medication from the KDOC. Correct Rx recognizes the challenges of managing the economic and operational burden associated with storage of unused or overstocked medications. Correct Rx will assist the KDOC in realizing the economic benefit of returning medications by outlining standard procedures for the return of medication. Credit will be given for medications returned by the KDOC when following criteria have been met:

- The prescription medication did not leave the control of the registered professional nurse or licensed practical nurse responsible for the security, handling, and administration of that prescription drug and that the prescription drug did not come into the physical possession of the individual for whom it was prescribed.

- The labeling and packaging of the prescription drug are accurate, have not been altered, defaced, or tampered with, and include the identity, strength, expiration date, and lot number of the prescription drug.

- The prescription medication was dispensed in unit dose packaging or original manufacturer’s packaging.

- The prescription medication is not:
  - A controlled substance
  - Expired
  - Damaged
  - Deteriorated
  - Contaminated
All returned medications will be documented at the facility. The medications will be returned to Correct Rx at our expense. The medications will then be electronically scanned at the pharmacy for documentation, accountability and for purposes of providing credit. Credit will be given on a monthly basis for all medications including half tabs that meet this criteria, comply with State and Federal regulations, have the set minimum value and at least 90 days left prior to expiration. Credit will be issued in accordance with these regulations at Correct Rx’s Acquisition Cost. No charge will be assessed for re-stocking. Note: DEA controlled medications cannot be returned to the pharmacy provider. Controlled substances shall be destroyed per State regulations and facility policies.

j. Emergency Medication Acquisition

Emergency medications will be made available at each KDOC facility. A list of routinely used emergency medications will be made available in kits prepared by Correct Rx. Correct Rx will provide a system for emergency medication storage in compliance with the Kansas Board of Pharmacy Regulations. The exchange of the medications and the boxes are arranged by Correct Rx in conjunction with the Medical Staff. The contents of the box and the expiration dates of the medications are attached to the outside of the e-boxes. The emergency medication box inspection will take place during the monthly on-site audits conducted by the clinical pharmacist. Correct Rx will arrange for the exchange and replacement of the e-boxes. Access to the emergency box is restricted to a licensed nurse, pharmacist, or prescriber and only those licensed individuals may administer a drug taken from the stat-drug box. A valid prescription or lawful order of a prescriber must exist prior to the removal of any drug. A complete and accurate list of the contents of each e-box and starter medications are maintained at KDOC.

Correct Rx will also coordinate the procurement of other emergency medications that are not contained in the facility supply from nearby hospitals when necessary. Correct Rx will establish a relationship with the network of hospitals to expedite the procurement and delivery of emergency medications when needed.

k. Pharmacist Consultation

Correct Rx has provided KDOC with more than a consultant pharmacist in our response. We will provide KDOC with highly credentialed clinical pharmacists and meaningful clinical pharmacy services with direct impact on the quality of healthcare services provided by KDOC. Our clinical pharmacists are an invaluable part of the healthcare team.

Our unique business model is based on the practice of clinical pharmacy, collaborating with other members of a medical team to manage a patient’s health rather than strictly filling prescriptions and selling pills.
We distinguish ourselves from our competition through our clinical pharmacists. They are actually healthcare partners, working with other medical professionals to achieve the optimal use of medication. Our goal is to ensure the best possible health outcome and the most cost-effective treatment rather than simply filling orders.

Our approach lowers the overall healthcare costs to an institution. A clinical pharmacist will recognize, for example, when a less expensive medication will work as well as or better than an expensive one or when an alternative treatment will be more effective.

- Correct Rx practices clinical pharmacy as opposed to simply taking orders and filling prescriptions;
- Correct Rx works in collaboration with an institution’s medical staff;
- The Correct Rx approach can effect real, long-term cost savings for customers because it can lower overall healthcare or medical costs;
- We are a service company selling a medical service rather than a sales organization selling pills at the lowest price possible;
- The value of our clinical pharmacy approach is undeniable and demonstrable in terms of both improved patient outcomes and positive economic impact.

**Dedicated KDOC Clinical Pharmacy Program**

Correct Rx’s clinical department is known for its innovative clinical initiatives and tailored approach to its clients. It is always designed to improve patient care while complying with accreditation standards and assisting with maintaining a budget. Our clients and their first line staff have a direct line of communication to our management team for a rapid response to any issues identified or implement an on the spot resolution, sometimes by rolling up our sleeves.

**Onsite Clinical Pharmacists with the Highest Standards**

Correct Rx will assign a Clinical Pharmacy Director to KDOC to oversee the entire delivery of clinical services that is recognized nationally for its cutting edge initiatives. The Correct Rx Clinical Pharmacy Director will operate and manage from VitalCore’s headquarters in Topeka. The Clinical Pharmacy Director will work hand-in-hand with the Medical Director. Additionally, we are proposing a second clinical pharmacist who will operate from the Lansing Correctional Facility.

Correct Rx has a breadth and depth of experience in providing clinical pharmacists as part of the healthcare team that can’t be matched by any of our competitors. This holistic approach to pharmacy care is common practice in the Veterans Affairs (VA) system and several hospital settings, but is quite unique in the correctional arena. We have the infrastructure, intellectual know-how and the experience to implement a patient directed pharmaceutical care program for KDOC. Our services not only focus on the drug spend, but also on offsite care costs by reducing avoidable hospitalizations through better disease state management.
Our Clinical Pharmacy Director understands that each correctional system is unique with respect to their mission; however, each facility must adhere to the high standards of practice that KDOC seeks to maintain. Correct Rx would provide clinical pharmacist consulting services required to support KDOC’s position and programs and will form a collaborative relationship with the Medical Director to develop clinical programs like:

- Policy and Procedure Development and Implementation
- Formulary Management
- Improved Disease State Management
- High Acuity Patient Consults
- Poly-Pharmacy Initiatives
- Direct patient care counseling and services

KDOC cares for more than 10,000 inmates in its system. The second Clinical Pharmacist is required, at a minimum, to realize the full advantages of this program. The ideal ratio should be less than 1 Clinical Pharmacist to 5,000 inmates. We know this from experience. The Lansing Correctional Facility (LCF) is the ideal location for this second practice. LCF has the largest comprehensive infirmary operations with the most acute care needs compared to the other facilities. This clinical pharmacist will provide medication reconciliation reviews in the infirmary unit because care needs change rapidly in this setting. The highest risk for medication adverse outcomes are during transitions of care. This will be in addition to the other responsibilities of the Clinical Pharmacist, which are to support the Clinical Director and Correct Rx’s Clinical programming. Examples of these programs are provided in detail below.

Correct Rx’s clinical pharmacy programs are centered on improving pharmacy utilization that results in overall healthcare cost savings, improved patient outcomes, and reduced unscheduled clinic visits and unnecessary off-site care. Correct Rx has developed these programs in other correctional systems which have yielded significant results for those clients.

At the heart of the program is the concept of centralized disease and medication management to improve quality of care through rational drug selection and therapy decisions based upon the evidence in the medical literature. We look forward to the opportunity to partner with the KDOC Medical Director and our healthcare partners to shape and implement specific clinical pharmacy programs designed to address the specific challenges presented by the patients housed in your facilities.

Correct Rx proposes (2) two Clinical Pharmacists for KDOC

- One (1) Full-time Clinical Director Assigned to VitalCore Headquarters in Topeka
• One (1) Full-time Clinical Pharmacist stationed in Lansing

Correct Rx’s approach is to provide the brightest pharmacists with the highest credentials in the industry. The Correct Rx clinical pharmacist must have the following credentials:

- Doctor of Pharmacy
- Post-Graduate Clinical Residency Training and/or Fellowship
- Board certification through the Board of Pharmacy Specialties; this is the industry gold-standard

Correct Rx understands that our clinical pharmacists must receive rigorous and specific training in direct patient-care in order to provide sound clinical interventions for KDOC and our patients. This view is not simply our own, but shared by leading national clinical pharmacy organizations, the American College of Clinical Pharmacy (ACCP) and the American Society of Health-Systems Pharmacy (ASHP). Both organizations have published white papers that clearly describe the requisite qualifications of clinical pharmacists who meet credentialing standards to provide direct patient care and those who do not. ACCP states that “pharmacists who engage in direct observation and evaluation of the patient and their medication related needs should possess the education, training, and experience necessary to function effectively, efficiently, and responsibly in this role.” They further describe the training requirements they believe are necessary order to engage in direct patient care.

ACCP’s guidance on clinical pharmacist credentials engaging in direct patient care:
1. Completion of a PGY-1 residency,
2. Board Certification in a Pharmacy Specialty Area, or
3. If there is no Board Certification in a clinical area of practice, a Board Certification equivalency standard may be applied as defined below:
   a. Graduation from an accredited pharmacy program
   b. Hold a current active license to practice pharmacy in US
   c. Completion of three (3) years of post-graduation practice experience with at least 50% of time spent doing the following clinical activities:
      i. Delivering comprehensive, patient-specific pharmacotherapy in a direct care capacity
      ii. Maintaining formal professional relationships with other healthcare professionals responsible for the patient’s care
      iii. Providing drug information and utilizing evidence-based medicine

Not all pharmacists who encounter patients are providing direct patient care. It is acknowledged that all pharmacists by nature of pharmacy practice have some interaction providing professional services to patients, however, ACCP does not recognize all professional services as direct patient care. Services commonly provided by retail, long-term care and hospital staff pharmacists include general patient education, patient counseling on health and wellness, promoting medication adherence and performing
medication reconciliation but these services do not constitute direct patient care as defined by ACCP. Direct patient care requires direct observation and evaluation of the patient and their medication-related needs; the initiation, modification, or discontinuation of patient-specific pharmacotherapy; and the ongoing pharmacotherapeutic monitoring and follow-up of patient in collaboration with other health professionals. This is a key distinction between clinical pharmacists in direct patient care roles and those pharmacists who provide general pharmaceutical care.

The Correct Rx clinical pharmacist will provide these services to all KDOC patients onsite from the proposed strategically placed practice. The Correct Rx clinical pharmacist will also be supported by the bench strength of our Corporate Clinical Team in Hanover, Maryland. Correct Rx will provide access to advanced predictive analytics tool to identify patients at high risk for adverse medication events. The end result will be a clinical pharmacy program that will distinguish KDOC nationally as an innovative healthcare service provider.

The following services which are included with implementation of the Correct Rx On-Site Clinical Programs:

- Disease State Management / Medication Therapy Management
  - Chronic Diseases
  - Mental Illness
- Pharmaceutical Care Maps for High Acuity Patients
  - HIV
  - Hepatitis C
  - Aging Long-term Care Patients
  - Hospice Care
  - Transitional Patients
- Patient Specific Drug Regimen Review and Medication Adherence
- Formulary Management
- Managing Medication Use within the System through the Pharmacy and Therapeutics Committee
- Comprehensive Therapeutic Practice Guideline Development
- Drug Utilization Reviews
- Medication Room Inspections
- Pharmacoeconomic Forecasting

The Correct Rx Model includes Optimal Medication Therapy (OMT) and Experienced Clinical Pharmacists

Correct Rx’s clinical pharmacy services distinguish us from our competition. Our innovative clinical pharmacy programs mean increased services that are revenue neutral and provide significant healthcare cost savings. We have proven it to our customers since our inception in 2003. Our goal is to achieve the best possible health outcomes and the most cost-effective treatments rather than
simply fill orders with the prescribed number of the cheapest pills. No other institutional pharmacy has adopted this service approach to the extent that we have, although many claim to offer clinical pharmacy services.

Medications are the most common therapeutic modality in healthcare. A clinical pharmacy program positively impacts not only the inmates, but also the individual medical, mental health, dental, custody and the facility administration team. Correct Rx is able to achieve significant results because of our established clinical programs and the rigorous credentialing process for our clinical pharmacy team. Correct Rx is known to be an interdisciplinary expert. Pharmacy directly impacts every discipline and Correct Rx has experience working directly with each healthcare discipline.

Correct Rx’s clinical pharmacists possess a higher level of clinical expertise with an emphasis on therapeutics and an understanding of the unique practice in the correctional environment. We select candidates that possess a Doctor of Pharmacy Degree and either a post-graduate residency program or equivalent clinical experience. All of our clinical programs are managed by clinical pharmacists that have advanced Board Certifications through the American College of Clinical Pharmacists. These standards result in higher quality of recommendations and meaningful impact on patient care. To illustrate this point, the rate of prescriber acceptance of our clinical recommendations exceeds 95%.

**Results are Real and Reproducible**

Our programs are designed to maximize savings through operational efficiencies, thorough program management and proven clinical initiatives that result in better outcomes. The results are real and reproducible. We have built our business by producing outcomes and providing customers with excellent service and cost savings.

**Optimal Medication Therapy (OMT)**

Correct Rx has cultivated our clinical pharmacy programs to provide a refined, effective and proven method of delivering medication therapy management in the correctional setting. With more than 15 years of experience providing clinical pharmacy services, Correct Rx is committed to ensuring that each patient receives an Optimal Medication Therapy plan. Optimal Medication Therapy (OMT) is a proprietary program developed by Correct Rx to address the unique and complex issue of medications and the mismanagement of medications in a correctional setting. The foundation of our OMT program is the establishment of strong patient-pharmacists interactions that foster relationships of continuity and trust. This can only be done by providing direct patient care and working side by side with our healthcare co-vendors.
Correct Rx’s OMT program follows the patient-care process endorsed by the Joint Commission of Pharmacy Practitioners and includes: collection of relevant patient-specific data, assessing the information collected and clinical effects, development of an individualized patient-centered plan of care that is evidenced based and cost-effective, implementation of the care plan in collaboration with other healthcare professionals, and monitoring outcomes and documenting care plan effectiveness. We believe that our OMT program will provide KDOC with improved quality of care, more substantial documentation of relevant patient health factors in the electronic health record, and better patient health outcomes.

**High Risk Patient Scoring System**

Correct Rx proposes to provide KDOC inmates with a medication risk score. The scoring method is based on our proprietary method of examining multiple drug factors, e.g. drug metabolism pathways, side effect profile and genetic polymorphisms when available, to produce a cumulative adverse effect risk score. The higher the risk score the more likely a medication adverse outcome will occur. **Once patients are identified as having a high risk score based on our algorithm, the Correct Rx clinical pharmacist will provide actionable recommendations to the primary healthcare provider.**

Correct Rx’s medication risk score is an effective tool to manage large populations of patients centrally through detection, assessment and prevention. We call this **pharmacovigilance.** Unintended drug events like adverse drug reactions cost the United States an estimated $30.1 Billion each year in hospitalizations and additional healthcare resources. Common chronic care medications like anticoagulants, anti-hypertensives, diabetes medications and non-steroidal anti-inflammatories contribute to adverse drug reactions. Research has shown that pharmacovigilance decreases the risk for adverse medication outcomes.

**Case Study**

Correct Rx has implemented a comprehensive clinical program in the Delaware Department of Correction, which includes clinical pharmacists providing direct patient care for diabetes, hypertension, hyperlipidemia, asthma, and medication adherence. The Delaware Department of Corrections consists of approximately 6,600 inmates. These facilities include intake and pre-trial as well as sentenced institutions. The Health Services Bureau has recognized Correct Rx for developing an innovative model of healthcare that improved outcomes in chronic disease states. Additionally, the Bureau views the highly credentialed pharmacists as an invaluable resource for consultations, drug information to the Bureau and to healthcare providers; to improve the quality of healthcare in the Department. The results of the Clinical Pharmacy program for fiscal year 2014 to 2015
have been presented at NCCHC and will be published in the NCCHC journal. Dr. Vincent Carr has been the co-presenter and co-author of the undeniable benefits of Correct Rx’s clinical programs.

- **Diabetes** - 173 diabetics were enrolled into the clinical pharmacist program to achieve 1.9% average point reduction in HbA1C.
- **Hyperlipidemia** – 155 patients enrolled with an average LDL-C of 135 mg had a 10.2 point reduction for a post intervention average LDL-C of 125 mg.
- **Hypertension** – 224 patients enrolled had a decrease of 6 mmHg after intervention.
- **Medication Related Problems** – 2,764 serious medication related problems were identified and corrected. Types of medication problems were:
  - Therapeutic Duplication
  - Sub-therapeutic Regimen
  - Supra-therapeutic Regimen
  - Medication Administration Issues
  - Inappropriate Dosage Form
  - Inappropriate Dosing Schedule
  - Suspected Adverse Event
  - Missing monitoring

### Clinical Services

Correct Rx also has a menu of highly specialized programs to offer KDOC that can be applied in a variety of ways for the most challenging facilities, patients or disease states that include either centralized management from our corporate office or onsite clinical pharmacy activities. All of the programs are supported and managed through Correct Rx’s Corporate Clinical Department.

In addition to all of the services that are provided at no additional cost, Correct Rx also offers additional clinical services for clients that want even more from their pharmacy provider.

Correct Rx has developed expertise in many areas outside of the scope of standard pharmacy services in an effort to help our clients to generate better outcomes at lower costs. As we have developed experience in analyzing the needs of each client and developed solutions to meet those needs, we have learned a tremendous amount about the cost drivers and the savings opportunities than can be achieved through the application of advanced and innovative clinical pharmacy programs. They have been so successful that we now offer these additional services to clients on a a-la-carte basis. Here are the services that we offer on a fee for service basis:

### Actions Speak Louder than Words

Correct Rx’s clinical programs generate proven results including decreased healthcare costs by improving quality of healthcare, reduced prescriber and nursing time to manage medications and reduced offsite care costs. For every dollar invested in a clinical
program, KDOC can expect to save significant dollars within the system. These savings may manifest through decreased custody resources for off-site care, dependence on specialists for medication selection and resources to manage high acuity/high cost patients. This response includes detailed examples and outcomes from our innovative clinical pharmacy programs.

Patient Centered Clinical Pharmacy Care Planning to Manage High Acuity Patients.

Correct Rx understands that improved outcomes means healthier patients, fewer complications and reduced overall off-site costs to KDOC. Clinical Pharmacy Care Plans are our innovative solution to improve patient outcomes. The clinical pharmacist will provide a comprehensive medication care plan for high-risk and high-cost patients who require complex medication regimens. These patients often include high acuity and transitional care patients such as post-surgical, end-stage organ disease, HIV/hepatitis C, elder care and hospice. The Clinical Care Plan will provide detailed step by step medication management recommendations for the clinical staff at the facility and includes assessments, monitoring plan and meaningful recommendations.

➢ Our Clinical Pharmacy Care Plans are specifically structured to:
  a. Decrease planned off-site referrals (e.g. HIV & Hepatitis C specialists)
  b. Decreased unplanned off-site care services (e.g. hospital admissions)
  c. Improve control of chronic disease states in high acuity patients
  d. Improve documentation of disease state management (e.g. federal & state audits)

We have provided a sample Care Plan.
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Medication Care Plan

Problem | Assessment | Plan
--- | --- | ---
HIV | Partly Controlled
- Patient is meeting most DHHS Guideline treatment goals
  - Goal VL undetectable (Pl VL=30 copies/mL)
  - Goal CD4>500 (Pl CD4=241)
- Goal On HAART (TDF/FTC+ DRV/r+RAL)
- No indication for OI prophylaxis | Continue HAART
  - emtricitabine 200 mg/tenofovir 300 mg (Truvada) qday
  - darunavir (Prezista) 800 mg qday
  - ritonavir (Norvir) 100 mg qday
  - raltegravir (Isentress) 400 mg twice daily
- CD4 Count is Slowly Increasing/Viral Load Suppressed
  - Goal CD4>200 to prevent OIs & ideally >500. CD4 241 down from 291.
  - Patient has suboptimal immunologic response (CD4) despite viral suppression. However, patient has immunologic response as evidenced by increasing CD4 over previous 8 months.
  - Patient is predisposed to suboptimal immunologic response on HAART, as he has HBV co-infection & is elderly.
  - Continue to monitor VL/CD4 q3 months (next due 7/25/14) secondary to recent change in VL and CD4 counts.
  - Recommend obtain HIV drug resistance panel if CD4 declines any further or if VL increases in 3 months (7/25/14).
  - Medications that interact with HAART discontinued
    - Simvastatin concentrations can increase by 500-300% when given in combination with PIs such as ritonavir. This places patient at increased risk for myopathy & kidney failure.
    - Patient placed on pravastatin.
- Ensure 100% Adherence
  - Current decline in HIV labs could be the result of missed doses of his HAART therapy.
  - Vital for this patient to receive all doses of HAART in order to maintain VL & boost CD4.
  - Recommend continue DOT for HAART
Antibiotic Stewardship and Management

In addition to the chronic infectious diseases which impact cost of care in corrections the clinical pharmacy team is well positioned to ensure that appropriate antibiotic therapy selections are made in every patient to control costs and maximize outcomes. We are well versed in infectious disease management, microbiology result assessment and medication dosing to pick the best agent for the infection being treated, dosing and length of therapy based on clinical treatment guidelines while taking in to account patient and facility specific needs. Many times inmates may be converted to specific agents by outside practitioners intending to avoid alternatives they don’t think would be favorable in corrections, example conversion to oral linezolid therapy over IV Vancomycin which if your facility can give infusions on site is much more cost effective in a susceptible patient.

Diabetes

Correct Rx’s Diabetes Initiative is a model of clinical pharmacy services for patients with uncontrolled diabetes housed in correctional facilities. Our program is designed to effectively manage inmates with diabetes to prevent and delay the onset and progression of long-term and costly health complications. Correct Rx Diabetes Care Initiative specifically focuses on patients with Diabetes and a Hemoglobin A1c level greater than 9. Hemoglobin A1c levels are a predictor of diabetes complications. The medical literature establishes that every percent point drop in A1C (e.g., 8% to 7%) can decrease the risk of diabetic complications by 40% which corresponds to a cost savings of $1,088.00 per patient per year.
The outcomes that our collaborative Diabetes initiatives have achieved serve as a proud accomplishment for Correct Rx and the clients we serve. It is an excellent example of what the multi-vendor model can achieve through transparent and collaborative partnership.

If implemented in KDOC, we are confident that the collective efforts of our clinical pharmacists will allow KDOC to realize better patient outcomes in diabetes than both private and public health organizations in the community. For example, when comparing the A1c control data from our clinical initiative to reported values from Commercial and Medicaid HMO Health plans showed that only 26% of the diabetic population enrolled in our cohort was poorly controlled compared to 34% of the commercial HMO, 44% of commercial PPO and 45% of Medicaid HMO diabetic populations.

Comparison includes data from Correct Rx Diabetes initiative compared to reported outcome data in HEDIS 2016 report card.

**Anticoagulation Management**

Pharmacist run anticoagulation (AC) services are common in the community setting. Warfarin therapy is considered to be the second most dangerous medication in the country because of its narrow therapeutic index. When managed inappropriately, patients receiving warfarin result in increased provider time and increased utilization of other healthcare resources. Managing anticoagulation requires patient education, awareness of drug-drug interactions and timely monitoring of patient response. Recognizing that the patients on AC therapy are not likely to be concentrated in one facility, it is vital to establish a care plan and data collection tool to be utilized by the point of care providers across all KDOC facilities. Correct Rx’s clinical pharmacy team will serve to standardize the evaluation of these patients and to provide adjustments to AC therapy where needed.

Correct Rx has more than ten years of experience providing pharmacist anticoagulation management in a statewide system. In FY 2011 our therapeutically treated patients increased to 78% compared to 60% in the community setting and has continued to improve significantly each year since then to **90% for FY2014**. Through the efforts of
our clinical pharmacist, missed laboratory monitoring for patients on warfarin treatment was reduced from 30% to 7%.

Correct Rx’s anticoagulation management initiative has greatly benefited our client, resulting in improved patient outcomes and a reduction in provider time by 55 hours per month.

**Cardiovascular Diseases**

Hypertension is a disease state that is amenable to patient education and lifestyle changes. Correct Rx’s pharmacists have intervened with this patient population through counseling and patient education in chronic care clinics. The results have proven successful; a recent review conducted by our team demonstrated that of the 100 patients sampled who received pharmacist care, 95% of the patients had controlled blood pressures. The collaborative efforts between the pharmacist and the patient is instrumental in gaining patient buy in to their own health outcomes and this is a model that can be expanded upon to include lipid management and heart failure patients to further affect overall inmate health.

The most common reason for emergency room visits, after trauma and physical injury, are cardiovascular emergencies. In a large state system, cardiac patients under the treatment of our clinical pharmacists required far less emergency offsite care. Our clinical pharmacists managed 475 patients with cardiovascular diseases over the past year, and only three of these patients required hospitalization post intervention. In comparison, over a five month period for the entire population with that disease state, there were 108 hospitalizations.

**Respiratory Diseases**

a. **Chronic Obstructive Pulmonary Disease (COPD)** and its management can be a significant medication cost driver with the growing number of options for medication therapies for these patients. While disease cure will not be possible there is opportunity for optimization of therapy through product selection and dose adjustments. An optimized maintenance regimen can decrease acute exacerbations, utilization of rescue medications, increasing quality of life in concert with controlling medical costs.

b. **Asthma** costs have significantly increased over the past three years, primarily due to overutilization of albuterol and the dramatic increase in the cost of this agent, due to EPA formulation requirements.

Our clinical pharmacists have successfully contained asthma costs by conducting routine medication use evaluations to identify patients who are potentially over utilizing their albuterol inhalers and by stepping patients down who are controlled and meet step down criteria per National Heart Lung and Blood Institute. Through the implementation of a pharmacist patient education program, Correct Rx has reduced overutilization from 30% to 17% for our clients.
Pharmacists evaluating patients through chronic care clinics can further serve to monitor patients and identify needs for escalation or de-escalation of therapy based on subjective symptoms and objective evaluation of peak flow values; rescue inhaler refills data, and number of clinic visits for nebulizer treatments.

**Correct Rx’s Mental Health Expertise**

Correct Rx’s clinical department has extensive experience in working with correctional facilities to manage psychiatric pharmaceuticals. KDOC is responsible for providing care for patients with psychiatric illnesses, the management of which can be complex and costly. Correct Rx knows that a comprehensive approach towards managing the use of psychotropic medications is required in order to achieve the goals of providing a high level of care and controlling costs.

Correct Rx has achieved great success in the implementation of clinical cost savings strategies. For example, through effective formulary management, our clients were well positioned to experience the full economic impact of a major single source antipsychotic agent’s generic availability. A pharmacist driven formulary management program allows for excellent quality of care, provider accountability, improved adherence, and greater cost savings. The following are examples of our successes:

- Over a one year period Correct Rx reduced the psychiatric medication expenditures of one client (15 facilities) by 59% per month through non-formulary medication management. Medication expenditure savings totaled $540,516.

- With information identified during a drug utilization meeting, Correct Rx worked with psychiatric prescribers at one facility to reduce the use of brand atypical antipsychotics (e.g. Invega®) and maximize the use of generics. Within six months, the site’s psychiatric medication expenditures decreased by 64% per month.

**Evidence Based Approach to Mental Illness**

Correct Rx’s clinical pharmacists apply evidence based practice in working collaboratively with prescribers. Evidence based practice is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Our clinical pharmacists are well-versed in national practice guidelines and consistently monitor the psychiatric literature for updates. Correct Rx will provide KDOC with an action plan that includes therapeutic recommendations based on primary literature and community standards. Correct Rx systematically reviews each relevant disease state and provides clinical practice guidelines that are tailored to the specific correctional healthcare system.

**Example of Correct Rx’s Ability to Affect Change**

In the graph below, Correct Rx was able to reduce psychotropic expenditures in a statewide system by collaboratively working with the onsite providers and Director of Psychiatry. Prior to implementation of the program in February 2011 psychotropic expenditures continued to increase. Overutilization of psychotropic medications for
undefined and insufficiently assessed mental illness was a major problem. Using Correct Rx’s approach and targeting poly-pharmacy, significant results were achieved within two to three months.

**Polypharmacy in Psychiatry**

Polypharmacy is recognized as a national healthcare problem. Patients on psychiatric medication often require additional medication to treat underlying illness and/or its effects. These complex treatments bring a myriad of potential interactions and care must be taken to avoid secondary costs of additional medication to treat side effects, hospitalization, and morbidity caused by ill-advised polypharmacy.

**Aging Population with increased Risks**

An increasingly aging and acutely ill patient presents multiple challenges managed care organizations in corrections. The elderly patient is at risk from all medications including psychotropics. Correct Rx is very familiar with the Beer’s Criteria and will identify and manage patients that are at increased risk for adverse medication outcomes. The Beer’s criterion identifies potentially inappropriate medications (PIMs) for patient greater than 65 years of age with implicit guides for the evaluation of medications used in the community or the institutional setting. These evaluations are targeted to the clinicians who care for these patients and provide information as the quality and strength of their recommendations. These criteria would be utilized by the clinical pharmacist who will act as a patient advocate to ensure that the elderly populations are on the safest regimens possible.

**Specialized Geriatric Services:**

- Perform Drug Regimen Reviews and Assessments
- Provide patient consultations
- Manage Intravenous Therapy
- Therapeutic Drug Monitoring tailored to geriatric patients
- Actively participate on the CQI committee
- Develop facility specific policy and procedures for KDOC
- Manage Drug Reduction Programs mandated by State Operating Manuals
- Clinically assess medications that pose added risks in the elderly, e.g. Beers Criteria
- Provide reports on medication use and interventions

As a company Correct Rx is well versed in the needs of the elderly population through our existing services to skilled nursing facilities and assisted living centers. Long term care needs have evolved globally as the result of advancements in medical care and longer life expectancy. Often these patients are on multiple medications including potent psychotropics to manage dementia. Our emphasis in managing elderly patients is to improve functioning through non-pharmacologic methods and eliminating unnecessary medications through systematic review of the global health system as well as the individualized medication regimen.
Provider Consultations

Video Conferencing for Direct Provider and Patient Services

Correct Rx will provide clinical consultations via video conferencing for complex and high acuity patients with either the healthcare staff or patients as part of our expanded menu of value add clinical services. Correct Rx has the experience and equipment to provide patient consulting services through telemedicine. The facilities may generate patient consult request for complex patient cases involving multiple medication regimens or to reduce poly-pharmacy.

Medication Therapy Management Department

This department was created to supply essential drug information to Correct Rx’s clients and for assisting providers in the proper selection of the most cost effective drug therapy that will result in the best outcome. This department is led by Dr. Valerie Barnes, Vice President of Clinical Programs and Pharmacoeconomics, a doctoral trained pharmacist with years of correctional experience who is CCHP certified, BPS certified and possesses a Master of Science in pharmaceutical outcomes and policy in applied pharmacoeconomics from the University of Florida.

Pharmacist Directed Non-Formulary Approval Service Improves Access

Correct Rx offers a pharmacist directed non-formulary approval service as outlined in Section v. Non-Formulary Medications of our Proposal for Services. In this service, our clinical pharmacists assume the responsibility of reviewing and approving non-formulary medication requests. This service will reduce non-formulary medication costs and time for your Medical Director. Our review and decisions are evidence-based and use best practices which are uniform and consistent.

For example, Correct Rx reviewed 1,352 non-formulary requests for one large client resulting in a request denial rate of 14%, slightly above national averages of 12%. Our clinical pharmacists do not simply deny a nonformulary request, we use each denial as an opportunity to provide significant cost savings and education to the requesting provider. We have found that this prescriber follow-up is the best method to influence future prescribing. We are extremely confident in our ability to review and determine the appropriateness of non-formulary requests. For the same large client, Correct Rx provided a cost savings of $110,564 per month or $1,326,768 per year by declining an initial request to use a non-formulary medication and suggesting a preferred alternative.
1. Pharmacy Inspections

Transition and Implementation Initial Inspection

Upon obtaining the contract and in preparation for providing services, Correct Rx will provide an initial inspection to determine the needs of each facility of health care services and determine needs with respect to pharmacy storage, dispensing, and pharmacy security issues. Correct Rx will present recommendations to the KDOC Medical Director within ten business days of the inspection.

The initial inspection will be performed by fully credentialed clinical pharmacists who possess first-hand knowledge of the KDOC. Correct Rx’s clinical pharmacists shall utilize the new audit tool that was designed and implemented specifically for our clients. This tool ensures that our client’s medication rooms are in full compliance with all State and Federal regulations including national accrediting bodies along with facility specific standards. The audit finding summary will be presented to the KDOC Medical Director within ten business days of the inspection.

Correct Rx intends to coordinate the transition process from the time of contract award to contract implementation. Successful transitions are uninterrupted successions of events. Continuity of Care requires a coordinated and interdisciplinary team approach. Correct Rx’s transition team will gather all the available resources and services from each discipline to ensure a quality transition. We have years of experience successfully transitioning facilities. We will apply our proven methods with the flexibility needed to make the subtle facility-specific changes necessary to guarantee a successful transition.
Quarterly On-Site Inspections

Correct Rx will conduct quarterly on-site inspections which shall be standardized and include aspects of pharmacy from the point of prescription order handling, through dispensing, administration/distribution, through the act of documentation. The pharmacist shall inspect all areas where the medications are stored and maintained at KDOC. The inspection shall cover other aspects of pharmaceutical management such as storage conditions, security, disposal practice, return of unused medications, and documentation of inventory management for stock medications, psychotropic medications and controlled substances. Security aspects such as double-locking shall be included. Survey of the physical plant shall be included such as light, temperature control, moisture, and refrigerator use shall be included. The inspecting pharmacist shall produce a report from each inspection and suggest correction action plan for any areas found problematic. The reports shall be provided to the Institutional Health Services Manager and the KDOC Medical Director within ten calendar days of the inspection. The contractor shall provide timely follow up and problem resolution on any issues within its area of responsibility.

Correct Rx utilizes a unique model to provide on-site visits to eliminate barriers to success. The visits are performed by fully credentialed pharmacists who are knowledgeable regarding the safe, reliable and cost effective utilization of medications in correctional healthcare.

Our licensed clinical pharmacists are full-time employees of Correct Rx and have completed post-graduate residencies in pharmaceutical care and hold Certification in Correctional Health Care (CCHP). This requirement ensures the KDOC that our pharmacists are knowledgeable of the industry and regulatory standards and provides credibility with the multidisciplinary team onsite.

Correct Rx provides consistency with the individual pharmacists used to perform the quarterly audits because we believe it is essential for our pharmacists to establish professional relationships with custody, management, the KDOC and the specific healthcare team at each individual site. The personal attention and face to face interaction that our clients receive yield better outcomes because the relationship makes it easier to communicate expectations, discuss issues, and resolve problems.

The Correct Rx on-site visits are designed to provide valuable insight into the operations at the facility level. Correct Rx’s inspections of medication storage areas, inventory records, and administration processes are required by all states as an integral and routine practice to ensure quality, safety, and compliance with state and federal laws. Correct Rx has consistently provided this service to our clients.

Correct Rx’s inspections of medication storage areas, inventory records, and administration processes are required by all States as an integral and routine practice to ensure quality, safety, and compliance with State and Federal laws. Correct Rx has consistently provided this service to our clients. Correct Rx is familiar with standards on medication handling and administration established by the National Commission on
Correctional Health Care (NCCHC), the American Correctional Association (ACA), and the Joint Commission (JC formerly JCAHO).

The goal is to establish, maintain, and even exceed standards in between accreditations - not just to prepare for them. Even the best maintained organizations are faced with the continual challenge of training replacement staff or staying informed of new changes in standards of practice. Our pharmacists are able to identify deficiencies and provide recommendations or specific training to address issues that threaten quality and safety of medication use.

**Comprehensive Audit Tool**

Correct Rx developed an inspection sheet (Sample provided) that adheres to NCCHC, ACA, JC, DOJ and local requirements from respective State Boards of Pharmacies. The use of the inspection sheet standardizes the condition of the medication rooms for the Facilities. The inspection sheet addresses Medication Storage, Controlled Substances, Emergency Medication Box, Medications and Labels, and Medication Administration and Orders.

By working collaboratively and cooperatively with administration, the respective healthcare teams and key nursing staff, Correct Rx provides clear and consistent feedback regarding regulatory compliance and meeting performance standards. Correct Rx identifies deficiencies and provides recommendations or specific training to address issues that threaten quality and safety of medication use.

Our reporting format provides immediate feedback at the specific site level, a summative narrative component that facilitates administrative monitoring and a CQI component that tracks the progress of corrective action as needed. This multi-level approach provides a valuable tool for KDOC and the respective healthcare teams to ensure patient safety, employee accountability, institutional security and regulatory compliance. The following items are inspected by the licensed pharmacist when conducting a review of the medication rooms:

**General Requirements:**

- Licensing
- Maintenance of Administrative Procedure, e.g., Location of the Formulary, Location of OTC Commissary List, Poison Control Information, and Drug Information References

**Medication Storage:**

- Whether the medication room and carts are locked, and the locks are working properly
- Appropriate personnel have access to the keys
- Cleanliness
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- Externals are separated from internals, and in turn, separated from medical supplies
- Refrigerator is at the appropriate temperature and temperature logs are kept
- Multiple Dose Vials are properly labeled when opened, stored and discarded in the appropriate time frame

Controlled Substances:

- Counts are accurate and are being conducted according to standards
- DEA Required Biennial Controlled Substance Inventory
- Storage under double lock and key

Emergency Medication Box:

- List of Contents are posted
- Box is sealed
- Documentation of monthly emergency medication checks

Medication and Labels:

- Medications are properly labeled
- No discontinued, expired, or deteriorated medications on hand
- Medications are disposed of properly
- Medications are returned to the pharmacy properly

Medication Administration and Orders:

- Medication Orders are signed and dated
- Stop Orders are adhered to
- PRNs and refusals are properly documented
- Personnel administer medications have signed and initialed the MAR.

Review of Findings, Summary Report, and Follow-up

The inspection reports will be discussed with the Director of Nursing or designee on site at the facility at the conclusion of every audit. Additionally, a narrative summary will be shared with KDOC and healthcare teams to ensure issues are resolved. This level of transparency provides the key healthcare managers with accountability designed to ensure regulatory compliance. Additionally, Correct Rx is aware that quality improvement plans must be continuously assessed to ensure that audit findings are addressed and corrected in a timely manner. Our audit tool requires documentation that previous findings/recommendations have been attended to which is shared with KDOC in the summary report.
m. Pharmacy Medication Education Materials

Pharmacy Medication Education Materials

Correct Rx provides each facility with a comprehensive binder that includes detailed medication monographs that are intended to be used for patient education. These monographs are produced by Medi-Span and are written in easy to understand lay person terminology.

Nurse Drug Information Handbook

Nurse Drug Information Handbooks are provided.

In addition, if any medical staff has a question concerning a new medication a Correct Rx licensed pharmacist will be available to provide additional information 24 hours a day, 7 days a week.

n. Pharmacy Inventory

Correct Rx’s Vice President of Purchasing along with our Purchasing Agents have over 25 years of experience in purchasing and inventory control in the institutional pharmacy industry. Correct Rx Pharmacy will increase our internal inventory levels to accommodate the needs of the KDOC. The additional inventory will be received prior to the start of the contract. This inventory will be maintained by our purchasing department establishing par levels and proper reorder points to ensure uninterrupted delivery of medication up to six days a week.

In the event of a short-term back-order of medications, Correct Rx will notify the healthcare staff at each KDOC facility within 24 hours. The notification is sent with each medication delivery and includes the drug name, date and quantity owed. The back-order is automatically reconciled the following day. During the entire process, the healthcare team at the facility will remain informed.

If a long-term shortage is expected because of distribution or manufacturing issues, the Clinical Pharmacist will notify the healthcare authority and medical staff at each facility, as well as other key players identified by the KDOC. The notification will be accompanied by a strategic plan with therapeutic alternatives until the shortage is resolved.

o. Formulary

Active Formulary Management:
Development, Enforcement, Management, and Expertise

Correct Rx’s management team has over 30 years of direct experience in developing and maintaining formularies, nursing protocols for Over-the-Counter (OTC) programs and starter stock lists that are specifically designed for correctional systems, private prisons...
and jails. Correct Rx has successfully implemented formulary guidelines that have assisted our clients in containing pharmaceutical costs and saving millions of dollars annually in the process.

Our Medication Therapy Management department is headed by a Specialty Board Certified, CCHP (NCCHC Certified Correctional Healthcare Professional) and Doctoral trained pharmacist who possesses her Master’s in Pharmacoeconomics with years of correctional experience. This department was created to supply information to our clients that help them reduce medication cost while improving the quality of care. This is achieved by the clinical pharmacist’s assistance with formulary management that is supported by documented research of alternate therapies, drug product selection, and other methods that result in lower cost. This department is vital for helping our clients provide the highest quality of care while being mindful of costs.

**Formulary and Non-Formulary Medications**

Correct Rx will establish a formulary of legend drugs for use within KDOC facilities. This formulary shall meet with the approval of KDOC's Medical Director and shall be current with proven standards of practice within correctional environments. Correct Rx understands that a comprehensive policy and procedure, consistent with KDOC’s P&P, will describe the use of the formulary and procedures for non-formulary approval.

**Comparative Pricing for Easy Reference**

Correct Rx will include in with its formulary comparative pricing per drug and per drug category for effective utilization by prescribers. Correct Rx provides prescriptions consistent with each of our client’s approved formulary. Correct Rx’s pharmacy operating software system allows us to identify whether a drug is formulary or non-formulary at the time the order is processed. We will input the specific KDOC Formulary into our pharmacy system. This list can be updated at any time and may be customized, by Region facility type, or even by specific locations within a facility (e.g., infirmary, specific feeder county, population type, mental health unit).

Correct Rx will follow all procedures regarding the dispensing of formulary and non-formulary medications, as well as adhering to all policies and procedures related to the approval, denial or alternate medication recommendation regarding KDOC’s approved non-formulary request process.

**Successful Formulary Management**

Correct Rx has achieved great success in the implementation of clinical cost saving strategies. For example, through effective formulary management, our clients were well positioned to experience the full economic impact of a major single source antipsychotic agent’s generic availability.
A pharmacist driven formulary management program allows for excellent quality of care, provider accountability, improved adherence, and greater cost savings. The following list provides a sampling of our successes and current initiatives:

**Sample Achievements of Correct Rx’s Formulary Management Service**

- Correct Rx estimates a savings of $426,000 by reducing the inappropriate use and overuse of over-the-counter, anti-gastrointestinal reflux medications.
- During a one-year pilot program of non-formulary review for one region of a statewide correctional system, we saved the state $449,000 in medication cost.
- Reduced Gabapentin utilization due to its abuse potential, well before Virginia passed a rule to make it a controlled substance in Virginia Regional Jails we service.
- Reduced use of biologic and specialty medications using Correct Rx’s Clinical Consult Service. Average savings from consults is $2,699.16 per patient month.

**Medical and Scientific Evidence**

A formulary should represent a reasonable list of therapeutic treatment options for each category of medications to ensure optimized care for the patient. Formulary management provides a means to standardize medication selections while ensuring quality care and cost containment. The formulary decisions should seldom be left to just the cost of the medication but dependent upon evidence-based medicine, the potential to produce improved quality health outcomes, and individual patient characteristics.

We have adapted our formulary management principles from the American Society of Health-System Pharmacists, NCCHC and ACA. A Correct Rx clinical pharmacist will work closely with KDOC’s Medical Director and the Health Services Team to create and maintain a formulary that will provide significant cost savings and improved patient outcomes. Our evaluations are based upon the strength of the medical evidence. The clinical pharmacist evaluates medical and scientific evidence relating to the safety and effectiveness of the requested non-formulary drugs with formulary drugs. This review will consider:

**Strength of the evidence**

- Experimental versus observational studies.
- Published in peer-review journals or on the Food and Drug Administration (FDA) website.
- Clinical versus surrogate/intermediate outcomes.
- Direct versus indirect comparisons.
- Average effects versus subgroup or individual effects.

**Safety**

- Adverse drug reactions
- Drug interactions
- Known risk or potential risk for error
Availibility of alternative therapies  
Medication cost expenditure

Timely and Responsive Formulary Changes

Recognizing that treatment regimens and medicine evolve, the formulary is updated annually with quarterly updates as needed through the P&T Meeting. Additions or deletions are reflected on a revised formulary that is approved by KDOC’s Medical Director. Correct Rx will only implement drug formulary modifications that are approved by KDOC. Once formulary modifications are approved, the effective date is clearly identified on the cover of the formulary as well as in the footer of each page of the document. For all formulary revisions, Correct Rx will generate a memo signed by KDOC’s Medical Director detailing the approved formulary changes. The formulary lists medications by therapeutic categories. Two alphabetical indexes, one of medications listed by generic names and another by their trade names, is provided which allow quick drug searches and identification. This makes it simple for medical personnel to locate a drug regardless of his/her familiarity with the drug’s propriety name.

Electronic, Paper and Computer Access

Correct Rx will provide electronic and paper formularies to KDOC. Formularies are distributed to all medical, dental, nursing and mental health staff. In addition to the healthcare providers, updated formularies are provided to custody and outside agencies as directed by KDOC. Most importantly the up to date formulary is always loaded in the electronic order entry system and notifies the prescriber or nurse of the formulary or non-formulary status of each medication. The order entry system allows for a drop down menu of formulary alternatives when a non-formulary medication is entered into the system. This notification does not take the place of one of Correct Rx’s clinical pharmacists who are available to consult or collaborate with the medical staff regarding any medication selection.

Priority is Patient Care

Emergency non-formulary medications are always available if requested. The priority is always patient care. All recommendations are based on best practices and correctional standards. Correct Rx monitors short-term bridge authorizations in the patient's pharmacy profile. Thus the second bridge order for a patient will prompt notification to the facility.

Correct Rx will provide monthly reports that detail each medication processed to KDOC that are formulary exceptions. The report will be sortable and electronic in Excel. The report will contain the medication name, strength, dispense date, inmate name, ID number, prescriber, cost per prescription and total cost per medication dispensed.
Most Cost Effective Treatment

Our distinctive approach to clinical pharmacy incorporates cost-effectiveness as a key consideration in determining appropriate medication use for correctional patients. This thoughtful and data driven method employed by Correct Rx allows our clients to benefit from medication selections that saves cost and time, without sacrificing the quality of patient care. Our clients are assured that each cost-effective treatment recommendation is vetted with evidence based literature, offers the most advantageous price, and is appropriate to use in a correctional environment.

Correct Rx’s use of cost-effective treatment principles is not applied in a passive manner. Unlike other correctional pharmacy service providers, Correct Rx has invested in the science of cost-effectiveness. Our corporate clinical support staff contains clinical pharmacists who are trained and credentialed in Applied Pharmacoeconomics, the scientific discipline of comparing the value of one medication to another. Their expertise in cost-effective modeling and forecasting medication costs has produced significant savings for our clients, streamlined prescribing patterns and maintained the level of quality care for patients. Recommendations for cost-effective medication use are applied in a variety of clinical pharmacy activities such as our pharmacist-directed non-formulary approval program, Pharmacy and Therapeutic (P&T) meeting initiatives and policy and procedure development.

Optional Service: Pharmacist Directed Non-Formulary Approval

Correct Rx provides a systematic analysis of medication usage and identify opportunities for improvement or offer cost savings. However, we do more than make recommendations. Correct Rx proactively manages the entire process to save time and money.

- Proven program to reduce non-formulary cost by 45%
- Reduce prescriber time 95% by removing responsibility of reviewing non-formulary requests

Our commitment to clinical pharmacy is what separates us from the field. Correct Rx is the industry leader in clinical pharmacy. And our novel approach to comprehensive non-formulary management and the medication selection process is a game changer. Our clinical pharmacists work in concert with KDOC’s healthcare professionals to produce positive health outcomes for patients and the optimal use of medications while at the same time lowering overall pharmaceutical and healthcare costs. We do this with our innovative Pharmacist Driven Non-Formulary Management service. We use highly trained clinical pharmacist to review non-formulary requests through our on-line portal. This game-changing service is available as an optional service.

Pharmacist Driven Non-Formulary Management

“Unlike Any Other Program”

The days of burdening busy medical directors with making non-formulary decisions just based upon the cost of the pill and a checklist are gone. Correct Rx’s unique clinical model
looks at each non-formulary medication request as an opportunity to provide a comprehensive review assessing the entire patient and not just the medication. We review and process 99% of non-formulary request within 24 hours. Our pharmacist driven program saves time for medical directors and staff. Correct Rx has already successfully implemented this service in other contract settings and it has demonstrated considerable savings in both cost and time.

Correct Rx can accomplish this because we employ highly trained clinical pharmacist (medication experts) to authorize the use of non-formulary medications using proprietary algorithms and clinical guidelines developed specifically for correctional systems. Our clinical pharmacists hold Board of Pharmaceutical Specialties (BPS) certification in pharmacotherapy, have completed post-graduate residencies, and possess an understanding of correctional healthcare systems.

This is not the same as having a PharmD verifying if the form is filled in right and the facility says they have already tried a formulary medication. Our approach lowers the overall healthcare costs to an institution and in some cases, can do so very quickly. A clinical pharmacist recognizes, for example, when a less expensive medication will work as well as or better than an expensive one or when an alternative treatment altogether will be equally or more effective.

The clinical pharmacist evaluates medical and scientific evidence relating to the safety and effectiveness of the requested non-formulary drugs with formulary drugs. This review will consider:

- **Evidenced Based Decision Matrix**
- **Safety**
  - Adverse drug reactions
  - Drug interactions
  - Known risk or potential risk for error
- **Availability of alternative therapies**
- **Medication cost expenditure**

This new clinical paradigm includes: profile screening for patient-specific parameters such as allergies, age, weight, gender, disease states, contraindications, drug-drug and drug/food interactions, duplicate or unnecessary drug utilization, review of laboratory parameters and enforcement of established clinical pathways/protocols and guidelines as indicated in published medication literature and evidence-based therapy and incorporates the institution’s policies and procedures. This program also provides improved patient outcomes and prevents adverse events. These services improve compliance with outcome measures evaluated during audits.

**Advanced and Secure On-Line Non-Formulary Request Portal**

All requests for non-formulary medications are submitted through our on-line portal. Correct Rx has implemented our new web-based Non-Formulary Request portal. This streamlines ordering and better serves KDOC. Correct Rx developed a secure online
submission system for non-formulary requests. Every request is assigned a unique ID which is used to track requests from submission to fulfillment.

The non-formulary request system was custom designed for our clients with ease-of-use in mind. Facility health staff can navigate to the website and submit a request without any login process. Printer friendly receipts verifying submission and approval/disapproval are available for printing and updates are sent through email to the requester and our facility email notification list. Our web-based process is a completely HIPAA certified solution and provides for staff efficiency through a faster request process. Additionally, the web based process provides for greater data integrity, which gives clients greater insight into the rationales for non-formulary prescribing through reporting.

Key Features:

- Ease of use and access from anywhere
- No login required
- Cloud based software; paperless system
- Track submissions throughout the review process
- Instant notification and response

p. Pharmacy & Therapeutics Committee

Meaningful and Action Oriented Pharmacy and Therapeutics Meetings

Correct Rx Pharmacy and Therapeutics Committee (P&T) meetings include a review of the formulary and non-formulary usage, provider prescribing practices, drug utilization review, educational information, drug costs, policies and procedures and other relevant topics for safe and cost-effective pharmacy operations. Each meeting is tailored to the specific needs of KDOC.
Correct Rx’s clinical department is known for its innovative clinical initiatives presented at the on-site P&T Meetings. The goals of high functioning Correct Rx P&T meetings are:

- achieve improved patient care;
- while complying with accreditation standards and;
- assisting with maintaining a medication budget.

Correct Rx has experience in chairing and actively participating in P&T meetings that result in improvement of policy and procedures, positively influence prescribing patterns based on trend analyses and retrospective utilization review, and forecasted expenditures.

Each P&T meeting provides an opportunity to support each site’s providers and administrative staff in their efforts to contain medication costs and achieve their budgetary goals. During the P&T meetings our clinical pharmacist review the statistics including but not limited to the following areas:

- Overall medication costs
- Nonformulary medication use by cost and quantity
- HIV and Hepatitis C associated costs
- Psychotropic costs
- Per Client Per Month costs
- Drug costs by disease state
- Top 50 Medication Use
- Practice Guideline Review
- Recommendations for cost-effective and quality enhanced medication use policy
- Review of Facility Stock List
- Analysis of STAT medication usage

Correct Rx is dedicated to supporting and bolstering KDOC’s oversight of medication utilization. The P&T is instrumental in fostering a strong partnership between clinical pharmacy initiatives and KDOC’s healthcare agenda in developing policies and procedures regarding, the formulary, medication administration, ordering and storage. Indeed, all matters pertaining to the use of medications within KDOC facilities including pharmacy programs, should be reviewed and approved through the committee. Cost saving formulary management recommendations are provided to ensure cost-effective prescribing.

**Action Plan**

Correct Rx will produce data and more importantly will provide KDOC with action plans including therapeutic recommendations. Correct Rx systematically reviews disease states and provides clinical practice guidelines that are tailored to the specific correctional healthcare system. We provide detailed data regarding how these disease states are treated and then apply clinical practice guidelines. This process ensures that KDOC provides a high standard of care with cost-effective medications. This collaborative and
well informed approach will make a difference in the quality of care and overall healthcare cost for KDOC.

**Subject Matter Experts**

Correct Rx will provide the P&T Committee updated pharmaceutical information, availability of new drugs and in evaluating available evidence regarding the relative safety, efficacy, and effectiveness of prescription drugs within a class or classes of prescription drugs. The P&T Committee will make recommendations in updating the KDOC’s formulary.

**Cost Controls**

Correct Rx’s clinical pharmacy department understands fiscal challenges in providing correctional healthcare. Our pharmacists review medication cost and utilization trends during quarterly P&T meetings and we develop plans to contain costs. Correct Rx’s clinical department incorporates the latest managed care tools to facilitate responsible prescribing and cost containment including: preferred drug list enforcement, non-formulary approval program, quantity limits and retrospective drug reviews.

### Examples of Quality Improvement and Cost Containment Initiatives

<table>
<thead>
<tr>
<th>P&amp;T Initiative</th>
<th>Process</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with new FDA guide to minimize risk of statin related adverse drug events</td>
<td>Identification and analysis of patients prescribed contra-indicated statins with gemfibrozil and calcium channel blocker</td>
<td>Discontinue unnecessary medication saving on dispensing fee Prevention of adverse medication event saving on healthcare spend</td>
</tr>
<tr>
<td>Capture cost savings with HIV Medications</td>
<td>Detailed analysis of HIV Medication Provide Recommendations based on evidence based practice</td>
<td>Reduced HIV medication cost by $248,000 in last 12 months</td>
</tr>
<tr>
<td>Optimize Asthma Medication Selection for cost savings</td>
<td>Provide education on disease management guidelines Proactively recommended conversion program to AirDuo</td>
<td>Cost savings of $32,548 in last 12 months</td>
</tr>
</tbody>
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q. **DEA License Verification**

Upon obtaining the contract and in preparation for providing services, Correct Rx will provide an initial inspection to determine the licensure of each facility and KDOC prescribers. Correct Rx will ensure as part of our system implementation and start-up process to collect and verify that each facility and each prescriber has the appropriate licensure including DEA permits as required federally and by the Kansas Board of Pharmacy. Further, Correct Rx will institute, as part of our quarterly medication room inspection, a process to continually track and monitor the licensure of each medication room and utilize our quarterly Pharmacy and Therapeutics Meeting to ensure that we have all accurate and most up-to-date license information of prescribers within KDOC.

r. **Institutional Drug Room Licensure**

Each KDOC facility will have a Kansas State Board of Pharmacy issued Institutional Drug Room License. Upon obtaining the contract, Correct Rx will provide a Pharmacist in Charge that is licensed as the designee for each KDOC facility. The specific Kansas Pharmacy rule addressing Institutional Drug Room License can be found in Article 68.7.21. Correct Rx will ensure KDOC facilities adhere to these standards. Additionally, the Correct Rx medication room inspection form incorporates all the required elements necessary to adhere to these requirements.

The Correct Rx Pharmacist in Charge will make sure all medications are reviewed, labeled and dispensed according to KDOC policy and procedures. The Pharmacist in Charge will oversee the following tasks:

- Approve programs for training and supervision of all personnel in the providing and control of drugs
- Approve a written manual of policies and procedures governing the storage, control and provision of drugs when a pharmacist or practitioner is not on duty.
- Maintain documentation of at least quarterly reviews of drug records, drug storage conditions, and the drug stored in all locations within the institutional drug room;
- Approve written procedures for maintain records of the provision and prepackaging of drugs; and
- Approve written procedures for documenting all reportable incidents, as defined in K.A.R. 68-7-12b, and documenting the steps taken to avoid a repeat of each reportable incident.
s. Medication Renewal Tracking System

Refills
Correct Rx will work with KDOC to develop policies and procedures for ordering refills, including the preferred timing and method of transmission. Currently, refill orders are received by the pharmacy utilizing our electronic order entry system, our web-based barcode system, orally via telephone, or via facsimile by applying the refill tab off the prescription label and placing it on a refill form. The peel off refill tab has clearly printed information to include patient identifier, medication name, prescription number, prescriber and refill number.

Correct Rx will process refills from KDOC that are sent by fax using the 2-part refill sticker applied to the “Medication Reorder Form” and we will also process refills requested by telephone as required in this RFP. We understand that it is our job to make sure your staff have the most efficient way to order medication and refills. That is why in addition to accepting refills via fax or telephone, we are offering the KDOC another quick and easy option by using our automated barcode scanning system.

Automated Refills – Using Barcode Scanner
Our web based program may be used to initiate medication refills simply by scanning the refill barcodes and then hitting submit. The order goes to Correct Rx electronically via the web and the prescriptions are received by Correct Rx instantaneously, dispensed and ready to be delivered with the next delivery. This website feature is executed in real time. Medications can always be refilled by faxing or calling the pharmacy, which serves as a back-up should the facility be unable to access the web or if there are other difficulties. Correct Rx's Barcode Scanning technology has provided significant time savings to the nurses ordering medication and resulted in higher accuracy for our shipments. This is a measurable advantage. A benefit of the system is the immediate displaying of the refill request status: if it is good for refill, too soon for refill, or expired. The Correct Rx system utilizes a reporting feature to prompt users when refills are due. “Refill Due” reports are one of many available reporting options included in the Correct Rx system. This significantly reduces time wasted by your medical staff handling refills that are unable to be processed. This improves overall quality and reduces errors.

t. Drug Storage and Delivery Services

Accountability and Documentation Sheets
Correct Rx has the knowledge and experience to ensure proper medication control and accountability. The Correct Rx pharmacists and registered pharmacy technicians understand the importance of complying with standards, as well as maintaining order and accountability – particularly in regards to the psychotropic medications and controlled substances as to minimize diversion. Correct Rx will work together with KDOC to integrate our established and proven policies procedures on the maintenance of accountability to ensure compliance within the facility.
The policies address the possession, responsibilities and handling of keys to areas where medications are stored, the policies will include recommendations on the proper storage and inventory of all scheduled medications. The use of medication logs to document additions, use, and spillage/waste of scheduled medications are an integral part of the controlled medication policy as it is an efficient way to clearly document and track utilization. To minimizing the diversion of psychotropic medications and controlled substances among offenders in the correctional setting, Correct Rx supports the use of the “watch take” policy of many correctional systems.

Correct Rx utilizes a sophisticated barcode scanning system which tracks medication orders from packaging to shipment and delivery to when the shipment is received by a particular facility. The barcode scanning system has many functions; however in relation to control and accountability, the system allows the facility to view shipments and check in orders. Where this is advantageous is that it will keep a record of all medications entering the facilities electronically for sixty days. Online access can be granted for any administrator who wants to see deliveries to the KDOC. This is in addition to the paper delivery sheets that the facility receives daily. Our fully credentialed clinical pharmacists will conduct quarterly inspections of all medication storage areas. As part of these quarterly inspections, the pharmacist will ensure that these areas are maintaining order and following correct policies and procedures as they pertain to the storage, handling and documentation of all medications including controlled medicines.

These inspections will include but not be limited to checking that the following activities are taking place as they pertain to medication control and accountability: 1) the storage of controlled medications under double lock and key, 2) that controlled medications are being counted according to standards, 3) that there are no discrepancies with the controlled medication count, 4) that only authorized personnel have key possession to the medication storage area, 5) that there are no expired, discontinued or deteriorated medications on hand, and 6) that the correct refrigerator temperature is properly maintained for medication storage. A summary of these inspections are provided to the appropriate KDOC personnel.

Labeling of Medications

Each medication card is labeled in accordance with applicable State and Federal regulations, as well as those of KDOC and include:

- Facility name;
- patient’s name and ID number;
- directions for use (including route and times of administration);
- warning labels are applied as needed;
- brand name and generic name;
- strength of the medication;
- quantity dispensed;
- medication lot number and manufacturer;
- original, dispense and stop date;
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- expiration date;
- prescriber’s name;
- prescription number;
- refill information;
- two-part peel off barcode reorder label;
- dispensing pharmacist initials;
- And red letter “C” to indicate controlled substance prescriptions.

Auxiliary Labels

Correct Rx applies all necessary warning and auxiliary labels on each prescription for safe and effective medication use describing reactions, cautions, warnings, interactions, and dietary instructions such as: take with food; may cause drowsiness; shake well, etc. Refrigerated items are packed separately in insulated pouches with cooling packs and clearly marked on the outside of the package, “Refrigerated Items.” Correct Rx will mark controlled medications and package the medications in a mutually agreed upon format for easy identification.

The label requirements for blister packs are no different than for medication bottles or tubes. Under Federal and Virginia Labeling requirements there is no “each bubble” requirement. Correct Rx does not mix medication lots in individual prescriptions and as such the information is uniform for every pill in each blister card. Correct Rx applies auxiliary labels to dispensed medications including but not limited to: refrigerate, take with food, may cause drowsiness, etc. Refrigerated items are packed separately in insulated pouches with cooling packs and clearly marked on the outside of the package, “Refrigerated Items.” Any pharmaceutical that requires special handling is identified and labeled. This is especially important for specialty injectables and intravenous admixtures. Correct Rx utilizes auxiliary labels when there is a generic medication manufacturer change that results in change in appearance to avoid confusion.

Delivery

Correct Rx receives and fills orders 24 hours a day, 7 days a week, 365 days a year. Our pharmacy is officially open from 6:00 a.m. to 8:00 p.m. ET Monday through Friday, 8:00 a.m. to 6:00 p.m. Saturday, and 9:00 a.m. to 6:00 p.m. Sunday. While those are the officially listed hours of operation, we are often open and have employees in the pharmacy and office before and after the posted hours.

Also, Correct Rx provides an on call consultant pharmacist 24 hours a day, 7 days per week. Correct Rx provides the designated on-call pharmacist with a cell phone and thus immediate access for our facilities. After normal business hours, a Correct Rx pharmacist can be reached at all times.

Our official holidays are New Year’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas Day. Even though these are official Correct Rx holidays, we are often open on those days with a modified schedule.
Correct Rx provides written notice to our facilities in advance of any changes in the schedule for ordering or delivery due to holidays. UPS does not deliver on the Correct Rx official holidays. However, Correct Rx is always available for emergent orders or to arrange STAT deliveries.

**Same-day shipping / Next-day delivery**

Correct Rx is purposefully located within a mile of the Baltimore Washington International Thurgood Marshall Airport. This location combined with the volume of business we provide UPS, affords Correct Rx the privilege of the last stop before they go to the airport and prepare for delivery. Correct Rx is thus allowed the requisite time to process all orders received up to the cutoff time (and sometimes after cutoff time), which ensures all medications are included with your delivery.

All non-emergent new prescriptions, prescription refills, over-the-counter medications, miscellaneous medical supplies and stat box refills transmitted to Correct Rx by the designated cut off time Monday through Saturday are delivered the next business day (excluding holidays).

**Extended Cutoff Time – 4:00 p.m. ET Monday through Friday**

Timely and accurate medication delivery is another core component of the Correct Rx pharmacy service plan. All medications ordered by the 4:00 p.m. ET cutoff Monday through Friday are delivered by UPS and received the next day. This includes a Saturday delivery if the facility receives weekend deliveries. All orders received by 12:00 noon Saturday are received on Monday morning.

**Same Cut off Time for New, Refill and Stock Orders.**

It is important to note that Correct Rx does not have different cut off times or different delivery schedules for certain orders! Some institutional pharmacies have a different cutoff time for refill, stock and OTC orders, which causes confusion and delays in treatment. Correct Rx’s services are customer friendly, easy to understand and designed to ensure that there are no lapses in care.

All new, refill, patient specific, non-patient specific and OTC orders transmitted to Correct Rx by the designated cut off time Monday through Saturday are processed and ready for the next delivery. Correct Rx’s ability to quickly and reliably deliver medications eliminates the potential for excess medications. An overstocked medication room leads to poor documentation, possible diversion, potential nurse dispensing and higher cost due to unused inventory and possible waste.

**Value Added Service – Sending orders after the cutoff time**

If after the cutoff time an urgent or high acuity order is needed, we are able to include them as the UPS delivery trucks do not leave Correct Rx until 9:00 p.m. ET Monday through Friday. The facility staff simply needs to call Correct Rx and alert us that you have
orders you would like to include past the cutoff time. As long as we can get the items processed and in the box by 9:00 p.m., we include them. This ensures continuity of care and reduces lapses in medication. Correct Rx ensures all deliveries are in accordance with facility rules and regulations, including those governing security.

u. **IV Drugs including Chemotherapy drugs that can be safely administered by chemotherapy-certified staff at EDCF**

**Infusion Therapy**

Correct Rx delivers all IV mixtures compounded, labeled and ready to administer. If a patient is placed on intravenous therapy, Correct Rx will follow the patient’s orders and will call on a daily basis to verify if the patient is still on IV therapy and if any changes to the order are anticipated. Once the medication and dose is confirmed then Correct Rx will carefully prepare all IVs and send no more than a three day supply to avoid any unnecessary waste, cost and/or confusion.

Correct Rx’s IV room and policies are in compliance with USP 797. From our own IV room we will provide IV medications to those detainees needing IV services. Correct Rx will provide Mini-Bag Plus packaging for on-site mixing for emergency situations and whenever possible pre-mixed dilutions for administration. Correct Rx will not dispense intravenous medications in an amount greater than thirty-six (36) hours. These types of operational efficiencies will save a significant amount of money.

v. **Accountability and Destruction Processes**

Correct Rx has established itself as a leader in correctional pharmacy services and partners with medical providers to ensure that level of care provided in the correctional setting meets or exceeds all standards of care. Correct Rx works closely with our clients to assist in the development of medication protocols in order to ensure compliance with all applicable standards of correctional health care. Our managers and administrators have significant experience assisting with the development of policies that ensure patient safety, improve patient compliance, and decrease waste and diversion.

Correct Rx recognizes that there is increased scrutiny to ensure compliance, particularly with the unique responsibilities that govern health care, handling of controlled substances, and caring for the safety and welfare of the public. Correct Rx has worked closely with clients, including statewide systems and national correctional healthcare providers, to design comprehensive Pharmacy Program Services policies, procedures and protocols. Well-developed policy and procedures serve as a professional guide to pharmaceutical services for the correctional facility to:

- Enhance patient care and assure the safety of offenders receiving pharmaceutical services
- Promote consistency and continuity
- Communicate important policies
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- Aid in personnel training
- Aid in evaluating performance
- Increase legal protection

Correct Rx will continue to review the policies, procedures, and protocols to ensure that they are aligned with ACA standards, NCCHC standards, and all applicable Kansas Statutes, regulations, policies, and guidelines.

w. Stock Medication Supplies and Approval

Effective Management of Emergency/Stat Medications

KDOC in collaboration with Correct Rx’s Clinical Consulting Pharmacist and the onsite healthcare team will determine the quantity and type of starter medications. The medications kept on hand are those that need to be started prior to the patient specific order being received. The quantity and type can be customized. Normally the category of drugs include: antibiotics, asthma medications, seizure meds, diabetes, cardiac, pain and detox medications. These categories are necessary to alleviate pain, infection, modify dangerous behavior, or to preserve life.

All policies comply with ACA/NCCHC guidelines and Board of Pharmacy regulations related to the management of starter doses and Emergency Medication Kits. Emergency medications and starter doses are necessary to initiate medication therapy in acute conditions and life threatening emergencies. These medications are to be used on an emergency interim basis, while awaiting a patient specific medication to arrive onsite and to ensure that there are no lapses in treatment.

Overstock of medication, however, can unnecessarily increase the financial burden; medications potentially may go unused and expire, thereby creating waste. Many times, the fear of not receiving patient specific medications in an appropriate timeframe leads to an excess of non-patient specific medications.

Due to Correct Rx’s efficient and reliable medication delivery, KDOC is able to minimize its reliance on starter medications, which will in turn increase patient safety and decreases issues related to cost, diversion, waste, regulatory noncompliance. Not all medication rooms need to have every item at the maximum quantity. Correct Rx will work closely with KDOC to ensure the inventory is appropriate and well managed.

Accountability and Tracking

Starter medications are managed and maintained in a safe and secure environment with a perpetual inventory tracking system, developed by Correct Rx, to ensure accountability. Correct Rx strongly believes accountability is the key to minimizing administration errors and diversion and have designed our programs in line with this belief. Correct Rx dispenses all interim medication with an affixed “Emergency Drug Record.” This record is utilized to record accountability for each dose administered from the dispensed quantity. This system complies with NCCHC/ACA guidelines. The completed Emergency
Drug record should be returned to the pharmacy for reconciliation. This is in addition to and separate from the required documentation of the Medication Administration Record. This accountability system allows for interim medications to be stored in the same secure location as patient specific medications, while providing for ease in accountability.

**Approval and Training regarding Emergency Medication Policies**

Training is an essential element of our industry. Correct Rx provides hundreds of educational sessions each year. The training sessions may be part of a transition schedule, instructions on how to use a new technology, or an in-service on the proper treatment of a particular disease state, but the goal is always to provide necessary information to produce a successful outcome. As part of our implementation training, medical and mental health services staff is instructed on the initiation and maintenance of the “Starter Medication Accountability” system.

**x. Back-up Pharmacy Services**

**Comprehensive Network of Local Back-Up Pharmacies**

Correct Rx has contracted, with two Pharmacy Benefits Managers (PBM), to provide an extensive nationwide network to provide emergency needs. We are confident that this national network, which includes every chain and independent pharmacy will meet your needs. The emergency order is filled by the backup pharmacy and invoiced directly to Correct Rx. The emergency backup pharmacy charges are included with full detail by facility on each month’s invoice.

Correct Rx and our PBMs research which back up pharmacies are the most convenient and have the best hours of operation. KDOC is not restricted to just one backup emergency pharmacy. How to access the emergency pharmacy and delivery service along with the approved procedures are reviewed with the medical staff and posted in the medical unit during facility pharmacy transitions.

A toll-free phone number will be provided to KDOC. The established procedure for accessing emergency medications are part of the implementation plan and is posted in plain view. This information is readily available through our on call pharmacist and printed in the Policy and Procedure manual. Correct Rx ensures that every facility is well educated about how and who to call when they have an emergency medication need.

**Backup Pharmacy Claims**

Backup pharmacy claims are submitted electronically by the backup pharmacy to Correct Rx for payment. This eliminates the need for the facility to make payment at the time the order is processed. The emergency backup utilization data with full detail is provided to KDOC each month with no mark-up; there are no hidden fees. Correct Rx believes in full transparency.
Even further, Correct Rx’s Clinical and Program Managers monitor backup pharmacy usage for appropriate and cost-effective use of onsite starter medications, normal ordering processes, and clinical recommendations to minimize STAT usage. Patient care is the top priority, and we take our responsibility to manage the use of the emergency backup pharmacies seriously.

**Emergency Back-up Process**

Correct Rx has developed an easy to use, simple step by step customized process that allows the facility to access the local pharmacy without needing to call Correct Rx first. Instructions on this process of ordering medications are covered during implementation training with the medical staff. The procedures are also posted in the medical unit as part of our contract implementation plan and our staff is available 24 hours a day by telephone to provide assistance with accessing the back-up pharmacy if any help is needed.

Our goal is to provide solutions for your facility that is easy and efficient thus allowing for better access to care. Our clinical pharmacists provide direct assistance and oversight for the use of back-up pharmacy services. Our network of local pharmacies is able to assist with processing medication orders when there is an urgent need. However, if KDOC would like to send us the emergent orders and have us call them in to the back-up pharmacy, we are equipped to do that as well.

Correct Rx’s Clinical and Program Managers monitor the backup pharmacy usage to ensure we are addressing the onsite starter medications, delivery and ordering process and clinical recommendations to ensure that the emergency usage is managed. We take our responsibility for providing the delivery services related to use of the emergency backup pharmacies seriously and pledge to be a good partner to KDOC. Correct Rx understands that our clients contract pharmacy services in order to provide the best and most cost-effective services. These savings can quickly erode if the facility is forced to utilize the backup emergency pharmacy services due to poor service and delayed delivery of pharmaceuticals.

**Decreased Reliance on Backup Pharmacy**

Our clients’ contract pharmacy services to provide the best and most cost-effective services. These savings can quickly erode if the facility is forced to utilize the backup emergency pharmacy services due to poor service and delayed delivery of pharmaceuticals. Correct Rx’s assistance with medication ordering is designed with patient safety and access to care in the forefront. Our team of clinical pharmacists work with the facility to create a stock list of essential medications that are commonly used and needed for immediate access. We work closely with each facility to ensure that your stock list and ordering processes are tailored to meet your needs. When Correct Rx takes over a contract we measure emergency pharmacy charges against the prior vendor. Correct Rx’s service reduces the need for back up pharmacy utilization by over 40%.
y. Hepatitis C Direct-Acting Antiviral treatment for all Offenders identified with the Disease

The treatment of hepatitis C virus (HCV) currently presents a challenge and opportunity for correctional healthcare. There are several risks associated with HCV care such as litigation, increased healthcare costs due to liver complications and viral transmission within the correctional setting if treatment of HCV is ignored. Yet, the cost of HCV treatment carries significant financial consequences. Correct Rx pharmacy has developed a comprehensive HCV treatment model that incorporates risk and cost-effectiveness which will aid KDOC to make the best choices for HCV care.

Our distinctive approach to HCV care incorporates the development and review of policies and treatment protocols, securing the most aggressive pricing for direct acting antiviral (DAAs) medication used for treatment, and managing a treatment database to track all HCV+ persons considered for HCV treatment. This comprehensive approach ensures that KDOC has HCV protocols that will withstand litigation, the best medication pricing for HCV treatment available and data at your fingertips to assess the benefit of HCV care.

This thoughtful and data driven method employed by Correct Rx has been successfully employed in several other healthcare systems. In the previous 12 months, our pharmacist managed comprehensive HCV program has actively expanded treatment of HCV through policy and treat protocol revisions, shortened the clinical review timeframe prior to treatment, and improved patient outcomes by ensuring patients complete treatment in the correctional setting.
Unmatched Experience with HCV Care

Our clinical pharmacy experience in actively participating in HCV treatment decisions is unmatched in the correctional industry. Dr. Hui Seo and Dr. Valerie Barnes have directed the HCV treatment plan for over 1000 incarcerated persons over the past three years. We have been able to establish strong relationships with infectious disease consultants, medical directors, infection control nurses and financial managers to foster transparency and collaboration throughout the country. We are confident that KDOC will find our HCV care program to be an invaluable asset to your team.

Our promise to KDOC is that our clinical pharmacy team will serve as your partner in HCV care. Our expertise, data management tools and aggressive pricing will allow you to feel confident in your hepatitis c program and the outcomes it produces.

z. Medication Treatment for Offenders whose Diagnosis Currently has no Identified Medication Regimes are Identified During the Life of the Contract that May Prolong the Life or Cure the Illness of such Offenders in Accordance with Accepted Community Standards of Care for such Disease

New Medication Regimen

Correct Rx understands that the pharmaceutical industry is constantly evolving to create new medications to treat diseases that currently have no identified medication regimen. Correct Rx stays current with up to date publishing’s of new medications coming to market to treat these diseases. Correct Rx will procure these medications for the KDOC if any offender is prescribed said medications.

4.7.2 Release Medications

4.7.2.1 The Contractor shall provide a seven (7) day supply of prescribed medications for offenders released in custody to appear in court or before some other official body or authority, and it is expected that the offender will return to KDOC custody after the court of official appearance.

4.7.2.2 The Contractor shall provide a thirty (30) day supply of release medications, including tri-cyclics to offenders being released into the community, if the offender can be trusted to handle the medication responsibly.

4.7.2.3 Offenders in need of closer supervision shall be assigned to a KDOC discharge planner and shall receive a seven (7) day supply of medication. The offender shall receive up to five (5) additional seven (7) day prescription refills at a pharmacy convenient to the offender’s residence.

4.7.2.4 The offender is responsible to purchase all medication requiring prescription refills from a local pharmacy. Prescription refills shall continue to be written by the facility HCP or psychiatrist until the offender successfully completes an initial health care visit, or forty-five (45) days from release from a KDOC facility, whoever comes first.

4.7.2.5 Bidders are encouraged submit proposals for extending release medications to 90 days post discharge to allow plenty of time for community provider follow-up appointments.
4.7.2.6 The Contractor shall provide a seven-day supply of medications to offenders released into the custody of another jurisdiction, such as county jail or Federal detainer.

Correct Rx Operational Solutions for Transfer and Discharge Medications

- Dispense discharge medications as ordered and according to CoreCivic Policy;
- Clinical PharmD monitoring of all HIV, HCV and system-wide discharge medications;
- Collaborate with discharge planners and CoreCivic regarding primary medical care, pharmacy programs and essential support services available in the community;
- Provide detailed reports of all medications dispensed for discharge;
- Upon notice of missed opportunities, facilitate delivery of inmate medications to aftercare treatment programs
- Engage in collaborative CQI initiatives that ensure discharge medications are dispensed timely, eliminate duplicates and confirm that the inmate received the medication dispensed

Each prescription for discharge is clearly marked on the prescription label. The discharge medication is packaged separately according to community standards in child-proof prescription vials.

In order to monitor the success of the discharge medication program, Correct Rx provides a detailed report each month. The report includes the patient’s identification number, name, facility name, prescriber, drug name, quantity and day supply.

Correct Rx will supply a seven (7) day supply of prescribed medications to all offenders released in custody to appear in court, before some official body or author, or into the custody of another jurisdiction, such as a county jail or Federal detainer.

If the offender is being released into the community and can be trusted to handle the medication Correct Rx will supply a thirty (30) day supply of release medications, including tri-cycles.

Offenders in need of closer supervision that are assigned a KDOC discharge planner will receive a seven (7) day supply of medication with five (5) additional (7) day prescription refills at a pharmacy of their choosing.
Release Medications – InMed Rx

Correct Rx, in partnership with InMedRx, our Emergency Back-Up Pharmacy Provider, is able to ensure that KDOC has a solution to providing discharge medications when time does not permit the order to be dispensed and delivered to the facility prior to inmate release. InMed Rx is an excellent solution for release medications or Re-Entry Programs.

Program Overview

Our release pharmacy program enables us to provide released inmates with a prescription to fill at a local pharmacy.

Typical Process

Upon release notification, facility staff review the patient’s profile. If the individual is receiving prescribed medications, a Patient Prescription Eligibility form is completed. If the individual uses controlled substances, psychoactive drugs, or other drugs subject to abuse, the prescriber is consulted.

Once the review is complete, the order is faxed to Correct Rx or the designated pharmacy. The released individual is provided a pharmacy card, counseled on the process for filling prescriptions at a designated retail pharmacy and advised of length of eligibility. InMedRx makes sure that the patient is set up in the system so that the pharmacy can process the claim.

This program effectively eliminates many of the barriers associated with continuity of care into the community at the time of release. It is currently operational in seven State Department of Corrections, over 500 County and City Jails and over 100 Residential Re-Entry Centers.

Our partnership with InMedRx allows us to provide around-the-clock support to help ensure patients receive needed medications in a timely basis. Our easy to use pharmacy benefit management services are enabled by a network of over 70,000 pharmacies and more than 3,000 courier partners nationwide.
4.8 Reception and Diagnostic Units (RDU)

4.8.1 Forensic Psychological Evaluation Process
VitalCore acknowledges and agrees to provide forensic psychological evaluation and diagnostic services for all offenders in the KDOC system.

4.8.1.1 Forensic Psychological Services Required
VitalCore acknowledges and agrees to provide forensic psychological evaluation and diagnostic services and other psychological services for the intake and of adult and juvenile offenders into the KDOC system. We understand that there may be other offenders that will need similar services and agree to perform such services as needed.

(a) VitalCore’s comprehensive intake evaluation will include:
- Records review, including criminal history, current charges, and social history information collected by Intake Investigators
- Consultation with correctional officers regarding behavioral observations of the patient during incarceration
- Face-to-face interview
- Review of psychological and educational testing that may include:
  ➢ Personality testing,
  ➢ Substance use assessment,
  ➢ Academic achievement,
  ➢ Intellectual appraisal,
  ➢ The LSI-R, LS/CMI, or YLS/CMI,
  ➢ Individually administered intelligence test (when indicated),
  ➢ Sex patient risk assessment (when indicated),
  ➢ Traumatic Brain Injury Screening, and
  ➢ Other screening instruments as determined by KDOC.

(b) (This section was deleted per RFP Amendment #6)

(c) VitalCore’s mental health evaluation process is very comprehensive and will include a review of all topics stated in this subsection. We will utilize the standard community practice techniques that have been identified by KDOC. The intake assessment/evaluation will include:

  o Assessment of current behavioral status and condition;
  o Assessment of current suicidal potential and person specific circumstances that increase suicide potential;
  o Assessment of violence potential and person specific circumstances that increase violence potential;
- Review of available historical records of inpatient and outpatient psychiatric treatment;
- Review of prior treatment with psychotropic medication;
- Review of prior psychotherapy, psycho educational groups, and classes or support groups;
- Review of prior drug and alcohol treatments;
- Review of educational history;
- Review of prior sexual abuse, victimization and predatory behavior;
- Assessment of drug and alcohol use and/or addiction;
- Use of additional assessment tools and referrals to treatment as indicated; and
- Development and implementation of a treatment plan including any recommendations concerning housing, job assignment, and program participation.

(d) VitalCore RDU staff at EDCF and TCF will immediately initiate the procurement of prior treatment records and evaluations from the offender’s third-party providers. If the offender reports receiving a behavioral health intake assessment or needs evaluation in the community, a release of information request will be obtained from the patient. If the patient refuses to sign a release of information, VitalCore staff will proceed with a full psychological evaluation.

(e) The results of the assessment will be reported in DOC’s Offender Management Information System (OMIS) or other approved DOC record keeping system, the Justice Information System (JJIS) and in the EHR.

(f) VitalCore’s psychology staff will determine diagnoses, program needs, mental health treatment needs, housing needs, employability or educational limitations, functional ability limitations, and referrals to treatment.

(g) VitalCore will ensure that RDU psychology staff assess each incoming offender’s risk for suicide and homicide. We will then determine responses and treatment needed using our crisis intervention procedures to reduce the risk. This information will be shared as needed immediately with correctional staff.

(h) VitalCore will ensure that RDU psychology staff refer all offenders that are admitted with current prescriptions for psychotropic medications to our contract psychiatrist. We will also refer offenders to the psychiatrist if the psychology staff believe that medication may be of benefit to the incoming offender.

(i) VitalCore will utilize the same behavioral disorder classification system that was provided as this RFP’s Appendix MH1:
Behavioral Health Disorder:
Level 1 = No current behavioral health diagnosis
Level 2 = Paraphilic or Personality disorder
Level 3 = Other Mental Disorder
Level 4 = Serious Mental Disorder
Level 5 = Intellectual Disability, Autism Spectrum, or Neurocognitive Disorder
Level 6 = Severe and Persistent Mental Illness

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

BH Treatment:
Level 1 = Does not currently require behavioral health treatment.
Level 2 = Currently requires time-limited treatment by a QBHP.
Level 3 = Currently requires on-going 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 on-site BH services.
Level 3 = Must be housed at a facility with on-site, comprehensive mental health services, including psychiatric care and suicide watch bed.
Level 4 = Recommended housing at a facility with on-site psychiatric care and extended behavioral health staffing hours.
Level 5 = Recommend residential placement due to mental disorder.
Level 6 = Recommend housing in a Behavioral Health Acute Unit.
Level 7 = Recommended placement at a State Hospital.
(j) VitalCore will utilize a multi-disciplinary approach to determine recommended programs, services, and interventions for each incoming offender once the evaluation process is completed.

(k) VitalCore agrees to refer an offender to a psychiatrist or Ph.D. level psychologist when the suspected diagnosis is pedophilia.

(l) VitalCore understands that discharge planning begins at admission, and we will ensure that our RDU psychology staff develop an initial discharge plan considering the offender’s mental health needs.

(m) VitalCore understands that the work of our staff at the RDU sets the tone for the success of an offender throughout the KDOC system. We will ensure that our RDU staff develop a treatment plan that will begin addressing the offender’s conditions. When an offender is transferred to another KDOC facility, our staff will include a synopsis of the initial diagnoses and treatment plan so that the receiving facility can conduct a mental health evaluation.

### 4.8.2 Timeliness of Reports

#### 4.8.2.1 and 4.8.2.2 Details of Report Timelines

VitalCore agrees that the initial evaluation of offenders and the completion of associated reports must be completed in a timely manner. We have provided sufficient behavioral health staffing in our proposed staffing proposal to be able to complete the intakes and reports and ensure that they are entered into OMIS/JCFS and the offender’s EHR within 14 days of admission according to the specifications stated within these sections.

### 4.8.3 Periodic Evaluation of the RDU Process

VitalCore acknowledges and agrees to comply with the language of this section.

#### 4.8.3.1 Periodic Reviews

VitalCore understands that the RDU staff must be fully aware of the education and treatment programs available to reduce recidivism throughout the state. VitalCore will participate in these reviews and will ensure that our RDU staff receive continuous education regarding the services.

VitalCore will bring our expertise in Behavioral Health programing, cognitive skills building, education and treatment strategies as they are validated for a correctional behavioral health environment.

### 4.8.4 Testing Materials and Supplies

VitalCore acknowledges that we will be responsible for identifying National and local trends in collaboration with KDOC regarding the best tools to use for all RDU testing materials, scoring tools, and educational materials.
4.8.4.1 Responsibility for Costs
VitalCore acknowledges that we will be responsible for the cost of all RDU testing materials, scoring tools, and educational materials.

4.9 Forensic Programs

4.9.1 Clinical Services Reports & PCL-R Evaluations
VitalCore understands it will be our responsibility to provide CSR’s and PCL-R evaluations.

4.9.1.1 Staffing for Completing CSRs
VitalCore understands KDOC’s requirement to provide Ph.D. level psychologists to complete Clinical Services Reports. We understand that these reports may be required by the PRB and KDOC as well as the courts. The PRB’s requests may include the desire for Psychopathy Checklists – Revised (PCL-R) to use in making parole decisions. Our approach to this staffing will be to completely restrict these staff to performing CSRs only. We understand that these staff cannot be influenced by other work with offenders.

VitalCore’s primary staffing proposal maintains the same number of Ph.D. level psychologists that is currently in place, 3 F.T.E. But we have also proposed the addition of one Ph.D. level psychologist for the El Dorado Correctional Facility in our alternate staffing proposal. We believe the additional F.T.E will help to ensure completion of these reports in a timely manner.

4.9.2 Forensic Health Care Issues, DNA Testing & Court Ordered Lab

4.9.2.1 Requested Forensic Procedures with Written Offender Consent
VitalCore agrees to provide qualified personnel to conduct security related procedures per KDOC request and by search warrant or court order, as long as the offender provides his/her written consent.

4.9.2.2 Forensic Procedures Without Offender Consent
VitalCore agrees to contract with a community health care provider(s) at no additional cost to the KDOC to conduct security health related activities such as blood draws, body cavity searches, and sexual assault exams, when the offender will not provide written consent for these activities to be conducted by VitalCore staff.

4.9.2.3 Offender Antibody Testing Upon Exposure of Employee
VitalCore agrees to provide offender antibody testing for HIV/HBV/HCV following an occupational exposure between a KDOC employee and an offender. The results will be sent to the employee’s attending physician but otherwise will remain confidential.
4.9.3 Research

4.9.3.1 Approval for Research Projects
VitalCore agrees that we will not conduct any research projects without the prior approval of KDOC.

4.10 Quality Improvement Program

4.10.1 Procedure for CQI
VitalCore has a very comprehensive Quality Improvement Program (CQI). The program is titled Quality Assurance Performance Improvement (QAPI). Please see our entire QAPI Manual and the specific adult and juvenile policies on that matter, #P-A-06.00 and #Y-A-06.00. VitalCore will have a CQI Coordinator in our Regional Office and a designated CQI Coordinator at each facility. In most facilities, the designated Infectious Disease Control Registered Nurse will also serve as the facility’s CQI Coordinator. Our QAPI program’s goals are to consistently develop processes and systems to provide safe, effective, and optimal care and services to each individual receiving healthcare services from the facility.

Governance and leadership are critical and foundational to the QAPI process. Site healthcare leadership is responsible for setting priorities and expectations around safety, quality, access, prevention, transparency, and respect. Leadership holds staff accountable with an atmosphere in which staff are not punished for errors and do not fear retaliation for reporting quality concerns. Leadership is expected to be actively engaged in the sustainable plan to continuously improve quality in the facility.

Systems to monitor care and services, drawing data from multiple sources include: quality measures (falls, pain management, pressure ulcers, therapeutic restraints, self-injury, use of psychotropic medications, behavioral symptoms, excessive weight loss, and increase need in assistance with activities of daily living); audit results (monthly self-auditing, grievances, life safety results, serious outcomes/adverse event clinical reviews every time one occurs); electronic health record data; internal facility monitoring tools (maintenance and environmental services tools, patient satisfaction surveys, staff satisfaction surveys, and infection control surveillance and tracking tools.)

VitalCore will use performance indicators to monitor a wide range of processes and outcomes and review findings against benchmarks.

4.10.2 QI Records
VitalCore acknowledges the language of this section and agrees to maintain QAPI records on site at each facility as well as within the Regional Office. The Regional CQI Coordinator will be responsible for working with other Regional Staff to monitor the trends statewide and plan for
corrective action.

4.10.3 Accurate Health Services Reports
VitalCore acknowledges and agrees to comply with the language of this section. Each facility’s Health Services Administrator will submit site monthly Health Services Reports to each facility’s administrator, and the Regional CQI Coordinator will submit a combined monthly CQI report to the KDOC Director of Health Care Compliance. The monthly site reports will be submitted by the 5th day of the subsequent month. The statewide combined report will be submitted by the 10th day of the subsequent month.

4.10.4 CQI Summary and Meetings
VitalCore believes in transparency of our operations and will be happy to submit QAPI activity reports to the Director of Health Care Compliance on a monthly basis, including compliance thresholds, problem tracking reports, and corrective action plans. VitalCore will schedule and hold joint quarterly meetings with the OHCC to evaluate the quality of health care provided. We understand that the OHCC can mandate areas of concern that they want us to monitor in our QAPI process. VitalCore understands that we must be fully focused on the CQI processes for the Kansas DOC. Our Kansas QAPI plan will identify indicators being met, those not being met, action plans for correct the indicators not being met, and a plan for re-evaluation until all indicators are being met.

4.10.5 Use of EHR for CQI Reports
VitalCore will utilize the electronic health records (EHR) system to obtain data and create reports as specified by the Regional CQI Coordinator and the EHR committee. If the reports possess incorrect data, VitalCore will correct the reports so that accurate data is obtained within 30 days.

4.11 Contract Monitoring/Management and Directing Services and Peer Review

4.11.1 OHCC for Management and Oversight
VitalCore acknowledges the function of the Office of Health Care Compliance and that they will be providing oversight, observation of treatment, and assessment of program outcomes.

4.11.2 OHCC for Peer Review
VitalCore understands that the OHCC will provide peer review for patient care cases related to this contract.

4.11.3 Scheduled and Unscheduled Audits by OHCC
VitalCore acknowledges and agrees to the language of this section. Our Regional Office and each facility’s site staff will cooperate with scheduled and unscheduled audits conducted by the OHCC. We understand that the OHCC may conduct these audits without the presence of our Regional Office staff.
4.11.4 **Offender Death – Death Summary**

VitalCore acknowledges and agrees to the language of this section. In the cases of offender deaths, VitalCore’s Health Care Practitioner will submit a death summary to OHCC within seven (7) days of the death. We will cooperate with KDOC, KBI, and any other state agency investigations as approved by the Secretary of Corrections.

4.11.5 **Completion of Serious Incident Reviews**

VitalCore acknowledges and agrees to comply with the language of this section. We will adapt our comprehensive policies for offender deaths, suicide attempts, and other serious events to comply with this section and other portions of this RFP. This includes providing a copy of the Serious Incident Review report to the Director of Health Care Compliance within 30 days of the serious event.

4.11.5.1 **SIR Part of Peer Review Process**

VitalCore agrees to the requirement of this section and will modify our policies accordingly.

4.11.5.2 **Structure of SIR Investigations**

VitalCore will structure our Serious Incident Reviews according to generally accepted investigative practices as will be reflected in our Sentinel Events policies.

4.11.5.3 **Corrective Action Plans**

VitalCore will ensure that separate corrective action plans are completed in response to the SIR, where timelines for completion and an individual is assigned responsibility. We will submit these plans to the OHCC with the SIR or as a separate document. If it is a separate document, we will submit the plan within 14 days of the submission of the SIR report.

4.11.6, 4.11.6.1, 4.11.6.2, and 4.11.6.3 **OHCC Access**

VitalCore agrees to allow the OHCS access to and inclusion in discussions, reviews, meetings and other activities that impact our care for offenders. This includes scheduled and unscheduled site or department/service wide meetings; daily, weekly, and quarterly oversight, quality, planning and review meetings or teleconferences; and statewide or local management meetings where topics associated with the health or mental health care of offenders are discussed.

4.11.6.4 **EHR Access**

VitalCore agrees to allow the OCHS access to the EHR and any paper health care records, meeting minutes, or other documents necessary to assist with ongoing peer review processes.

4.11.7 **Peer Review Program**

VitalCore has a very comprehensive peer review process that is entitled, Clinical Performance Enhancement. Please see our policies on this subject #P-C-02.00 and #Y-C-02.00. This policy includes the peer review of all of our Health Care Practitioners. We also conduct peer review for
Qualified Behavioral Health Professionals, RNs, and LPNs. The policies are very specific regarding processes and the confidentiality of the results. We will adapt these policies as needed for the KDOC contract.

4.12 Utilization Management Program

4.12.1 UM Plan and Control of Costs

VitalCore will provide cost savings measures for the KDOC by providing all necessary care in a timely manner. Our method is to provide preventative services for the offender population to prevent emergencies. We believe the more quickly problems are addressed through thorough examinations and timely treatment of chronic diseases, the more we prevent high cost emergencies and negate complications of complex cases from getting out of hand. In addition to timely and thorough onsite care, we provide cost saving measures through our Utilization Management process.

VitalCore will provide Utilization Management (UM) in compliance with community standards of care. We will utilize InterQual as part of our UM process. InterQual is the Gold Standard of care for decision making of offsite services and specialty referral services. This electronic healthcare approval system will allow the physician seeing the patient to make the decision without delay of approvals from a Corporate Medical Director or Regional Office UM system. Please see InterQual information attached. If, however, the KDOC prefers that VitalCore have the Regional Medical Director make utilization decisions (as stated in Subsection 4.12.6), we will modify our process to ensure that this occurs.

We recognize that some correctional facility health care systems utilize UM services that are home grown, internal only to their system, and not vetted as evidence based in the medical community. We believe our system mitigates those risks to the patient, the vendor providing the service, and to the State/KDOC.

Because we recognize that it is necessary to reduce risk and to keep our patients safe by providing a high level of quality service, in addition to InterQual, we will utilize a third-party management review service through George Washington (G.W.) University. This minimizes the risk of withholding care and promotes a true community standard of care, as it relates to our Utilization Management and Review process. VitalCore believes that this third-party review process can work very well to supplement and support the decisions made by the Regional Medical Director.

VitalCore has reduced the need for off-site services in our other contract sites. In most of these sites, we have been able to reduce the cost of off-site services by 30%. This percentage amounts to significant savings. For instance, a 30% reduction for a site that was previously experiencing $480,000.00 in off-site costs equates to a savings of $144,000.00. We do this by ensuring that our site medical staff are experienced professionals who are able to accurately assess situations and many times, provide services on-site rather than transporting them off-site. For instance, if an offender can be stabilized on-site by insertion of an IV to stabilize, we will perform that work.
and monitor the offender patient carefully. If the offender needs sutures of a minor wound, we will suture the wound on-site. Of course, we will perform these on-site services at the direction of a physician which may also be supplemented by our unique Telehealth program through George Washington University. When the site medical staff have access to telehealth consulting with over 750 physicians in over 50 different specialties on a 24/7 basis, many times the needs of the offenders can be addressed more quickly – preventing those more costly emergencies.

When VitalCore has begun many new contract sites, we have found that site nurses did not have sufficient experience and expertise to adequately assess emergency situations. Unfortunately, they too frequently chose to send the offender off-site rather than risk serving the offender on-site. VitalCore fully understands the balance that is needed with these decisions so that we are not taking unnecessary risks but also so that the staff are not operating under fear of making the wrong decisions. We do this by hiring experienced nurses and by training them well in making such decisions. Our physicians will be part of this training process.

Additionally, VitalCore will not only contain costs through preventative medicine and utilization management but also through quality communication with outside providers, prompt payment discounts, and aggressive negotiations with the right vendors.

4.12.2 and 4.12.3 Integration of Medicaid Policies - Inpatient Hospital Stays
VitalCore has significant history of managing the Affordable Care Act system and its effect on the offender population. The CEO, as the Past Chair for National Correctional Health Authorities, lead the discussion and training on managing Utilization Management and Billing Systems to draw down Federal Funds. We will work with the local CMS through the State’s Medicaid to include the KDOC facilities in the plan for Medicaid; assist with the completion of forms; meet with offenders to obtain documentation; evaluate nursing and physician records to ensure patient qualifies for service; monitor hospital stays; track monies through the Federal and State deposit funds; and transfer funds back to the KDOC to ensure all monies are recouped by the KDOC. We understand that monies paid by Medicaid to off-site hospitals will be deducted at the rate of 100% from our monthly payments.

VitalCore fully understands Kansas Statutes regarding Medicaid eligibility and pricing for offenders and will work with the OHCC and KDHE in administration of the plan. We will provide the OHCC with a detailed list of offenders that are inpatients in community hospitals and access to the offenders’ records and other communication regarding the offender in determining Medicaid eligibility.

4.12.4 Collection and Entering of Identifying Information
VitalCore acknowledges and agrees to comply with this requirement. We will ensure that our staff enter and update data in the EHR system, including offender birth records, Medicaid ID numbers, current medical insurance, and disability claims. VitalCore staff will collect this
information as much as possible at part of the intake process and will update when new
information becomes available.

4.12.5 EHR as Official Documentation Source of UM Activities
VitalCore acknowledges and agrees to comply with the language of this section. We recognize
that the offender EHR is the official documentation of all utilization management activities.
VitalCore will only use the offender health care record as the place for documenting all utilization
management information. These records will be available along with all records to the OHCC so
that they can determine our compliance with utilization management aspects of the contract.

4.12.6 Health-Care Decisions
As stated previously, VitalCore will amend our policies regarding the level at which utilization
decisions will be made using the InterQual system. We will ensure that our Regional Medical
Director makes these decisions with the assistance of InterQual, according to community
standards of care, and through communication with the appropriate site physician. VitalCore
strives to maintain continuing awareness of community standards of care and will update our
decision-making processes as these standards change. We understand that VitalCore will be
responsible for all clinical decisions.

VitalCore provides utilization management processes that include health care decisions in line
with ambulatory care centers in the community. We use standard referral approval processes at
the site Medical Director’s level. The Regional Medical Director will approve all significant
specialty needs including, but not limited to, Hepatitis C treatment, Cancer treatment, and organ
transplant/failure. Offsite service appointments outside of the telehealth system that are not
routinely part of a family practice approval process will require a specialty service approval.
Otherwise, the site Medical Director will have the authority to approve all specialty treatments
in the telehealth system that are considered appropriate and necessary care. Each offsite service
order will be discussed during care management at each site, regardless of the need for
additional approval from the Regional Medical Director.

We realize that correctional approval systems in the past have been “made up” as the companies
grew and expanded, with no real basis in clinical ethics that tie those systems to community
practice. Our system is specifically in line with clinical practice, using community standards
of approval based on Medicaid services for indigent care, similar to care provided by the KU
Medical Center Family Medicine Department.

4.12.6.1 UM Documentation in EHR
VitalCore will ensure that all of our Utilization Management activities are documented in the
offender’s EHR. VitalCore does not have, nor will we create a separate Utilization Management
record system.
4.12.6.2 No Use of Non-Kansas Licensed Physicians for UM Decisions
VitalCore agrees that we will not utilize non-Kansas licensed physicians located outside of Kansas to make UM care decisions without access to the EHR.

4.12.6.3 No Use of Treatment Plans Not Based in Current Standards of Care
VitalCore agrees that we will not utilize alternative treatment plans that are not based on current standards of care.

4.12.6.4 Collection and Review of CQI Data
VitalCore will conduct CQI (our QAPI process) studies of utilization practices that include amount of time between submission of utilization requests to time of actual decisions; amount of time between actual decision until necessary procedure/consultation scheduled; and amount of time between actual decision until procedure/consultation completed. We believe strongly in providing timely services needed to prevent further complications of conditions. VitalCore's Regional Medical Director will meet weekly or on another regularly scheduled basis with the OHCC, as requested by OHCC, to review UM activities and/or discuss specific cases.

4.13 Reports and Manuals

4.13.1 and 4.13.1.1 to 14.13.1.15 Required Manuals/Reports
VitalCore acknowledges and agrees to comply with the language of this section. Our Regional Office staff will ensure that all of the manuals and reports listed in this section are maintained within the Regional Office and supplied to the site medical staff for direction and guidance in their daily handling of health care issues. We will revise these manuals, guidelines, and reports as needed. VitalCore has provided copies of some of these manuals and reports with our submission.

4.13.2 Deadline for Submission of Reports
VitalCore will provide all monthly reports as required by KDOC by the 10th day of the subsequent month. Our own policies will require that some of these reports are provided by the 5th day of the subsequent month.

4.13.3 Annual Review and Update of Manuals
VitalCore’s policies and other manuals are reviewed and updated on an annual basis. Specific policies and guidelines may be reviewed and revised more frequently if needed. VitalCore will provide to KDOC our statement of annual review for these manuals by July 1st of each year.

4.14 Accreditation

4.14.1 NCCHC and ACA Accreditation
VitalCore will maintain each facility's current ACA Health Care accreditation and will seek NCCHC
accreditation within the first two years of the contract. We are experienced in achieving and maintaining accreditation with both NCCHC and ACA and believe strongly in the importance of following these standards. All of our corporate policies comply with both NCCHC and ACA standards. VitalCore will ensure that our policies that will be adapted for use in KDOC facilities continue to comply with these standards. VitalCore will provide for both ACA and NCCHC accreditation at no additional cost to the KDOC.

4.15 Offender Grievance Mechanism

4.15.1 Utilization of KDOC Grievance Procedures
VitalCore will work cooperatively with the KDOC on offender grievances to maintain an advanced grievance mechanism in accordance with applicable Kansas Administrative Regulations. Systematic review and response to offender complaints, concerns and/or inquiries, will be met timely and competently.

VitalCore will follow the Grievance Procedure established by Kansas Administrative Regulations. We understand that when an offender has a medical complaint that the response must be quick. VitalCore will work with each facility’s grievance officer in his/her investigation. We understand that the grievance officer will have ten days to respond to the offender’s complaint in writing. VitalCore will provide access to appropriate medical staff and information as quickly as possible to assist the grievance officer to meet that timeframe.

Each site’s Health Services Administrator will maintain a grievance log which will include the patient’s name, KDOC number, date of grievance, and grievance topic/issue. Complaints will be categorized and classified according to demographics, housing location, nature of the complaint, etc. and a database maintained and reviewed to determine any patterns or problem areas.

VitalCore will review all complaints on a monthly basis and will discuss such complaints at monthly MAC meetings as well as in QAPI meetings. VitalCore understands that if the offender is not satisfied with the response provided by the grievance officer, the offender has the right to appeal to the facility’s warden and ultimately to the Secretary of Corrections. We will cooperate with this process at all levels.

VitalCore will also ensure inquiries/complaints by family members, lawyers, advocacy groups, etc. are responded to timely and professionally. A copy of all correspondence will be maintained in an offender-specific correspondence file for ease of retrieval.

We will ensure all grievances and grievance appeals are reviewed by the site Health Services Administrator, the site Medical Director, and by the Regional Office Management Staff.

4.15.2 Timely Responses to Grievances
If KDOC would like VitalCore to investigate and respond to health care grievances, rather than working with the facility’s grievance officer, we will do so. VitalCore will ensure that each grievance is answered completely within seven (7) calendar days, with our responses submitted
to the Director of Health Care Compliance. We will provide any follow up as recommended by the Director of Health Care Compliance within ten (10) working days.

4.16 Infectious Disease Control (IDC)

4.16.1 Infectious Disease Program
Our Infection Control Program is both comprehensive and evidence based. We will provide training to staff, both correctional staff and VitalCore staff; we will educate the offender population on infectious disease management; and we will guide each facility and the KDOC through any issues surrounding infectious disease contagions. Please see our Infection Prevention and Control Manual, enclosed.

4.16.2 Infectious Disease Processes
VitalCore policies and procedures fully address each of these issues: standard precautions; hand hygiene; immunizations and vaccines; personnel protective equipment; disinfection of equipment and surfaces; instrument reprocessing; sterilization; biological monitoring procedures; airborne precautions and mask fit testing; monitoring of negative pressure respiratory isolation rooms; contact precautions; ectoparasite control; infectious and communicable disease surveillance and containment; a written exposure control plan that is reviewed, revised, and approved by the medical director annually; proper accountability, disposal, and security of sharps; and training of all staff and offenders in appropriate methods for handling and disposing of biohazardous materials and spills.

VitalCore will provide immunization services for all offenders who come into the facilities. We will ensure that the facility, the local Health Department, KDHE, and VitalCore work together to screen, track, and provide treatments and inoculations for infectious diseases and preventative healthcare.

4.16.3 Infectious Disease Registered Nurses
VitalCore will designate an infectious disease nurse who is an RN with appropriate biology and disease etiology training at each facility defined in this section. VitalCore will work with the CDC and the KDHE to ensure each IDC nurse is trained and the IDC nurse has the skill set to train other staff on infectious disease management. We will ensure that each IDC nurse is KDHE certified for HIV counseling.

4.16.4 IDC as a Post Duty in Smaller Facilities
VitalCore will ensure that smaller facility sites that do not have an IDC nurse designated have nursing post duties defined to provide comprehensive infection control.
4.16.5 Purchasing through KDHE
VitalCore will work with KDHE and KDOC to establish an agreement to purchase or receive at no cost immunizations, test serum, PPD, and treatment medications from KDHE when available.

4.16.6 Cooperation with KDHE
VitalCore welcomes working with KDHE through required planning meetings on issues of bioterrorism, ectoparasite control, and containment of infectious diseases.

4.16.7 to 4.16.9 Storage, Disposal, and Records for Hazardous Waste
VitalCore provides biohazardous and medical waste services for items such as needles, syringes, and other materials used to treat patients and will ensure they are managed safely and in compliance with all rules and regulations at the Federal, State, and County level. VitalCore will be responsible to collaborate with the community on this process. Our plan includes establishing a contract locally for each facility, and we will be responsible for payment for such waste disposal. We will ensure timely pick-up of wastes.

VitalCore is committed to providing biohazardous waste containers and supplies consistent with federal guidelines and the Occupational Health and Safety Administration (OSHA). We will educate our team on the responsibilities of the collection and safe storage of any biohazardous waste, with the storage area to be locked and the disposal frequent enough to minimize the need for storage capacity. We understand that KDOC will provide secure storage areas in each facility for the storage of biohazardous materials. VitalCore will maintain a log for the storage of biohazardous waste and a log for biohazardous waste destroyed. We will log the disposal of dirty needle containers with specific identification markings for each container.

4.17 Medical Administrative Committee (MAC)

4.17.1 Monthly MAC Meetings
VitalCore agrees to hold monthly Medical Administrative Committee (MAC) meetings at each facility and the warden or deputy warden will be welcome. VitalCore will ensure that the HSA, Site Medical Director, Site QI Coordinator, and Site Behavioral Health Coordinator attend each meeting. Meeting minutes will be maintained and distributed to the attendees and emailed to the OHCC if desired.

4.17.2 Meeting with Regional Staff
VitalCore will ensure that our Regional Vice President and other key regional staff meet with the OHCC at least monthly to discuss contract fulfillment and any problems. We would recommend meeting weekly with Regional Clinical staff and OHCC Team. We are committed to being transparent and will give the OHCC a copy of all documentation that we produce, own, and/or
4.18 Equipment and Supplies

4.18.1 Responsibility for Equipment and Supplies
VitalCore recognizes its responsibility to provide all of the medical supplies and office supplies noted in this section, including prosthetic devices, hearing aids and eyeglasses, and behavioral health testing materials, supplies and equipment.

4.18.2 Purchase and Lease of Supplies, Pharmaceuticals, and Equipment
VitalCore agrees to purchase all consumable medical supplies and pharmaceuticals and to purchase or lease all equipment needed to perform the health care services in all facilities during this contract.

4.18.3 Maintenance, Repair, and Replacement of Equipment
VitalCore acknowledges that we will be responsible for the maintenance, repair, and replacement of all equipment necessary to deliver health services during this contract. We will ensure that scheduled maintenance and inspections for x-ray and other medical equipment are completed according to manufacturer’s suggested maintenance schedules.

4.18.4 Purchase/Lease of Office Equipment
VitalCore understands that we are responsible for the purchase or lease of all copy and other office equipment for our administrative uses. We also understand that the Health Care Equipment Fund cannot be utilized for these services.

4.18.5 KDOC Provides Office Space and Utilities
VitalCore acknowledges that KDOC will provide us with office space and facilities and the associated utilities for these spaces for our use. We understand that internet connectivity is our responsibility.

4.18.6 Use of Existing Equipment – Provisions for End of Contract
VitalCore understands that we will be allowed to use and maintain the equipment and supplies in place in the facilities at the beginning of the contract. We further understand that we will return all this 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 end of the contract. VitalCore agrees that 30 days prior to the end of the contract, we will tour the facilities with the KDOC and the new contractor to determine the condition and inventory of equipment.

4.18.7 Purchase of Unused and Current Supplies
VitalCore acknowledges and agrees to comply with the language of this section. We understand
that our purchase of the current inventory of supplies from the outgoing contractor cannot be purchased through the Health Care Equipment Fund. VitalCore understands that KDOC will provide on-hand existing inventory to us, as long as the item is not considered a purchasable item on the outgoing contractor’s inventory.

VitalCore understands that all pharmaceutical items onsite at any facility has already been purchased with KDOC funds through the current vendor, therefore, those pharmaceuticals and perishable supplies will remain onsite and not be removed by the current vendor prior to our transition

4.18.8 Cooperation with Outgoing Contractor
VitalCore understands that the outgoing Contractor will be required to provide us with any and all service contracts and warranties still in effect at the time of the end of the outgoing contractor’s agreement for equipment used in the health care units.

4.19 Health Care Equipment Fund

4.19.1 and 4.19.2 Use of Health Care Equipment Fund
VitalCore acknowledges and agrees to comply with the rules regarding the use of the Health Care Equipment Fund. We understand that KDOC will issue $280,000 to VitalCore on an annual basis around July 1. We will utilize this fund to purchase capital outlay health care equipment that costs at least $1,000 with the prior approval of the Director of Health Care Compliance. We further understand that this equipment will become the property of the KDOC.

4.19.3 Report to OHCC and KDOC Fiscal Services
VitalCore agrees to provide a report to the OHCC and the KDOC’s Fiscal Services Division at the end of each month which details each item purchased from the Health Care Fund, the amount of each item, and the balance remaining in the Fund. We understand that if any unauthorized purchase was made from the Fund, the amount of the item will be deducted from VitalCore’s next monthly invoice. We agree that unexpended funds in this account will carry forward to the next contract year but at the end of our contract, the remaining balance will be deducted from our final payment.

4.20 Health Information Management

4.20.1 Shared Responsibility of Current EHR System
VitalCore acknowledges that support for the current EHR system (NextGen) will be shared between VitalCore and the KDOC. We understand that the NextGen contractor will be held accountable by and report directly to the KDOC IT Director. VitalCore further understands that the KDOC IT Director or designee and the Director of Health Care Compliance will Co-Chair the EHR Committee which will include selected members from the KDOC and VitalCore’s healthcare
staff. This Committee will meet quarterly and will set project priorities, monitor performance, and facilitate information sharing with all stakeholders. VitalCore understands that the Committee will decide all costs associated with updates/changes made by the Committee that will be agreed upon by both parties.

4.20.2 Electronic Health Records

4.20.2.1 Responsibility for NextGen Costs
VitalCore acknowledges and agrees to be responsible for the annual cost of the support agreement for the NextGen software and for the cost of any other software and maintenance agreements. We will provide and maintain current licenses for the operation of all EHR devices.

VitalCore will ensure that the software meets all of KDOC’s operational and health industry standards to provide functionality and security. We will ensure that the software remains on the most current, stabilized version of the software. VitalCore will seek approval through KDOC prior to implementing any software upgrade and will schedule the upgrade in conjunction with KDOC.

(a) VitalCore has provided the costs necessary to maintain and upgrade the current EHR system within our cost proposal. This includes:
(1) Annual software licensing and support agreements;
(2) Cloud/hybrid Cloud resources as required. We understand from NextGen that they have capabilities in these areas that KDOC and/or the current contractor have opted not to utilize; and
(3) Annual software, hardware licensing, maintenance and support agreements for operation of the NextGen EHR.
Executive Summary
The Kansas Department of Corrections has released an RFP which includes required services specific to the department’s NextGen EHR system.

The Kansas DOC is currently running NextGen version 5.8 UD2 and KBM 8.10. Medicalistics is proposing services that will include a NextGen upgrade, implementation of features currently not utilized by the Kansas DOC, as well as ongoing maintenance support. The services are estimated based on current knowledge of the Kansas DOC’s environment.

The services necessary to meet the requirements of the RFP will require an upgrade to NextGen 5.9.3 KBM 8.4.3 w/ BH 3.0. This will also include an upgrade of the department’s current CHM content also provided by Medicalistics. As part of the overall upgrade, Medicalistics will also incorporate the implementation of NextGen scheduling and NextGen Document Management System (DMS) also known as scanning. The Implementation model requires that the EHR Upgrade, DMS, and EAS modules all go live together and have been priced as such. These services will require various aspects of administrative training and configuration support. Due to the nature of Kansas DOC’s highly customized environment, Medicalistics is also proposing onsite time for a GAP Analysis followed by customization hours to support moving selected customizations into the upgraded environment. The initial hours proposed to support any customization or development needs is purely an estimate at best and is not meant to include all development needs the Kansas DOC may require.

Medicalistics also sees a need and value in providing super user training and end-user training of the standard upgraded software. These estimates do not include the creation of any training materials but the end user training is based on providing training to approximately 400 users and an average of 8 hours of training per class based on a class size of no more than 25 users. Onsite Go Live coaching is also imperative to a successful implementation of the new and upgraded software. Medicalistics is proposing two resources onsite across 12 locations for no more than 4 days each.

One additional and new requirement of the RFP is the implementation of an EMAR. Medicalistics’ eZmar is the only compatible EMAR to NextGen providing full integration. The implementation of eZmar will require significant discovery and medication analysis, various levels of admin and user training, and Go Live coaching at each facility. The services estimated are based on a total of 12 facilities and the resources required to train end-users at each facility and support the Go Live for each of these facilities. In most cases, we are factoring in 2 resources at each facility for a period of 3 days.
(b) VitalCore is submitting an alternate EHR proposal. We propose the use of the GE Centricity EHR system through Fusion Management. The Fusion GE Centricity System is regarded as one of the best Correctional Electronic Health Records Systems in the nation and is utilized in many different state departments of corrections and county jails. Please see the information attached regarding this system.

VitalCore believes that the investment in the installation and maintenance of the GE Centricity system will significantly assist site medical staff and will provide data tools for the overall management of the health care operation.

We have provided the cost for the initial implementation and ongoing maintenance of the Fusion GE Centricity EHR system in our cost proposal.

Additionally, we have proposed a potential third EHR vendor, CorEMR, for use with the KDOC, especially if KDOC is interested in significantly lowering EHR costs. The CorEMR system has a very positive reputation and has been implemented in many state prison systems and county jails. CorEMR itself does not provide hosting services, so if the KDOC chooses this option, KDOC would need to host the system or allow VitalCore to provide the hosting through a reputable and secure hosting service. The off-site (cloud) hosting would, however, come at additional cost. Please see the attached information about COR EMR.

Please note that the responses to the following EHR requirements have been provided by Fusion Management:

**4.20.2.2 Percentage of Accessibility – Down Time**

VitalCore understands the critical nature of our work and the need to have access to medical information at all times and at fast speeds. Fusion’s CEHR is certified with MS Server, SQL and VMWare to allow industry standard High Availability, DR strategies, tools, process and procedures that secure industrial internet solutions. CEHR has dual/redundant infrastructure for network, switches, routers, servers, etc. in order to maximize uptime capabilities. CEHR’s scalable and highly redundant infrastructure provides a multi-site load balanced architecture to ensure high availability, business continuity and disaster recovery. The system includes built-in redundancy so that in case of a power failure or hardware issue at the primary data center, a duplicate backup is activated, and the network’s function is not interrupted. CEHR’s average uptime has been 99.99% in the last twelve months and that is what we strive to achieve.

**4.20.2.3 OMIS Interface**

VitalCore agrees to work with NextGen to ensure that the system’s interfaces with OMIS and other systems are operating well and transporting information with a 99.9% success rate. We assume that our project staff will be able to work with KDOC IT staff on issues regarding the OMIS
If Fusion is selected to replace NextGen EHR, Fusion has incorporated the systems integration portion of your implementation into the project timeline. These services include demographics data conversion or data migration from any existing or legacy systems, interfaces to third-party applications, custom forms, custom reports, etc. CEHR offers powerful interoperability and imports and exports data using interfaces. HL7-compliant inbound and outbound data exchange interfaces are built-in to CEHR. CEHR is capable and is currently utilized in numerous correctional settings to exchange data in real time through direct database connection through secure VPN tunnels, through FTP/SFTP as well as numerous other delivery methods. This scalable, robust system will be able to meet all current and future organizational needs.

Integration and coexistence with other computer systems is an integral part of every CEHR installation. As such, Fusion is committed to the delivery of the products and services required for the effective deployment of fully functional interfaces. This is accomplished through a combination of:

- Excellence in product functionality and continued development
- Adherence to interface standards
- Provision of the services and tools required to implement interfaces
- Partnerships with other information system vendors

Results are processed and automatically matched back to the offender using the OffenderID. As part of the interface development, Fusion will identify both inbound and outbound data elements to be extracted. CEHR’s interface engine can exchange any set of data required and have successfully done so for each and every one of their clients regardless if a COTS OMS system was used or if it was developed as a home-grown solution internally.

Fusion will develop specific interfaces to external systems as part of this project. Fusion has developed interfaces with many of the leading correctional vendors for OMS, Pharmacy, Laboratory, etc. For any interfaces that haven’t been previously developed, Fusion will configure, code, and test all applications, application extensions, data conversion, and data acquisition/interfaces once agreed upon between both Fusion and KDOC. Fusion understands that KDOC would like for the following interfaces to be developed, as stated in the RFP:

1. **OMIS (Offender Management System)** - accepting new bookings, moves, and releases along with other demographic information including pictures as well as sending log information of treatment, procedure, appointment, med pass, etc.
2. **Pharmacy** – orders of new medications entered into the EHR will go directly to the pharmacy vendor.
3. **Lab** – orders to and results from multiple laboratory vendors must populate directly to/from the offender’s chart.

In addition to automatically uploading files directly into the offender’s chart via electronic interfaces with various 3rd party systems, CEHR robust interface capabilities, paper documents can also be scanned and indexed to the offender’s chart as well.

### 4.20.2.4 Health Information Property of KDOC

VitalCore acknowledges and agrees to provide KDOC the right all health information created on the Kansas offender population during the contract period. We understand that the data is to remain in the control of the KDOC and cannot be transferred without the KDOC’s consent.

### 4.20.2.5 Access to All Technology Assets

VitalCore acknowledges that KDOC and its agents will have full access to all technology assets, the EHR system, hardware, software, network, and work product. Any modifications desired by the KDOC will be agreed upon by the Committee.

### 4.20.2.6 Access Outside of Kansas

VitalCore agrees to seek the approval of the KDOC to provide access to any person outside of the boundaries of Kansas for any EHR or OMIS information, including hardware, software, or work product.

### 4.20.2.7 Adequate Number of Kansas Licensed Providers

VitalCore acknowledges and agrees to comply with the requirements of this section. We will provide licensed and credentialed providers in the State of Kansas to provide 24/7 clinical coverage.

### 4.20.2.8 Technical Support on 24/7 Basis

VitalCore will ensure technical support for our EHR system on a 24/7 basis, regardless of the EHR system that KDOC selects. We will work with NextGen if KDOC decides to continue the use of this EHR system to ensure such support is provided.

#### (a) Backup Plan

Just like KDOC doesn’t close, neither does Fusion. They understand the corrections business because they only work in the corrections business. Fusion offers all clients with 24x7x365 US based support. Users can open a support ticket at any time via the provided and dedicated toll-free number or through our dedicated helpdesk portal.

Fusion offers full and incremental backup solution on a daily basis within the data center environment with adjustable frequency to the tolerance level of KDOC’s desire and performance
configuration of the server array. Time to restore from backup will be a function of the volume of data being restored and the performance of the storage area environment. Offsite backups, log shipping and server clustering are available to the extent of the clients’ needs and scope of project.

Hot backups are conducted daily with snapshots of the database taken as well. The database backup is then archived for up to 90 days to allow for full restoration. The snapshots of the database are useful for business continuity in the unlikely event of a system outage. In addition, transaction logs are also created consistently which allow for rapid recovery should an event arise. There are also 4Hour Incremental Hot Backups with zero (0) downtime.

Recovery procedures are tested to ensure restoration procedures are operational. In addition, testing will be conducted with KDOC’s archived data to the testing environment to ensure that both the backups work as designed as well as to ensure recent test data is available. Should system modifications be performed between the scheduled recovery tests, one will be conducted immediately before the planned update/upgrade as well as following the commitment of the updates to the system. Should data need to be restored, the length of time to restore will vary on the size of the restoration; from minutes for a partial restore to up to 2-3 hours for a full system restore.

(b) Risk Plan
Fusion’s risk management plan provides a sound approach in the identification, assessment and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unforeseen events. Adopting a risk-based approach allows Fusion to prioritize activities based on the likelihood and consequence of a risk being realized, to maximize business outcomes while minimizing the occurrence or effects of events that may negatively affect outcomes.

Fusion’s approach to managing security risks are:

- security risk management is the business of each staff member
- risk management, including security risk management, is part of day-to-day business
- the process for managing security risks is logical and systematic, and should form part of the standard management process of the agency
- changes in the threat environment are continuously monitored and necessary adjustments made to maintain an acceptable level of risk and a balance between operational needs and security.

Fusion’s ongoing security risk management process continuously monitors and identifies these security risks and allows Fusion to quickly devise plans to address them. Fusion determines risk
by considering the likelihood that known threats will exploit vulnerabilities and the impact they have on valuable assets. Fusion’s adoption of a comprehensive risk management approach covers all areas of protective security activity across their organization and their clients’, where they:

- establish the scope of any security risk assessment and identify the people, information and assets to be safeguarded, determine the threats to people, information and assets, and assess the likelihood and impact of a threat occurring
- assess the risk based on the adequacy of existing safeguards and vulnerabilities
- implement any supplementary protective security measures that will reduce the risk to an acceptable level.

(c) Mitigation Plan (VitalCore’s Response)

VitalCore, along with Fusion, have developed an intricate Mitigation Plan to ensure that all project risks will be documented, communicated to KDOC, and provide recommendations for mitigating any risks. Throughout the project we will conduct Risk Assessments which will allow for us to identify, evaluate and mitigate any of the potential risks that arise. Upon the identification and evaluation of each potential risk, we will communicate with KDOC and develop a plan to mitigate whatever risks may come up throughout the project.

We will also provide a Risk Log that outlines all open and closed risks that could impact the project. Risks will be identified by their impact and their potential to occur. The PM will track progress against the work plans for each task and will meet with the organization on a regular basis to discuss progress, review any risk that have been identified or issues that have occurred and what we anticipate accomplishing in the upcoming weeks. Our approach to providing project management services has been proven on multiple projects to provide the guidance and oversight necessary to identify and mitigate risk, improve project results, and contribute to the overall success of the project.

(d) Communication Plan

Fusion develops a specific communication plan for each project. Successful projects require a clearly defined communication infrastructure. This communication plan details the stakeholders, the specific types of communication that will be delivered, timeline, and ownership. The Communication Management Plan includes discussion of key implementation metrics that will be used to track progress; types of communication methods (i.e., memo, email, one-on-one meetings, Project team meetings, stakeholder group meetings, online web progress reporting tools, etc.) that Fusion will use; frequency of these communications; and key Fusion points-of-contact with overall responsibility for ensuring these communications are provided as scheduled. Fusion will make key personnel and staff available for certain meetings either on-site or via teleconference or web-conference that may be required throughout the implementation.
4.20.2.9 Electronic Log for Documenting Effectiveness of HER
All of the data elements listed in this section are tracked via CEHR’s Inquiries tool. This reporting tool allows for instant access to clinical and user data. Unlike Reports, the average user can customize an Inquiry to meet a specialized need in the moment. For example, you’d like a list of the number of logins by user or within a certain timeframe, a user can simply generate this report. Or, you’d like a list of clinical providers who have more than 15 documents that are not signed on their Desktop. If there is an Inquiry that you utilize frequently, you may also save those parameters for future use. Also, Inquiries may also be used to send Bulk Flags/Care Alerts to a specific offender population that has been captured by the Inquiry.

4.20.2.10 Electronic Log for Documenting Performance of EHR
To monitor and log the performance of CEHR, Fusion employs SolarWinds Network Performance Monitor and SolarWinds Server and Application Monitor. SolarWinds allows Fusion to maintain logs involving percentage of system uptime, system downtime, network utilization and more.

Fusion utilizes SolarWinds Server & Application Monitor (SAM) to manage software performances of the application(s) and server(s) (physical and virtual). SAM allows Fusion to uncover performance issues through SolarWinds proactive performance alerting which enables Fusion to troubleshoot and resolve any issues in a timely manner. SAM’s applications allow Fusion to:

- Minimize downtime through optimizing IT infrastructure.
- Forecast resource needs through tracking server resource usage, asset inventory, and capacity planning.
- Respond faster by locating the root cause of application problems quickly and responding to the problems at hand.

Fusion uses SolarWinds Network Performance Monitor (NPM) to detect, diagnose, and resolve network performance problems and outages promptly. Some of the features that will be used through SolarWinds Network Performance Monitoring are:

- Quickly detect, diagnose, and resolve network performance issues and avoid downtime with network optimization software.
- View performance, traffic, and configuration details of devices and applications that are on premises, in the cloud, or across hybrid environments.
- Accelerate identification of root cause by dragging-and-dropping network performance metrics on a common timeline for immediate visual correlation across all of your network data.
- Respond to multiple condition checks, correlated events, network topology, and device dependencies.
- Automatically discover and map devices, performance metrics, link utilization, and wireless coverage.
- Automatically calculate exhaustion dates using customizable thresholds based on peak and average usage.
- Wireless network monitoring and management Retrieve performance metrics for autonomous access points, wireless controllers, and clients.
- Determine if changes in end-user experience are caused by the application or the network.
- Dynamically calculate baseline thresholds from historical network performance data.
- Monitor, alert, and report on key device metrics, including temperature, fan speed, and power supply.

4.20.2.11 Plan for NextGen Enhancements and Expansions
VitalCore has already worked with NextGen to develop a plan for the enhancements and expansion listed in this section. Please see the attached plan. We have placed the cost of this plan in our cost proposal.

4.20.3 Clinical Staff Equipment and Supporting Devices

4.20.3.1 Current Equipment
VitalCore understands the number of Dell computers, HP thin clients, time clocks, and printers that will need to be maintained and serviced. We further understand that there are approximately 70 personal printers connected to the Medical system that are used with 40 Canon copiers, printers, and scanners that are used with the EHR system and leased by the current contractor. VitalCore understands that these will need to be purchased or leased by VitalCore.

4.20.3.2 Replacement of Clinical Staff Hardware
VitalCore acknowledges and agrees to adhere to the replacement of clinical staff hardware at the rate of 25% per year. We will provide KDOC with a replacement schedule that contains at least the following information: equipment serial number; condition; age in years; remaining useful life; replacement cost; and comments.

4.40.3.3 Software Licensing/Ownership
VitalCore acknowledges that we will be responsible for software licensing associated with the use of clinical staff equipment and that the ownership of the software and hardware will transfer to the KDOC at the termination of the contract.

4.20.3.4 Responsibility for Cost/Functioning of Medical Devices Connected to EHR
VitalCore acknowledges that we will be responsible for the cost and functioning of all medical devices that connect digitally to the EHR system, including scanners, printers, telehealth services,
x-ray, ECG devices, etc.

4.20.3.5 Five Full-Time Employees for Administering to the Technology of HealthCare Solutions
VitalCore agrees to provide the five full-time employees for administering to the technology of the health care solutions of KDOC as listed in subsections (a) through (e). We further understand that these employees will report to the technology division of the KDOC.

4.20.4 Healthcare Information Technology Network Infrastructure

4.20.4.1 Responsibility for the Installation and Maintenance of Network Infrastructure
VitalCore understands that we will be responsible for the installation of a separate secure network infrastructure for all healthcare and the EHR system that meets NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations. We understand that this network must remain operational 99.9% of the time. VitalCore is proposing to utilize NetWolves to coordinate the installation of and manage this network system. NetWolves is a subsidiary of Vaso Corporation, Inc. and is based in Tampa, Florida but serves customers all over the nation. The company utilizes their relationships with internet providers across the country to provide reliable connectivity via private connections.

4.20.4.2 Responsibility for Multiple IT Functions
VitalCore acknowledges and agrees that we will be responsible for defining network requirements; identifying sources for products and services; maintaining proficiency with legacy systems; assessing new technology; recommending relevant solutions; estimating costs and benefits; and designing, developing, deploying, and testing hardware/software systems. We will ensure that our staff possess expertise in these areas and/or will seek the expertise as needed from outside trustworthy resources.

4.20.4.3 Responsibility for Computer Networks
VitalCore acknowledges that we will provide for the installation, operation, management, monitoring, repair, documentation, and upgrade of computer networks at KDOC, including local and wide area networks, private networks, and remote access services.

4.20.4.4 Responsibility for Underground and In-Building Cable Plants for Network/Communication
VitalCore acknowledges that we will be responsible for the operation and improvement of the network/communication infrastructure and remote access services as defined in this section.

4.20.4.5 Retained Granular Electronic Log
VitalCore understands that we will be responsible for maintaining and reviewing a retained granular electronic log that includes the network’s availability; utilization; latency and
4.20.4.6 Responsibility for Replacement of Network Infrastructure
VitalCore understands that we will be responsible for the replacement of network infrastructure (network switching) at the rate of one per year prior to the end of life of the device or sooner. VitalCore will provide KDOC with a schedule for this replacement that includes quarterly forecasting and will list the equipment serial number; condition; age in years; remaining useful life; replacement cost; and comments. We understand that the replacements will be conducted at our expense.

4.20.4.7 Secure Wireless Infrastructure
VitalCore agrees to provide a secure wireless infrastructure in all 12 facilities that meets NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations. We understand that this wireless infrastructure shall include clinics, restrictive housing units, close observation units, RDU, and mental health units. VitalCore will utilize the services of NetWolves for the implementation and maintenance of this infrastructure.

4.20.4.7(a) Electronic Log
VitalCore will maintain a retained granular electronic log regarding the wireless network that includes equipment serial number; utilization; latency and performance; date and time; jitter; and transport connectivity.

4.20.5 Health Care Documentation

4.20.5.1 Ownership of Records, Reports, and Data
VitalCore acknowledges and agrees to comply with the language of this section. We understand that all medical records, data, information, and reports collected during VitalCore’s performance of this contract will be owned by KDOC. VitalCore will not publish or otherwise use this information for any purpose other than to perform services under the contract, without the prior written approval of the KDOC. We agree that KDOC has the rights to reproduce, disclose, download or otherwise use the information with proper notification to VitalCore. VitalCore agrees to make available all of this information as requested by KDOC at the termination of the contract.

(a) VitalCore recognizes that charting is crucial to the management of clinical services. We will provide timely charting that is accurate to document the clinical picture at the time of the encounter. This means that medical staff will enter information as much as possible at the time of the encounter but always on the same day of the encounter. Offender health records will include medical, behavioral health, dental procedures, and clinical treatment records. Provider Approval Queues (PAQs) will be completed by the physician of record within 72 hours of the test results or orders.
VitalCore will comply with the requirements of this section. We will ensure that our nursing staff note the orders of the health care practitioner as soon as possible, but always within 24 hours of the encounter, so that appropriate follow up can be provided. VitalCore’s practice is to note the practitioner’s STAT orders immediately. We will ensure that routine practitioner infirmary orders are noted as soon as possible but always within 8 hours of the written order.

VitalCore will seek the approval of new EHR templates from KDOC before implementing.

VitalCore understands that KDOC’s Medical Units are paperless. We will provide scanners to scan any paper documents regarding offender care into the offender’s medical record.

4.20.6 Records Retention

4.20.6.1 (mis-numbered as 4.19.5.1) PACS System Costs
VitalCore understands that KDOC utilizes a Picture Archiving and Communication System (PACS) for the storage of x-rays. We will be responsible for the licensing and upgrade costs necessary for the KDOC’s current PACS system. VitalCore will comply with Kansas Administrative Regulations and Kansas Statutes Annotated for storage, retention, and maintenance of these records and all other records.

4.20.7 Confidentiality of Offender Health Information
VitalCore agrees that all offender health information must be created, documented, shared, and maintained in compliance with all local, State, and Federal regulations.

4.20.7.1 Health Information Is Property of KDOC
VitalCore agrees that all offender health information is the property of KDOC and that any disputes about the information shall be referred to the KDOC’s Chief Legal Counsel.

4.20.7.2 Confidentiality of Health Records
VitalCore will keep all offender health information confidential in compliance with Federal, State, and County regulations as well as all HIPAA rules and regulations. Charting will be performed in a safe manner to keep all records confidential and out of the view of other staff and offenders. These records will be safeguarded by internal and external quality controls to ensure confidentiality is not breached and that the offenders’ rights to confidential personal health information is protected. We will also follow the rules established by KDOC for employee access to the records as well as other KDOC policies regarding health information privacy. Please note that VitalCore employs a Certified HIPAA Privacy Officer in our corporate office to develop and revise policies and provide guidance to staff in the field. We take confidentiality and privacy very seriously.
4.20.8 Information Dissemination

4.20.8.1 Access to OMIS/JJIS Information
VitalCore understands that we will have access to the OMIS/JJIS systems to collect and analyze trends in utilization of health care services at each site. This will be very helpful information for us. VitalCore further understands that we will have no responsibility for upkeep of the OMIS/JJIS systems except to enter shared information.

4.20.8.2 Transfer of Health Information to Off-Site Providers
Offenders sent off-site for emergency treatment, inpatient hospitalization, outpatient specialty, or diagnostic appointments will have documentation sent with them in the form of a transfer summary or consult request. If a consult request is utilized, relevant medical record information such as x-ray reports, latest physical examination findings, and lab results will be attached to improve the ability of the consultant to act on full information.

VitalCore will partner with the local Emergency Departments, Hospitals, and Ambulatory Care Specialists to ensure offenders returning from the emergency department have a disposition, instruction sheet, and a discharge summary with plan to indicate what actions were taken, orders written, and what treatment was performed during the visit. If the discharge summary is not available at the time of discharge, we will request that it be forwarded as soon as possible.

4.20.8.3 Publication of Findings/Data
VitalCore acknowledges and agrees to comply with the requirements of this section. We will not publish any data obtained from the operation of this contract without KDOC’s prior written consent. VitalCore understands that KDOC may release, without VitalCore’s consent, any document or data subject to release by the Kansas Open Records Act, Legislative inquiries, or any other state official with legal authority to obtain the information.

4.21 Training
VitalCore fully recognizes the importance of training and professional development for all of our staff. We will ensure that each staff member receives the required hours of training on topics required and will document the training. Our training plans are located within specific policies for both adult prisons and juvenile facilities as we will specify in each relevant subsection. We have included these policies in our policy manuals that are enclosed. All of these policies will be adapted according to the requirements of this section for our use if awarded this contract.

4.21.1 KDOC Orientation
VitalCore agrees to ensure that all of our full-time personnel complete 40 hours of orientation to KDOC through the facility’s training department prior to their actual performance of duties. We understand that it is very important for our staff to grasp their roles in the maintenance of security when working in correctional facilities. VitalCore agrees to ensure that our part-time
and temporary employees receive 16 hours of facility orientation prior to assumption of their duties as well. Please see our Orientation of Health Care Staff Policy #P-C-09.00 and our Professional Development Policy #P-C-03.00 for adult prisons. We will adapt these policies to meet the requirements of this section if awarded this contract.

4.21.2 Training for Staff Assigned to KJCC
VitalCore acknowledges and agrees to ensure that our site personnel assigned to the Kansas Juvenile Correctional Complex complete the number of hours of orientation training that is required by NCCHC and ACA Juvenile standards. Additionally, we support the additional amount of training required for staff working with youth as there are so many differences in working with youth compared to adults. We understand that the amount of orientation training required is currently 160 hours. We will adapt our current company policies, Orientation of Health Care Staff #Y-C-09.00 and Professional Development #Y-C-03.00 to meet these requirements if awarded this contract.

4.21.3 Notification of Orientation Training Needs to KDOC
VitalCore agrees to notify KDOC facility human resources staff of our new employee training needs at least one week in advance. We understand that any staffing penalty that may result from a delay of more than seven days due to KDOC’s scheduling issues will be waived until the training can be scheduled. We appreciate that KDOC will make every effort to schedule our staff into the first available session.

4.21.4 Annual Training Required
VitalCore places strong emphasis on the continued training of our staff. We will certainly require our staff to complete the 16 hours of annual training provided by the KDOC and an additional 24 hours for professional development. We ensure that our annual training is evidence-based and completed in a timely manner. In addition, VitalCore has partnered with George Washington University to ensure that we remain up to date with clinical management and the newest techniques. To prevent staff training from becoming insular to the correctional environment, we encourage staff to practice no differently in a correctional healthcare setting than in a community clinical setting.

4.21.5 Sample Training Plan
VitalCore’s requirements and training plans are documented in our training policies as specified in previous subsections and provided within our policy manuals enclosed. We will adapt our current policies to meet the requirements of the KDOC if awarded the contract.

4.21.6 Training for Correctional Officers and Other KDOC Staff
VitalCore will be happy to provide training at each basic and annual training class for corrections officers and other KDOC staff conducted by KDOC at each of the facilities. We regard these opportunities to build positive relationships with facility staff. Please see our company policies,
Health Training for Correctional Officers #P-C-04.00 and Health Training for Administrative Staff (juvenile correctional staff) #Y-C-04.00, as provided in our enclosed manuals. We already have most of these topics for training identified within our policies but will adapt these policies to include all the topics listed in Subsections 4.21.6.1 to 4.21.6.13.

4.21.7 Participation in Online Content Development, Forums, and Responsive Interactions
VitalCore will be happy to participate in online content development, training forums, and responsive interactions to any questions that come from the training outlines at no additional cost to the KDOC. We understand that this will take place upon the mutual agreement of VitalCore’s Regional Vice President and the Director of Health Care Compliance.

4.21.8 Monthly Continuing Education Classes
VitalCore’s practice is to utilize the expertise of our senior leaders to train our staff whenever possible. This will be no different with the KDOC contract. We will ensure that the Regional Director of Nursing and the Regional Behavioral Health Coordinator possess this expertise and will be responsible for monitoring and providing monthly continuing education training classes, CEU certifications, and tracking of training records for all the KDOC facilities. These two staff will provide or otherwise participate in these trainings as much as possible but at a minimum of twice per year per facility.

4.21.9 Education Fund
VitalCore has included the $100,000 within our training cost proposal to set aside specifically to provide for clinical enhancement training for facility health care staff. This will be called the Health Care Education Fund. We fully understand that this amount cannot be utilized for training for our Regional and Corporate staff. VitalCore will seek the approval of the Director of Health Care Compliance prior to our approval of this training.

At the end of each month, we will provide a written report to the OHCC and KDOC Fiscal Services that details expenditures from this Health Care Education Fund and the balance remaining in the fund. If we utilize this fund for any expenditure not authorized by the Director of Health Care Compliance, we understand that the amount will be deducted from our next monthly invoice to KDOC. VitalCore will carry over any unexpended funds from one year to the next year, but we understand that upon termination of our contract, any remaining balance will be deducted from our final payment.

4.22 Staffing

4.22.1 Base Staffing Plan Requirements
VitalCore has proposed a staffing plan that complies with Appendix F of this RFP. All costs to cover benefits and retention strategies have been included in the cost proposal.
4.22.1.1 Staffing Plan and Alternate Staffing Plan
VitalCore has proposed a staffing plan that is based upon the staffing plan in Appendix F of this RFP and have included this plan in our basic cost proposal. We have also proposed an alternate staffing plan along with an alternate cost proposal for your review. VitalCore believes that our alternate staffing proposal will provide for the highest quality of services for KDOC offenders while still being reasonable. This new plan allows for additional coverage by RN’s and HCP’s to increase the quality of care and decrease the risk for delay of services.

4.22.2 Staff Accountability and Time Clocks

4.22.2.1 Staffing Schedules
VitalCore practices transparency with all of our contracts. Each site will provide a staffing schedule 30 days in advance, with an updated staffing schedule by the 20th of every month prior to the start of that month. We will be happy to provide our staffing schedules to the Director of Health Care Compliance by the 10th day of the month prior to delivery of service for that month.

4.22.2.2 Staff Accountability
VitalCore believes in holding our staff accountable for their work hours, work performance, and conduct. We will utilize a time clock system to determine the actual hours of work for each of our staff. We understand that hours worked may include up to 4 hours per week per full-time health care practitioner outside of the facility and that these hours must be directly related to providing on call services, infirmary rounds, community hospital rounds on KDOC offenders, and surgical time related to KDOC offenders. We will seek approval from KDOC for any routine outside hours work prior to the actual hours worked. VitalCore will provide documentation to KDOC regarding call hours worked.

4.22.2.3 Hours Worked Out-of-State or at Other Locations
VitalCore understands that the site medical staff hired for the KDOC contract will work for this contract only. We understand that the Regional UM Coordinator, Regional Psychiatrist, Regional Director of Nursing, Regional Behavioral Health Director, and Regional Medical Director are all considered essential positions for KDOC operations and cannot perform duties for any other contract site.

VitalCore understands that KDOC will allow site Health Services Administrators and Directors of Nursing to assist with other facilities and other contract sites up to 3 weeks per calendar year, as long as the KDOC facility to which they are assigned is appropriately staffed during their absences.

We agree that Health Care Practitioners that are working full-time under the KDOC contract cannot be allowed to fulfill other position hours for the KDOC contract or any other contract during regularly scheduled work hours, except for short periods as approved by VitalCore’s Regional Vice President and the Director of Health Care Compliance.
4.22.2.4 Obligation to Continue to Perform
VitalCore acknowledges and agrees to comply with the language of this section. We work very hard to provide our employees with competitive wages, excellent working conditions, and reasonable work schedules to keep them satisfied. However, if we ever experience a strike, slowdown, or full or partial work stoppage, we acknowledge our responsibility to continue our operations.

VitalCore has an agreement with a national nurse staffing company with whom we have an agreement for catastrophic staff fill in. This company specializes in correctional nursing. We have not had to use this staffing to date, but it is available 24/7 and has licensed staff who are trained in correctional nursing as their niche. We will sign an agreement for the KDOC upon approval of the contract, even though we do not ever expect to need their services through our stellar staffing plan and our retention strategies.

4.22.3 Retention of Current Contract Staff

4.22.3.1 Plan for Staff Retention of Current Contract Staff
VitalCore will interview and attempt to retain current contract staff. We will do this by:

(a) Offering the current staff compensation equal to or higher than their current wages;
(b) Since the salaries of current contract employees were not provided, it is difficult to respond to this section. However, VitalCore always hires existing staff at least at their current rates of pay and some may receive increases.
(c) All the employees that VitalCore hires for the KDOC contract will receive the same benefit plan. Please see the attached information about VitalCore’s Benefits. We provide exceptional benefits, including excellent health insurance, ancillary insurances, tuition reimbursement, retention incentives, and job enhancement programs.
(d) VitalCore understands that some of the KDOC’s facilities are located in more rural areas of the state. Our health insurance program through Blue Cross and Blue Shield of Kansas understands that our employees need access to care in these rural areas. We will ensure that the insurance provider understands the issue and provides adequate coverage in those areas, similar to the State’s Blue Cross program for State employees.
(e) VitalCore will recognize the previous service of existing employees (all KDOC service, not just current provider service) in our retention incentives and retirement programs.
(f) All VitalCore employees will receive the same sick leave and vacation time benefits. Please see our Paid-Time Off information attached.

4.22.3.2 Interview of Each Current Employee
Interviewing existing employees is a part of our process of hiring employees when beginning new contracts. We will carefully review each current employee’s credentials to ensure they are qualified to perform the duties that they currently perform. VitalCore will likely hire the majority
of the existing contract employees, depending upon their credentials, knowledge, experience, and attitudes.

4.22.3.3 Waiver of Eligibility Time Frames
VitalCore agrees to waive the eligibility time frames for health and retirement programs for all existing contract staff that we hire, recognizing all their time providing health care for KDOC not just the time with the current contract provider.

4.22.3.4 Agreement Not to Prohibit or Restrict
VitalCore acknowledges and agrees to the language of this section. We would never bind any employee to an agreement that would prohibit or restrict in any way the employee from accepting employment with any subsequent health care service provider to the KDOC or any other employer.

4.22.3.5 Current KDOC Employees working for Health Care Contractor
VitalCore acknowledges and agrees to comply with the language of this section. We understand that KDOC pays the salaries, benefits, overtime, vacation, sick leave, and malpractice insurance costs for the three (3) state employees who were hired by KDOC prior to privatization and who did not want to transfer their employment to the private vendors. VitalCore understands that we will be responsible for reimbursing KDOC for these costs through an offset on the monthly payment voucher. The amount deducted will be based upon actual monthly salary and benefit expenditures. We understand that if any of these KDOC employees leave their positions during the term of this contract that VitalCore will be required to fill the vacant position(s) at our cost.

4.22.3.6 Agreement to Retain as Many Existing Staff as Possible
VitalCore will hire and maintain the existing contract staff as long as the position still exists, and the incumbent is qualified and wants to be employed by VitalCore. We understand that KDOC and VitalCore must agree to their continued employment.

4.22.4 Credentialing Criteria

4.22.4.1 KDOC Approval for Hiring of Certain Staff
VitalCore acknowledges and agrees to comply with the language of this section. We will work cooperatively with KDOC and submit our proposed senior level staff as defined in this section to KDOC for approval prior to hire. We will also be happy to provide KDOC with the current resumes of the physicians, administrators, psychiatrists, psychologists, dentists, behavioral health care coordinators, and directors of nurses.

4.22.4.2 Position Descriptions
VitalCore had comprehensive position descriptions for each position that we hire. Please see some of our position descriptions, attached. We will ensure that each of our employees working
VitalCore understands that we are responsible for providing the necessary staff for the proper and effective operation of the program. We also understand that all of our staff are subject to the approval of the Director of Health Care Compliance. VitalCore acknowledges that KDOC will provide a written summary of the reasons for such disapprovals.

4.22.4.4 KDOC Right to Approve and Remove VitalCore’s Staff
VitalCore has much experience working in correctional facilities and understands that if KDOC becomes dissatisfied with any of our employees, they may deny access to the employee. We understand that KDOC will provide written notice to VitalCore of the denial and the reasons for the denial. VitalCore agrees that in such situations, we will remove the employee from employment and cover the absence with appropriate personnel until another qualified employee can be hired.

4.22.4.5 Licensed and Qualified Personnel
VitalCore agrees to hire only licensed and qualified personnel to provide clinical and behavioral health coverage for this contract. We will not hire any licensed clinical or behavioral staff with restrictions on their licenses for any reason. VitalCore carefully vets each potential employee before extending an offer of employment.

4.22.4.6 Maintenance of Personnel Files
Each facility’s Health Services Administrator (HSA) will maintain complete employee personnel files in the HSA’s office. We will be happy to grant the Director of Health Care Compliance or designee access to these personnel files.

4.22.4.7 Background Investigation
VitalCore acknowledges and agrees to require each of our potential employee candidates to participate in a background investigation conducted by KDOC. We will appreciate KDOC conducting this service.

4.22.4.8 Staff Required to Abide by All Rules and Laws
VitalCore will ensure that all of our employees for the KDOC contract understand that they must comply with all applicable federal, state, and local laws as well as regulations, court orders, administrative directives, and KDOC’s policies and procedures, and any amendments thereto.
We believe that we are guests in your house during the terms of this contract and will abide by all rules, regulations, and laws. VitalCore will ensure that our licensed staff maintain insurance required by law.

4.22.4.9 Responsibility for Monitoring Licensure Compliance

VitalCore will ensure that each facility’s Health Services Administrator verifies and monitors licensure for all staff beginning at hire and annually thereafter. Proof of licensure will be maintained in each employee’s site personnel file. VitalCore agrees that the Regional Director of Nursing and the Regional Behavioral Health Coordinator will monitor this process to ensure compliance.

4.22.4.10 Market Survey Requirements

VitalCore acknowledges and agrees to comply with the language of this section. In order to retain quality licensed health care professionals, we understand that we must pay them at current market rates. Prior to the beginning of this contract, we will conduct a market survey for physicians, psychiatrists, APRNs, RNs, LPNs, EMTs, CMAs, psychologists, and master’s level behavioral health professionals. Once completed, we will submit a copy of this survey to the KDOC Human Resources Department, the Executive Director of Contracts and Finance, and the Director of Health Care Compliance.

VitalCore understands that at the beginning of this contract, the minimum rates of pay for licensed staff will be at the 50th percentile for their professions, based upon their licensure and experience. We understand that any increase in pay resulting from the market survey will be within the “not to exceed amount.” VitalCore will conduct this market survey annually and present it and a plan to keep the licensed staff’s minimum rate of pay at the 50th percentile during the next year. We will gear market surveys to be specific to the areas where each facility is located. VitalCore understands that the 50th percentile for each survey will become the staffing deduction amount specified in Section 4.24 of this RFP.

4.22.5 Recruitment and Retention

VitalCore is different! We have developed an enhanced recruitment program and retention plan that includes competitive wages, tuition reimbursement, retirement, excellent health insurance benefits, ancillary insurances, retention incentives, job enhancement programs, and training curriculum to keep us all safe and secure in our jobs.

We believe that the employees are as important as every client. We believe our employees are also our clients, and that it is our responsibility to keep them well adjusted, provide for positive work schedules, provide a safe and clean working environment, and provide a wage that allows for stable, long term investment in our company and in the facilities/agencies they serve.

VitalCore maintains a very positive reputation for treatment of our employees and for the quality
of services we provide. Many times, our positions are filled through “word of mouth” (nurses talking to other nurses, etc.). Of course, we will make offers to current, quality employees to keep them in their positions. For any positions not filled by this process, we will advertise the vacancies on Indeed and conduct interviews as quickly as possible. The Regional Vice President will be required to monitor current staffing and vacancies and ensure that the Health Services Administrators continue posting of common positions so that we will have staff ready to start when the needs arise.

VitalCore provides uniforms/scrubs for all of our site nursing staff which adds to the morale of our staff and prevents any issues regarding modes of dress. We believe that the uniforms also help the facility’s security staff in identifying our medical staff quickly.

VitalCore has a national nursing staffing company with whom we have an agreement for catastrophic staffing fill in. This company specializes in correctional nursing. We have not had to use this staffing to date, but this staffing is available 24/7 and has licensed staff who are trained in correctional nursing as their niche. We will sign an agreement specifically for your facility with this agency upon approval of the contract, even though we plan to not ever need them with what we consider a stellar staffing plan.

Staff retention has not been a problem for VitalCore. Once individuals are hired and provided orientation training, the staff generally remain with us and are excited about the energy and goals of our company.

The rate of nursing turnover for VitalCore is 3% for nurses serving 90 days or more and 11% for nurses serving less than 90 days. The reason for the larger amount for less than 90 days is that upon the beginning of some of our contracts, VitalCore has determined that the nurses hired by the previous provider did not meet the qualifications for the position they were performing. The turnover rate for health administrators, medical directors, and directors of nursing is only 1%. The turnover for Regional Managers is 0%.

4.22.6 KDOC Employee Services

4.22.6.1 Emergency Medical Treatment

VitalCore acknowledges and agrees to comply with the language of this section. VitalCore will ensure we take full responsibility for providing nurse and health care practitioner services for routine/urgent/emergency medical assessment and stabilization services. This includes first aid and cardiopulmonary resuscitation for offenders, facility staff, contractor staff, and visitors 24 hours per day, seven days a week. We understand that once an employee, volunteer, or visitor is stabilized, follow up care will be the responsibility of the person receiving the care.
4.22.6.2 Behavioral Health Intervention to Employees After Crisis
VitalCore agrees to provide KDOC employees with behavioral crisis intervention services following a facility crisis. We understand that this service will be limited to a one-time consultation with referral to community services if needed. VitalCore believes in the development and practice of strong emergency plans and will work with KDOC staff on such plans.

4.22.6.3 Pre-Employment Physicals
VitalCore agrees to provide pre-employment physical examinations to corrections officers, corrections counselors, maintenance staff, and other direct offender supervision staff as required by IMPP and in accordance with ACA and NCCHC standards, at no additional cost to the KDOC.

4.22.6.4 Employee Vaccinations and TB Testing
VitalCore will provide staff assistance to the KDOC to conduct Hepatitis B vaccinations, flu shots, and annual TB testing for all KDOC and contract employees, including parole services staff, the food service vendor’s staff, and other KDOC and contracted employees. We understand that tracking will be the responsibility of KDOC’s facility human resources managers in cooperation with VitalCore’s site Health Care Administrators. VitalCore will provide all of the supplies delineated in this section, including the inoculations and vaccines, at no additional cost to KDOC. We will appreciate KDOC’s assistance in developing agreements with KDHE for ordering supplies of inoculations and vaccines. VitalCore understands that if KDHE does not have enough products available, that we will be responsible for obtaining the inoculations and vaccines from other sources.

4.22.6.5 Annual TB Testing/Follow Up and Occupational Exposure
VitalCore agrees to ensure that all KDOC staff and contract staff receive annual TB blood tests or annual follow-up of past positive results. We will develop a policy for this testing of these staff that is consistent with the KDOC Occupational Exposure Control Plan (as required by OSHA standard).

4.23 Payment

4.23.1 Basis for Monthly Payment
VitalCore agrees that the basis for the KDOC’s monthly payment will be the annual not to exceed amount minus the amount identified in the Health Care Service Category Identification Table for Hepatitis C DAA medications as the adjusted base contract amount.

4.23.2 Monthly Invoice
VitalCore agrees that we will submit an invoice to KDOC each month that is 1/12 of the adjusted base contract amount, with any additions or subtractions for per capita adjustments.
4.23.3 Inclusion of Hepatitis C DAA Expense Information
VitalCore will provide the amount that we expended on Hepatitis C DAA during the previous month along with a list of each offender receiving the DAA treatment. We will include the offender’s name, KDOC number, facility, DAA prescribed, and cost.

4.23.4 Adjustments to Payments
VitalCore agrees that any adjustments such as staffing deductions, clinical performance guarantees, and liquidated damages will be applied to the base amount.

4.24 Staffing Deductions

4.24.1 Deductions for Unfilled Positions
VitalCore acknowledges that KDOC will deduct from the 1/12 payment 125% of the actual cost of staff positions which are unfilled from the initial date of the vacancy. We will ensure that VitalCore’s costs for licensed staff are adjusted annually according to the annual market survey.

4.24.2 Minimum Staffing and Reports
VitalCore understands that we must meet minimum staffing levels established by this contract. We will provide weekly status reports on each staff position to KDOC.

4.24.2.1 Authorized Pay Absences
VitalCore acknowledges that the paid absences of our non-essential staff will not be deducted from our monthly payment.

4.24.2.2 Unauthorized Absences
VitalCore recognizes that all unauthorized absences and all unpaid absences for non-essential employees will be deducted from our monthly payment at 100% of their costs.

4.24.2.3 Backfill of Essential Employees
VitalCore acknowledges and agrees to comply with the language of this section. We have staffed the medical units of the facilities to allow for backfill and coverage for vacation and sick leave for essential staff, allowing us to provide coverage essentially without overtime. Please refer to the backfill positions in the staffing plan. Our plan allows us to physically have a minimum of one FTE backfill on site daily. This additional FTE allows flexibility in re-arranging schedules and picking up overtime if it is necessary. This provides the facility with solid coverage and eliminates the risk of having to go without staff or using agency staff that have no training at your site. This plan
also allows for us to have backfill for staff that are trained to the site, allows time for training days, and prevents burnout from overworking staff.

VitalCore understands that unfilled hours for an essential employee that are not backfilled by agency staff, overtime, or PRN staff will be considered vacancies and will be deducted from monthly payments.

4.24.2.4 Holiday Schedules
VitalCore site employees will observe the same holidays that the State of Kansas authorizes for state employees. We understand that staffing penalties will not be deducted for employee holiday hours, except for those hours minimally required to staff on a weekend day. VitalCore will provide the KDOC with a normal weekend staffing plan for each unit of each facility.

4.24.3 Staffing Deductions in Form of Offset of Monthly Amount Due
VitalCore understands that staffing deductions will be collected through an offset against our monthly payment. These offsets will occur until assessed deductions are fully recouped by KDOC.

4.25 Clinical Performance Guarantees

4.25.1 Thirteen (13) Specific Performance Measures
VitalCore fully understands that the KDOC will monitor health care services as specified in this RFP/contract. We understand that there will be thirteen (13) measures that are monitored each month for which VitalCore must meet the minimum standards detailed in this RFP. VitalCore will comply with the standards established for Sections 4.25.1.1 to 4.25.1.13 and their references to specific other areas of the RFP.

4.25.2 Failure to Meet 90%
VitalCore agrees that we must meet 90% performance or above for each standard, or we will pay the KDOC as fixed, agreed, and performance guarantees, $100.00 times the number of noncompliant occurrences during the review period. VitalCore expects to meet these standards and therefore should be assessed very few penalties.

4.25.3 Subsequent Failures
VitalCore acknowledges that any subsequent review within 6 months where our performance falls below 90% will result in performance guarantees of $125.00 times the number of noncompliant occurrences. The performance guarantee rises to $150.00 times the number of noncompliant occurrences for the third time within 6 months of the previous review. VitalCore understands that the performance guarantees for substandard findings within 6 months from the latest review period will continue to increase at the rate of $25 per occurrence until the substandard performance is resolved.
4.25.4 New Penalty Cycle Rules
VitalCore agrees that if our performance stays above a 90% compliance threshold for 6 consecutive months without penalty, following the imposition of a penalty, then any substandard performance will begin a new penalty cycle.

4.25.5 Potential Substitution of Performance Measure
VitalCore acknowledges that the KDOC may identify health care processes during the contract period that they consider as more important than the 13 standards identified in this RFP. We understand that KDOC and OHCC may substitute one or more new standards. VitalCore agrees that there will be no more than 13 standards reviewed per month.

4.25.6 Accuracy of EHR Reports and Corrective Action
VitalCore agrees to ensure that our EHR reports are accurate and that we will work with the OHCC to immediately correct any errors detected when monitoring the standards on a statewide basis.

4.25.7 KDOC Authority for Calculation of Non-Compliant Occurrences
VitalCore understands that KDOC makes the final determination over the calculation method and determination of noncompliant occurrences requiring payment of performance guarantees.

4.25.8 Performance Guarantee Failures Collected through Offset of Payments
As stated previously, VitalCore understands that performance guarantee penalties will be collected through offsets against the monthly payments to VitalCore from KDOC. We agree that these will occur until our assessed performance guarantees are fully recouped.

4.26 Liquidated Damages

4.26.1 Assessment of Liquidated Damages
VitalCore acknowledges that KDOC may impose liquidated damages if we are found to be non-compliant with any term of the contract not covered by Sections 4.24 and 4.25. We understand that the damages can be assessed on a per occurrence, per day basis. VitalCore acknowledges that the amount of liquidated damages can increase after every 30 days that the item of non-compliance remains unresolved.

VitalCore will monitor our own compliance with all of the terms of the contract and therefore, do not expect to have situations in which liquidated damages will need to be assessed.

4.26.2 Written Notice for Cure
VitalCore understands that the Director of Health Care Compliance will provide written notice to VitalCore’s Regional Vice President when we are found to be in non-compliance. We further understand that we will be given a cure period of at least 30 days. If we fail to address the
deficiency within the cure period, we acknowledge that liquidated damages will be assessed the first day following the cure period. VitalCore will work cooperatively with the Director of Health Care Compliance and the KDOC and will strive to resolve the problem as quickly as possible. We also understand that the identified cure period may be extended if we have made progress towards resolution.

4.26.3 Liquidated Damages Collected through Offset in Monthly Payments
VitalCore acknowledges and agrees to the method of collection of liquidated damages and that the collection will continue until the damages are fully recouped.

4.26.4 Amounts Assessed for Damages
VitalCore acknowledges and agrees to comply with the amount of liquidated damages as defined in this section.

4.27 Per Capita Adjustments

4.27.1 Monthly Adjustments to ADP Per Facility
VitalCore acknowledges and agrees to comply with the monthly per capita payment adjustments to account for the actual average daily population (ADP) for the month at each facility that increases or decreases. We understand that the per capita rate will be applied to the difference between the contract capacity and the actual ADP.

4.27.2 No Adjustments unless Less or More Than 10% Contract Capacity
VitalCore understands that no per capita adjustments will be made until the monthly ADP is at least 10% above or below the contract capacity as shown in Appendix F. These adjustments will continue until the ADP returns to within 10% of contract capacity. VitalCore understands that additional adjustments will continue in increments of 10% with the per capita rates included in the cost proposal.

4.27.3 Per Capita Adjustments to be Payment in Full for Services
VitalCore acknowledges that per capita adjustments will be considered full compensation and the only payment for those offenders over the facility capacity, and do not include those offenders within the facility capacity. We understand that these per capita adjustments will be full payment to VitalCore to provide the comprehensive services that we will be providing to the offenders within the capacity and include all of the costs listed in Subsection 4.27.3.1 through 4.27.3.8.

4.27.4 Potential Open/Closure of Facilities
VitalCore acknowledges that if KDOC decides to open or close facilities, that KDOC and VitalCore will negotiate the compensation and staffing levels for that facility, if KDOC elects to contract for health care services at such facility.
4.27.5 Potential Consolidation or Separation
VitalCore acknowledges our responsibility to provide comprehensive health care services according to our contract with KDOC when KDOC decides to consolidate or separate any current facility, as though the consolidation or separation did not take place. We understand that capacity expansion at existing facilities will not be considered as a new facility.

4.28 Criminal Background Investigations
VitalCore acknowledges and agrees to provide potential and existing personnel information to KDOC, including fingerprints, as required by the Secretary of Corrections and to allow criminal justice agencies to perform background checks and investigations on any of our personnel. VitalCore fully understands the need to protect the security of the facilities and to ensure that all personnel, including contract personnel, can pass background checks and be trusted to work within the facilities.
VitalCore Health Strategies, LLC
Technical Proposal

Attachments to RFP Section 4

719 SW Van Buren St. Ste 100
Topeka, Kansas 66603
785-246-6840

VitalCoreHS.com
I. DESCRIPTION:

Sprains are complete or partial ligamentous injuries either within the body of the ligament or at the site of attachment to bone: Usually secondary to trauma (falls, twisting injuries, or motor vehicle accidents). They may be classified as grade I, II, or III (AMA Ligament Injury Classification)

- Grade I: Stretch injury without ligamentous laxity
- Grade II: Partial tear with increased ligamentous laxity but firm endpoint on exam
- Grade III: Complete tear with increased ligamentous laxity and no firm endpoint on exam

Ankle sprains are among the most common injuries seen in the primary care setting and account for up to 30% of sports medicine clinic visits.

Strains are partial or complete disruptions of the muscle, muscle/tendon junction, or tendon; they can be associated with overuse injuries. May be classified as:

- 1st degree: Minimal damage to muscle, tendon, or musculotendinous unit
- 2nd degree: Partial tear to the muscle, tendon, or musculotendinous unit
- 3rd degree: Complete disruption of the muscle, etc

Risk Factors:

- Prior history of sprain or strain is the greatest risk factor for future sprain/strain.
- Change in or improper shoe gear, protective gear, or environment (e.g., surface)
- Inappropriate sudden increase in training schedule

History and exam findings:

Patients may describe feeling or hearing a pop or snap. There may be swelling, pain, ecchymosis (usually late), tenderness, gait disturbances if severe, decreased range of motion of joint and joint instability.

Joint pain and swelling are common manifestations of many musculoskeletal and rheumatologic diseases. As a result, the differential diagnosis of childhood joint pain and swelling is large and includes both benign and serious conditions. The assessment of a child with joint pain and/or swelling needs to differentiate between conditions of varying severity, especially those that require urgent medical intervention. The nursing clinical guideline provides symptomatic treatment with referral to the Health Care Provider for appropriate assessment and diagnoses as indicated.

II. GUIDELINE:

A. This guideline is for patients who present to nursing staff with potential musculoskeletal injuries, such as a fall or twisting or straining of a limb. Nursing staff will carefully evaluate the patient and document on Nursing Clinical Guideline Flow Sheet 915; Potential Sprain-Fracture-Dislocation.

1. Obtain history and description of the presenting problem to include how the injury occurred. Was there a specific trauma overuse, etc., date and time of injury, past injury history of injury to the affected area? Indicate the intensity of pain on a scale from 0 to 10. 0-1 No pain; 2-3 Mild pain; 4-6 Moderate pain; 7-9 Severe pain; 10 Worst possible pain.

   List any neurologic problems such as weakness, numbness, tingling, or loss of sensation anywhere.

   If the complaint is knee injury, does it lock in position or give out when walking.

   Review patient’s clinical history and medication.

   Obtain vital signs to include temperature, pulse, respiration, blood pressure and weight.

2. Assess the patient. Note any obvious deformity. Note any redness, bruising, warmth, or swelling to joints. Assess distal pulses (absent or decreased), and capillary refill (should be less than three (3) seconds). Note sensation and motion of affected limb as indicated based on location of injury. Assess for palpatory tenderness, ability to bear weight, note if movement is stiff or guarded, and observe posture and gait as indicated.
B. Implement plan of care as indicated to location/type of injury.

1. Nursing staff may proceed with treatment of minor injuries that present without the following signs or symptoms:
   a. Neurological deficits
   b. Moderate to severe pain
   c. Deformity
   d. Inability to bear weight
   e. Significantly impaired joint mobility

2. Treatment of minor injuries shall include the following:
   a. Immobilize and elevate affected limb, buddy tape digits as indicated, apply neoprene wrap or other splinting devices as indicated
   b. Apply ice pack twenty (20) minutes on and twenty (20) minutes off for forty-eight (48) hours.
   c. Issue sports restriction for seven (7) days.
   d. Schedule for nursing follow up assessment within three (3) days. However, if symptoms have resolved at the time of the follow up assessment, no additional follow up is required.
   e. Schedule for follow up with the Health Care Provider within seven (7) days of the injury if symptoms are still present at the nursing follow up visit.
   f. Consult HCP for analgesic management.

3. If moderate to severe signs and symptoms are present, the nurse may proceed with the following treatment: (i.e. any neuro deficit, moderate to severe pain, deformity, grating, crepitus, inability to bear weight, impaired joint mobility, profuse swelling or bruising)
   a. Immobilize & elevate affected limb (buddy tape digits, as indicated, apply neoprene wrap, or other splinting devices as indicated unless otherwise specified by the Health Care Provider.
   b. Apply Ice Pack for twenty (20) minutes on then twenty (20) minutes off for forty-eight (48) hours.
   c. Issue sports restriction for seven (7) days
   d. Contact the Health Care Provider for orders
   e. Schedule with the Health Care Provider within seven (7) days unless otherwise specified by the Health Care Provider.

4. Provide patient education regarding activity limitations, avoidance of taking medication on an empty stomach, follow up care and or clinic appointments, and crutch walking instructions as applicable.
I. DESCRIPTION:

Acute back pain may be caused by lumbosacral strain, herniated disk, fracture, osteomyelitis, metastatic disease, spinal stenosis, abdominal aortic aneurysm.

Mechanical low back pain is generally a benign and self-limiting condition responsive to conservative measures that include maintaining activity while utilizing short term pharmacological therapy.

Patients typically present with pain, muscle tension, or stiffness at the posterior belt line with occasional referred pain to the buttocks and or posterior thighs. These symptoms are often the result of mechanical stresses and functional demands placed on the low back area by everyday activities.

For most patient’s pain is of short duration and complete recovery is expected within six weeks.

Patients are considered to have nonspecific low back pain when red-flag symptoms of underlying spinal pathology and or nerve root problems are absent.

Ninety percent of Americans experience mechanical low back pain sometime in their life. Low back pain is one of the most common complaints heard during primary care visits and repetitive episodes are common.

II. GUIDELINE:

A. Patient may present to nursing staff with complaints of musculoskeletal symptoms, which may or may not be associated with an injury such as a fall or twisting or straining of a limb. Muscle strain or tension usually causes non-specific musculoskeletal pain. Nursing staff will carefully evaluate the patient and document on Nursing Clinical Guideline Flow Sheet 200; Back Pain.

   1. Obtain history:

      a. Ask patient to describe the pain. Using a scale of zero (0) to ten (10) with zero (0) being no pain to ten (10) being the worst possible.
      b. Is the pain associated with a recent injury?
      c. Is there history of old injury?
      d. When did the pain begin? Did the pain begin suddenly after injury or over a twenty-four (24) hour period following injury?
      e. Does the pain radiate to the buttocks or posterior thighs? If yes, is the back pain worse than the leg pain?
      f. Is the pain worse when supine?
      g. Is the pain aggravated by any of the following: back motion, sitting, standing, lifting, bending, or twisting?
      h. Is the pain relieved by rest?
      i. Is bowel and bladder function normal? Urination: Normal, frequency, burning, urgency, painful, incontinence.
      j. Is patient experiencing emotional stress?
      k. Are you experiencing any weakness, numbness, or loss of sensation anywhere?
      l. Have you experienced night sweats or weight loss?
      m. Have you had any of the following? Recent bacterial infection?

   2. Obtain list of current medications.

   3. Obtain temperature, pulse, respiration, blood pressure and weight.

   4. Obtain information on assessment of facial expressions and pain behaviors, preferred posture, gait and movement (limping, guarded or normal), ability to sit without difficulty.

   5. Obtain information on assessment for range of motion. Is patient able to bend forward? Is
patient able to bend to the left and right? Can patient perform straight leg raise from supine position.

6. Inspect and palpate the spine. Note any redness, bruising, deformity, taut muscles.

B. Treatment for: 

**BACK PAIN:**

1. Contact the Health Care Provider if any of the following red flag symptoms are present:
   a. Numbness or lack of sensation
   b. Night sweats or weight loss
   c. Incontinence or saddle anesthesia
   d. Recent bacterial infection
   e. Pain worse when supine
   f. History of trauma
   g. Fever
   h. Abnormal findings on assessment
   i. Pain is severe

2. If none of the above are present the nurse may proceed with the following treatment:
   a. Ice the area for ten (10) to twenty (20) minutes three (3) times a day for seventy-two (72) hours.
   b. Consult Health Care Provider for analgesic management.
      NOTE: If patient has a history of gastritis, bleeding disorders, peptic ulcers or taking anticoagulants give Tylenol only.

3. Initiate a temporary medical restriction to modify activities and or to limit recreational and sports activity if applicable.

4. Lay in until seen by Health Care Provider if indicated.

5. Educate patient as to the following:
   a. Avoid taking medication on an empty stomach.
   b. Return to the clinic if treatment does not result in improvement within the next three to four days.
   c. Always keep a damp cloth between your skin and the cold pack and press firmly against all the curves of the affected area. Do not apply ice for longer than fifteen (15) to twenty (20) minutes at a time, and do not fall asleep with the ice on your skin.
   d. Good body mechanics. Avoid twisting the upper body when lifting, pushing is better than pulling, bend knees so that arms are level with the object., sit in a chair with shoulders back and lower back is supported, avoid sleeping on the stomach.
   e. Risk factors: Heavy lifting, bending, twisting, smoking, obesity, vibration, sedentary lifestyle, increased stress, anxiety, or depressed mood.
   f. Advise patient to stay active.
   g. Use medication as prescribed and discuss adverse affects of medication.
I. DESCRIPTION: None

II. GUIDELINE:

A. The health care staff shall make over the counter medications available for treatment of minor illnesses and/or health issues that do not necessarily require a clinical visit.

B. The use of over the counter medication shall be limited to the dosage, frequency, and time limit as directed by the OTC guideline.

C. Over the counter medication usage shall be monitored on a regular basis by health care staff and shall be documented on the PRN Self-Initiated OTC Medication Administration Record (MAR).

D. Offenders who require over the counter medication beyond the time limits within this guideline shall be assessed at sick call by nursing staff and treated as per nursing clinical guidelines.

E. Over the counter medication shall only be provided through established medication lines.

F. Over the counter medication shall not be maintained in the living units.

G. The following over the counter medications are approved for use as outlined below:

   1. Acetaminophen 325mg two (2) tablets P.O. BID PRN for minor pain for a period of two (2) days two (2) times per month only.

   2. Milk of Magnesia 30 cc PO once daily PRN for constipation two (2) times per month only.

   3. Geri-lanta two (2) teaspoons or Gaviscon (2) tablets BID PRN for indigestion for a period of two (2) days up to four (4) times per week only.

   4. (Females only) Ibuprofen 200mg two (2) tablets Bid PRN for menstrual cramps not to exceed four (4) days.

H. Generic substitutions may be utilized for all over the counter medications.

I. The health care staff may require the offender to present to sick call for assessment if misuse of medication is suspected or if the nurse believes assessment is clinically indicated at any time.
I. DESCRIPTION:

**Pediculosis**: Is an infestation by lice. They feed solely on human blood by piercing the skin, injecting saliva, and then sucking blood. They move quickly. A mature adult female lay three (3) to six(6) eggs (nits) a day. Nits are 0.8 mm long, white, and appear cemented to the base of the hair. Nits may survive three (3) weeks when removed from the host.

Two species of lice infect humans:

**Capitis** (head lice) - most common in children, African Americans are less likely than other races to become infected. Most commonly seen in hair on back of the head near nape of neck. Nits are cemented to hair shaft and may be seen; few adult organisms are seen. Excoriation from scratching, secondary bacterial infections, and cervical adenopathy are common. Pruritis is common mostly at night.

**Corporis** (body louse) - Infection by body lice is uncommon. Excoriation and secondary bacterial infection are common. Body lice and nits a may be found in seams of clothing. Uninfected bites present as red papules, 2-4 mm in diameter, with an erythematous base.

**Pubis** (pubic or crab louse) - Highly contagious; chance of acquiring from one exposure is about 90%. Pubic hair is most common site of infestation, but can also infest hair around the anus, abdomen, axillae, chest, beard, eyebrows, and eyelashes, chest, abdomen and thighs. It frequently coexists with other sexually transmitted diseases. Delay in treatment may lead to development of groin infection and regional adenopathy.

**Scabies**: A contagious disease caused by infestation of the skin by the mite *Sarcoptes scabiei, var. hominis*. Predominant age: Children and young adults. It affects males and females equally. Signs and symptoms include general itching which is often severe, nocturnal pruritis, burrows in finger webs and sides of fingers, excoriated and nonexcoriated papules on hands, waistline, penis, scrotum, buttocks, and flexor surfaces of wrist, elbow, and anterior axillary folds, vesicles and papules (discrete), secondary erosions or excoriations, pustules (if secondarily infected) scaling, erythema, nodules n covered areas (buttocks, groin, axilla), atypical infections in immunosuppressed patients. Burrows appear as gray or skin-colored ridges up to a few centimeters in length; scratching destroys burrows, so they may be difficult to find. Vesicles are isolated, pinpoint and filled with serous fluid; may contain mites. A general urticarial rash may occur. Common sites are hands (90%), especially finger webs, wrists, penis, areola, and axillae; rarely on face in adults. Main symptom: intense itching which is usually more intense at night and the diagnosis should be considered with widespread pruritis presenting primarily with skin excoriation.

II. GUIDELINE:

A. If a patient presents with complaints of itching, visual lice or burrows, the nurse will assess the patient and document the information on Nursing Clinical Guideline Flow Sheet 500; Ectoparasites.

1. If a patient is suspected of having ectoparasites, security shall immediately escort the patient to the clinic for assessment screening.
2. Obtain a history from the patient: have nits, lice or burrows been visualized?
3. List the location and duration of the nits, lice and burrows.
4. Is itching present and is it worse at night?
5. Have you noticed other individuals itching?
6. List treatment prior to clinic visit.
7. If patient is female, inquire about pregnancy.
8. Ask patient if they have any open sores on their body.
9. List current medications.
10. Obtain temperature, pulse, respirations, blood pressure and weight.
11. Examination of scalp, eye lashes, axillae, chest hair, areola, belt line, naval, pubic hair, penis, fingerwebs and wrists. Good lighting is essential, and a magnifying glass may be beneficial.
13. If body lice suspected, examine seams of clothing for lice.
14. If lice present, check for lymphadenopathy.
15. If lice are confirmed proceed with protocol.
16. Contact HCP for orders if scabies is suspected, temp over 100°F, signs and symptoms of secondary infection, lymphadenopathy, or pregnancy. (Scabies treatment requires prescription treatment per direct HCP order)
17. Notify the H.S.A and or Infection Control Nurse at the facility.
18. The security shift supervisor and laundry staff shall be instructed as follows:
   a. General disinfection of the living area and adjacent/adjoining cells is indicated.
   b. All bedding, and clothing previously worn must be sent to laundry to be washed in “hot” water (130 degrees) and dried on high for at least twenty (20) minutes.
   c. Laundry is to be double bagged in a yellow isolation bag that indicates that laundry is “infectious”.
   d. Carpeted floors and upholstered furniture are to be vacuumed.
   e. Objects not able to be washed can be placed in a plastic bag, in a warm area for (7) seven days.
   f. If three (3) or more inmates from the same unit are infected, stop movement from or into the unit and consider a mass check of the inmates from the unit.
19. Maintain in private or observation room until treatment complete.
20. Check hair for nits post treatment and use a nit comb for removal if indicated.
21. Initiate Contact precautions until after the second treatment in forty-eight (48) hours is complete for head lice and scabies. Pubic and Body lice require standard precautions until after the second treatment in forty-eight (48) hours. Staff must wear gown and gloves when removing infested clothing.

B. TREATMENT:
1. BODY LICE
   a. Permethrin 1% cream: Apply from the neck to the toes. Bathe to remove the drug after eight (8) to fourteen (14) hours.
2. HEAD AND OR PUPIC LICE
   a. Permethrin 1% liquid topical crème rinse (Nix). After hair has been washed with shampoo, rinsed with water and towel dried, apply sufficient volume of crème rinse to saturate the hair and scalp; also apply behind the ears and at the base of the neck; leave on hair for ten (10) minutes before rinsing off with water; remove remaining nits with a nit comb.
   OR
   b. Pyrethrin shampoo (RID). Apply to affected area leave on for ten (10) minutes and thoroughly wash off.
3. SCABBIES
   a. Contact HCP for orders if Scabies is suspected. It can only be cured with prescription strength creams or lotions that are applied to all areas of the body from the neck down then washed off after eight (8) to twelve (12) hours.
4. Schedule for repeat treatment in forty-eight (48) hours.
5. Benadryl 25mg two (2) capsules twice a day if indicated for itching.

C. PATIENT EDUCATION:
1. Follow-up shall occur in forty-eight (48) hours.
2. Pruritis may persist for several weeks.
3. All bedding and clothing previously worn must be sent to the laundry.
4. Wash combs and brushes with soap and hot water.
5. Advise to avoid use of conditioners or shampoo/conditioner combo before lice treatment.
6. Advise patient to not wash hair for one (1) to two (2) days post treatment.
7. Provide medication education: Avoid contact with eyes and mucous membranes during application; treatment may temporarily exacerbate symptoms of itching, redness, and swelling.

**D. FOLLOW UP TREATMENT:**

1. Effectiveness or the need to initiate containment procedures shall be upon the advice and order of the Health Care Provider.

2. The nurses shall notify:
   a. Health Services Administrator and or the Infection Control Nurse.
   b. Security Shift Supervisor
   c. If three (3) or more inmates in the same unit are infected, stop movement from or into the housing unit and consider a mass check of that unit.
SUBJECT: INFLUENZA LIKE ILLNESS
Approved: Lannette C. Linthicum, M.D., Medical Consultant

I. DESCRIPTION:
Influenza-like-illness (ILI) is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.

Case Definitions for Infection with Novel Influenza A (H1N1) Virus:

A confirmed case of novel influenza A (H1N1) virus infection is defined as a person with an influenza-like illness with laboratory confirmed novel influenza A (H1N1) virus infection by one or more of the following tests:
1. real-time RT-PCR
2. viral culture

A probable case of novel influenza A (H1N1) virus infection is defined as a person with influenza-like-illness who is positive for influenza A, but negative for human H1 and H3 by influenza RT_PCR

A suspected case of novel influenza A (H1N1) virus infection is defined as a person who does not meet the confirmed or probable case definition, and is not novel H1N1 test negative, and is/has:
- A previously healthy person < 65 years hospitalized for ILI, or
- ILI and has an epidemiologic link in the past 7 days to a confirmed case or probable case, or
- ILI and resides in a state without confirmed cases but has traveled to a state or country where there are one or more confirmed or probable cases.

A case is considered "Not a Case" if they test negative for novel H1N1 or do not meet the clinical case definition for influenza-like illness (ILI)

Symptoms are similar to seasonal flu and include: Fever, cough, sore throat, body aches, headache, chills, fatigue, and sometimes vomiting and diarrhea.

II. GUIDELINE:

A. The nurse will screen all offenders presenting with influenza like illness:

1. Obtain history:
   a. Ask offender if they have any of the following symptoms:
      • Muscle aches
      • Headache
      • Extreme tiredness
      • Cough. Note if cough is productive and color of sputum.
      • Shortness of Breath
      • Sore throat
      • Runny Nose
      • Chills
      • Vomiting
      • Diarrhea
      • Date of symptom onset

   b. List any other symptoms the offender may have

   c. Determine if offender has received any of the following?
      • Seasonal Flu Vaccine
      • H1N1 Vaccine
      • Pneumococcal
2. Obtain temperature, pulse, respirations, blood pressure, and weight.
4. Obtain vital signs: Keep in mind that pulse over 90 may indicate fever/dehydration.
5. Assess the following:
   a. Auscultate the chest and document if breath sounds are clear or presence of wheezing, crackles, diminished breath sounds, rhonchi, rales, or stridor
   b. Nose: Note presence of rhinorrhea
   c. Throat: Note redness or exudates
   d. State of skin turgor
   e. Level of awareness
   f. Orientation to time, place, and person
   g. Presence of complication risk factors
   h. Assess abdomen if offender has any gastrointestinal symptoms. Auscultate and document bowel sounds.

B. Contact the Health Care Provider to obtain a verbal or phone order for rapid influenza A testing to confirm the facility's first two cluster cases. If type A cases have already been established proceed as below:

C. Notify and refer to the Health Care Provider if any of the following are present:
   1. Offender with risk factors for influenza complications
   2. Abdominal pain/tenderness/rigidity
   3. Persistent diarrhea
   4. Offender unable to keep fluids down
   5. Signs of dehydration: oliguria, dizziness upon standing, poor skin turgor etc.
   6. Symptoms continue past 5 days
   7. Severe pain
   8. Altered level of consciousness
   9. Seizure activity

D. If none of the are present proceed with treatment as follows:
   1. Consult HCP for analgesic and antipyretic management.
   2. Make rehydration fluid available if indicated
   3. Clear liquid diet if indicated
   4. Initiate ILI monitoring rounds daily. Be alert to signs & symptoms of dehydration if offender has vomiting or diarrhea
   5. Contact the Health Care Provider if temperature above 101 and not responding to antipyretic medication
   6. Isolate to cell until after the offender is afebrile for 36 hours without use of fever reducing medication
   7. Offender education shall include:
   8. Cough etiquette
   9. Hand hygiene practices
   10. Isolation procedures
   11. Report worsening symptoms to clinic staff
   12. Importance of increasing fluid intake
I. DESCRIPTION:

A toothache is a pain in or around a tooth that may be caused by:

- Tooth decay
- Abscessed tooth
- Tooth fracture
- A damaged filling
- Repetitive motions, such as chewing gum or grinding teeth
- Infected gums

Symptoms of a toothache may include:

- Tooth pain that may be sharp, throbbing, or constant. In some people, pain results only when pressure is applied to the tooth.
- Swelling around the tooth
- Fever or headache
- Foul-tasting drainage from the infected tooth

II. GUIDELINE:

A. The nurse will assess the patient and document on Nursing Clinical Guideline Flow Sheet 400; Dental Pain.

1. Onset of discomfort.
2. Past history of additional episodes.
3. Discomfort when eating hot or cold foods?
4. Is discomfort constant or intermittent?
5. Did patient sustain injury/trauma to the area?
6. Does pain occur when the mouth is opened widely?
7. Does pain extend to the jaw or ear?
8. Past or recent history of dental surgery?
9. Difficulty in swallowing or breathing?
10. List of current medication.
11. Obtain temperature, pulse, respiration, blood pressure and weight.
12. Note if there is redness or swelling at the gum line.
13. Note if there is discharge from the tooth.
14. Note if there is swelling of the face, jaw, or neck.
15. Note if there are palpable lymph nodes in the neck.
16. Tap the tooth in question with a tongue blade. Note if pain is more intense when the tooth is tapped.
17. Note if tooth is cracked.
18. Note missing cap or crown.
19. Note missing fillings.
20. Note if jaw closes properly.
21. Note if facial rash present.

B. TREATMENT:

1. May use warm moist pack or ice pack for twenty (20) minute intervals to area, as needed for pain, which ever provides relief.
2. May use warm saltwater rinses two (2) times a day as needed for pain, for three (3) days.
3. Consult Health Care Provider for analgesic management.
4. If there is visible swelling to face, jaw, or neck, contact the dentist on call for additional orders.
5. Refer all dental pain complaints to the site dentist for evaluation. Review will occur at the next
regularly scheduled clinic unless pain is not responsive to treatment or as otherwise instructed by the dentist on call.

**Exceptions:**

a. If the patient has a lost filling or cap utilize above treatment, cover the tooth with wax to protect from temperature changes, retrieve the cap or crown if possible, and refer to the dentist as in #5 above.

b. If a tooth is cracked place ice on the face near the affected tooth twenty (20) minutes on and off and contact the dentist for further orders.

c. If a tooth has been broken or knocked out this is considered a dental emergency. Recover the tooth if possible, place it in water or milk or maintain it in the socket. Do not wash it. Contact the dentist for further orders.

C. **PATIENT EDUCATION:**

1. Use warm moist packs or ice packs and saltwater rinses in cell house as needed for discomfort.

2. Return to clinic if swelling develops in face, jaw or neck.

3. Avoid very cold or hot foods because this may make the pain worse.

4. Lost fillings or caps. Keep the tooth clean by brushing gently with toothpaste and lukewarm water and avoid eating in this area.
I. DESCRIPTION:

Sore Throat

Many sore throats are caused by a viral illness, such as the common cold, laryngitis, and mononucleosis, a viral infection that tends to cause a persistent sore throat. Other viral infections include mumps, herpangina, or influenza.

A bacterial infection may also cause a sore throat. This can occur from: Strep throat, which usually does not occur with congestion or a cough.
- An inflammation or infection of the tonsils (tonsillitis) and sometimes the adenoids (adenoiditis).
- Inflammation of the epiglottis (epiglottitis).
- Inflammation of the uvula (uvulitis).
- In rare cases, a sexually transmitted disease (STD), such as gonorrhea or chlamydia. If patient engaged in high-risk sexual behavior, consider whether gonorrhea or chlamydia may be present.

Sore throat that lasts longer than a week is often caused by irritants or injuries, such as:
- Throat irritation from low humidity, smoking, air pollution, yelling, or postnasal drainage.
- Breathing through the mouth due to allergies or a stuffy nose.
- Gastroesophageal reflux disease (GERD). Although this often occurs with heartburn, or a cough, sometimes a sore throat is the only symptom.
- An injury to the back of the throat, such as a cut or puncture from falling with a pointed object in the mouth.
- Chronic fatigue syndrome

Earache

The two most common conditions that cause earache are otitis externa and otitis media. The two most common causes of otitis externa are trapped moisture and minor injury to the ear canal. Otitis media is caused by bacteria growing in the middle ear behind the eardrum. It often follows a cold or upper respiratory tract infection. There are other risk factors identified with increased frequency of otitis media.

Otitis externa Typically, there is an earache, which can be severe. Mild cases may have more of an itch than pain. Touching or pulling on the ear worsens the pain. Other symptoms may include hearing loss, ringing or buzzing sounds in the ear, blocked or full sensation in the ear, swelling and or thick drainage of the ear.

Otitis media: Pain in the ear is the most common symptom. There may be hearing loss, ringing or buzzing sounds in the ear, full or plugged sensation, fever, and occasionally ear discharge from ruptured tympanic membrane.

Common Cold

The common cold is a group of symptoms in the upper respiratory tract caused by a large number of different viruses. Rhinovirus causes 10% to 40% of colds. Coronaviruses cause about 20% of colds and the respiratory syncytial virus (RSV) causes 10% of colds.

Symptoms: may include itching or sore throat, sneezing, nasal congestion, watery eyes, and mucus drainage. More severe symptoms, such as high fever or muscle aches, may indicate flu rather than cold.

Allergic Rhinitis

A symptomatic disorder of the nose and nasal mucosa by IgE mediated inflammation after exposure to airborne allergies.

Signs and symptoms: Nasal stuffiness or congestion, Rhinorrhea usually with clear discharge, pruritus of the nose, eyes, ears and or palate, sneezing, often paroxysmal, injection, itching, and watering of eyes, postnasal drainage, mouth breathing, snoring, dry, chapped lips, fatigue or malaise, dark circles under the eyes “allergic shiners”

II. GUIDELINE:

A. The nurse will assess the patient that presents with complaints of a sore throat, sneezing, mucoid rhinorrhea (runny nose), nasal congestion, non-productive cough, scratchy throat, headache, ear pain and/or general body aches and document on Nursing Clinical Guideline Flow Sheet 505; Ear Nose and Throat.

1. Obtain a history of the presence of any symptoms.
2. List of current medications.
3. Obtain temperature, pulse, respiration, blood pressure and weight.
4. Perform physical assessment to include visualization of mucous membranes, palpation of lymph nodes, facial asymmetry and auscultation of chest.
5. Examine the posterior nasopharynx for signs of postnasal drip, swollen tonsils or red inflamed tissue.
6. Postauricular and temporomandibular joint palpation.
7. Observation of ear canal for presence of edema erythema and/or exudate.
8. Ask patient about signs and symptoms of ear problems: intensity of ear pain, ears painful to touch, popping sensation when swallowing or yawning, feeling of fullness in ear, changes in hearing, throat soreness, drooling or facial numbness?

B. If the patient complains of a fever, pain over sinuses, productive cough with purulent sputum or drainage from ears, notify Health Care Provider for orders.

C. If patient is complaining of earache:
   1. May apply heat to the area (use warm moist washcloths) around the ear to relieve pain.
   2. Avoid inserting anything into the ear canal (Q-tips, etc.).
   3. If ear drainage present, schedule to see Health Care Provider within twenty-four (24) hours. If scheduled visit falls on a weekend or holiday, notify Health Care Provider for orders.
   4. Notify Health Care Provider if patient experiences severe pain or discomfort.
   5. If patient is found to have excessive cerumen may use Debrox Otic drops, five (5) drops to each ear daily for four (4) days, then flush the ear with tepid water on the fifth (5th) day.

D. If patient complains of nasal congestion, runny nose or a non-productive cough, instruct patient to:
   1. Take hot showers if allowed.
   2. Utilize saline nasal spray as directed.

E. If patient complains of a sore throat:
   1. Encourage warm salt-water gargle three (3) to four (4) times a day as needed for relief of discomfort.
   2. Do rapid strep screen if white patches present to the throat.

F. The following treatment may be offered:
   1. Tylenol 325 mg, two tablets by mouth two (2) times daily for four (4) days.
   2. Loratadine 10mg daily in the AM for four (4) days.
   3. Saline nasal spray PRN congestion for four (4) days.

G. Patient education should be provided to include:
   1. Increase fluid intake.
   2. Good hand washing practices.
   3. Return to clinic if the symptoms do not resolve after seven (7) to (10) days, a fever develops, experiences pain over sinuses, or cough becomes productive with purulent sputum or drainage develops from ears.

H. Provide the patient with a temporary medical restriction if symptoms warrant.
I. DESCRIPTION:

Methicillin-resistant *Staphylococcus aureus* (MRSA)

MRSA stands for Methicillin Resistant *Staphylococcus Aureus*, a bacterium that has developed a resistance to most antibiotics commonly used for staphylococcus infections. These drugs include methicillin, oxacillin, nafcillin, cephalosporins, imipenem, and other beta-lactams.

Reservoir for MRSA: MRSA can affect people in two different ways—colonization or infection. When a person carries the bacteria on the skin or in the nose without showing signs or symptoms of infection, the person is colonized. If a person has signs of infection that are caused by MRSA (such as abscesses, wound infections, pneumonia, respiratory infections, blood, stool or urinary tract infections), the person is infected.

Community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) has properties that allow it to create skin and soft-tissue infections (SSTIs), often in otherwise healthy hosts. It has a different virulence and disease pattern than hospital-acquired MRSA (HA-MRSA).

MRSA infections acquired by persons who have not been recently (<1 year) hospitalized or had a medical procedure (e.g., dialysis, surgery, catheters) are known as CA-MRSA infections. However, this definition is evolving, given the increasing intersection of HA- and CA-MRSA.

The prevalence of CA-MRSA is rapidly increasing in the US. CA-MRSA typically causes mild-to-moderate SSTIs, particularly abscesses, furuncles, and carbuncles. Severe disease from CA-MRSA is less frequent, but can include necrotizing pneumonia with abscesses, necrotizing fasciitis, septic thrombophlebitis, and sepsis.

Although less frequent, HA-MRSA can still cause SSTIs in the community and clinicians should be alert to this possibility. One study showed no significant difference in hospitalization rates among CA-MRSA, HA-MRSA, and MSSA.

System(s) affected: Skin; Soft Tissue

Although several factors are associated with CA-MRSA, their presence or absence cannot reliably predict CA-MRSA itself; in one study, almost half the Offenders with CA-MRSA had no established risk factor.

- Any antibiotic use in past month
- Presence of an abscess
- Reported spider bite
- History of MRSA infection
- Close contact with a similar infection
- Children, particularly in day care centers
- Competitive athletes
- Incarceration
- High prevalence in the community
- Hospitalization in the past twelve (12) months (although *S. aureus* can remain colonized for years)

General Prevention:

- Prior research has established colonization (particularly of the anterior nares), as a risk factor for subsequent *S. aureus* infection. It is not yet clear whether this is also the case for CA-MRSA.
- CA-MRSA may be transmitted much more through the environment than via nares colonization.
- Health care workers have been found to be a major vector of MRSA for hospitalized Offenders, reinforcing the need for aggressive cleaning of hands and common equipment.
- Research for a vaccine is underway.

History:

- Potential risk factors
- Complaint of “spider bite”
- Prior MRSA skin infection
- Risk factors alone cannot rule in or rule out a CA-MRSA infection.

**Physical Exam:**
- Exam consistent with a furuncle/carbuncle (boils) or abscess, sometimes with a surrounding cellulitis. An isolated cellulitis is also possible, although less common with *S. aureus*.
- Erythema
- Increased warmth
- Tenderness
- Swelling
- Fluictuance
- Infected wound
- Folliculitis, pustular lesions
- Appearance like an insect or spider bite
- Tissue necrosis

**II. GUIDELINE:**

A. Treatment
   1. All draining lesions will be treated as MRSA until cultures prove otherwise.
   2. All “spider bite” appearing lesions will be treated as MRSA until cultures prove otherwise.

B. Temporary medical restrictions will be provided for any patient assigned to the food service or laundry area with an exposed draining lesion until the lesion is healed and treatment is complete. (The patient can resume duties after the lesion/wound is healed)

C. Obtain a history of symptomology.
   1. Previous history of MRSA: all lesions shall be treated as MRSA until otherwise determined.
   2. Place a medical hold on the patient. Medical Hold will be removed upon recheck by the Health Care Provider and progress note indicates MRSA is clinically resolved. Any patient requiring transfer will only be transferred when arrangements are made which have been approved by the Site Medical Directors and H.S.A.’s
   3. Offenders that are placed at facilities that house only in single cells and thus consideration for cohorting is not a factor in the patient facilities.
   4. Obtain vital signs: temperature, pulse, respirations, blood pressure, and weight.
   5. If the offender has a lesion that is draining and cannot be contained with a dry sterile dressing, or has lesions on the buttocks or upper thigh, placement in the clinic observation area may be considered until the drainage can be contained. This will depend upon the offenders understanding of his/her condition, compliance with directives and hygiene instructions, and need for nursing assistance.
   6. Contact Precautions shall be initiated.
   7. Offenders with MRSA will shower last to allow for proper disinfection of the environment.
   8. Per HCP Standing Order: An aerobic culture and sensitivity will be obtained and sent to the laboratory of all draining lesions.
   9. Contact the Health Care Provider for medication orders and initiate the following:
      a. Issue a bar of “Dial” Soap
      b. Provide wound care instructions
   10. Compliance with MRSA treatment is critical. Offenders will be immediately counseled if they do not show up for medication line.
      a. A Medical Hold will be placed on all offenders with MRSA until cleared by the HCP.
**SUBJECT: MRSA**

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b. Offenders will be scheduled for follow up appointments for dressing changes and assessment on all draining lesions daily. If the lesion is not draining the patient may be seen every seventy-two (72) hours until therapy is complete.

c. Schedule for re-evaluation by the Health Care Provider one (1) week after completion of antibiotic therapy.

11. The Site Infection Control Nurse must be notified for monitoring and follow-up. All cases of MRSA will be reviewed by the Infection Control Committee.

12. MRSA infections shall be placed on the monthly Infection Control log.

13. The offender shall be provided with education on the importance of proper hand washing, good hygiene, and the need for good environmental cleaning to help decrease the reoccurrence of the infection.
I. DESCRIPTION:

The initial evaluation of a person who is injured critically from multiple traumas is a challenging task, and every minute can make the difference between life and death. Trauma is a multisystem disorder. You must develop a systematic method of assessing the trauma offender.

The first and key part of the assessment of offenders presenting with trauma is called the primary survey. During this time, life threatening injuries are identified and simultaneously resuscitation is begun. A simple mnemonic, ABCDE, may be used as a memory aid for the order in which problems should be addressed.

**Primary survey** - identify life-threatening conditions

**Assess the airway:** If the offender can talk, the airway is likely to be clear. If the offender is unconscious, he/she may not be able to maintain his/her own airway. The airway can be opened using a chin lift or jaw thrust. Airway adjuncts may be required. If the airway is blocked (e.g., by blood or vomit), the fluid must be cleaned out of the offender's mouth. Use jaw-lift method to open airway. A cervical injury is assumed until proven otherwise. Maintain the airway without compromising the cervical spine.

**Breathing:** assess the effectiveness of the offender's respirations. The chest must be examined to assess for traumatic injuries such as open or tension pneumothorax and flail chest. Determination must be made if the offender needs assistance from bag-valve-mask or mechanical ventilation.

**Circulation:** If the capillary refill is delayed, suspect hypovolemic shock. Hemorrhage must be controlled.

**Disability:** A rapid neurological assessment is completed, including the Glasgow Coma Scale, pupil size and response, and motor function.

**Exposure** - remove any wet clothing. Consider if the offender was exposed to prolonged heat or cold.

**Secondary survey** - this is performed once the offender is stabilized and identifies all injuries.

**Allergies** - ask about all allergies - food, medicine, plants, animals, pollen, and latex.

**Medication** - ask about all the medicines the offender takes (over the counter, prescription, herbal) and if the medicine was taken today.

Pre-existing conditions.

**Last meal** - important to know if the offender goes to surgery.

Events immediately preceding injury or related to the injury.

II. GUIDELINE:

A. The nurse will assess the offender and document findings on Nursing Clinical Guideline Flow Sheet 2010; Trauma; Emergency.

   1. Conduct a primary assessment by searching for immediate life threats by assessing the “ABCs” (airway, breathing, or circulation problems), provide interventions according to Basic Life Support Guidelines, and activate EMS.

      a. Check the status of the airway. Observe if breathing is present, note offender's ability to speak as well as evidence of actual or potential airway obstruction i.e. edema of, mouth, tongue, or throat. Stabilize the cervical spine while assessing airway.

      b. Assess breathing. Note if offender has difficulty speaking, note rate, depth and quality of ventilations, abnormal noises/stridor, retractions, accessory muscle use, nasal flaring, or cyanosis.

      c. Check circulation status: Check pulse, note if rapid, thread, regular, irregular, bounding.

      d. Note condition of skin. Look for abnormalities (color, temperature, capillary refill, moisture).

      e. Treat life threatening conditions. I.e. hemorrhage.

      f. Assess Disability: Level of Consciousness: The AVPU/ (Alert, Voice, Pain, Unresponsive) and Glasgow Coma Scale. Ability to move all extremities.
2. Conduct a secondary assessment:
   a. Assess vital signs. Temperature, Pulse, Respirations, Blood Pressure and Oxygen Saturation using the pulse oximeter. Check pupil response.
   b. Obtain history of chief complaint and events leading to episode/mechanism of injury, allergies, medical history, pre-existing conditions.
   c. Assess pain level using a scale of 1-10.
   d. Examine offender thoroughly to identify all injuries. Examine head, neck, chest, abdomen, extremities, and spine.
   e. Stable head injury offenders. Assess cranial nerve/sensor motor function to include facial symmetry, ability to grimace, clenched teeth, finger count, speak normally, feel touch on hands and arms bilaterally. Test hand grip to see if it is essentially equal bilaterally. Assess if offender is able to wiggle toes, raise and lower extremities bilaterally. Test if offender can push against your palms with both feet and pull toes upward towards the nose against resistance from your hands.

3. Contact the Health Care Provider stat.

4. Schedule all head injury offenders for follow up with the Health Care Provider at the next on-site clinic and initiate temporary medical/sports restrictions as indicated.

5. Initiate the following interventions unless or until the Health Care Provider indicates otherwise and or EMS arrives:

6. Contact EMS and HCP.

7. Initiate the following treatment unless and until the HCP orders otherwise

**As Per HCP Emergency Standing Orders:**

- Secure Airway (While stabilizing the cervical spine)
- Jaw thrust, (head tilt - chin lift only if no concern about cervical spine injury. Always use jaw thrust if head injury present.
- Maintain open airway with head tilt or jaw thrust
- Oral/Nasal airway if indicated.
- Suction if indicated
- Assist ventilations with 100% oxygen and BVM if indicated by respiratory rate/effort
- Administer oxygen to maintain SAO2 at or > than 97% by nasal cannula at 2-5 liters per minute or via a non-rebreather mask at 15 liters per minute.
- If no pulse: Initiate CPR Time:
- Initiate IV access in unstable offenders if possible pending EMS arrival. (RN or IV Certified LPN)
- Initiate large bore IV with Lactated Ringers. If shock suspected begin infusion of 20ml/kg bolus (1000ml max). RN Only if pt. >12 or <80lb.
- Maintain integrity of spine
- Maintain body temperature with blankets as indicated.
- Cover open chest wound with vaseline gauze secured on three sides.
- Abdominal evisceration: Cover the exposed viscera with sterile saline soaked pads. Do not attempt to replace the exposed viscera into the abdominal cavity
- Suspected fractures: If a pelvic fracture is suspected, do not move pending EMS arrival. Mandible: In alert stable offenders without airway compromise, tie jaw in place with kling gauze under the chin and tied in a knot on top of the head. Apply cool compress.
- Extremity fractures: Immobilize affected limb with splints or provide stabilizing support to the fracture site pending EMS arrival.
q. Do not move offenders with suspected spine injury. Maintain spinal integrity pending EMS arrival.

r. Assess vital signs, O2 Sat, level of consciousness, and pupil size response every fifteen (15) minutes unless or until HCP indicates otherwise or upon transfer of care to EMS personnel.

8. Schedule follow up with Health Care Provider for treatment planning needs and medical classification review as appropriate upon return from the emergency room.

9. Review temporary medical restriction and or classification needs when practical as indicated.

10. Provide applicable offender education upon return from emergency room or when practical:
   a. Instruct head Injury offenders not admitted to hospital to seek additional care if they experience increased headache, nausea, vomiting, difficulty with walking, weakness in extremities, double or blurred vision and or slurred speech.
   b. Return to clinic if offender develops any complications and or signs and symptoms of infection.
   c. Other education as appropriate to injuries.
I. DESCRIPTION:

Concussion (or mild traumatic brain injury (MTBI)) is a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Disturbance of brain function is related to neurometabolic dysfunction, rather than structural injury, and is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). Concussion may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional and sleep-related symptoms. Symptoms may last from several minutes to days, weeks, months or even longer in some cases.

Acute Concussion Evaluation (ACE) Instructions
The Acute Concussion Evaluation is intended to provide an evidence-based clinical protocol to conduct an initial evaluation and diagnosis of detainees (both children and adults) with known or suspected MTBI. The research evidence documenting the importance of these components in the evaluation of an MTBI is provided in the reference list.

A. Injury Characteristics:

Obtain description of the injury - how injury occurred, type of force, location on the head or body if force transmitted to head. Different biomechanics of injury may result in differential symptom patterns (e.g., occipital blow may result in visual changes, balance difficulties).

Indicate the cause of injury. Greater forces associated with the trauma are likely to result in more severe presentation of symptoms.

Indicating amnesia: Amnesia is defined as the failure to form new memories. Determine whether amnesia has occurred and attempt to determine length of time of memory dysfunction – before (retrograde) and after (anterograde) injury. Even seconds to minutes of memory loss can be predictive of outcome. Recent research has indicated that amnesia may be up to 4-10 times more predictive of symptoms and cognitive deficits following concussion than is LOC (less than 1 minute).

Experiencing loss of consciousness (LOC) - If occurs, determine length of LOC.

II. GUIDELINE

B. Signs and Symptoms

Early signs:
If present, ask the individuals who know the detainee about specific signs of the concussion/MTBI that may have been observed. These signs are typically observed early after the injury.

Inquire whether seizures were observed or not.

C. Symptom Checklist:
Ask detainee to report presence of the four categories of symptoms since injury. It is important to assess all listed symptoms as different parts of the brain control different functions. One or all symptoms may be present depending upon mechanisms of injury. Record 1 for Yes or 0 for No for their presence or absence, respectively.
For all symptoms, indicate presence of symptoms as experienced within the past 24 hours. Since symptoms can be present at baseline (prior to incident) (e.g., inattention, headaches, sleep, sadness), it is important to assess change from their typical presentation.

1. **Scoring:**
   Sum total number of symptoms present per area and sum all four areas into **total symptom score** (score range 0-22). (Note: most sleep symptoms are only applicable after a night has passed since the injury. Drowsiness may be present on the day of injury.) If symptoms are new and present, there is no lower limit symptom score. Any **score > 0** indicates positive symptom history.

2. **Exertion:**
   Inquire whether any symptoms worsen with physical (e.g., running, climbing stairs, bike riding) and/or cognitive (e.g., academic studies, multi-tasking at work, reading or other tasks requiring focused concentration) exertion. Clinicians should be aware that symptoms will typically worsen or re-emerge with exertion, indicating incomplete recovery. Over-exertion may protract recovery.

3. **Overall Rating:**
   Determine how different the person is acting from their usual self. Circle 0 (Normal) to 6 (Very Different).

**D. Nurse education:**

You have been diagnosed with a concussion (also known as a mild traumatic brain injury). This personal plan is based on your symptoms and is designed to help speed your recovery. Your careful attention to it can also prevent further injury.

The nurse should instruct the patient as follows:

   a. Get lots of rest. Be sure to get enough sleep at night. Try to keep the same bedtime weekdays and weekends.

   b. Medical may determine that you will be medically unassigned for a period to be determined by the provider. Limit physical activity as well as activities that require a lot of thinking or concentration. These activities can make symptoms worse.

      i. Physical activity includes sports practices, weight-training, running, exercising, heavy lifting, etc.

      ii. Thinking and concentration activities (e.g., educational, vocational, and job-related activity).

   c. Adhere to the diet prescribed by the provider.

   d. As symptoms decrease, the provider may begin to gradually return you to your daily activities. If symptoms worsen or return, the provider may lessen your activities, then try again to increase your activities gradually. During recovery, it is normal to feel frustrated and sad when you do not feel right, and you can’t be as active as usual.

   e. Repeated evaluation of symptoms may be necessary by the provider to help guide recovery.

**Returning to Work**

   a. The patient will be returned to work based on the recommendation of healthcare staff.
I. **DESCRIPTION:**

The potential for injury exists in any use of force situation regardless of procedural safeguards. Offenders shall be provided with the opportunity for assessment and treatment of possible injuries sustained in use of force events.

III. **GUIDELINE:**

A. The nurse shall assess, and document use of force assessments on Nursing Clinical Guideline Flow Sheet 605; Use of Force.

B. Obtain history to include the following:
   1. Patient description of incident
   2. Ascertain if patient thinks he/she has been injured.
   3. Ask if patient needs medical attention.
   4. Ask patient if they are having pain. If response is positive describe.
   5. Document the date and time of use of force incident.

C. The nurse shall assess the following:
   1. Obtain Blood Pressure, Pulse, and Respirations.
   2. Note location of patient at time of encounter.
   3. Note if patient is in restraints and document the types of restraints in place.
   4. Assess the circulation of the extremities bound by restraints. Note if distal pulses are palpable, presence of prompt capillary refill, and color of extremity.
   5. If circulation is impaired by a restraint, document the physical findings such as poor capillary refill, bluish color, and or decreased or absent distal pulses. Do a visual assessment of the patient to ascertain if any redness, bruising, swelling, or deformity to any body area is noted. Describe and mark applicable findings on the anatomy chart on page two (2) of the flow sheet.
   6. Document patient’s behavior, calm, cooperative, uncooperative, agitated, hostile, threatening, combative etc.
   7. Document if the exam was refused or limited due to inability to access the patient for security reasons.

D. **Plan of Care**
   1. Refer to Nursing Clinical Guideline 1901; Restrictive Housing Clearance if patient is being admitted to restrictive housing. Initiate other applicable Nursing Clinical Guidelines as indicated.

E. If positive finding for injury:
   1. Initiate and document applicable Nursing Clinical Guideline.
   2. Notify the attending officer and shift manager if patient sustained injuries and or if restraints are impairing patient’s circulation. Document the date and time of notification as well as name and title of persons notified.
   3. Contact HCP for orders if treatment necessary and there is no applicable Nursing Clinical Guideline.

F. Provide patient education as follows:
   1. Return to clinic if you develop problems or if symptoms evolve that were not initially evident.
I. DESCRIPTION:

The most common types of headaches usually are not serious but may occur again and again.

**Tension headaches** are the most common type of headache and are often caused by stress and emotional strain. Most adults have tension headaches from time to time. Tension headaches are episodes of constant aching, tightness, pressure, and pain around the forehead, temples, or back of the head and neck. Symptoms usually occur on both sides of the head rather than just one side. Tension headaches usually do not stop a person from doing his or her regular activities. These headaches usually do not cause nausea, vomiting, or sensitivity to both light and noise. They can last anywhere from thirty (30) minutes to several days. Some people experience a chronic tension headache, which means they have a headache on fifteen (15) or more days a month. Treatment for tension headaches usually includes aspirin, ibuprofen, or other nonprescription pain relievers. Aspirin should **not** be given to anyone age twenty (20) years or younger because it has been linked to Reye's syndrome.

**Cluster headaches** are recurring headaches that occur in groups or cycles. The headaches appear suddenly and cause severe, debilitating pain on one side of the head, along with a watery eye and nasal congestion on the affected side of the head.

**Migraine headaches** approximately one-third of people who have migraine headaches first began having them as teenagers. Migraines are painful, sometimes disabling headaches that are often accompanied by nausea, vomiting, and sensitivity to light, noise, and smell. These throbbing headaches usually occur on only one side of the head, although the pain can shift from one side of the head to the other or can occur on both sides at the same time. Migraines involve changes in chemicals and blood vessels in the brain, which trigger pain signals leading to headache and other symptoms. Migraine headaches tend to recur. A migraine headache typically lasts four (4) to twenty-four (24) hours but in some cases can last up to three (3) days. Some people have symptoms, such as visual disturbances, that occur before a headache starts. These symptoms are called a migraine aura. Some people have several headaches per month; others have headaches much less often. Treatment usually includes medications to prevent a migraine from occurring or to stop a migraine once it begins. In some people, migraines may be triggered by certain foods or smells. Eliminating exposure to these triggers may stop the headaches.

Common causes of headaches include:

- Alcohol, caffeine, or other drug use or withdrawal
- Changes in the levels of chemicals in the body (neurotransmitters)
- Head colds
- Coughing or sneezing
- Dehydration
- Dental problems or procedures, such as pain from grinding the teeth or from a root canal
- Eating or drinking cold foods and fluids
- Emotional stress
- Exposure to smoke or fumes from chemicals, including carbon monoxide
- Eyestrain
- Allergies
- Fever
- High altitude. Lower oxygen levels at high altitudes can cause headaches
- High blood pressure (hypertension)
- Infection in the sinuses, such as sinusitis or an abscess
- Medical procedures, such as the aftereffects of a lumbar puncture (spinal tap)
- Medicines. Many medicines can cause headaches
- Muscle strain in the neck, upper back, or shoulder muscles
- Upper respiratory infections
- Premenstrual syndrome
Although rare, a headache may be a sign of a serious illness. Other symptoms, such as vomiting, dizziness, or changes in vision, may also be present.

The following serious illnesses or injuries can cause headaches: Head injury, brain tumor, infection in the brain (encephalitis) or of the membrane surrounding the brain and spinal cord (meningitis), stroke, or aneurysm.

Other health conditions that can cause or contribute to headaches include:

- Fibromyalgia
- Glaucoma
- Hypertension
- Hyperglycemia or Hypoglycemia.
- Inflammatory problems, such as arthritis, lupus, or giant cell arteritis.
- Kidney disease
- Hypocalcemia or Hyperparathyroidism
- Lyme disease
- Anxiety or Depression
- Preeclampsia
- Insomnia or sleep apnea.
- Hyperthyroidism or hypothyroidism

II. GUIDELINE:
A. If the patient presents with a complaint of headache, the nursing staff will complete Nursing Clinical Guideline Flow Sheet 705; Headache, and treat as follows:

1. Document onset, duration, quality of pain, location, and other symptoms related to pain such as when the pain occurs, what helps if anything, when it occurs etc.
2. Obtain history of recent upper respiratory infection, recent trauma or chronic illness.
3. List current medications.
4. Obtain temperature, pulse, respiration, blood pressure and weight.
5. Observe any changes in pupils, gait, neck, level of consciousness, and signs of a stroke.
6. Examine for possible causes of anxiety, tension, fatigue, or emotional upset; problem solve to lesson or avoid the source.
7. If patient complains of dizziness, lightheadedness, or history of fainting, take blood pressure lying and sitting. Notify the Health Care Provider if there is a difference of ≥ 20mm in the blood pressure reading and/or a difference of ≥ 15 beats per minute pulse rate between the supine and upright readings.

B. Treatment may include:
1. If the patient states "yes" to discharge from the ears or nose, initiate Nursing Clinical Guideline 2010; Trauma.
2. Consult Health Care Provider for analgesic management.
3. Icepack or cool compress to forehead.
4. If above protocol fails, the following lay-in clinic, cell, dorm, observation area may be implemented:
   a. Lay-in four (4) hours to exclude TV, radio, reading or writing activity
   b. Bed rest in quiet, darkened, comfortable room if indicated.
5. If a chronic headache exists (more than one headache in a seven (7) day period)
   a. Schedule patient to see the Health Care Provider.
   b. Mental Health referral should be made if the nurse feels it is indicated.

C. Patient Education:
1. Notify health care staff if symptoms worsen or pain persists for twenty-four (24) hours.
2. Maintain adequate hydration.
I. DESCRIPTION:
Hemorrhage from the nose involving the anterior or posterior mucosal surfaces.

Etiology:
- Idiopathic
- Local inflammation/irritation:
  - Infection
  - Irritant inhalation
  - Topical steroid use
  - Septal deviation (more air movement on one (1) side)
  - Low humidity
- Trauma
  - Epistaxis digitorum (nose picking)
  - Foreign bodies
  - Septal perforation
  - Sinus fracture

II. GUIDELINE:
A. The nurse will assess all patients presenting with a nosebleed and potential complications such as aspiration, and excessive bleeding, and document findings on Nursing Clinical Guideline Flow Sheet 1010; Epistaxis (Nosebleed). The assessment will include:
   1. History of trauma, onset, color, and duration of bleeding.
   2. Obtain temperature, pulse, respirations, blood pressure, oxygen saturation, and weight.
   3. Review current medications.

B. If systolic blood pressure is < 90 mm Hg or pulse is > 110 beats per minute, notify the Health Care Provider STAT, continue to monitor blood pressure, pulse, respirations, and 02 saturation by pulse oximeter every fifteen (15) minutes until ordered to discontinue.

C. If there is suspicion of a head injury and/or the bleeding is profuse, notify the Health Care Provider; prepare the patient for transport, monitoring blood pressure, pulse, respirations, and 02 saturation.

D. If there is no evidence of nasal fracture, instruct the patient to continuously pinch the nostrils together for ten (10) minutes, breathing through the mouth.

E. Instruct patient to sit leaning forward to prevent aspiration of blood into lungs. If sitting is not possible, due to other injuries, have the patient lie down with head and shoulders elevated.

F. If bleeding continues after ten (10) minutes, notify the Health Care Provider (HCP) and apply a small amount of Vaseline gauze to the inside of each nostril and apply continuous pressure. Apply an ice pack to the dorsum of the nose. Monitor in the clinic, taking blood pressure, pulse, respirations, and 02 sat every fifteen (15) minutes until discontinued by the Health Care Provider.

G. When bleeding has stopped, educate patient to:
   1. Avoid blowing the nose for twenty-four (24) hours.
   2. Avoid picking at nose.
   3. Avoid aspirin and anti-inflammatory medications, if nosebleeds are frequent.
   4. Return to the clinic if bleeding resumes.
   5. Review self-methods to stop nosebleeds.

H. If the initial bleeding is controlled but the patient returns to the clinic with additional bleeding episodes, notify the Health Care Provider.
I. DESCRIPTION:

The clinical presentation of occult ingestion varies depending upon the ingested substance and can range from asymptomatic to critically ill. Occult toxic exposure should be considered in the differential diagnosis of offender who present with acute onset of multi-organ system dysfunction, altered mental status, respiratory or cardiac compromise, unexplained metabolic acidosis, seizures, or a puzzling clinical picture. The index of suspicion should be raised if the individual has a previous history of ingestion.

Intentional etiologies for occult poisonings, including suicide attempts in older children and adolescents, must not be overlooked.

Some toxins decrease the respiratory drive, whereas others impair muscle contraction; still other toxins may directly damage the lung parenchyma or result in pulmonary edema. Any of these mechanisms may result in hypoxia and/or hypercapnia.

The airway of offenders who have ingested an unknown substance must be monitored carefully. The patency of the airway and gag reflex should be evaluated in offenders who are sedated or obtunded. Even those who are awake and talking must be monitored closely because their condition can deteriorate quickly. The position of the head should be optimized to maintain airway patency.

II. GUIDELINES:

A. A nurse will assess and document the suspected poisoning encounter on Nursing Clinical Guideline Flow Sheet 1605; Poisoning Suspected.


2. Conduct a secondary assessment. Take vital signs including O2 Saturation. Perform a blood glucose by accucheck. Assess pupil size and reaction to light. Inspect the mouth with a UV light. Fluorescence may indicate ingestion of ethylene glycol. Inspect offender for needle tracks.

3. Obtain history to the degree possible if the offender is conscious and willing to give a history. Ask the following: What have you taken? How much did you take? How did you take it? I.e. Ingested, Inhaled, Injected, Topical contamination? Ask if the offender has vomited and when. Ask approximate time substance was taken. Obtain information from staff if known. Ask other staff when the offender was last observed to be doing well. Obtain list of current medication and allergies. Previous history of suicide attempts.

4. Interventions: 
   Initiate the following treatment unless and until otherwise ordered by the HCP

   Per Emergency HCP Standing Orders:

   a. Establish and maintain airway.
   b. Insert OPA & support ventilation via BVM with 100% O2 if indicated in presence of poor respiratory rate and effort. (<10)
   c. Apply 02 @ one (1) Liter per nasal cannula if respiratory rate and effort are adequate.
   d. Obtain finger stick blood glucose to rule out hypoglycemia in offenders with altered mental status.

5. Oral suction as indicated to maintain airway patency.

6. Prepare for transport via EMS upon HCP authorization or if offender condition warrants, call EMS.
immediately and notify HCP as soon as possible thereafter.

7. Contact poison control ASAP.

8. Monitor vital signs every ten (10) minutes until offender is transported or HCP discontinues monitoring.

9. Establish IV access with saline lock. RN or IVLPN.

10. Give Narcan 2mg IV or Sub Q if respiratory rate is less than ten (10).

11. Observe seizure precautions.

12. If offender vomits, save specimen to be transported with offender to hospital.

13. Do not induce vomiting in a convulsive or unconscious offender.

14. Do not induce vomiting. HCP and Poison Control Center will provide direction.

Poison Control 1-800-222-1222 or TTY/TDD 913-588-6639
SUBJECT: SUSPICION OF BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

Approved: Lannette C. Linthicum, M.D., Medical Consultant

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Original Date Issued: 10/1/18
Revision Date: 

I. DESCRIPTION:

Substance abuse, also known as drug abuse, is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods neither approved nor supervised by medical professionals. Substance abuse/drug abuse is not limited to mood-altering or psycho-active drugs. Substance abuse can also refer to performing an activity under the influence of certain substances in a manner that is inconsistent with the rules of that activity or is illegal (i.e. steroids for performance enhancement in sports, DUI, etc.) Therefore, mood-altering and psychoactive substances are not the only types of drug abuse. Substance abuse often includes problems with impulse control and impulsive behavior.

II. GUIDELINE:

A. If an offender is referred or presents to the clinic for suspicion of being under the influence of drugs and or alcohol nursing staff shall assess the offender and arrange for appropriate referrals.

B. The following subjective information shall be obtained:

1. Ascertain who referred the offender to the clinic and for what reason. List the behavior, symptoms, or circumstances of concern.
2. Ask the offender directly if they have been abusing drugs, alcohol or other substances.
3. If the response is affirmative, list the substances and ascertain from the offender the amount of substance used, frequency of use, how long the offender has been using, and the date and time of last use.
4. Ask the offender why they are using. (For example, the offender may have anxiety, depression, fatigue, insomnia, mood swings, hallucinations etc., and are using drugs to self-medicate. Some use for pleasure.)
5. Ask the offender about any physical or emotional symptoms they may be having?
6. Ask the offender if they are being emotionally, physically, or sexually abused or assaulted?
7. Document any medical history or chronic disease conditions and or current health issues.

C. Document objective information:

1. Obtain vital signs to include temperature, pulse, respirations, blood pressure, weight, and oxygen saturation.
2. Assess pupil size and response
3. Note if sclera is red and or if there is presence of nystagmus.
4. Assess the offender’s level of consciousness and assess mental status. Note orientation to time, place, person, and situation.
5. Note pattern of speech. Is it slurred or clear? Erratic or calm?
6. Auscultate the chest. Note breath sounds and record findings. Note if heart is regular or irregular or presence of murmur.
7. Inspect the nares and note if the mucosa appears normal. Note if there is any redness, swelling, or ulceration.
8. Inspect and note condition of oral mucosa. (Moist, dry, pale, pink)
9. Assess skin condition and temperatures. Inspect for signs of injection drug use. i.e. track marks
10. Observe the offender’s gait.
11. Assess the offender’s general appearance and demeanor. Are they calm and cooperative, agitated, irritable, restless, euphoric, talkative, paranoid, or having hallucinations?
SUBJECT: SUSPICION OF BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS

12. Note if the offender is having any tremors.
13. Ask females about potential for pregnancy and last menstrual period.

D. TREATMENT:
1. Consider need for Nursing Clinical Guideline 2300; Withdrawal from Alcohol or Nursing Clinical Guideline 2305; Withdrawal from Opiate as indicated.
2. Contact the Health Care Provider to communicate the assessment and provide information regarding the offender’s history to include pregnancy status, unstable psychiatric history, chronic medical conditions, and or substance abuse history if known.
3. Notify mental health and complete the Mental Health Referral Form. Document the mental health professional that was notified.
4. Refer the offender to the Substance Abuse department in the community.

E. PROVIDE OFFENDER EDUCATION AS INDICATED:
2. Alternative recreational activities.
3. Available resources to address coping skills.
I. DESCRIPTION:

The goal of alcohol detoxification is threefold: to manage symptoms of alcohol withdrawal; to prevent serious events (seizures, delirium tremens, or death); and to bridge offenders to treatment for maintaining long-term recovery.

The alcohol withdrawal syndrome results from sudden reduction in chronic alcohol use. Excessive alcohol drinking for even one week can lead to mild withdrawal symptoms, and excessive drinking for over one month leads to significant withdrawal symptoms.

Clinical presentation of alcohol withdrawal:
Alcohol withdrawal symptoms may begin within six (6) to twelve (12) hours of the last drink; symptoms can occur in heavy drinkers who still have detectable alcohol levels in their blood. The intensity of withdrawal symptoms, including seizures, increases with successive episodes of withdrawal, a phenomenon known as “kindling”.

The initial goal of alcohol detoxification is the safe and effective treatment of alcohol withdrawal. Successful treatment will prevent serious withdrawal symptoms such as seizures, hallucinations, and delirium tremens (DT).

Risk factors for DT include:
- A history of sustained drinking
- A history of previous DT
- Age greater than thirty (30)
- The presence of a concurrent illness
- The presence of significant alcohol withdrawal in the presence of an elevated ethanol level
- A longer period since the last drink (i.e., offenders who present with alcohol withdrawal more than two (2) days after their last drink are more likely to experience DT than those who present within two days)

Stages — Alcohol withdrawal is commonly classified in three stages: minor, major, and delirium tremens.

Minor withdrawal — Stage I, or minor withdrawal, is characterized by agitation, anxiety, restlessness, insomnia, tremor, diaphoresis, palpitations, fluctuating tachycardia and hypertension, and headache. In addition, offenders will often experience loss of appetite, nausea, and vomiting. Offenders are generally coherent but may have mild cognitive impairment.

Stage I symptoms may resolve within seventy-two (72) hours or the offender may go on to progressive stages of withdrawal. Alcohol craving in Stage I is high, and offenders may learn that unpleasant symptoms are relieved by resumption of drinking.

Major withdrawal — Stage II, or major withdrawal, typically occurs twenty-four (24) to seventy-two (72) hours after the last drink. Offenders exhibit marked agitation, restlessness, diaphoresis, and tremulousness. Gastrointestinal symptoms are more pronounced than in Stage I, with anorexia, nausea, vomiting, and diarrhea. Other findings that may be seen in Stage II are sinus tachycardia (heart rates may exceed 120 beats/min) and systolic hypertension.

The offender may be confused but can be reoriented. Other neurologic manifestations can include seizures, and auditory or visual hallucinations.

Delirium tremens — Stage III, known as delirium tremens (DT), occurs from seventy-two (72) to ninety-six (96) hours after the last drink, and has been reported in 5 to 12% of offenders with alcohol dependence. This stage is characterized by autonomic hyperactivity, fever, severe tachycardia and hypertension, agitation, drenching sweats, hallucinations, and disorientation.

DT can be fatal and historical mortality rates were as high as 40%. However, with appropriate medical management, the mortality rate is less than 5%. Death has been attributed to head trauma, cardiovascular complications, aspiration, and severe fluid and electrolyte disorders.

Withdrawal seizures — Alcohol withdrawal-related seizures (“rum fits”) occur in approximately 10% of offenders in alcohol withdrawal and are more common in those who have been drinking steadily for many years. Seizures are typically
SUBJECT: WITHDRAWAL FROM ALCOHOL

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generalized tonic-clonic convulsions and occur within twenty-four (24) to forty-eight (48) hours after drinking stops or is significantly reduced.

Seizures are usually single but can occur in groups of two (2) or three (3) lasting up to five (5) minutes each. Offenders with persistent seizure activity (status epilepticus) should be evaluated for other causes of seizure activity.

If not treated, withdrawal seizures progress to delirium tremens in about one-third of offenders.

**Alcohol hallucinosis** — Alcohol hallucinosis refers to perceptual changes, including visual, tactile, or auditory hallucinations, that occur infrequently during alcohol withdrawal; visual hallucinations are most common. The risk for alcohol hallucinosis may be related to genetic factors and/or decreased thiamine absorption. Alcoholic hallucinosis is not synonymous with delirium tremens.

Alcohol hallucinosis typically begins about twenty-four (24) hours after the last drink and resolves in another twenty-four (24) to forty-eight (48) hours. Less frequently, hallucinosis can persist for extended periods and become chronic.

**CIWA-Ar scale** — the severity of withdrawal in offenders with a history of recent drinking (within the past five (5) days) can be quantified using standardized instruments. One of the more commonly used is the brief assessment instrument, the Clinical Institute Withdrawal Assessment from Alcohol-revised (CIWA-Ar) scale.

The CIWA-Ar scale is helpful in the management of three facets of alcohol withdrawal: to assess the need for medication; to assess the appropriate site for detoxification if needed; and to evaluate status during treatment. A higher CIWA score indicates need for an increased dose and frequency of medication to help manage symptoms.

The CIWA-Ar score provides a good screening tool to predict successful ambulatory treatment. Triage of offenders according to CIWA-Ar scores may proceed by the following guidelines:

- **CIWA-Ar score <8** — Detoxification may not be needed. However, offenders who have had alcohol intake within the previous six (6) to eight (8) hours may not yet exhibit withdrawal. In addition, offenders who binge drink or who have a history of withdrawal symptoms will need close observation for signs of withdrawal.
- **CIWA-Ar score 8 to 15** — Offender may a good candidate for ambulatory medical detoxification, if he or she meets specified criteria.
- **CIWA-Ar score >15** — In offender referral is generally more appropriate, especially if there are signs of impending DT’s (elevated temperature or cognitive/perceptual changes).

**Special considerations** — In addition to the CIWA-Ar score, other considerations play a role in determining whether the offender is a candidate for ambulatory detoxification.

**Current intoxication** — Offenders who present for treatment while intoxicated should be reevaluated after the alcohol concentration is below 0.02 g/dL to determine the likely severity of alcohol withdrawal. Offenders who demonstrate significant withdrawal symptoms with a positive blood alcohol concentration are at high risk of severe withdrawal symptoms within a few hours.

**Binge drinking** — Offenders who report three (3) or more binges (greater than five (5) drinks per day) in a week for two (2) consecutive weeks should be closely monitored for the emergence of alcohol withdrawal symptoms.

An offender’s history of alcohol and drug abuse is important to determine the appropriate level of care for offenders. A history of serious withdrawal symptoms increases the risk that the offender will experience another serious withdrawal symptom. A history of multiple drug use, and multiple failed attempts to stop drinking, decrease the likelihood of successful ambulatory detoxification. In addition, risk factors for DT’s need to be evaluated.

Ambulatory detoxification should be considered only for offenders in Stage I or Stage II withdrawal who meet the following criteria:

- Able to take oral medications
- Can be in a monitored situation so offender can be observed for increasing symptoms
- No unstable psychiatric or medical condition
• Not pregnant
• No concurrent other substance abuse that may lead to withdrawal (i.e., sedative withdrawal)
• No history of DTs or alcohol withdrawal seizures

**Benzodiazepines** — Benzodiazepines are the most extensively studied drugs for the treatment of alcohol withdrawal. These drugs treat the psychomotor agitation associated with withdrawal and prevent progression from minor to major withdrawal. (Valium) and chlordiazepoxide (Librium) are the most commonly used long-acting benzodiazepines in alcohol detoxification.

Shorter-acting benzodiazepines are becoming increasingly popular for treating alcohol withdrawal symptoms. The two most commonly used shorter-acting benzodiazepines are lorazepam (Ativan) and oxazepam (Serax). These medications are not metabolized by the liver, and therefore may be especially helpful in offenders with impaired liver function and in the elderly.

Anticonvulsants and other medications may also be used to treat alcohol withdrawal.

### II. GUIDELINE:

**A.** The nurse will assess the offender that presents with alcohol/benzodiazepine withdrawal on Nursing Clinical Guideline Flow Sheet 2300; Withdrawal from Alcohol.

**B.** Obtain subjective history:
1. Type of alcohol used.
2. Amount of alcohol used.
3. Frequency of use?
4. Duration of alcohol use (i.e. days, weeks, years etc.)
5. Last Alcohol Use (Date and Time)
6. List other drugs used
7. Amount of drugs used
8. Frequency of drug use
9. Duration of drug use i.e. days, weeks, years, etc.
10. Date and time of last drug use
11. History of alcohol withdrawal symptoms
12. History of alcohol withdrawal seizures
13. History of epilepsy & if yes ascertain when offender last had a seizure
14. History of chronic disease conditions or other current medical problems
15. History of falls or recent head trauma
16. Night sweats
17. If female, ask offender if they could be pregnant
18. Ask when offender last ate.

**C.** CONDUCT THE FOLLOWING ASSESSMENT:
1. Obtain Temperature, pulse, respiration, blood pressure, and weight.
2. If offender may be pregnant, do confirmation test.
3. Complete the Clinical Institute Withdrawal Assessment for Alcohol scale to assess severity of withdrawal.
4. Note size of pupils
5. Auscultate heart and lungs.
6. Palpate abdomen and assess bowel sounds.
7. Assess for presence of trauma
8. Note condition of skin. (turgor, color, skin breakdown)
9. Review record for last ppp.
10. Note status of offender’s hygiene
11. Continent/Incontinent
12. Level of consciousness
D. PLAN:

1. Contact HCP for orders and inform HCP if offender has any of the following:
   a. Pregnancy
   b. Unstable Psychiatric History
   c. Chronic Medical Condition
   d. History of DT’s or withdrawal seizures

2. Relate offender assessment and score of the Clinical Institute Withdrawal Assessment for Alcohol scale.

3. HCP will determine if offender can be managed on site or if referral to acute care setting is necessary.

4. If offenders are monitored on site:
   **CIWA Ar-Protocol:**
   a. Vitals, assess Now. Notify HCP if score is ≥ 8 for medication orders.
   b. Monitor ANYONE going through withdrawal for 7 days.
   c. If the initial score is ≥ 8 then repeat assessment every 4hrs X 24hrs, then if stable and score remains ≥ 8 assess every 6hrs for the remaining 7-day period unless the score drops below 8 then follow directions below in d below.
   d. If the initial score is < 8, assess every 6hrs x 48hrs, if stable and score remains < 8 assess every shift for 7 days.
   e. If the score increases to ≥ 8 at any time during the 7-day assessment period, follow assessment directions in c above.
   f. If indicated, (see indications below) administer PRN medications as ordered and record on MAR and below.

5. Clear Liquid diet initially then advance to regular as tolerated.
6. Offender will be observed for a period of no less than seven (7) days
7. Offender will be monitored in clinic/booking observation area.
8. Contact mental health and complete a mental health referral form.
9. Encourage fluids.
10. If site does not have an observation area, offender will be managed in an acute care setting off site or transferred to a site with appropriate housing.
11. Only offenders with mild to moderate symptoms will be managed on site.
12. **Offenders with complicating factors such as pregnancy, severe hypertension or seizures will be referred off site for management in an acute care setting.**

E. Notify Health Care Practitioner immediately of any of the following circumstances:

1. Vomiting that doesn’t let up or vomiting blood
2. Signs of Dehydration; Low BP, Orthostatic P & BP Changes; Dry Mucus Membranes; Decreased Urine Output; SG Urine >1.025
3. Severe Abdominal Pain, No Bowel Sounds, Positive Rebound Tenderness
4. Bloody diarrhea or black stools
5. Shortness of breath
6. Unstable vital signs
7. Temperature >100 °F
8. Shortness of breath or difficulty breathing
9. Pulse rate >120 beats per minute
10. Sudden chest pain
11. Unconsciousness
12. Violent behavior
13. Altered mental status, change in mental status (other than intoxication)
14. Violent Behavior
15. Seizures
I. DESCRIPTION:

A group of symptoms brought about by abrupt discontinuance of heavy prolonged narcotic ingestion. Methadone, for general purposes, will be considered a narcotic.

The narcotics fall into two subgroups: opiates and opioids. Withdrawal from all these drugs is similar:

- **Opiates** — Morphine and Codeine, which are derived from the opium poppy
- **Opioids** — Heroin, Meperidine, Methadone, Dilaudid (Hydromorphone), Innovar, Dublimaze, Darvon Talwin, Nubain, Stadol

**Clinical features of Opiate Withdrawal:**

It is often difficult to differentiate drug-seeking behavior from true withdrawal. It is also asserted that opioid withdrawal is never life threatening. While this is usually true for “naturally occurring” withdrawal, iatrogenic withdrawal (from a reversal agent such as naloxone or naltrexone), can produce sudden surges in catecholamines and hemodynamic instability that some offenders may not tolerate. Offenders withdrawing from narcotics are likely to try to manipulate, demand, and plead for another dose of a narcotic. They may pretend to have symptoms or greatly exaggerate their symptoms. Trained professionals must thoroughly assess all the offender’s complaints.


A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (3) or more) of the following, occurring at any time in the same twelve (12) month period:

- Tolerance, as defined by either of the following:
  - A need for markedly increased amounts of the substance to achieve intoxication or desired effect
  - Markedly diminished effect with continued use of the same amount of the substance

Withdrawal, as manifested by either of the following:

- The characteristic withdrawal syndrome for the substance
- The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- The substance is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects.
- Important social, occupational, or recreational activities are given up or reduced because of substance use.
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

**SYMPTOMS OF OPIATE WITHDRAWAL** — Tolerance and physical and psychological dependence on opioids usually occur after three weeks of daily usage. Higher tolerance is created as the user decreases the interval and increases the dose to achieve euphoria. Tolerance does not develop to the miotic effects, constipation, or respiratory depression.

Heroin, hydromorphone, and methadone have the greatest addictive potential. Heroin provides a “rush” because it easily crosses the blood brain barrier and can be used by any route. Hydromorphone is almost one-hundred (100)
times more potent than is codeine for analgesic effect. Methadone is long-acting. Codeine, a prescription drug that must be ingested orally, has weaker analgesic effects and a low addictive potential.

The discontinuation of opioids leads to a constellation of withdrawal symptoms known as the abstinence syndrome. The severity of the abstinence syndrome depends upon the type and frequency of the drug used. The withdrawal syndrome usually is elicited if opioid use is discontinued after several months of daily usage (three to four times per day).

Withdrawal symptoms occur in stages, depending upon the time of the last dose:
- Three (3) to four (4) hours after last dose — Drug craving, anxiety, fear of withdrawal
- Eight (8) to fourteen (14) hours after last dose — Anxiety, restlessness, insomnia, yawning, rhinorrhea, lacrimation, diaphoresis, stomach cramps, and mydriasis
- One (1) to three (3) days after last dose — Tremor, muscle spasms, vomiting, diarrhea, hypertension, tachycardia, fever, chills, piloerection, and rarely, seizures

MANAGEMENT OF OPIOID WITHDRAWAL

In the past opiate withdrawal has been managed by using decreasing doses of a long-acting orally active opiate. However with increasing emphasis on early abstinence, the use of clonodine to manage withdrawal symptoms has become increasingly popular. Management of other opiate withdrawal conditions is symptom specific. Anxiety can be managed with reassurance and benzodiazepines, if necessary. Aches and pains can be managed with nonopiate analgesics. Cramps and diarrhea can be managed with routine medications for GI distress. In the past few years the FDA has approved a new agent (Buprenorphine, Suboxone®, Subutex®) for opiate withdrawal as well as maintenance treatment for opiate abstinence. Physicians wishing to use buprenorphine must receive a waiver and a unique DEA number from the FDD to prescribe buprenorphine. The FDA provides a buprenorphine specific DEA number based on the physician demonstrating competence in the use of the drug as well as the overall treatment of opiate dependent individuals (http://www.buprenorphine.samhsa.gov).

Drug dependence is pharmacologic (withdrawal symptoms occur when drug use is discontinued) and psychological (compulsive drug use despite problems related to use, inability to reduce the frequency or intensity of use, preoccupation with drug-seeking behavior). Thus, the treatment of adolescents with opioid addiction requires medical, behavioral, and psychological therapy.

Short- and long-acting opioids may be used in the medical management of opioid withdrawal. Short-acting drugs are preferred when the offender is in a monitored setting; long-acting agents, more convenient to use, are used when the offender is medically stable.

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<td>State I: Up to 8 Hours.</td>
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<td>Stage II: 8 – 24 Hours</td>
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<td>Stage III: Up to 3 Days</td>
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SUBJECT: WITHDRAWAL FROM OPIATES

II. GUIDELINE:

A. SUBJECTIVE:

1. Obtain history of types of substance abuse to include alcohol and drugs used, amount, frequency, duration of use, methods, and date and time of last use. Provide reassurance that the information is for medical use only.

2. Ascertain history of withdrawal symptoms and history of other medical problems.

3. Have the offender complete the Subjective Opiate Withdrawal Scale (SOWS) (form 2305.1) and document the score. The SOWS include the offender’s self-report of symptoms to include anxiety, yawning, perspiring, lacrimation, rhinorrhea, piloerection, tremors, hot flushes, cold flushes, bone aches, restlessness, nausea, vomiting, muscle twitching, abdominal cramping, and desire to use. In addition to the subjective data on the SOWS inquire about other possible symptoms such as diarrhea, pain, nausea/vomiting — when did it begin, are they able to hold any food/drink down (look for signs of dehydration)

4. Inquire if the offender has had any seizures and if they have a history of seizure activity.

5. Obtain history of current prescribed medication.

B. OBJECTIVE:

1. Take vital signs to include temperature, pulse, respirations, blood pressure, weight and 02 saturation. Note if respirations are normal.


3. Orientation to date, time, place (early in the withdrawal the offender will have a depressed level of consciousness, and they will respond to persistent verbal or tactile stimuli — this will last for two (2) to three (3) hours after the last use).

4. Note character of speech.

5. Check pupils and document size.

6. Examine and document the condition of the offender’s skin. Look for track marks, signs of skin breakdown, infection, skin turgor, jaundice.

7. Observe and document offender’s gate, general appearance and demeanor.

8. Examine lungs and abdomen. Document breath sounds, bowel sounds, if the abdomen is soft non-distended, presence of rebound tenderness.

C. ASSESSMENT:

Potential Nursing Diagnosis:

Anxiety related to situational crisis
Acute pain.
Diarrhea
Visual, Tactile disturbances related to narcotic withdrawal
Sleep pattern disturbance related to narcotic dependency and withdrawal

D. PLAN:

1. Place in medical observation.
2. Complete and score COWS and have offender completed the SOWS assessment tools.
3. **Initiate the following as per HCP standing orders:**
   a. Dipstick UA
   b. Pregnancy Test for females.
4. Contact the Health Care Provider for treatment orders.
5. Inform HCP of screenings scores.
6. Inform HCP if female offender is pregnant.
7. Vital signs every shift x seventy-two (72) hours, then daily x five (5) days unless or until alternate orders provided.
8. Clear liquid diet x twenty-four (24) hours, progress to full liquid x twenty-four (24) hours, then regular as tolerated if offender has nausea and vomiting unless or until alternate orders provided.
9. Complete assessment scales during withdrawal monitoring at least once per shift and as indicated unless or until HCP orders otherwise.
10. Refer to mental health or substance abuse counselor for assessment and placement in treatment program as indicated.
11. Contact HCP immediately if offender experiences any of the following:

   a. Disorientation
   b. Hallucinations
   c. Seizures
   d. Changes in mental status
   e. Unstable vital signs
   f. Signs of dehydration (low bp, orthostatic P&B P changes), dry mucus membranes, decreased urine output: SG Urine > 1.025
   g. Vomiting continuously or that lasts more than twenty-four (24) hours.
   h. Severe abdominal pain, no bowel sounds, or positive rebound tenderness.
   i. Shortness of Breath.
   j. Fever
   k. Bloody Diarrhea
   l. Hypertension (may need treatment with Clonidine)
I. DESCRIPTION:

Chest pain: generation of pain or discomfort in the chest. It is a common presenting complaint in children. Although the etiology is benign in most cases, this symptom can lead to school absences and restriction of activities and causes considerable anxiety. A thorough history and physical exam usually can determine the cause and identify patients who require acute intervention and those who can be managed with reassurance and continued follow up. Laboratory testing is necessary only in a small number of patients. In the absence of associated symptoms of illness, positive findings on physical exam related to the cardiac or respiratory systems or symptoms during exertion, a serious organic cause is unlikely.

Idiopathic Chest Pain: A diagnosis cannot be established in a substantial proportion of cases. Patients with “idiopathic” pain typically have no serious underlying medical condition.

Musculoskeletal conditions that may cause chest pain: These comprise the largest category of known etiologies. These can be traumatic or non-traumatic, although the latter is more common. Trauma may result in a rib fracture, bruise, or rarely, hemopericardium. Non-traumatic conditions include costochondritis, myalgia, and slipping rib syndrome, and are known collectively as the chest wall syndrome.

- Costochondritis: is a frequent cause of chest pain. It is typically unilateral occurring more frequently on the left side. The left fourth sternocostal cartilage is affected most often.
- Slipping Rib Syndrome: This involves the eighth, ninth, and tenth ribs, which are not attached by costal cartilage to the sternum but are attached to each other by fibrous tissue. If these fibrous connections are weakened or ruptured by trauma, the ribs can slip and impinge on the intercostals nerve, producing pain.
- Precordial catch: An uncommon and benign etiology of musculoskeletal chest pain in children (also known as Texidor’s twinge.) This condition consists of brief episodes of sharp pain that can be localized with the fingertip to one interspace at the left sternal border or cardiac apex. It has a sudden onset, typically at rest or during mild activity and increases with inspiration. The cause is unknown although it has been associated with poor posture.
- Psychogenic Causes: Pain may reflect anxiety, or a conversion disorder triggered by stressful events. Hyperventilation can result in chest pain that frequently is accompanied by lightheadedness or paresthesias. The mechanism is uncertain. Possibilities include spasm of the diaphragm resulting from rapid, repetitive use, gastric distension arising from aerophagia, or coronary artery vasospasm caused by hypoxic neuronal alkalosis.
- Breast causes: The breast can be a source of chest pain in adolescent patients. Pain may be a presenting symptom in males with gynecomastia. Painful conditions of the breast in females include mastitis, fibrocystic disease, thelarche, or tenderness associated with pregnancy.
- Respiratory Disorders: Pneumonia, bronchitis, and reactive airway disease are common causes of acute chest pain. Exercise-induced bronchoconstriction appears to be a frequent cause of chest discomfort even in patients without audible wheezing. Less common causes are pleuritis, pleural effusion, pneumothorax, and pneumomediastinum. Air leak often is a complication of trauma or an underlying disorder such as reactive airway disease, cystic fibrosis, or Marfan syndrome, but can be idiopathic.
- Gastrointestinal Disorders: GI disorders that cause chest pain can affect the esophagus (the most common site), stomach, bowel, biliary tract, and pancreas. In addition, strictures, foreign body and caustic ingestions may cause chest pain. Conditions affecting the stomach and bowel include ulcer and irritable bowel. Cholecystitis may cause symptoms that suggest angina in adults but is uncommon in children. Biliary and pancreatic disorders are rare causes.
- Pulmonary vascular disease: Causes related to the pulmonary vascular system include pulmonary embolism and pulmonary hypertension. Children with sickle cell disease may develop acute chest syndrome.
• **Pulmonary embolism:** This is unusual in children but can present with chest pain. Predisposing causes include immobility, ventriculoarterial shunts for hydrocephalus, central venous catheters, solid tumors, heart disease, infection, dehydration, hypercoagulable states, low cardiac output, or obesity.

• **Pulmonary Hypertension:** Can be secondary to lung disease, congenital heart disease, or other systemic disorders or have no identified cause. It may cause chest pain and other symptoms including fatigue, lethargy, and dyspnea or syncope with exertion.

• **Acute chest syndrome:** Is a serious and potentially fatal cause of chest pain in patients with sickle cell disease. It is characterized by the presence of a new pulmonary infiltrate involving at least one completed lung segment, temp > 38.5°C, and tachypnea, wheezing, or cough.

• **Cardiac Conditions:** These are rare but potentially serious causes of chest pain in children. Cardiac disease is more likely if chest pain occurs during exertion and is recurrent.

• **Toxic Exposure:** Exposure to vasoconstrictive agents such as cocaine can cause chest pain that is likely of ischemic origin. Systemic hypertension, myocardial infarction, ventricular arrhythmias, myocarditis, and sudden death may occur. Chest pain has also been associated with the use of marijuana, methamphetamines, and sympathomimetic decongestants. Cigarette smoking has also been associated with chest pain in adults.

• **Neurologic disorders.** Chest pain is rarely caused by a neurological disorder. Herpetic neuralgia in a dermatomal distribution on the chest can cause pain which may be manifest before lesions appear. Spinal cord compression, which may be caused by tumor or vertebral collapse, or epidural abscess, may cause radicular pain.

II. **GUIDELINE:**

A. The nurse will assess and document the chest pain complaint on Nursing Clinical Guideline Flow Sheet 300; Chest Pain.

B. 1. Obtain history: Ask the following: Date and time of onset of pain, how long the pain usually lasts, if pain is recurrent, location of pain, whether the pain radiates, description of pain, other associated symptoms, fatigue, syncopal episode, palpitations, if pain is associated with eating, if there is vomiting, or regurgitation, pain at rest or with mild activity or exertion, increased pain with inspiration, increased with swallowing or lying down, if pain occurs with bending over, if there was a popping sensation or a clicking sound, if pain is on both sides. Ask if patient has been lifting weights or other objects, recent trauma to chest, muscle strain, foreign body ingestion, recent stressful events, and history of fainting, dizziness, or shortness of breath, cough, wheezing, smoking, substance abuse, and or recent exposure to cocaine or methamphetamine. Ask patient if they have history of sickle cell disease, asthma, cardiac disease, or Kawasaki disease? Ask about family history of genetic conditions such as Marfan Syndrome, Turner Syndrome, Type IV Ehlers-Danlos Syndrome, or Hypertrophic cardiomyopathy.

2. Obtain allergy history and list of current medications.

3. Obtain vital signs, weight, and oxygen saturation readings.

4. Auscultate lungs and heart.

5. Observe chest for bruising, and other signs of trauma.

6. Palpate chest wall and sternum.

7. Palpate breast tissues and note if tender or masses felt.

8. Note skin condition. Cool, Warm, Dry, Clammy, Color.

C. The nurse will initiate the following treatment:

1. Contact Health Care Provider Stat for orders if any of the following apply: Acute onset of chest pain, severe distress, abnormal vital signs, hypoxemia, and patient has known cardiac disease, pain occurs with exertion, there is presence of syncope, dizziness, palpitations or patient has had previous
SUBJECT: CHEST PAIN

Approved: Lannette C. Linthicum, M.D., Medical Consultant

Episodes of chest pain.

2. Monitor vital signs every fifteen (15) minutes if any of the aforementioned symptoms are present.
4. Start Oxygen at four (4) Liters per nasal cannula.
5. If pain is entirely reproducible and none of the above acute symptoms exist, the nurse may provide:
   a. Ibuprofen 400mg two (2) times a day for five (5) Days.
   b. Geri-lanta 2 teaspoons two (2) times a day for five (5) Days.
   c. Restriction from Sports or other activities as appropriate.

6. Schedule for follow up with the Health Care Provider within twenty-four (24) hours.
   a. If the Health Care Provider will not be on site within twenty-four (24) hours, follow up with a Nurse within twenty-four (24) hours and contact Health Care Provider with re-assessment, then schedule with the HCP at next site visit.
      (1) Follow up with Health Care Provider within twenty-four (24) hours.
      (2) If Health Care Provider is not available within the next twenty-four (24) hours, schedule follow up with Nurse within twenty-four (24) hours then call assessment to the Health Care Provider.
      (3) Provide reassurance.

D. If the Health Care Provider orders the patient transported to the emergency room, indicate the disposition of the patient, vital signs upon transfer, time transported, and the hospital the patient was transferred to and method of transport.

E. If the patient is discharged back to his/her cell, schedule the patient for a Health Care Provider visit the next site clinic.
   1. Educate patient regarding the need for follow up appointment, and to return to the clinic if treatment does not provide relief of symptoms or if pain worsens.
I. DESCRIPTION:

Clinical classification
The American Diabetes Association Workgroup on Hypoglycemia recommends the following classification of hypoglycemia in diabetes.

• **Severe hypoglycemia** — An event requiring the assistance of another person to actively administer carbohydrate, glucagon or other resuscitative actions is classified as a severe hypoglycemic event. Plasma glucose measurements may not be available during such an event, but neurological recovery attributable to restoration of plasma glucose to normal is considered sufficient evidence that the event was induced by a low plasma glucose concentration.

• **Documented symptomatic hypoglycemia** — An event during which typical symptoms of hypoglycemia are accompanied by a measured (typically with a monitor or with a validated glucose sensor) plasma glucose concentration ≤70 mg/dL (3.9 mmol/L) is classified as a documented symptomatic hypoglycemic event.

• **Asymptomatic hypoglycemia** — Asymptomatic hypoglycemia is classified as an event not accompanied by typical symptoms of hypoglycemia but with a measured plasma glucose concentration of ≤70 mg/dL (3.9 mmol/L).

• **Probable symptomatic hypoglycemia** — Probable symptomatic hypoglycemia is classified as an event during which typical symptoms of hypoglycemia are not accompanied by a plasma glucose determination (but that was presumably caused by a plasma glucose concentration ≤70 mg/dL [3.9 mmol/L]).

• **Relative hypoglycemia** — Relative hypoglycemia is classified as an event during which the person with diabetes reports typical symptoms of hypoglycemia, and interprets those as indicative of hypoglycemia, but with a measured plasma glucose concentration >70 mg/dL (3.9 mmol/L). This category reflects the fact that offenders with chronically poor glycemic control can experience symptoms of hypoglycemia at plasma glucose levels >70 mg/dL (3.9 mmol/L) as glucose levels decline into the physiological range. Symptoms are idiosyncratic and vary considerably between individuals.

Adrenergic hypoglycemia symptoms:
- Hunger, trembling, pallor
- Sweating, shaking, pounding heart, anxiety

Neuroglycopenic hypoglycemia symptoms:
- Dizziness, poor concentration, drowsiness, weakness, confusion, lightheadedness, slurred speech, blurred vision, double vision, unsteadiness, poor coordination

Behavioral hypoglycemia symptoms:
- Tearfulness, confusion, fatigue, irritability, aggressiveness

Two types of hypoglycemia can occur in people who do not have diabetes:

• **Reactive hypoglycemia** - Also called postprandial hypoglycemia, occurs within four (4) hours after meals.

• **Fasting hypoglycemia** - Also called postabsorptive hypoglycemia, is often related to an underlying disease. Symptoms of both reactive and fasting hypoglycemia are similar to diabetes-related hypoglycemia. Symptoms may include hunger, sweating, shakiness, dizziness, light-headedness, sleepiness, confusion, difficulty speaking, anxiety, and weakness.

II. GUIDELINES:

A. The nurse will assess the offender and document on Nursing Clinical Guideline Flow Sheet 735; Hypoglycemia; Emergency.
   1. Onset of incidence
   2. History of additional episodes.
   3. List of food intake prior to incidence.
   4. Time of last meal.
   5. List of current medications.
   6. Obtain temperature, pulse, respiration, blood pressure and weight.
7. Perform accu-check blood sugar.

B. TREATMENT:

1. **Mild Hypoglycemia:**
   Symptoms of mild low blood sugar usually develop when blood sugar falls below 70 mg/dL and may include:
   a. Nausea.
   b. Extreme hunger.
   c. Feeling nervous or jittery.
   d. Cold, clammy, wet skin and/or excessive sweating not caused by exercise.
   e. A rapid heartbeat (tachycardia).
   f. Numbness or tingling of the fingertips or lips.
   g. Trembling.
   **Treatment:**
   Usually blood sugar responds in ten (10) to fifteen (15) minutes.
   a. Provide a high protein snack with peanut butter, cheese, peanuts etc. (if available)
   b. Offer juice, other carbohydrate or give 1/3 bottle of glucose by mouth if above snack not available.
   c. Return to clinic if symptoms persist or worsen.

2. **Moderate Hypoglycemia:**
   If blood sugar continues to fall, the nervous system will be affected. Symptoms usually develop when the blood sugar falls below 55 mg/dL and may include:
   a. Mood changes, such as irritability, anxiety, restlessness, or anger.
   b. Confusion, difficulty in thinking, or inability to concentrate.
   c. Blurred vision, dizziness, or headache.
   d. Weakness, lack of energy.
   e. Poor coordination.
   f. Difficulty walking or talking, such as staggering or slurred speech.
   g. Fatigue, lethargy, or drowsiness.
   **Treatment:**
   a. Give 1/3 bottle of glucose by mouth. (10 grams of glucose).
   b. Monitor accu-check blood sugar every fifteen (15) minutes until blood sugar is consistently over 125 mg/dl.
   c. Repeat glucose dosage in fifteen (15) minutes.
   d. Move to area for monitoring (clinic or infirmary).
   e. Contact health care practitioner for orders.
   f. Repeat vital signs every fifteen (15) minutes until stable unless otherwise directed.
   g. Monitor level of consciousness

3. **Severe Hypoglycemia:**
   Individual is not able to swallow and unresponsive, requires emergency assistance. The symptoms of severe low blood sugar develop when blood sugar falls below 35-40 mg/dL and may include:
   a. Seizures or convulsions.
   b. Loss of consciousness, coma.
   c. Low body temperature (hypothermia)
   **Treatment:**
   Unless and until the HCP orders otherwise initiate the following:
<table>
<thead>
<tr>
<th>4.</th>
<th>Per HCP Emergency Standing Orders:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Give bolus of 50% Dextrose solution, slow intravenous (IV) push if R.N. or IV certified LPN. May repeat in fifteen (15) minutes. May consider the need for saline lock IV.</td>
</tr>
<tr>
<td>b.</td>
<td>If LPN is not IV certified or nurse unable to access a vein rapidly, give glucagon 1 unit intramuscular or subcutaneous stat and may repeat in fifteen (15) minutes.</td>
</tr>
<tr>
<td>c.</td>
<td>Contact Health Care Provider.</td>
</tr>
<tr>
<td>d.</td>
<td>Monitor accu-check blood sugar every fifteen (15) minutes.</td>
</tr>
<tr>
<td>e.</td>
<td>Move to an area for monitoring (clinic or infirmary).</td>
</tr>
<tr>
<td>f.</td>
<td>Repeat vital signs every fifteen (15) minutes until stable unless otherwise directed.</td>
</tr>
<tr>
<td>g.</td>
<td>Monitor level of consciousness.</td>
</tr>
</tbody>
</table>

C. Offender education:

1. Avoid skipping meals.
2. If vomiting or diarrhea occurs for greater than twenty-four (24) hours, notify clinic.
3. Avoid a diet high in carbohydrates.
4. Review medication (if applicable).
I. DESCRIPTION:

Based on the type of behavior and brain activity, seizures are divided into two broad categories: generalized and partial (also called local or focal). Classifying the type of seizure helps doctors diagnose whether an offender has epilepsy. Generalized seizures are produced by electrical impulses from throughout the entire brain, whereas partial seizures are produced (at least initially) by electrical impulses in a relatively small part of the brain. The part of the brain generating the seizures is sometimes called the focus. The most common types of seizures are listed below:

<table>
<thead>
<tr>
<th>Generalized Seizures (Produced by the entire brain)</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. &quot;Grand Mal&quot; or Generalized tonic-clonic</td>
<td>Unconsciousness, convulsions, muscle rigidity</td>
</tr>
<tr>
<td>2. Absence</td>
<td>Brief loss of consciousness</td>
</tr>
<tr>
<td>3. Myoclonic</td>
<td>Sporadic (isolated), jerking movements</td>
</tr>
<tr>
<td>4. Clonic</td>
<td>Repetitive, jerking movements</td>
</tr>
<tr>
<td>5. Tonic</td>
<td>Muscle stiffness, rigidity</td>
</tr>
<tr>
<td>6. Atonic</td>
<td>Loss of muscle tone</td>
</tr>
</tbody>
</table>

**Generalized Seizures**

There are six types of generalized seizures. The most common and dramatic, and therefore the most well known, is the generalized convulsion, also called the grand-mal seizure. In this type of seizure, the offender loses consciousness and usually collapses. The loss of consciousness is followed by generalized body stiffening (called the "tonic" phase of the seizure) for thirty (30) to sixty (60) seconds, then by violent jerking (the "clonic" phase) for thirty (30) to sixty (60) seconds, after which the offender goes into a deep sleep (the "postictal" or after-seizure phase). During grand-mal seizures, injuries and accidents may occur, such as tongue biting and urinary incontinence.

**Absence Seizures**

Cause a short loss of consciousness (just a few seconds) with few or no symptoms. The offender, most often a child, typically interrupts an activity and stares blankly. These seizures begin and end abruptly and may occur several times a day. Offenders are usually not aware that they are having a seizure, except that they may be aware of "losing time."

**Myoclonic Seizures**

Consist of sporadic jerks, usually on both sides of the body. Offenders sometimes describe the jerks as brief electrical shocks. When violent, these seizures may result in dropping or involuntarily throwing objects.

**Clonic Seizures**

Are repetitive, rhythmic jerks that involve both sides of the body at the same time.

**Tonic seizures**

Are characterized by stiffening of the muscles.

**Atonic seizures**

Consist of a sudden and general loss of muscle tone, particularly in the arms and legs, which often results in a fall.

<table>
<thead>
<tr>
<th>Partial Seizures (Produced by a small area of the brain)</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Simple (awareness is retained)</td>
<td>a. Jerking, muscle rigidity, spasms, head-turning</td>
</tr>
<tr>
<td>a. Simple Motor</td>
<td>b. Unusual sensations affecting either the vision, hearing, smell taste, or touch</td>
</tr>
<tr>
<td>b. Simple Sensory</td>
<td>c. Memory or emotional disturbances</td>
</tr>
<tr>
<td>c. Simple Psychological</td>
<td>Automatisms such as lip smacking, chewing, fidgeting, walking and</td>
</tr>
</tbody>
</table>
**III. GUIDELINES:**

**A.** Nurse will assess all offenders presenting with seizure and document on Nursing Clinical Guideline Flow Sheet 1905; Seizure; Emergency.


**B.** Secondary Assessment:

1. Obtain pulse respirations, blood pressure, and 02 sat. Temp may be taken when the offender is alert.

2. Obtain history. Time seizure began and ended. Was seizure witnessed and by whom. If the seizure was completed prior to nurse’s arrival ask if offender had aura and type, was there loss of consciousness, biting of the tongue, loss of bowel or bladder control, vomiting. Ask about the nature of the seizure, seizure history, postictal state, recent/past head injury, history of diabetes, heart disease, stroke, recent fever, stiff neck, headaches. Describe the seizure. Review chart for last AED level. Document which extremities, if any, have tonic-clonic activity.

3. Obtain list of current medication. Note if offender takes seizure meds when last dose taken.

4. Exam: Observe mental status. Orientation to time place and person, skin color, presence of any injuries from the seizure with attention to the mouth and tongue.

**C.** Primary intervention when the nurse responds to an offender having seizure activity will include the following:

1. Maintain a patent airway turning the offender to their left side if possible. Remove loose dentures.
2. Remove eyeglasses, loosen or remove articles of tight clothing, belts etc.
3. Protect the offender from physical harm by removing any dangerous objects present in the immediate area.

Health Care Provider Standing Orders:
4. Administer Oxygen at fifteen (15) liters via a non-rebreather mask.
5. Suction as indicated if the offender had a single seizure and is in the postictal state.
6. Have Narcan available for administration if ordered by HCP
7. Contact the Health Care Provider for orders.

If the offender is having repetitive seizure activity
8. Insert nasopharyngeal airway to maintain patent airway.
9. Perform accucheck. If < 50mg/dl initiate Nursing Clinical Guideline 735; Hypoglycemia; Emergency.
10. Contact EMS stat.
11. Contact HCP stat.
12. Establish IV access with saline lock if possible and if time permits.

D. Secondary Interventions:
1. Offender experiencing a postictal state, move to an observation area in the clinic and monitor vital signs every fifteen (15) minutes until oriented x three (3) and has resumed usual behaviors.
2. If the offender is taking an anti-epileptic drug (AED) like Tegretol, Dilantin, Phenobarbital, etc., ask HCP if they want serum blood level. If yes, draw venous blood (red top barrier tube) for serum blood level. The laboratory sample should be refrigerated.
3. If seizures were new onset determine if HCP if wants Chem Profile and Urine for Drug Testing.
4. Initiate Temporary Medical Restriction for bottom bunk.
5. Initiate classification review at next visit with HCP.

E. Educate the offender to return to the clinic if signs and symptoms suggestive of seizure reoccur.
I. DESCRIPTION:

A. An **Emergent Allergic Reaction** is a life-threatening allergic response to any number of stimuli. Reactions that occur almost immediately tend to be the most severe. Stimuli may include medications of all types, stings or bites from insects, vaccines, pollen, injected chemicals, or foods. Allergic reactions may result in anaphylactic shock, acute respiratory obstruction, and/or circulatory collapse.

B. **Anaphylaxis** is an acute, potentially lethal, multisystem syndrome resulting from the sudden release of mast cell- and basophil-derived mediators into the circulation. It most often results from immunologic reactions to foods, medications, and insect stings, although it can also be induced through nonimmunologic mechanisms by any agent capable of producing a sudden, systemic degranulation of mast cells or basophils.

<table>
<thead>
<tr>
<th>SIGNS AND SYMPTOMS OF ANAPHYLAXIS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skin:</strong></td>
</tr>
<tr>
<td>Feeling of warmth, flushing [erythema], itching [may begin on palms and soles], urticaria, angioedema, morbilliform rash, and &quot;hair standing on end&quot; [piloerection]</td>
</tr>
<tr>
<td><strong>Oral:</strong></td>
</tr>
<tr>
<td>Itching or tingling of lips, tongue, or palate. Edema of lips, tongue, uvula, metallic taste</td>
</tr>
<tr>
<td><strong>Gastrointestinal:</strong></td>
</tr>
<tr>
<td>Nausea, abdominal pain [colic, cramps], vomiting [large amounts of &quot;stringy&quot; mucus], and diarrhea Difficulty swallowing*</td>
</tr>
<tr>
<td><strong>Respiratory:</strong></td>
</tr>
<tr>
<td>Lung - shortness of breath, dyspnea, chest tightness, deep or repetitive cough, and wheezing</td>
</tr>
<tr>
<td>Nose - itching, congestion, rhinorrhea, and sneezing</td>
</tr>
<tr>
<td><strong>Cardiovascular:</strong></td>
</tr>
<tr>
<td>Feeling of faintness or dizziness; syncope, chest pain, palpitations, and/or hypotension (tunnel vision, difficulty hearing)</td>
</tr>
<tr>
<td><strong>Neurologic:</strong></td>
</tr>
<tr>
<td>Anxiety, apprehension, sense of impending doom, seizures, headache*, confusion</td>
</tr>
<tr>
<td><strong>Ocular:</strong></td>
</tr>
<tr>
<td>Periorbital itching, erythema and edema, tearing, and conjunctival erythema</td>
</tr>
<tr>
<td><strong>Other:</strong></td>
</tr>
<tr>
<td>Lower back pain due to uterine cramping in women</td>
</tr>
</tbody>
</table>

* Often occurs in association with throat tightness and other upper airway symptoms. **Not common in anaphylaxis overall; however, reported in up to 30 percent of patients with exercise-induced anaphylaxis.

II. GUIDELINE:

A. The nurse will assess the patient and document findings on Nursing Clinical Guideline Flow Sheet 110; Allergic Reaction; Emergency.

1. Conduct a primary assessment by searching for immediate life threats by assessing the "ABCs" (airway, breathing, or circulation problems), provide interventions according to Basic Life Support Guidelines, and activate EMS.
   a. Check the status of the airway. Observe if breathing is present, note patient’s ability to speak as well as evidence of actual or potential airway obstruction i.e. edema of, mouth, tongue, or throat.
   b. Assess breathing. Note if patient has difficulty speaking, note rate, depth and quality of ventilations, abnormal noises/stridor, retractions, accessory muscle use, nasal flaring, or cyanosis.
SUBJECT: ALLERGIC REACTION / ANAPHYLAXIS

Approved: Lannette C. Linthicum, M.D., Medical Consultant

1. Check circulation status: Check pulse, note if rapid, thread, regular, irregular, bounding.
   
2. Note condition of skin. Look for abnormalities (color, temperature, capillary refill, moisture, hives, swelling, redness)
   

2. Assess vital signs. Temperature, Pulse, Respirations, and oxygen saturation using the pulse oximeter. Check pupil response and obtain a brief history.

3. Contact the Health Care Provider stat.

4. Initiate the following unless or until the Health Care Provider indicates otherwise and or EMS arrives:

5. Emergency HCP Standing Orders:
   
a. Secure & maintain airway (Open airway head tilt-chin lift, oral airway, suction as indicated) Assist ventilation if indicated with Bag Valve Mask and oxygen at fifteen (15) liters or administer oxygen at fifteen (15) L via non rebreathing mask or two (2) to five (5) Liters per nasal cannula as necessary to keep oxygen saturation @ or above 90%.
   
b. If patient has no cardiac history, administer Epinephrine 1:1000 subcutaneously 0.3-0.5 ml every ten (10) to twenty (20) minutes as needed up to three (3) doses.
   
c. Start intermittent needle, if an RN/IV Certified LPN is available.
   
d. Place on cardiac monitor set to rhythm strip.
   
e. If the patient is in shock place in supine position with legs elevated (unless the position increases respiratory distress) and start IV of Lactated Ringers and infuse a 20ml/kg bolus up to 1000ml. (RN only if patient under age 12 or < 80lbs.
   
f. Administer Diphenhydramine (Benadryl) 50mg IV or IM. (IV route RN only.)

6. Assess vital signs & 02 Sat every 5 minutes unless or until HCP indicates otherwise. Monitor response to treatment by assessing breath sounds, mental status, pulse rate and quality, and capillary refill.

7. If the cause of the reaction was identifiable:
   
a. Document allergy in the Immunization Record, Medical Record, and on the Medication Administration Record.
   
b. Label the medical record binder with an allergy label.
   
c. Update the pharmacy profile when medication allergies are identified.

8. Notify facility staff as indicated of the detainee’s potential for future allergic reaction if source is known.

9. Initiate temporary medical restrictions as indicated.

10. Schedule follow up with Health Care Provider for treatment planning needs and medical classification review as appropriate upon return from the emergency room.

11. Provide applicable patient education upon return from emergency room or when practical:
   
a. To avoid the stimulus in the future.
   
b. If the stimulus is a medication, encourage the patient to always warn prescribing practitioners of their allergy to the drug.
   
c. If allergic to insect stings, wear protective clothing when outside.
   
d. Avoid scratching as it may cause secondary skin infection.
I. DESCRIPTION:

PEFR: Peak Expiratory Flow Rate.

SABA: Short-acting beta2-agonist (quick-relief inhaler).

MDI: Metered Dose Inhaler

The best strategy for management of acute exacerbations of asthma is early recognition and intervention, before attacks become severe and potentially life threatening. Detailed investigations into the circumstances surrounding fatal asthma have frequently revealed failures on the part of both patients and clinicians to recognize the severity of the disease and to intensify treatment appropriately.

Personal Best: This is a baseline measurement that should be measured when there are no asthma symptoms. Three PEFR measurements should be done with the same peak flow meter two to four times daily for two to three weeks. The highest PEFR achieved is the "personal best" PEFR. This number is used to determine if future PEFR readings are normal or low and is also used to create a normal PEFR range (between 80 and 100 percent of the personal best PEFR).

II. GUIDELINE:

A. The nurse will assess and document on Nursing Clinical Guideline Flow sheet 120; Exacerbation of Asthma Flow.

B. The primary assessment will include:

1. Search for immediate life threats by assessing the "ABCs" (airway, breathing or circulation problems) and treat according to Basic Life Support Guidelines.
2. Assess the airway. Note presence of breathing, ability of the patient to speak, evidence of actual or potential airway obstruction, edema of the mouth, tongue, throat, rate, depth and quality of ventilation, presence of stridor, retraction, nasal flaring, cyanosis, and or accessory muscle use.
3. Check circulation: Check pulse. Note if rapid, thready, regular, irregular, bounding. Note condition of skin including color, temperature, and presence of rash hives swelling. Check for capillary refill.
4. Assess and document the patient’s mental status. Note if patient is alert, agitated, drowsy, or confused. If a patient is drowsy or confused this is a clinical danger sign and the Health Care Provider must be contacted immediately.

C. A secondary assessment will include:

1. Vital signs including temperature, pulse, respirations, blood pressure, and oxygen saturation using pulse oximeter. Obtain weight if patient can tolerate the activity. Obtain peak flow. Ascertain patient’s personal best PEFR if possible. If the patient’s peak flow is less than 40% of their predicted best or less than two hundred (200) notify the Health Care Provider immediately.
2. History of chief complaint and current medication.
3. Ask the patient the following questions.
   a. When did you last use your SABA? Did it provide some relief?
   b. Are they having shortness of breath, at rest or with exertion as well as time of onset of symptoms?
   c. Do you have a cough? Have patient describe the cough in terms of whether it is dry or productive, color, amount, consistency and odor of sputum.
   d. Are you having a runny nose, headache, sneezing, or fatigue?
   e. Do you have chest pain or tightness? If so, note onset, location, duration and if patient experiences pain upon inspiration or expiration.
   f. Have you had recent exposure to communicable disease?
   g. Discuss history of previous asthma episodes and how they were resolved as well as previous history of hospitalization for exacerbation of asthma.
4. Assess breath sounds. Note if breath sounds are clear or if they are diminished or absent. Note presence of wheezing, crackles, rales, rhonchi, presence of stridor. If abnormal document what lung fields are affected. Rule out stridor by auscultating both the chest and throat.

5. Note chest wall movement. Is it equal or unequal? If unequal notify the Health Care Provider immediately.

6. Note presence of hoarseness and or dry cough.

7. Note PEFR at last chronic care visit.

D. **Guideline for severe exacerbation:** (PEF less than 40% predicted best or less than 200L/min, use of accessory muscles, chest retraction, lethargy, agitation, drowsiness, and diaphoresis.)

1. Call EMS and make contact with HCP immediately if any of the above clinical danger signs are present.

2. **In the interim or until alternate HCP orders are provided,** implement the following emergency HCP standing orders:
   a. Begin Oxygen at 2L/min per nasal cannula; increase rate as needed to keep Oxygen saturation per pulse oximeter greater than 90%.
   b. If Oxygen saturation is less than 92%, give Albuterol 2.5mg (0.5ml) in 3.0 cc Normal Saline per nebulizer every twenty (20) minutes times three (3) *(If patient is unable to effectively cooperate with nebulizer mouthpiece, may use a nebulizer mask.)*
   c. Have Epinephrine (1:1000) available to administer 0.3 to 0.5 mg sq of ordered during HCP contact.
   d. Start Intermittent Needle, flush with 10 cc NS and cap. *(RN’s or Certified LPN’s)*

3. Be prepared to administer CPR.

4. Take vital signs and measure oxygen saturation every fifteen (15) minutes.

5. Review PEFR from chronic care visit.

6. Monitor and document the patient’s mental status every fifteen (15) minutes.

7. Measure and record PEFR after each dose of nebulizer treatment
   a. Schedule patient for HCP assessment within twenty-four (24) hours of resolved event or, if the health care practitioner is not on site within the next twenty-four (24) hrs schedule patient for follow up assessment with the Nurse within twenty-four (24) hours, and with the HCP at the next site visit. Document Assessments.

8. Educate patient regarding inhaler technique, medication, and follow up needs when symptoms resolved and or when patient returns to the site.

E. **Guideline for mild or moderate exacerbation** *(PEF is greater than 40% predicted best or <200 L/min with mild to moderate symptoms.)*

1. Contact the Health Care Provider immediately for orders or follow the patient’s individual treatment plan if one is available for exacerbation of asthma.

2. Obtain vital signs and oxygen saturation every fifteen (15) minutes pending alternate HCP orders.

3. Monitor and document the patient’s mental status every fifteen minutes.

4. Measure and record PEFR.

5. Review PEFR from chronic care visit.

6. If distress becomes severe/PEFR not improved to >150% of initial PEFR call the Health Care Provider and follow emergency steps as outlined for severe exacerbation.

7. Once crisis is resolved schedule patient for HCP follow up during next site visit. Or, if HCP is not on site within the next seventy-two (72) hours schedule with Nurse for follow up assessment.

8. Educate patient regarding inhaler technique, medication, and follow up needs.
Purpose: To provide guidelines for the administration of Naloxone (Narcan) for the treatment of opioid-induced respiratory depression in adults.

Policy: Naloxone (Narcan) may be administered via IM or SQ by a Licensed Nurse if an inmate is in acute respiratory distress or apneic and unarousable from suspected opioid overdose.

Procedure:

1. Opiate is defined as a medication or an illegal drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Side effects may include over sedation, nausea, and constipation. Long-term use of opiates can produce addiction, and overuse can cause overdose and potentially death. (MedicineNet, 2012). (e.g. heroin, Dilaudid, Hydrocodone, Morphine, Duragesic, Vicodin, Codeine, Oxycontin)

2. Identify early warning signs and risk factors associated with opioid-induced respiratory depression during the inmate Pre-Screen and Medical Screening.
   a. During Pre-Screening the nurse will observe and note the following;
      i. History of drug abuse
         1. What type
         2. Route
         3. Frequency
         4. Last use
      ii. Appears Lethargic
      iii. Has slurred speech
      iv. Obvious track marks
      v. Has an unsteady gait
      vi. Experiencing difficulty breathing
   b. The inmate can be refused at the time of Pre-Screen if the nurse determines that an opiate overdose is suspected.
   c. During Medical Screening the nurse will obtain the following information and record this data in the inmate's Medical Screening;
      i. History of Drug Abuse
         1. Route
         2. Frequency
         3. Last use
         4. Older Age (e.g. 65 or over)
         5. Obesity (e.g. BMI 35 kg/m2 or more)
         6. One or more co-morbidities
         7. ETOH use in combination of opiate use
         8. Amount in past 24 hours
         9. Other drugs used in combination of opiate use
3. The following are signs of an opiate overdose and would warrant the use of Narcan
   a. Absence of respirations (apnea) or decreased respiratory rate - a respiratory rate of <10-12/min and/or a PO2 reading of< 90%
   b. Gurgling or snoring type sounds
   c. Altered mental status to loss of consciousness (minimally responsive or unresponsive)
   d. Constricted/pinpoint pupils - the presence of pinpoint pupils alone is not sufficient to infer opioid intoxication
   e. Slow, erratic or absent heart rate
   f. Cold and clammy skin (may appear cyanotic (bluish) especially around the lips and/or nail beds in individuals with lighter skin; individuals with darker skin may be grayish or ashen)

4. Assessment:
   a. Attempt to arouse the inmate
   b. Count respiratory rate and pulse for a minimum of 15 seconds for accuracy and determine quality of respirations and obtain a pulse-oximetry reading
   c. If respiratory rate drops below 10-12 per minute or becomes shallow with poor quality, the PO2 reading is< 90% and the inmate is difficult to arouse, reversal with Naloxone is indicated.
   d. Obtain a neurological evaluation; determine pupil size and reaction to light and level of consciousness

5. Procedure: If an opiate overdose if suspected, the health staff shall initiate the following:
   a. Activate EMS response by contacting the Shift Supervisor
   b. Initiate rescue breathing, if indicated
   c. If the inmate is apneic and does not have a pulse, initiate CPR
   d. Provide supplemental oxygen via facemask immediately at 10-15 liters
   e. Place an AED beside the inmate and apply pads (pads may be applied immediately following the administration of Naloxone)
   f. The health staff may administer UNDILUTED Naloxone 1 mg/ml vial, Give 2 mls (total of a 2 mg. dose) IM or SQ. If Intranasal (which is pre-packaged), provide 4 mg per attenuation single use or use the nasal device to administer 1 mg per nostril of the liquid. Repeat every 2-3 minutes as necessary. Maximum of 10 mg.
   g. If the maximum of 10 mg. of Naloxone is reached prior to EMS arriving and reversal has not been achieved, the health staff will call the on-call physician for further orders

6. Monitoring following Naloxone administration:
   a. Monitor sedation and respiratory status and remind the inmate to deep breath every 1-2 minutes.
   b. Keep the Naloxone readily available. Naloxone has a rapid onset of action (2 min.) and half- life of 30 to 81 minutes (Director of Critical Care (2012)).
   c. Monitor Vital Signs (Respirations, Pulse, Blood Pressure and Pulse-Oximetry) every 15 minutes until EMS arrives.
   d. Any inmate with respiratory arrest reversed by Naloxone is to be transported to the ER.
e. Other Considerations

i. Monitor for agitation, combativeness, and other withdrawal symptoms should reversal occur (typically over 2-5 minutes). (New Jersey Department of Health, 2015).

ii. Have AED nearby and ready; Ventricular Fibrillation cardiac arrest may develop after treatment (New Jersey Department of Health, 2015).

f. Documentation is to be made by the administering health staff in the inmate's permanent medical record.

i. Document the incident in the Health Record, Progress Notes

ii. Write a standing order for Naloxone under the Physicians' Order Sheet

1. The order is to be written as follows; Na1oxone 1 mg/ml - Give 2 mls. (Route) stat, may repeat every 2-3 minutes until reversal obtained, not to exceed 10 mg.
   a. The health staff will add any additional orders obtained by the physician

2. The health staff will also write any supplemental orders on the Physicians Order Sheet. This includes the following, but not limited to;
   a. Oxygen Administration
   b. Send to ER for Evaluation
   c. Contact the On-Call Physician and On-Call Nursing Supervisor after the incident.

References


I. DESCRIPTION:

Heat exhaustion and Heat Stroke: A continuum of increasingly severe heat illnesses caused by dehydration, electrolyte losses, and failure of the body’s thermoregulatory mechanisms.

Heat exhaustion is an acute heat injury with hyperthermia owing to dehydration.

Heat stroke is extreme hyperthermia with thermoregulatory failure and profound central nervous system dysfunction.

System(s) affected: Endocrine/Metabolic; Nervous

Synonym(s): Heat illness; Heat injury; Hyperthermia; Heat collapse; Heat prostration.

Risk Factors:

ALERT

Elderly persons and children are more susceptible. Pregnant women may be more prone to volume depletion with heat stress.

- Poor acclimatization to heat or poor physical conditioning
- Salt or water depletion
- Obesity
- Acute febrile or GI illnesses
- Chronic illnesses: Uncontrolled diabetes or HTN, cardiac disease
- Alcohol and other substance abuse
- High heat and humidity, poor air circulation in environment
- Heavy, restrictive clothing
- Nutritional supplementation that includes ephedra

Heat exhaustion: Symptoms are milder than in heat stroke, with no severe CNS derangements:

- Fatigue and lethargy
- Weakness
- Dizziness
- Nausea, vomiting
- Myalgias
- Headache
- Profuse sweating
- Tachycardia
- Hypotension
- Lack of coordination
- Agitation
- Intense thirst
- Hyperventilation
- Paresthesias
- Core temperature elevated but <103°F (<39.4°C)

Heat stroke: Divided into two (2) categories: Classic and Exertional.

Classic:
Caused by environmental exposure, primarily in elderly or chronically ill patients, and may develop gradually over days.

Exertional:
Typically, younger, very active patients with rapid onset:

- Exhaustion
II. GUIDELINE:

A. The nurse will assess the patient and document on Nursing Clinical Guideline Flow Sheet 715; Heat Related Illness.

1. Ensure scene safety. Move to cool area out of sun.
2. Make sure airway is clear and check for adequate breathing.
3. Check for presence of circulation.
4. Assess Level of Consciousness and document:
   a. Alert: patient who is aware of his or her name, location and the time or date is said to be alert and oriented times three. A patient who is confused or unsure of his/her name or surroundings is said to be disoriented.
   b. Verbal: Evaluate the patient’s ability to understand and respond appropriately to verbal commands. A patient who can move a body part when requested demonstrates a level of consciousness that is important when documenting baseline data.
   c. Responds to Painful Stimulus: This assesses the patient's ability to respond to painful stimulus with purposeful movement, such as moving away.
   d. Unconscious: The patient does not respond to any stimulation.

5. Obtain vital signs including Temperature, Pulse, Respirations, Blood Pressure, and Oxygen saturation using pulse oximeter.
6. Assess pupil response, and skin condition.
7. Obtain History:
   a. Chief complaint
   b. Onset of symptoms
   c. History of additional episodes
   d. Fatigue
   e. Weakness
   f. Headache
   g. Dizziness
   h. Nausea
   i. Fainting
   j. Muscle Spasms
   k. Intense thirst
   l. Agitation
   m. Feeling of numbness, tingling, or “pins and needles” feel
   n. Amount of fluid consumed in past twenty-four (24) hours
   o. List of current medications.

B. INTERVENTION:

If the patient exhibits an altered mental status, temp 103 °F or above, & or unstable vital signs:

1. Secure and maintain open airway & assist ventilation per Basic Life Support guidelines if indicated.
2. Contact the Health Care Provider Immediately.
3. Contact EMS immediately & prepare the patient for transport.
4. Remove clothing. Initiate evaporative cooling. Spray room temperature water over the patient and
facilitating evaporation and convection with the use of fans.

5. Place ice or cold packs in the neck, groin, and axillae.

6. Assess vital signs, oxygen saturation using pulse oximeter, level of consciousness, skin condition every 15 minutes unless or until HCP indicates otherwise.

7. **Pending HCP contact initiate the following as per HCP Standing Orders:**
   a. Oxygen at 15 liters per non-rebreather mask or at 2 to 5 liters per nasal cannula.
   b. Establish IV access and infuse Normal Saline at 100 cc per hour.

8. If the patient’s mental status is intact and vital signs are stable.
   a. Offer cool water and or sports drink if available.
   b. Remove clothing and initiate evaporative cooling: Spray room temperature water over the patient and facilitate evaporation and convection with the use of fans.
   c. Place ice or cold packs in the neck, groin, and axillae.
   d. Assess vital signs & oxygen saturation and mental status every fifteen (15) minutes unless or until HCP indicates otherwise.
   e. Contact the Health Care Provider.
   f. Cooling may be discontinued when temp drops to 102 °F and stabilizes or otherwise directed by the HCP.

C. **PATIENT EDUCATION:**

1. Avoid strenuous outdoor physical activity during the hottest part of the day.
2. Stress the importance of proper conditioning and acclimatization.
3. Instruct patients to recognize heat stress signs and symptoms.
4. Avoid sun when possible.
5. If in sun maintain as much skin exposure as possible in hot, humid conditions, while using proper sun block protection.
6. Avoid dehydration with proper fluids during activity or exercise: eight (8) oz fluid intake for every fifteen (15) minutes of moderate exercise.
7. If outside and S/S arise, go to a cool area and drink small amounts of water.
8. If nauseated or dizzy, lie down and call for help.
9. Discuss medications that increase potential for heat illness: i.e. diuretics
10. Avoid Caffeine.
<table>
<thead>
<tr>
<th>SUBJECT: POST EXPOSURE PROPHYLAXIS</th>
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<tbody>
<tr>
<td>Approved: Lannette C. Linthicum, M.D., Medical Consultant</td>
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<td>Page 1 of 1</td>
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<tr>
<td>Original Date Issued: 10/1/18</td>
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<td>Revision Date:</td>
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I. DESCRIPTION:
Non-occupational exposure is any direct mucosal, percutaneous, or intravenous contact with potentially infectious body fluids that occur outside perinatal or occupational situations.

II. GUIDELINE:

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<tbody>
<tr>
<td>A.</td>
<td>Circumstances of the exposure and PEP management should be recorded in the exposed patient's medical record. The nurse shall obtain appropriate history of the incident and contact the HCP for all treatment orders related to exposure work up.</td>
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<td>B.</td>
<td>Details shall include:</td>
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<td></td>
<td>1. Date and time of exposure</td>
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<td>2. Details of the Incident: Where and how the exposure occurred, exposure site(s) on body,</td>
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<td></td>
<td>3. Details of Exposure: Type and amount of fluid or material, severity of exposure.</td>
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<td></td>
<td>4. Details about the exposure source when available: HIV, Hepatitis B and Hepatitis C status. If the source is HIV-infected and information is available determine stage of disease, HIV viral load, current and previous antiretroviral therapy, and antiretroviral resistance information.</td>
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<td>5. Details about the exposed person: Hepatitis B vaccination and vaccine response status, other medical conditions (specifically renal disease, liver disease, diabetes, or mental health diagnosis, drug allergies, and medications, pregnancy or breast feeding status.</td>
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<td>C.</td>
<td>Counseling, post exposure management and follow up shall be documented on Nursing Clinical Guideline Flow Sheet 511; Post Exposure.</td>
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<td>D.</td>
<td>The assessment shall include:</td>
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<td>1. Temperature, pulse, respirations, blood pressure, and weight.</td>
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<td>2. The exposure is evaluated for potential to transmit HIV based on the type of body substance involved, the route, and HIV status of the source patient.</td>
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<td>3. Assessment of any injuries.</td>
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<td>E.</td>
<td>Treatment shall include:</td>
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<td></td>
<td>1. Wash wounds and skin sites that have been in contact with blood or body fluids with soap and water.</td>
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<td></td>
<td>2. Flush mucous membranes that have been in contact with blood or body fluid with water.</td>
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<td></td>
<td>3. Follow appropriate wound care guidelines as applicable.</td>
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<td>4. Contact HCP for orders and provide history of the exposed patient and information regarding the source individual if known.</td>
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<td>5. Make the Post-Exposure Prophylaxis (PEP) line number available for the HCP for use in considering Anti-retroviral Drug Regimen 1-888-448-4911.</td>
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<td></td>
<td>6. Provide access to the “Quick Guide to Non-Occupational Post Exposure Prophylaxis (PEP) in the Infection Control Manual for guidance in special circumstances i.e. pregnancy risk, known or suspected pregnancy, children, sexual assault survivors, Injection Drug Users, resistance of the source virus to antiretroviral agents and drug regimen side effects/toxicity management.</td>
</tr>
<tr>
<td>F.</td>
<td>Counseling after HIV Exposure:</td>
</tr>
<tr>
<td></td>
<td>1. Advise exposed person to refrain from donating blood, plasma, organs, tissue, or semen and utilize risk reduction methods including latex barriers during sex, not sharing injection equipment, and/or abstaining from high risk behaviors.</td>
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<td>2. Offer mental health counseling as needed.</td>
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<td>3. Counsel the exposed individual about the signs and symptoms of acute retroviral syndrome (flu-like syndrome), and the need to come in for additional testing should these symptoms develop.</td>
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<td>4. Discuss follow up appointment.</td>
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<td>5. Counsel on risk reduction strategies.</td>
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REFERENCE: The 5 Minute Clinical Consult

NURSING CLINICAL GUIDELINE 2315

SUBJECT: WOUND; HUMAN BITE

Approved: Lannette C. Linthicum, M.D., Medical Consultant

Page 1 of 1

Original Date Issued: 10/1/18

Revision Date:

I. DESCRIPTION:

Injury to the human skin and/or subcutaneous tissues caused by bite, causing usually local, and in some cases systemic, effects.

Human bites generally only violate skin, although penetration into joint and tendon sheath spaces can occur (especially bites overlying the metacarpal-phalangeal areas). Human bites are often the result of one person striking another in the mouth with a clenched fist.

Bite wounds can be tears, punctures, scratches, avulsions, or crush injuries.

II. GUIDELINE:

1. The nurse will assess the patient presenting to the clinic with a human bite and document on Nursing Clinical Guideline Flow Sheet 2315; Wound; Human Bite.

2. History:
   a. Obtain an accurate history as to when and how injury occurred as well as what treatment if any was rendered prior to the patient arriving at the clinic.
   b. Ascertain how the wound was inflicted. For example, closed fist striking the mouth and teeth as opposed to a human bite directly on the skin.
   c. Ask patient about prior tetanus vaccination, and history about immune system problems and or diabetes.
   d. Ask the patient about their level of pain.
   e. Review current medications.

3. Assessment:
   a. Obtain temperature, pulse, respiration, blood pressure and weight.
   b. Describe location, extent, and appearance of the wound.
   c. Note presence or heat, redness, swelling, edema, dead tissue, punctures, lacerations, bleeding, and or drainage.
   d. Assess range of motion of the affected area.
   e. Note any regional adenopathy.
   f. Review the HBV and HIV status of the person who inflicted the bite and document findings.

4. Treatment:
   a. Irrigate the wound thoroughly with normal saline, and then cleanse the area meticulously with Hibiclens and Normal Saline.
   b. Do not apply a dressing or ointment.
   c. Per HCP Standing Orders:
      Administer Td vaccine if indicated per DHE Immunization guidelines:
      (1) dose – 0.5 ml
      (2) route – intramuscular
      (3) site – deltoid
      (4) Document Td vaccine on the immunization log and refer to Immunization Nurse for entry in the Web IZ record.
   d. Nurse will contact HCP for analgesic management orders.
   e. Complete Nursing Clinical Guideline 511; Post Exposure, as indicated.
   f. Contact the Health Care Provider for additional orders.

5. Patient Education:
   a. Keep wound clean and dry. May bathe as usual.
   b. Do not cover wound with dressing.
   c. Return to clinic if signs and symptoms of infection appear (redness around bite, swelling, warm to touch, fever or etc).
I. DESCRIPTION:

Sexual Abuse: Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child or another person. Sexual abuse shall include: (1) allowing, permitting or encouraging a child to engage in prostitution or to be photographed, filmed or depicted in pornographic material; (2) Sexual abuse of an offender by another offender; and (3) Sexual abuse of an offender by a staff member, contractor, or volunteer.

Sexual Abuse of Offender by Another Offender: When one or more offender engages in, or attempts to engage in unwanted sexual contact with another offender by force, the use of threats, intimidation, unwanted touching, or other actions, and/or communications by one or more offender aimed at coercing and/or pressuring another offender to engage in a sexual act, and includes any act prohibited by state statues perpetrated on an offender, and any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
(2) Contact between the mouth and the penis, vulva, or anus;
(3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
(4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual Abuse of an Offender by an Employee, Contractor, or Volunteer includes any act prohibited by facility's state sexual abuse crime statues, perpetrated on an offender, and any of the following acts, with or without consent of the offender:

(1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
(2) Contact between the mouth and the penis, vulva, or anus;
(3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
(4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
(5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor or volunteer has the intent to abuse, arouse, or gratify sexual desire;
(6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1) through (5) of this definition;
(7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an offender, and
(8) Voyeurism by a staff member, contractor, or volunteer.

II. GUIDELINE:

A. The site healthcare staff will document examination and treatment on Nursing Clinical Guideline Flow Sheet 1910; Sexual Assault-Abuse. On site healthcare staff shall provide stabilizing treatment for urgent or life-threatening conditions and coordination of care pending the offender’s referral to a SANE/SART location for forensic examination.

1. Obtain subjective history in the offender’s own words. Include the date and time of the alleged assault as well as type of assault and whether it involved penetration (digital, oral, penile, vaginal, anal).
2. Obtain allergy history and list of current medications.

B. The healthcare staff shall assess the following:
   1. Vital signs including oxygen saturation, pupil response, and skin condition.
   2. Document who accompanied the offender to the clinic.
   3. Document observations regarding the offender's emotional state.
   4. Note any obvious traumas such as contusions, lacerations, avulsed tissue, bite wounds, bleeding, swelling, redness, or deformity.
   5. Assess skin condition: (warm, dry, cool, moist.)

C. Site healthcare staff shall implement a plan of care as follows:
   1. Provide stabilization for urgent or life-threatening conditions. Healthcare staff shall document visible injuries and will not initiate any type of additional examination or treatment for minor wounds in order to protect potential evidence.
   2. Do not leave the offender unattended.
   3. Communicate with the offender in a professional non-judgmental manner.
   4. Provide offender privacy and use same sex chaperone/offender advocate as indicated.
   5. Ensure the offender does not wash, brush teeth, eat, drink, gargle, rinse the mouth, urinate, defecate, remove or change clothing, menstrual pads, or tampons as this could destroy physical evidence.
   6. Notify the site Health Care Provider as soon as possible to obtain orders.
   7. Contact the SANE/SART location. Inform SANE/SART provider of the incident and offender’s condition. Receive any additional instruction from the sexual assault nurse examiner.
   8. The Health Care Provider and SANE/SART provider will determine if it is medically appropriate to pursue a rape kit investigation in situations whereby an alleged sexual assault occurred more than 96 hours prior.
   9. Inform the offender of the plan of care, duty of healthcare staff to report the incident, and their right to consent or refuse any examinations.
   10. Notify the following:
       a. H.S.A
       b. Shift Supervisor
       c. Mental Health
   11. Complete a mental health referral.
   12. Refer the case to the Infection Control Nurse and the Director of Nursing. Add the offender to the case management caseload to track follow up needs.

D. Offender education shall be provided. Explain need for referral to a sexual assault nurse examiner as indicated for examination and aftercare recommendations. Provide re-assurance that mental health counseling, STI counseling, pregnancy testing/contraception and prophylactic treatment will be provided with appropriate follow up. Provide re-assurance that a safe environment will be provided through security measures.
VitalCore Health Strategies

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**VitalCore Health Strategies (VitalCore)** provides quality healthcare services, oversight, and consultation to correctional facilities, state hospitals and United States government organizations.

We have decades of experience providing patient-first care that’s safe, holistic – and efficient. At VitalCore, we believe in the power of partnerships, the value of doing things right the first time and raising the bar in all we do.
Our philosophy

Change difficult service needs into positive service centers.

Providing care to patients within state correctional facilities, jails and rural community service centers presents unique challenges. We know this because we’ve been there. Our VitalCare team includes leaders who’ve managed large healthcare systems in hard-to-reach places. We know the value expedient, efficient, expert healthcare has on individual patients – and entire communities.

Our management strategy, combined with clinical expertise from first-rate universities, delivers high-quality medical services in a timely and safe manner.
What is telehealth

Telehealth provides healthcare to people in hard-to-access or underserved areas, from institutions to remote locations. Telehealth levels the playing field, ensuring all patients – regardless of their circumstances – have access to top medical professionals and specialists.

What services are offered
VitalCore’s telehealth service line up is vast and includes:

- Emergency consultation
- Specialist consultation
- Case management
- Care planning
- Remote health monitoring
- Medical repatriation

Our partners in telehealth
At VitalCore, we partner with the telehealth services at George Washington University, one of the field’s premier providers. Through this partnership, we have 24/7 access to a vast multi-specialty physician group with more than 750 clinicians within 51 medical specialties. At anytime. From anywhere.

For more than 20 years, our partners have provided comprehensive telehealth solutions to patients and providers around the world.

Now, it’s your turn.
How it Works

From any location in the world, our clients have direct access via phone, email, video or fax to emergency and specialty physicians for remote consultation, medical direction and advice. The medically trained operators assist our physicians and clients during the medical consultation process and ensure that the patient’s electronic medical record (EMR) is updated in a secure patient database.

If a physician requires visual examination of a client’s illness or injury, the operator can quickly and securely establish a video consultation with the physician.

Video conferencing is accessible 24/7, 365 days per year, worldwide, anywhere an internet connection can be established.

The injured or ill party and the physician can see each other face to face from anywhere in the world.

World-class, HIPPA-compliant medical care can be accessed in a timely and secure manner.

Patient Education and Self-Management
Telehealth provides patients with disease-specific education and self-management techniques on a range of issues, including:

- Prescription compliance
- Lifestyle choices, such as diet and exercise
- Chronic care management principles
- Best practices in managing illness

Pre- and Post- Acute Management of Chronic Conditions
The ongoing monitoring and management of chronic health conditions is paramount in helping prevent or address potential worsening of symptoms. Telehealth can help:

- Track and monitor vital signs and other data between formal physician visits
- Stabilize, follow and manage patients after an acute episode
- Prevent unnecessary trips to the emergency department, hospital or physician offices
- Shorten hospital stays
Telehealth is one of the fastest growing areas in the healthcare industry for a good reason: it’s one of the most efficient and cost-effective delivery methods available.

**Post-Acute Patient Stabilization**

In post-acute patient stabilization, telehealth uses biometric data, check-in data and environmental sensors on a site-by-site basis to:

- Monitor medical conditions
- Detect complications or worsening of symptoms
- Address indicators that raise the risk for readmission

**Long-Distance Routine Check-Ups & Treatment**

Telehealth improves access for routine health care check-ups and treatment for individuals who live in rural or frontier areas, are homebound, or who reside in correctional environments. As a result, it can:

- Create a safer healthcare experience
- Reduce risks inherent in transportation
- Ensure more timely treatment

**Specialty Tele-Consultation**

Primary care physicians can use telehealth services to consult with a specialist or expert, giving clinicians access to a more expansive care team.
VitalCore Health Strategies understands the importance of making healthcare accessible to all patients in a cost-effective and efficient way. Here’s how partnering with VitalCore for your telehealth needs will save you time and money:

- Reduces the cost of transportation and correctional officer staffing
- Reduces challenge of medical staff shortages outside of highly populated areas
- Improves access to medical specialists
- Ensures high-quality, continuous care – even in an emergency – via our satellite or mobile links to our medical staff
- Lowers costs associated with non-emergency department use and replaces higher-costs associated with higher continuum of care settings, such as emergency rooms and urgent care clinics.
- Enhances patient’s confidence in healthcare system; viewed as an added modern and convenient health care benefit
- Reduces hospitalizations and hospital readmissions, especially among patients with heart disease and COPD. For example, one meta-analysis of telehealth studies conducted in 2011 found that, compared to standard care, those patients with heart failure receiving telehealth had a 42 percent reduction in hospitalizations.

At VitalCore Health Strategies, we support your need – and desire – to expand your health service delivery model efficiently – and effectively. VitalCore Health Strategies is a member of the American Correctional Association and the American Jail Association. Join VitalCore Health Strategies and our University clinical partners to deliver superior, seamless telehealth services to your patients.

VitalCoreHS.com  VchsAdmin@VitalCoreHS.com  785.246.6840
Delivering comprehensive telemedicine solutions and services to patients and providers around the world.
George Washington University brings an unparalleled telehealth experience to historically difficult-to-access or underserved populations. George Washington Medical Faculty Associates Inc. (MFA) is the largest multi-specialty physician group practice in Washington DC, employing over 750 clinicians within 51 medical specialties and conducting more than 1,938 office visits per day.
More than 20 years of innovation.

MFA’s Department of Emergency Medicine Innovative Practice Section has delivered novel medical specialty services throughout the United States and across the globe for 25 years. The Section offers a broad-range of telehealth and remote medical access programs, mobile health and event medicine projects, and research and consulting initiatives in the areas of Emergency Medicine and other medical specialties. For over 20 years, the Department of Emergency Medicine has specialized in delivering comprehensive telehealth solutions and services to patients and providers around the world.
The Worldwide Emergency Communications Center (WECC) acts as the operational hub to clinical and cognitive telehealth consults. As an academic leader in telehealth, they continuously connect correctional facilities and other remote organizations around the globe to leading GW MFA specialty providers.

Telehealth care includes physician-based triage, physician specialty care, remote monitoring, and medical call center and case management. Telehealth opportunities occur through a growing variety of applications and services using two-way video, email, wireless phones and other forms of telecommunications technology.
A Customized Data Base has been developed by GW Medical Faculty Associates utilizes their Worldwide Emergency Communication Center (WECC) as the communications and operations hub for all telehealth services. The WECC houses a custom-made database of global medical facilities and capabilities staffed with EMTs and Paramedics. WECC provides virtual emergency triage services. The staff has instant access to client information, medical records, and medical kit contents.

The WECC Infrastructure and technology ensures secure storage and management of medical and operational records. Communications are used via phone, email, fax, secure telemedicine systems, and secure video conferencing. The Unified Medical Records Data base is a custom-built electronic health record system. A Comprehensive Operational System is a custom-built operational database system.

George Washington’s MFA is committed to excellence in patient care and customized client service, with a focus on providing value to the dynamic members in the healthcare system while fundamentally reshaping healthcare delivery. MFA deploys disciplinary medical teams domestically and internationally to serve a client’s medical needs.
The Worldwide Emergency Communication Center or WECC acts as the main platform servicing the GW Maritime, Global Health Services, and Onsite Programs. The WECC utilizes several global telemedicine capabilities to provide dedicated logistic, and telemedicine coordination to our various remote clients, twenty-four hours a day, seven days a week.

From any location in the world, our clients have direct access via phone, email, video or fax to emergency physicians as well as over 550 specialty physicians for remote consultation, medical direction and advice. The medically trained WECC operators assist our physicians and clients during the medical consultation process and ensure that the patient’s electronic medical record (EMR) is updated in our secure patient database.
If a physician requires visual examination of a client’s illness or injury, the WECC operator can quickly and securely establish a video consultation with the physician using DigiGone™ Video Telemedicine software. For clients that require a hardware telemedicine solution, the WECC can conduct a video consult. GW can also arrange a live demo of GW’s telemedicine capabilities.

Video conferencing is accessible 24/7, 365 days per year, worldwide, anywhere an internet connection can be established.

The injured or ill party and the physician can see each other face to face from anywhere in the world. This affords the patient and the medical provider the opportunity to establish a more personal interaction that has not been possible before.

On site physicians will enjoy the peace of mind that they have access to over 55 specialties and over 550 providers at the George Washington University - MFA.

World class medical care can be accessed in a timely and secure manner. This HIPAA compliant access to medical care is unparalleled in the industry and provides our clients assurance that they are receiving the best possible care.

Since 1989, Maritime Medical Access has been the industry leader in delivering worldwide telemedicine advise, clinical case management, repatriation, training and recommendations for medical equipment and medicine chests for clients to all corners of the globe. We are proud to have added DigiGone™ Video Telemedicine services to our capabilities list.
George Washington University Specialty Services

For over 20 years, the GW Department of Emergency Medicine has specialized in delivering comprehensive telemedicine solutions and services to patients and providers around the world to leading GW MFA providers in numerous specialty areas. Some of the primary areas of specialization include:

- Cardiology
- Ear Nose and Throat (ENT)
- Transgender medicine
- Emergency Medicine
- Dermatology
- Endocrinology
- Infectious Disease
- Neurology
- Orthopedics
- Radiology
- Psychiatry

George Washington University Tele-Health Clients

The MFA is a Not-For-Profit Organization that supports the education and research missions of the George Washington University School of Medicine and is a separate corporation from the University. MFA is proud to have worked with the following clients:

**Domestic Emergency Departments/Medical Services**

<table>
<thead>
<tr>
<th>The George Washington University Hospital (GWUH/ UHS)</th>
<th>Prince George’s Hospital Center</th>
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<tbody>
<tr>
<td>Walter Reed National Military Medical Center (WRNMMC)</td>
<td>Howard University Hospital</td>
</tr>
<tr>
<td>Veteran's Administration Medical Center (VAMC)</td>
<td>Trident Seafoods-Alaska</td>
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<tr>
<td>The Environment Protection Agency (EPA)</td>
<td>WorldStrides</td>
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<tr>
<td>Washington Metropolitan Area Transit Authority (WMATA)</td>
<td>Europ Assist</td>
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</table>

**United States Government/International Organizations**

<table>
<thead>
<tr>
<th>National Science Foundation</th>
<th>Diplomatic Security Service</th>
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<tr>
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<tr>
<td>U.S. Nuclear Regulatory Commission</td>
<td>The Department of State</td>
</tr>
<tr>
<td>The Transportation Safety Administration (TSA)</td>
<td>The Department of Justice</td>
</tr>
<tr>
<td>Honeywell Technology Solutions, Inc.</td>
<td>CUBIC Applications</td>
</tr>
<tr>
<td>Vectrus Systems Corporation</td>
<td>SOSi International</td>
</tr>
<tr>
<td>U.S. Department of Defense</td>
<td>The Kennedy Center</td>
</tr>
</tbody>
</table>

[VitalCoreHS.com](http://VitalCoreHS.com) | info@VitalCoreHS.com | 785.246.6840
A. ANALGESIC AND ANTI-INFLAMMATORY AGENTS

1. ANTI-MIGRAINE
   Pain Reliever Plus Tabs (EXCEDRIN)

2. NARCOTIC ANALGESICS / ANTI-PYRETSICS
   Tramadol 50mg Tablet (ULTRAM)
   Hydrocod/APAP 5/325mg Tab (NORCO)
   Hydrocod/Apap 10/325 Tab (NORCO)
   Acet/Cod 300mg/30mg Tab (TYLENOL/CODEINE #3)
   Hydrocod/Apap 7.5/325 Tab (NORCO)
   Morphine 15mg IR Tab (MSIR)
   Morphine 30mg IR Tab (MSIR)
   Morphine ER 30mg Tablet (MS CONTIN)
   Morphine ER 60mg Tablet (MS CONTIN)
   Morphine ER 100mg Tablet (MS CONTIN)

3. NON-NARCOTIC ANALGESICS

   NON-STERoidal ANTI-INFLAMMATORY AGENTS
   Ibuprofen 200mg Tablet (ADVIL)
   Meloxicam 15mg Tablet (MOBIC)
   Meloxicam 7.5mg Tab (MOBIC)
   Ibuprofen 400mg Tablet (MOTRIN)
   Ibuprofen 600mg Tablet (MOTRIN)
   Ibuprofen 800mg Tablet (MOTRIN)
   Naproxen 250mg Tab (NAPROSYN)
   Naproxen 375mg Tablet (NAPROSYN)
   Naproxen 500mg Tablet (NAPROSYN)
   Indomethacin 25mg Capsule (INDOCIN)
   Indomethacin 50mg Cap (INDOCIN)

   SALICYLATES
   Aspir-low 81mg EC Tablet (BAYER LOW STRENGTH)
   Aspirin 81mg Chew Tab (BAYER CHILDRENS ASPIRIN)
   Aspirin 325mg Tablet (BAYER ASPIRIN)
   Aspirin EC 325mg Tablet (ECOTRIN)
   Salsalate 750mg Tablet (DISALCID)
   Salsalate 500mg Tablet (DISALCID)

   SKELETAL MUSCLE RELAXANTS
   Cyclobenzaprine 5mg Tab (FLEXERIL)
Cyclobenzaprine 10mg Tab (FLEXERIL)
Tizanidine 2mg Tablet (ZANAFLEX)
tiZANidine 4mg Tablet (ZANAFLEX)
Methocarbamol 750mg Tab (ROBAXIN-750)
Methocarbamol 500mg Tab (ROBAXIN)
Baclofen 10mg Tablet (LIORESAL)
Baclofen 20mg Tablet (LIORESAL)

**MISCELLANEOUS AGENTS**
Acetaminoph 160mg/5ml Liq (TYLENOL)
Acetaminophen 325mg Tab (TYLENOL)
Acetaminophen 500mg Caplt (TYLENOL EX STR)
Pain Reliever Plus Tabs (EXCEDRIN)
Acetaminophen 650mg Supp (FEVERALL)
Nalbuphine 10mg/ml Vial (NUBAIN)
Nalbuphine 20mg/ml Ampul (NUBAIN)

**B. ANTI-COAGULANTS**
Warfarin Sod 2.5mg Tablet (COUMADIN)
Warfarin Sod 4mg Tablet (COUMADIN)
Warfarin Sod 2mg Tablet (COUMADIN)
Warfarin Sod 5mg Tablet (COUMADIN)
Warfarin Sod 10mg Tablet (COUMADIN)
Warfarin Sod 7.5mg Tablet (COUMADIN)
Warfarin Sod 1mg Tablet (COUMADIN)
Warfarin Sod 3mg Tablet (COUMADIN)
Warfarin Sod 6mg Tablet (COUMADIN)
Heparin (porcine) 1000/ml (HEPARIN SODIUM (PORCINE))
Heparin Sod 1,000unit/ml (HEPARIN SODIUM (PORCINE))
Heparin 1000unit/ml MDV (HEPARIN (PORCINE))
Heparin Sod 5000unit/ml (HEPARIN SODIUM (PORCINE))
Heparin Lock 100unit/ml (HEP-LOCK FLUSH)
Heparin Sod 10,000unit/ml (HEPARIN SODIUM (PORCINE))
Heparin Sodium (porcine)
Heparin Sod 20m unit/ml (HEPARIN SODIUM (PORCINE))
Enoxaparin 100mg/ml Inj (LOVENOX)
Enoxaparin 30mg/0.3ml Inj (LOVENOX)
Enoxaparin 80mg/0.8ml Inj (LOVENOX)
Enoxaparin 60mg/0.6ml Inj (LOVENOX)
Enoxaparin 40mg/0.4ml Inj (LOVENOX)
Enoxaparin 150mg/mL Inj (LOVENOX)
Enoxaparin 120mg/0.8ml In (LOVENOX)

**C. HEMORRHEOLOGIC**
Pentoxifylline ER 400mg T (TRENTAL)

**D. ANTI-CONVULSANTS**
Diazepam 5mg Tab (VALIUM)
Diazepam 2mg Tab (VALIUM)
Diazepam 10mg Tablet (VALIUM)
clonazePAM 1mg Tablet (KLONOPIN)
Topiramate 25mg Tablet (TOPAMAX)
clonazepam 0.5mg Tablet (KLONOPIN)
Divalproex DR 125mg Tab (DEPAKOTE)
Lamotrigine 25mg Tablet (LAMICTAL)
Topiramate 50mg Tablet (TOPAMAX)
Divalproex DR 250mg Tab (DEPAKOTE)
Lamotrigine 100mg Tab (LAMICTAL)
Topiramate 100mg Tablet (TOPAMAX)
Lamotrigine 150mg Tab (LAMICTAL)
Topiramate 200mg Tablet (TOPAMAX)
Oxcarbazepine 150mg Tab (TRILEPTAL)
Lamotrigine 200mg TAB (LAMICTAL)
Divalproex DR 500mg Tab (DEPAKOTE)
Oxcarbazepine 300mg Tab (TRILEPTAL)
Primidone 250mg Tablet (MYSOLINE)
Phenytoin 50mg Chw (DILANTIN INFATABS)
Oxcarbazepine 600mg Tab (TRILEPTAL)
Phenytoin 250mg/5ml Vial (DILANTIN)
carbamazepine 200mg Tab (TEGRETOL)
Phenytoin ER 100mg Cap (DILANTIN)
carbamazepine 100mg Chew (TEGRETOL)
Oxcarbazepine 300mg/5ml S (TRILPETAL)
Phenobarbital 16.2mg Tabl (LUMINAL)
Phenobarbital 32.4mg Tab (LUMINAL)
Phenobarbital 64.8mg Tab (LUMINAL)
Phenobarbital 97.2mg Tab (LUMINAL)
Dilantin 30mg Capsule (PHENYTOIN SODIUM EXTENDED)

E. ANTI-GOUT AGENTS
Allopurinol 100mg Tablet (ZYLOPRIM)
Indomethacin 25mg Capsule (INDOCIN)
Allopurinol 300mg Tablet (ZYLOPRIM)
Indomethacin 50mg Cap (INDOCIN)
Probenecid 500mg Tab (BENEMID)

F. ANTI-HISTAMINES

1. ANTI-PRURITIC
   Diphenhydramine 12.5mg/5ml Ei (BENADRYL ALLERGY)
   Chlorpheniramine 4mg Tab (CHLOR-TRIMETON)
   Diphenhydramine 25mg Cap (BENADRYL)
   Diphenhydramine 50mg Cap (BENADRYL)
   Cetirizine 10mg Tablet (Zyrtec)
   Loratadine 10mg Tablet (CLARITIN)
   Hydroxyzine HCl 25mg Tab (ATARAX)
   Hydroxyzine HCl 50mg Tab (ATARAX)
   Cyproheptadine 4mg Tablet (PERIACTIN)
   Diphenhyd. 50mg/ml MDV (BENADRYL)
   Hydroxyzine 100mg/2ml Inj (VISTARIL)
G. ANTI-INFECTIVES ORAL

1. ANTI-BIOTICS
   - Amoxicillin 250mg Capsule (AMOXIL)
   - Cephalexin 250mg Capsule (KEFLEX)
   - MetroNIDAZOLE 250mg Tab (FLAGYL)
   - Penicillin VK 250mg Tab (VEETIDS)
   - Amoxicillin 500mg Capsule (AMOXIL)
   - Sulfatrim DS Tablet (BACTRIM DS)
   - Sulfatrim-SS-Tablet (BACTRIM)
   - Clindamycin 150mg Capsule (CLEOCIN)
   - Cephalexin 500mg Cap (KEFLEX)
   - Ciprofloxacin 250mg Tab (CIPRO)
   - MetroNIDazole 500mg Tab (FLAGYL)
   - Doxycycline Mono 50mg Cap (MONODOX)
   - Penicillin VK 500mg Tab (PEN-VEE K)
   - Levofoxacin 500mg Tablet (LEVAQUIN)
   - Ciprofloxacin 500mg Tab (CIPRO)
   - Doxycycline Mono 100mg Cp (MONODOX)
   - Levofoxacin 750mg Tablet (LEVAQUIN)
   - Ciprofloxacin 750mg Tab (CIPRO)
   - Clindamycin 300mg Capsule (CLEOCIN)
   - Ampicillin 500mg Capsule (PRINCIPEN)
   - Cefuroxime 250mg Tablet (CEFTIN)
   - Azithromycin 500mg Tab (ZITHROMAX)
   - Azithromycin 250mg Tab (ZITHROMAX)
   - Amox/Clav 500mg/125mg Tab (AUGMENTIN)
   - Doxycycline Mono 100mg Tb
   - Dicloxacillin 250mg Cap (DYNAPEN)
   - Amox/Clav 875mg/125mg Tab (AUGMENTIN)
   - Cefuroxime 500mg Tablet (CEFTIN)
   - Nitrofur (BID) 100mg Cap (MACROBID)
   - Azithromycin 600mg Tab (ZITHROMAX)
   - Dicloxacillin 500mg Cap (DYNAPEN)
   - Neomycin 500mg Tablet (NEOMYCIN SULFATE)
   - Nitrofur (BID) 100mg Cap (MACROBID)

2. ANTI-FUNGAL AGENTS
   - Nystatin Suspension (MYCOSTATIN)
   - Fluconazole 50mg Tablet (DIFLUCAN)
   - Fluconazole 200mg Tab (DIFLUCAN)
   - Fluconazole 100mg Tablet (DIFLUCAN)

3. ANTHELMINTICS
   - Ivermectin 3mg Tablet (STROMECTOL)

4. ANTI-TUBERCULARS
   - Isoniazid 300mg Tablet (NYDRAZID)
   - Isoniazid 100mg Tablet (NYDRAZID)
   - Ethambutol 400mg Tablet (MYAMBUTOL)
   - Ethambutol 100mg Tablet (MYAMBUTOL)
Rifampin 300mg Cap (RIFADIN)
Pyrazinamide 500mg Tablet
Rifabutin 150mg Capsule (MYCOBUTIN)

H. ANTI-INFECTIVE INJECTION

1. ANTI-BIOTICS
   Gentamicin 40mg/ml Inj (GARAMYCIN)
   cefTRIAXone 250mg Vial (ROCEPHIN)
   Cefazolin Sodium 500mg Inj
   Cefazolin Sodium 1gm Inj (ANCEF)
   cefTRIAXone 500mg Vial (ROCEPHIN)
   cefTRIAXone 1gm Vial (ROCEPHIN)
   Cefazolin Sodium 1gm Inj (ANCEF)
   CEFTRIAXONE 2GM INJ (ROCEPHIN)
   Bicillin LA 1.2munit/2ml (PENICILLIN G BENZATHINE)
   Bicillin LA 2.4munit/4ml (PENICILLIN G BENZATHINE)

I. ANTI-VIRALS

1. ANTI-VIRAL AGENTS
   Acyclovir 200mg Capsule (ZOVIRAX)
   Acyclovir 400mg Tablet (ZOVIRAX)
   Acyclovir 800mg Tablet (ZOVIRAX)
   Ribasphere 200mg Tab (RIBAVIRIN)
   Ribasphere 200mg*CAP* (RIBAVIRIN)
   Entecavir 0.5mg Tablet (BARACLUDE)
   LamiVUDine 100mg Tab (EPIVIR-HBV)
   Entecavir 1mg Tablet (BARACLUDE)
   Adefovir Dipiv 10mg Tab (HEPSERA)
   Tyzeka 600mg Tablet (TYZEKA)
   Mavyret 100-40mg Tablet (GLECAPREVIR/PIBRENTASVIR)
   Zepatier 50-100mg Tablet (ELBASVIR/GRAZOPREVIR)
   Viekira Tablet Pak (OMBITAS/PARITAP/RITON/DASABUV)
   Epclusa 400-100 Tablet (VELPATASVIR/SOFOSBUVIR)
   Harvoni 90-400mg Tablet (LEDIPASVIR/SOFOSBUVIR)

2. HIV AND RELATED ANTI-VIRALS

   NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
   Nevirapine 200mg Tablet (VIRAMUNE)
   Rescriptor 200mg Tablet (DELAVIRDINE MESYLATE)
   Efavirenz 200mg Capsule (SUSTIVA)
   Intelence 100mg Tablet (ETRAVIRINE)
   Efavirenz 600mg Tablet (SUSTIVA)
   Nevirapine 400mg ER Tab (VIRAMUNE XR)
   Intelence 200mg Tab (ETRAVIRINE)
   Edurant 25mg Tablet (RILPIVIRINE)

   NUCLEOSIDE ANALOG REVERSE TRANSCRIPTASE INHIBITORS
   Zidovudine 50mg/5ml Syp (RETROVIR)
Lamivudine 10mg/ml Sol (EPIVIR)
Zidovudine 300mg Tab (RETROVIR)
Epivir 10mg/ml Oral Sol (LAMIVUDINE)
Abacavir 300mg Tablet (ZIAGEN)
Abacavir 20mg/ml Oral Sol (ZIAGEN)
LamiVUDine 150mg Tablet (EPIVIR)
Zidovudine 100mg Capsule (RETROVIR)
LamiVUDine 300mg Tablet (EPIVIR)
Emtriva 200mg Capsule (EMTRICITABINE)

NUCLEOTIDE ANALOG REVERSE TRANSCRIPTASE INHIBITOR
Tenofovir 300mg Tablet (VIREAD)
Viread 200mg Tablet (TENOFOVIR DISOPROXIL FUMARATE)

NUCLEOTIDE/NUCLEOSIDE ANALOG REVERSE TRANSCRIPTASE INHIBITOR COMBINATION
Truvada 200-300mg Tablet (EMTRICITABINE-TENOFOVIR)

PROTEASE INHIBITORS
Ritonavir 100mg Tablet (NORVIR)
Crixivan 200mg Capsule (INDINAVIR SULFATE)
Crixivan 400mg Capsule (INDINAVIR SULFATE)
Viracept 250mg Tablet (NELFINAVIR MESYLATE)
Prezista 100mg/ml Susp (DARUNAVIR)
Atazanavir 150mg Capsule (REYATAZ)
Norvir 80mg/ml Oral Sol (RITONAVIR)
Invirase 500mg Tablet (SAQUINAVIR MESYLATE)
Viracept 625mg Caplet (NELFINAVIR MESYLATE)
Atazanavir 300mg Capsule (REYATAZ)
Fosamprenavir 700mg Tab (LEXIVA)
Atazanavir 200mg Capsule (REYATAZ)
Prezista 600mg Tablet (DARUNAVIR)
Prezista 800mg Tablet (DARUNAVIR)

INTEGRASE INHIBITORS
Isentress 100mg Chew Tab (RALTEGRAVIR)
Isentress 100mg Powd Pkt (RALTEGRAVIR)
Isentress 400mg Tab (RALTEGRAVIR)
Isentress HD 600mg Tablet (RALTEGRAVIR)

MIXED HIV AGENTS
Lopinav/Ritonar 80-20/ml (KALETRA)
Abacav/Lamivu 600-300 Tab (EPZICOM)
Kalatra 100-25mg Tablet (LOPINAVIR-RITONAVIR)
Kalatra 200/50mg Tablet (LOPINAVIR-RITONAVIR)
Evotaz 300-150 Tablet (ATAZANAVIR/COBICISTAT)
Descovoy 200-25mg Tablet (EMTRICITABINE/TENOFOVIR ALAFEN)
Prezcobix 800-150 Tablet (DARUNAVIR/COBICISTAT)
Complera Tablet (EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF)
Odefsey Tablets (EMTRICITAB/RILPIVIRINE/TENOFOVIR)
Atripla 600-200-300mg Tab (EFAVIRENZ/EMTRICITABINE/TENOFOVIR)
Genvoya Caplet (ELVIT/Cobic/Emtric/TenoF Alaf)

**MISC HIV AGENTS**
- Fluconazole 50mg Tablet (DIFLUCAN)
- Fluconazole 200mg Tab (DIFLUCAN)
- Fluconazole 100mg Tablet (DIFLUCAN)
- Dapsone 25mg Tablet (DAPSONE)
- Dapsone 100mg Tablet (DAPSONE)
- Atovaquone 750/5ml Susp (MEPRON)

**J. ANTI-PARKINSON AGENTS**
- Trihexyphenidyl 2mg Tab (ARTANE)
- Carbido/Levo 25-100 Tab (SINEMET)
- Carb/Levodopa 25-250 Tab (SINEMET)
- Benztropine 1mg Tablet (COGENTIN)
- Benztropine 0.5mg Tablet (COGENTIN)
- Carbido/Levo 10-100 Tab (SINEMET)
- Benztropine 2mg Tablet (COGENTIN)
- Trihexyphenidyl 5mg Tab (ARTANE)
- Amantadine 100mg Capsule (SYMMETREL)
- Amantadine 100mg Tablet (SYMMETREL)
- Benztropine 2mg/2ml Amps (COGENTIN)
- Benztropine 2mg/2ml SDV (COGENTIN)

**K. ANTI-PLATELET**
- Clopidogrel 75mg Tablet (PLAVIX)
- Dipyridamole 25mg Tablet (PERSANTINE)
- Dipyridamole 50mg Tablet (PERSANTINE)
- Dipyridamole 75mg Tablet (PERSANTINE)

**L. CARDIOVASCULAR AGENTS**

1. **ANTI-ANGINALS**
   - AmLODIPine 2.5mg Tablet (NORVASC)
   - AmLODIPine 5mg Tablet (NORVASC)
   - AmLODIPine 10mg Tablet (NORVASC)
   - Verapamil 80mg Tablet (CALAN)
   - Verapamil 120mg Tablet (CALAN)
   - Verapamil ER 240mg Tablet (CALAN SR)
   - Diltiazem 30mg Tablet (CARDIZEM)
   - Verapamil SR 180mg Tablet (CALAN SR)
   - Diltiazem 90mg Tablet (CARDIZEM)
   - Isosorbide MN ER 30mg Tab (IMDUR)
   - Verapamil 40mg Tablet (CALAN)
   - NIFEdipine CC 30mg Tab (ADALAT CC)
   - Diltiazem 60mg Tablet (CARDIZEM)
   - Isosorb MN 60mg ER Tab (IMDUR)
   - Verapamil 120mg Tab (CALAN SR)
   - NIFEdipine CR 60mg Tab (ADALAT CC)
   - Nifedipine XL 30mg Tablet (PROCARDIA XL)
   - Nifedipine XL 60mg Tab (PROCARDIA XL)
Diltiazem 120mg Tablet (CARDIZEM)
Nitroglycerin CR 6.5mg Ca (NITRO-BID)
Nitroglyceri 0.6mg Sub Tb (NITROSTAT)
NIFEdipine *CC* 90mg Tab (ADALAT CC)
Nitroglycerin 0.3mg Sub Tb (NITROSTAT)
Nitroglycerin 0.2mg/hr P (NITRO-DUR)
NIFEdipine XL 90mg Tab (PROCARDIA XL)
Nitroglycerin ER 2.5mg Ca (NITRO-BID)
Isosorbide Dn 5mg Tablet (ISORDIL TITRADOSE)
Nitroglycerin CR 9mg Cap (NITRO-BID)
Isosorbide DN 30mg Tab (ISORDIL TITRADOSE)
Isosorbide DN 10mg Tab (ISORDIL)
Isosorbide DN 20mg Tab (ISORDIL)
Nitroglycer 0.1mg/hr Patc (MINITRAN)
Isosorbide MN 120mg ERTab (IMDUR)
Nitrostat 0.6mg Tablet Sl (NITROGLYCERIN)
Nitroglycerin 0.4mg Sub Tb (NITROSTAT)
Nitroglycer 0.6mg/hr Patc (MINITRAN)

2. ANTI-ARRHYTHMICS

GROUP I
QuiNIDine Sulf 200mg Tab (QUINIDINE SULFATE)
QuiNIDine Sulf 300mg Tab (QUINIDINE SULFATE)
Disopyramide 100mg Caps (NORPACE)
Disopyramide 150mg Caps (NORPACE)
Procainamide 100mg/ml Via (PRONESTYL)
Procainamide 500mg/ml MDV (PRONESTYL)

GROUP II
Propranolol 10mg Tablet (INDERAL)
Propranolol 20mg Tablet (INDERAL)
Propranolol 40mg Tablet (INDERAL)
Propranolol 60mg Tablet (INDERAL)
Propranolol 80mg Tablet (INDERAL)
Propranolol 1mg/ml Vial (INDERAL)

GROUP III
Amiodarone 200mg Tablet (CORDARONE)

GROUP IV
Verapamil 80mg Tablet (CALAN)
Verapamil 120mg Tablet (CALAN)
Verapamil ER 240mg Tablet (CALAN SR)
Verapamil-SR 180mg Tablet (CALAN SR)
Verapamil 40mg Tablet (CALAN)
Verapamil ER 120mg Tab (CALAN SR)
Digoxin 0.125mg Tablet (LANOXIN)
Digoxin 0.25mg Tablet (LANOXIN)
Digoxin 0.25mg/ml Inj (LANOXIN)
3. ANTI-HYPERLIPIDEMIC AGENTS
Simvastatin 5mg Tablet (ZOCOR)
Simvastatin 20mg Tablet (ZOCOR)
Simvastatin 10mg Tablet (ZOCOR)
Simvastatin 5mg Tablet (ZOCOR)
Rosuvastatin 5mg Tablet (CRESTOR)
Pravastatin 10mg Tablet (PRAVACHOL)
Pravastatin 20mg Tablet (PRAVACHOL)
Atorvastatin 40mg Tablet (LIPITOR)
Atorvastatin 10mg Tablet (LIPITOR)
Simvastatin 40mg Tablet (ZOCOR)
Atorvastatin 20mg Tablet (LIPITOR)
Pravastatin 40mg Tablet (PRAVACHOL)
Gemfibrozil 600mg Tablet (LOPID)
Atorvastatin 80mg Tablet (LIPITOR)
Rosuvastatin 10mg Tablet (CRESTOR)
Fenofibrate 48mg Tablet (TRICOR)
Rosuvastatin 20mg Tablet (CRESTOR)
Pravastatin 80mg Tablet (PRAVACHOL)
Fenofibrate 145mg Tablet (TRICOR)
Cholestyramine 4gm Pow (QUESTRAN)
Rosuvastatin 40mg Tablet (CRESTOR)
Fenofibrate 54mg Tab (TRICOR)
Fenofibrate 160mg Tablet (TRICOR)
Fenofibrate 54mg Tablet (TRICOR)
Cholestyramine Packet (QUESTRAN)

4. ANTI-HYPERTENSIVES

ANGIOTENSIN CONVERTING ENZYME INHIBITORS
Lisinopril 2.5mg Tablet (PRINIVIL)
Lisinopril 5mg Tablet (PRINIVIL)
Lisinopril 10mg Tablet (PRINIVIL)
Lisinop-HCTZ 10/12.5mg Tab (PRINZIDE)
Benazepril 10mg Tablet (LOTENSIN)
Lisinopril 20mg Tablet (PRINIVIL)
Benazepril 5mg Tablet (LOTENSIN)
Benazepril 20mg Tablet (LOTENSIN)
Lisinop-HCTZ 20-25mg Tab (PRINZIDE)
Lisinopril-HCTZ 20/12.5mg (PRINZIDE)
Lisinopril 30mg Tablet (PRINIVIL)
Lisinopril 40mg Tablet (PRINIVIL)
Enalapril 5mg Tablet (VASOTEC)
Enalapril 10mg Tablet (VASOTEC)
Enalapril 2.5mg Tablet (VASOTEC)
Enalapril 20mg Tablet (VASOTEC)

ANTI-ADRENERGIC AGENTS - BETA-ADRENERGIC BLOCKERS
Atenolol 25mg Tablet (TENORMIN)
Atenolol 50mg Tablet (TENORMIN)
Carvedilol 3.125mg Tab (COREG)
Carvedilol 6.25mg Tablet (COREG)
Metoprolol 25mg Tablet (LOPRESSOR)
Metoprolol 50mg Tablet (LOPRESSOR)
Atenolol 100mg Tablet (TENORMIN)
Carvedilol 12.5mg Tablet (COREG)
Metoprolol 100mg Tablet (LOPRESSOR)
Carvedilol 25mg Tablet (COREG)
Propranolol 10mg Tablet (INDERAL)
Propranolol 20mg Tablet (INDERAL)
Propranolol 40mg Tablet (INDERAL)
Propranolol 60mg Tablet (INDERAL)
Propranolol 80mg Tablet (INDERAL)
Nadolol 20mg Tablet (CORGARD)
Nadolol 40mg Tablet (CORGARD)
Nadolol 80mg Tablet (CORGARD)
Propranolol 1mg/ml Vial (INDERAL)

ANTI-ADRENERGIC AGENTS - BETA-ADRENERGIC BLOCKERS/DIURETIC COMBO
Bisoprol/HCTZ 2.5/6.25mg (Ziac)
Bisoprol/Hctz 10/6.25 Tab (Ziac)
Bisoprol/HCTZ 5mg/6.25mg (Ziac)

ANTI-ADRENERGIC AGENTS - CENTRALLY ACTING
clonidine 0.1mg Tablet (CATAPRES)
Clonidine 0.2mg Tablet (CATAPRES)
clonidine 0.3mg Tablet (CATAPRES)
Methyldopa 250mg Tablet (ALDOMET)
Methyldopa 500mg Tablet (ALDOMET)

ANTI-ADRENERGIC AGENTS - PERIPHERALLY ACTING
Terazosin 5mg Capsule (HYTRIN)
Tamsulosin 0.4mg Capsule (FLOMAX)
Doxazosin 1mg Tablet (CARDURA)
Doxazosin 2mg Tablet (CARDURA)
Doxazosin 4mg Tablet (CARDURA)
Doxazosin 8mg Tablet (CARDURA)
Terazosin 2mg Capsule (HYTRIN)
Terazosin 1mg Capsule (HYTRIN)
Terazosin 10mg Capsule (HYTRIN)
Terazosin 10mg Capsule (HYTRIN)
Prazosin 1mg Capsule (MINIPRESS)
Prazosin 2mg Capsule (MINIPRESS)
Prazosin 5mg Capsule (MINIPRESS)

CALCIAL CHANNEL BLOCKING AGENTS
AmLODIPine 2.5mg Tablet (NORVASC)
amLODIPine 5mg Tablet (NORVASC)
amLODIPine 10mg Tablet (NORVASC)
Verapamil 80mg Tablet (CALAN)
Verapamil 120mg Tablet (CALAN)
Verapamil ER 240mg Tablet (CALAN SR)
Diltiazem 30mg Tablet (CARDIZEM)
Verapamil-SR 180mg Tablet (CALAN SR)
Diltiazem 90mg Tablet (CARDIZEM)
Verapamil 40mg Tablet (CALAN)
NIFEdipine CC 30mg Tab (ADALAT CC)
Diltiazem 60mg Tablet (CARDIZEM)
Verapamil ER 120mg Tab (CALAN SR)
Diltiazem CD 120mg Cap (CARDIZEM CD)
NIFEdipine CR 60mg Tab (ADALAT CC)
Nifedipine XL 30mg Tablet (PROCARDIA XL)
Nifedipine XL 60mg Tab (PROCARDIA XL)
Diltiazem CD 240mg Caps (CARDIZEM CD)
Diltiazem 120mg Tablet (CARDIZEM)
NIFEdipine *CC* 90mg Tab (ADALAT CC)
Diltiazem CD 180mg Cap (CARDIZEM CD)
NIFEdipine XL 90mg Tab (PROCARDIA XL)
Diltiazem CD 300mg Cap (CARDIZEM CD)

**DIURETICS**

HCTZ 25mg Tablet (HYDRODIURIL)
HCTZ 50mg Tablet (HYDRODIURIL)
Hctz 12.5mg Tablet (HYDRODIURIL)
Furosemide 20mg Tablet (LASIX)
HCTZ 12.5mg Capsule (MICROZIDE)
Furosemide 40mg Tablet (LASIX)
Spironolactone 25mg Tab (ALDACETONE)
Triam/HCTZ 37.5/25 Caps (DYAZIDE)
Triam/Hctz 37.5/25 Tab (MAXZIDE-25)
Furosemide 80mg Tablet (LASIX)
Triam/Hctz 75/50 Tab (MAXZIDE)
Indapamide 1.25mg Tablet (LOZOL)
Indapamide 2.5mg Tablet (LOZOL)
Furosemide 10mg/ml Inj (LASIX)
Bumetanide 0.5mg Tablet (BUMEX)
Chlorthalidone 25mg Tab (HYGROTON)
Bumetanide 1mg Tablets (BUMEX)
AcetaZOLAMIDE 250mg Tab (DIAMOX)
Bumetanide 2mg Tablet (BUMEX)
Metolazone 2.5mg Tablet (ZAROXOLYN)
Metolazone 5mg Tablet (ZAROXOLYN)
Chlorthalidone 50mg Tab (HYGROTON)
Metolazone 10mg Tablet (ZAROXOLYN)
AcetaZOLAMIDE 125mg Tab (DIAMOX)

**VASODILATORS**

hydrALAZINE 10mg Tab (APRESOLINE)
hydrALAZINE 50mg Tablet (APRESOLINE)
hydrALAZINE 25mg Tablet (APRESOLINE)
Minoxidil 10mg Tablet (LONITEN)
Minoxidil 2.5mg Tablet (LONITEN)
5. POTASSIUM SUPPLEMENTS
   Potassium Cl 8meq ER Tab (K-TAB)
   Potassium Micro 10meq Tab (KLO\-CON M10 10MEQ)
   Potassium Cl 20meq Tab (K-DUR)
   Potassium Chl 2meq/ml Inj

6. PERIPHERAL VASODILATORS
   Isoxsuprine 10mg Tablet (VASODILAN)

M. DERMATOLOGIC AGENTS

1. ACNE PREPARATIONS
   Benz Peroxide 5% Gel (BENZAC AC)
   Benz Peroxide 10% Gel (BENZAC AC)
   Clindamycin 1% Solution (CLEOCIN-T)

2. ANORECTAL PREPARATIONS
   Hemorrhoidal Ointment (PREPARATION-H)
   Hemorrhoidal Suppository (PREPARATION H)
   Dibucaine 1% Ointment (NUPERCAINAL)
   Hydrocort 2.5% Rectal Crm (ANUSOL-HC)

3. ANTI-INFECTIVES

   ANTI-BIOTICS
   Bacitracin Zinc LB Oint
   Triple Antibiotic Oint (NEOSPORIN)
   SSD 1% Cream (SILVADENE)
   Gentamicin 0.1% Cream (GARAMYCIN)
   Gentamicin Sulf 0.1% Oint (GENTAMICIN SULFATE)

   ANTI-FUNGALS - TOPICAL
   Tolnaftate 1% Powder (TINAMAR)
   Tolnaftate 1% Cream (TINACTIN)
   Miconazole 2% Cream (MICATIN)
   Nystatin Cream (MYCOSTATIN)
   Terbinafine 1% Cream (LAMISIL 1% CREAM)
   Clotrimazole 1% Cream (LOTRIMIN)
   Nystatin Ointment (MYCOSTATIN)

   ANTI-FUNGALS - VAGINAL
   Miconazole 2% Vag crl/appl (MONISTAT 7)
   Clotrimazole 7 Vag. Crm (GYNE-LOTRIMIN)
   Metronidazole Vag 0.75% (METROGEL VAGINAL)
   Miconazole 7 100mg Vag S (MONISTAT 7)

   ANTI-SEPTICS
   Hydrogen Peroxide 3% Sol (PROXACOL)
   Povidone-Iodine 10% Soln (BETADINE)
   Povidone 10% Ointment (POVIDONE-IODINE)
4. ANTI-INFLAMMATORY AGENTS - STERoidal

VERY HIGH POTENCY
Clobetasol 0.05% Cream (TEMOVATE)

HIGH POTENCY
Fluocinonide 0.05% Cream (LIDEX)
Fluocinonide 0.05% Oint (LIDEX)
Betameth Dp 0.05% Cream
Betameth Dp 0.05% Oint (ALPHATREX)
Betam Dp 0.05% Cream (DIPROSONE)
Fluocinonide 0.05% Gel (LIDEX)

MODERATE POTENCY
Triamcin 0.025% Crm LB (ARISTOCORT)
Triamcin 0.1% CR LB (ARISTOCORT A)
Triamcin 0.1% Oint LB (ARISTOCORT A)
Triamcin 0.025% Oint LB (ARISTOCORT)
Triamcinolone 0.5% Cream (ARISTOCORT A)
Triamcinolone 0.5% OINT (ARISTOCORT HP)

LOW POTENCY
Hydrocort 1% Cream LB (HYTONE)
Hydrocort 2.5% Oint LB (HYTONE)
Hydrocortisone 0.5% Cream (HYTONE)
Hydrocort 2.5% Crm LB (HYTONE)
Hydrocortisone 1% Oint LB (HYDROCORTISONE)

5. ANTI-SEBORRHEIC PRODUCTS
Therapeutic Tar Shampoo (DHS TAR GEL)
Selenium 1% Sulf Shampoo (SELSUN BLUE)
Tera-gel Tar 0.5% Shampoo (DHS TAR GEL)
Selenium~2.5%~ Sulf Lot (SELSUN RX)
Methotrexate 2.5mg Tablet (TREXALL)

6. SCABICIDE/PEDICULICIDE
Lice Shampoo W/comb (PRONTO)
Permethrin 5% Cream (ELIMATE)

7. SKIN LUBRICATING AGENTS
Lubrискin F-F Lotion (LUBRIDERM)
A&D Ointment-15OZ (FP VITAMIN A & D)
Ammonium Lact 12% Lot (LAC-HYDRIN)
Ammonium Lact 12% Crm (LAC-HYDRIN)

8. MISCELLANEOUS AGENTS
Calamine Lotion
No Ad Sunblock SPF-15 Lot
Zinc Oxide 20% w/w Oint
Sunscreen SPF-30 Lotion (COPPERTONE)
Ichthammol Draw 20% Oint (DRAWING SALVE)

N. DIALYSIS AGENTS
- Calc ACETATE 667mg Caps (PHOSLO)
- Procrit 2m Unit/ml Vial (EPOETIN ALFA)
- Procrit 3m Unit/ml Vial (EPOETIN ALFA)
- Procrit 4m Unit/ml Vial (EPOETIN ALFA)
- Procrit 10MU/ml MDV (EPOETIN ALFA)
- Procrit 20MU/ml MDV (EPOETIN ALFA)
- Procrit 40m Unit/ml Vial (EPOETIN ALFA)

O. ENDOCRINE AGENTS

1. ANTI-DIABETIC AGENTS
   - metFORMIN 500mg Tablet (GLUCOPHAGE)
   - glipiZIDE 5mg Tablet (GLUCOTROL)
   - Glimepiride 1mg Tablet (AMARYL)
   - Glimepiride 2mg Tablet (AMARYL)
   - glipiZIDE 10mg Tablet (GLUCOTROL)
   - Glimepiride 4mg Tablet (AMARYL)
   - metFORMIN 1000mg Tab (GLUCOPHAGE)
   - MetFORMIN 850mg Tablet (GLUCOPHAGE)
   - GlyBURIDE 5mg Tablet (DIABETA)
   - GlyBURIDE 2.5mg Tab (DIABETA)
   - GlyBURIDE 1.25mg Tab (DIABETA)
   - glipiZIDE ER 5mg Tablet (GLUCOTROL XL)
   - GlipiZIDE ER 2.5mg Tab (GLUCOTROL XL)
   - glipiZIDE ER 10mg Tablet (GLUCOTROL XL)
   - Humulin 70/30 Vial (INSULIN ISOPHANE & REG (HUMAN))
   - Humulin N 100unit Vial (INSULIN ISOPHANE HUMAN)
   - Humulin R 100unit Vial (INSULIN REGULAR HUMAN)
   - Lantus (insulin Glargin) (INSULIN GLARGINE)
   - Basaglar 100unit Inj (INSULIN GLARGINE)

2. ANTI-DIABETIC MISC
   - Glutose 45 Gel (GLUCOSE)
   - Glucagen Hypokit
   - Glucagon Emer Kit (GLUCAGON (RDNA))

3. ADRENOCORTICAL STEROIDS - GLUCOCORTICOIDS
   - PredniSONE 10mg Tablet (DELTASONE)
   - PredniSONE 5mg Tablet (DELTASONE)
   - PredniSONE 2.5mg Tablet (DELTASONE)
   - PredniSONE 20mg Tablet (DELTASONE)
   - PredniSONE 1mg Tablet (DELTASONE)
   - Dexamethasone 0.5mg Tab (DECADRON)
   - Dexamethasone 4mg/ml MDV (DECADRON)
   - Dexamethasone 0.75mg Tab (DECADRON)
   - MethylPREDNiSolone 4mg Pk (MEDROL (PAK))
   - PredniSONE 50mg Tablet (DELTASONE)
   - Dexamethasone 4mg/ml MDV (DECADRON)
Dexamethasone 4mg Tab (DECADRON)
MethylPREDNISol 4mg Tab (MEDROL)
Dexamethasone 4mg/ml SDV (DECADRON)
Dexamethasone 4mg/ml SDV (DECADRON)
Dexamethasone 4mg/ml SDV (DECADRON)
Dexamethasone 6mg Tab (DECADRON)
Methylpred Sod 125mg inj (SOLU-MEDROL)
Solu-MEDROL 125mg Vial (METHYLPREDNISOLONE SODIUM SUCC)
Solu-CORTEF 100mg Vial (HYDROCORTISONE SOD SUCCINATE)
Depo-medrol 80mg/ml Vial (METHYLPREDNISOLONE ACETATE)
Solu-MEDROL 500mg Vial (METHYLPREDNISOLONE SODIUM SUCC)
Solu-medrol 500mg Inj

4. HORMONES
Estradiol 1mg Tablet (ESTRACE)
Estradiol 0.5mg Tablet (ESTRACE)
Estradiol 2mg Tablet (ESTRACE)
MedroxyPROGEST. 2.5mg Tab (PROVERA)
MedroxyPROGEST 5mg Tab (PROVERA)
MedroxyPROGEST. 10mg Tab (PROVERA)
Tri-Sprintec Tablet (ORTHO TRI-CYCLEN (28))
Pirmella 1/35 Tablet (ORTHO-NOVUM 1/35)
Pirmella 7/7/7 Tablet
Nora-Be 0.35mg Tab (NORETHINDRONE)
Premarin 0.3mg Tablet (PREMARIN)
Premarin 0.45mg Tablet (ESTROGENS CONJUGATED)
Premarin 0.9mg Tablet (ESTROGENS CONJUGATED)
Premarin 1.25mg Tablet (ESTROGENS CONJUGATED)
Premarin Vaginal Crm W/ap (ESTROGENS, CONJUGATED)
Alora 0.05mg Patch (ESTRADIOL)
MedroxyPROG 150mg Vial (DEPO-PROVERA)
MedroxyPROG 150mg Syr (DEPO-PROVERA)
Depo-provera 400mg/ml (MEDROXYPROGESTERONE ACETATE)

5. THYROID MEDICATIONS

HYPER-ACTIVITY
Methimazole 5mg Tablet (TAPAZOLE)
Methimazole 10mg Tablet (TAPAZOLE)
Propylthiouracil 50mg Tab (PTU)

HYPO-ACTIVITY
Levothyroxine 25mcg Tab (LEVOTHROID)
Levothyroxine 50mcg Tab (LEVOTHROID)
Levothyroxine 75mcg Tab (LEVOTHROID)
Levothyroxine 88mcg Tab (LEVOTHROID)
Levothyroxine 100mcg Tab (LEVOTHROID)
Levothyroxine 125mcg tab (SYNTHROID)
Levothyroxine 150mcg Tab (LEVOTHROID)
Levothyroxine 112mcg Tab (LEVOTHROID)
Levothyroxine 137mcg Tab (LEVOTHROID)
Levothyroxine 175mcg Tab (LEVOTHROID)
Levothyroxine 200mcg Tab (LEVOTHROID)
Levothyroxine 300mcg Tab (LEVOTHROID)
Levoxyl 75mcg Tablet (LEVOTHYROID SODIUM)
Levoxyl 88mcg Tablet (LEVOTHYROID SODIUM)
Levoxyl 137mcg Tablet (LEVOTHYROID SODIUM)

P. GASTROINTESTINAL AGENTS

1. ANTACIDS/ANTI-FLATULENTS
   Geri-Lanta Antacid Susp (MYLANTA/MAALOX)
   Calc. Antacid Tab*MINT (TUMS)
   Calc. Antac Assort Tabs (TUMS)
   Acid Gone Liquid (GAVISCON)
   Aluminum Hydroxide Gel (ALUMINUM HYDROXIDE GEL)
   Sodium Bicarb 650mg Tab
   Magnesium Oxide 400mg Tab (MAG-OX 400)
   Calcium EX Antacid Tab (TUMS E-X)
   Mi-Acid Gas 80mg Chew Tab (SIMETHICONE)
   Gaviscon Foamtab

2. ANTI-DIARRHEALS
   Bismatrol 262/15ml Susp (PEPTO-BISMOL)
   Pink Bismuth Chew Tab (PEPTO-BISMOL)
   Anti-Diarrheal 2mg Caplet (IMODIUM)
   Diphenox/Atrop. 2.5mg Tab (LOMOTIL)

3. ANTI-EMETIC/ANTI-VERTIGO AGENTS
   dimenhyDRINATE TAB 50MG (DRAMAMINE)
   Meclizine 25mg Chew Tab (ANTIVERT)
   Meclizine 12.5mg Tablet (ANTIVERT)
   Promethazine 25mg Tablet (PHENERGAN)
   Ondansetron 8mg Tablet (ZOFRAN)
   Ondansetron 4mg Tablet (ZOFRAN)
   Promethazine 50mg Tablet (PHENERGAN)
   Ondansetron 4mg/2ml SDV (ZOFRAN)
   Ondansetron Hcl 4mg/2ml

4. ANTI-SPASMODICS/ANTI-CHOLINERGICS
   Dicyclomine 20mg Tablet (BENTYL)
   HyoscyamineSL 0.125mg Tab (LEVSIN/SL)
   Dicyclomine 10mg Capsule (BENTYL)
   Atropine 0.4mg/ml MDV
   Propantheline 15mg Tablet (PRO-BANTHINE)
   Atropine 0.4mg/ml vial
   Atropine 1mg/ml Vial

5. DIGESTIVE ENZYMES
   Creon 3000unit Capsule
   Creon 6000unit Capsule (AMYLASE-LIPASE-PROTEASE)
   Creon 12000unit Capsule (AMYLASE-LIPASE-PROTEASE)
Creon 24000unit Capsule (AMYLASE-LIPASE-PROTEASE)
Creon 36000unit Capsule (AMYLASE-LIPASE-PROTEASE)

6. LAXATIVES

BULK-PRODUCING
Reguloid Pwd Orange (METAMUCIL)
Reguloid Powder Reg. (METAMUCIL)
Reguloid Pwd SF Regular (METAMUCIL S/F)
Reguloid Pwd SF Orange (METAMUCIL S/F)
Metamucil SF Orng Packet (PSYLLIUM)

ENEMA
Fleet Enema (FLEET ENEMA)

FECAL SOFTNERS
Docusate Sod 100mg Cap (COLACE)

FECAL SOFTNERS / LAXATIVE
Senna PLUS TABLET (SENOKOT S)

SALINE
Epsom Salt 4lb
Milk Of Mag Susp (PHILLIPS MILK OF MAGNESIA)
Citroma Laxative Soln. (CITRATE OF MAGNESIA)
Mag Citrate Lemon Soln (CITROMA)
Citrate of Mag. CHERRY (CITROMA)
Fleet Enema (FLEET ENEMA)

STIMULANT
Bisacodyl 5mg Tablet EC (CARTERS LITTLE PILLS)
Senna 8.6mg Tablet (SENOKOT)
Bisacodyl 10mg Supp (DULCOLAX)

MISCELLANEOUS
Golytely Bottle (PEG 3350-KCL-NABCB-NAACL-NASULF)
Gavilyte-C Sol (COLYTE)
Sorbitol 70% Solution
Lactulose 10gm/15ml Sol (ENULOSE)

7. REFLUX TREATMENT
Metoclopramide 5mg Tablet (REGLAN)
Metoclopramide 10mg Table (REGLAN)

8. ULCER TREATMENT

COATING AGENT
Sucralfate 1gm Tablet (CARAFATE)

H2 ANTAGONISTS
Famotidine 20mg Tablet (PEPCID)
Famotidine 40mg Tablet (PEPCID)
Ranitidine 150mg Tablet (ZANTAC)
Famotidine 10mg Tablet (PEPCID AC)
Ranitidine 300mg Tablet (ZANTAC)
Ranitidine 300mg Tablet (ZANTAC)

**PROTON PUMP INHIBITOR**
Omeprazole 20mg Capsule (PRILOSEC)
Pantoprazole 40mg Tablet (PROTONIX)
Omeprazole 40mg Capsule (PRILOSEC)
Omeprazole 20mg Tablet (PRILOSEC)

**9. ULCERATIVE COLITIS TREATMENT**
SulfaSALAZINE 500mg Tab (AZULFIDINE)

**Q. HEMATOPOIETIC AGENTS**
Procrit 2m Unit/ml Vial (EPOETIN ALFA)
Procrit 3m Unit/ml Vial (EPOETIN ALFA)
Procrit 4m Unit/ml Vial (EPOETIN ALFA)
Procrit 10MU/ml MDV (EPOETIN ALFA)
Procrit 20Munit/ml MDV (EPOETIN ALFA)
Procrit 40m Unit/ml Vial (EPOETIN ALFA)

**R. NUTRITIONAL SUPPLEMENTS**

**1. MINERALS**
Ferrous Sulfate 325mg Tab (FERRO-BOB)
Oyst-Cal 500mg Tablet (OS-CAL)
Oyst-Cal+D 500mg Tablet (OSCAL/VITAMIN D)
Magnesium Oxide 400mg Tab (MAG-OX 400)
Calcium Chlor 10% Vial

**2. VITAMINS**
Vitamin D3 1000unit Tab (VITAMIN D-1000 MAX ST)
Folic Acid 1mg Tablet (FOLATE)
Vitamin D3 2000unit Tab
Vitamin D3 400unit Tab
Vitamin C 250mg Tablet (ASCORBIC ACID)
Vitamin B-6 25mg Tablet (VITAMIN B-6)
Vitamin B-6 50mg Tablet (PYRIDOXINE)
Niacin 500mg Tablet (NIACOR)
Niacin 100mg Tablet
Vitamin B-1 50mg Tablet (THIAMINE HCL)
Vitamin B-1 100mg Tablet (THIAMINE MONONITRATE)
Vitamin C 500mg Tablet
Vitamin D3 5,000unit Caps
Vitamin C 1000mg Tablet (ASCORBIC ACID)
Vit E 100int Unit Cap Nat
Vitamin D3 400unit Cap (CHOLE)
Vit E 200int Unit Cap Nat
Niacin 500mg SR CAPLET (SLO-NIACIN)
Niacin SR 250mg Caps
Vitamin B-6 100mg Tablet (PYRIDOXINE HCL)
Niacin 250mg Tablet
Vitamin B-6 200mg TR (PYRIDOXINE TR)
Vitamin E 400unit Capsule (FORMULA E 400)
Vitamin B-6 250mg Tab (PYRIDOXINE)
Vitamin E 1000unit Caps (VITAMIN E)
Niacin 500mg SR CAPSULE
Niacin 500mg SR CAPSULE
Renal Caps Softgel (NEPHROCAPS)
Vit D2 50,000int Unit SG (DRISDOL)
Cyanocob. 1000mcg/ml Mdv (VITAMIN B-12)
Vitamin K 10mg/ml Amp (AQUA-MEPHYTON)

3. VITAMINS/MINERALS
One Daily Vitamin Tablet (ONE-A DAY MULTI-VIT TABLET)
Thera Tablet (MULTIPLE VITAMIN)
Multi-Vits W/Iron Tablet (DAYALETS/IRON)
Prenatal Tab 27-0.8mg (PRENATAL MULTIVITAMIN/IRON)
Therems M Tablet (THERAGRAN M)
Thera-M Tablet
Preplus 27-1mg Tab (PRENATAL/FOLIC ACID)

S. OPHTHALMIC PREPARATIONS

1. ANESTHETIC
   Proparacaine 0.5% Oph Sol (ALCAINE)

2. ANTI-GLAUCOMA

   ALPHA-ADRENERGIC AGONISTS
   Brimonidine 0.2% Op Sol (ALPHAGAN)

   BETA-ADRENERGIC BLOCKERS
   Timolol 0.5% Oph Sol (TIMOPTIC)
   Timolol Maleate 0.25% Oph
   Dorzolamide/Timolol OPL (COSOPT)
   Levobunolol 0.5% Oph Sol (BETAGAN)

   CARBONIC ANHYDRASE INHIBITORS
   Dorzolamide 2% Op Sol (TRUSOPT)
   Dorzolamide 2% Eye Drop (TRUSOPT)

   MIOTICS - DIRECT ACTING
   Pilocarpine 2% Oph Sol (ISOPTO CARPINE)
   Pilocarpine 1% Oph Sol (ISOPTO CARPINE)
   Pilocarpine 4% Eye Drops (ISOPTO CARPINE)

   PROSTAGLANDIN AGONISTS
   Latanoprost 0.005% OPL (XALATAN)
3. ANTI-INFECTIVES
   Gentamicin Opth Drop (GARAMYCIN)
   Ciprofloxacin 0.3% Opt So (CILOXAN)
   Polymyxin/Trimeth OPL (POLYMIXIN B-TRIMETHOPRIM)
   Tobramycin 0.3% Eye Drop (TOBREX)
   Erythromycin Ophth Oint (ILOTYCIN)
   Sulfacetamide 10% OPL (BLEPH-10/SULAMYD)
   Ofloxacin 0.3% Eye Drop (OCUFLOX)
   Neomycin/Bac/Poly OPN (NEOSPORIN)
   Tobrex 0.3% OPN (TOBRAMYCIN SULFATE)

4. ANTI-INFLAMMATORY
   Dexamethasone 0.1% Opl (DECADRON)
   PrednisoLONE Sod Phos OPL (INFLAMASE FORTE)
   PrednisoLONE Ace 1% Opth (PRED FORTE)
   FML S.O.P. 0.1% OPN (FLUOROMETHOLONE)

5. ANTI-INFLAMMATORY/ANTI-BIOTIC COMBINATION
   Neo/Poly/Dex Opth Susp (MAXITROL)
   Neom/Polym/Dex OPN (MAXITROL)
   Tobramycin/Dexameth Ophth (TOBRADEX)

6. ANTI-IRRITANT PREPARATIONS
   Eye Drops 0.05% Op Sol (VISINE)
   Clear Eyes Max Itchy Eye (CLEAR EYES SEASONAL RELIEF)
   Visine-A Eye Drops (NAPHAZOLINE-PHENIRAMINE)

7. EYE WASH
   Eye Wash Solution

8. LUBRICANTS
   Artificial Tears Sol 1.4% (AKWA TEAR DROPS)
   Advanced Eye Relief Drops
   Lubrifresh PM Eye Oint (ARTIFICIAL TEARS OPN)

T. OTIC PREPARATIONS

1. ANTI-INFECTIONS
   Neom/poly HC Otic Susp (CORTISPORIN)
   Acetic Acid 2% Ear Sol (VOSOL OTIC SOLUTION)
   Neo/Poly/HC Otic Sol. (CORTISPORIN)

2. EAR WAX EMULSIFIER
   Earwax Drops 6.5% Otic (DEBROX)

U. PSYCHOTROPICS

1. ANTI-ANXIETY AGENTS
   Diazepam 5mg Tab (VALIUM)
   Diazepam 2mg Tab (VALIUM)
Diazepam 10mg Tablet (VALIUM)
BusPIRone 10mg Tablet (BUSPAR)
LORazepam 0.5mg Tablet (ATIVAN)
LORazepam 2mg Tablet (ATIVAN)
busPIRone 5mg Tablet (BUSPAR)
LORazepam 1mg Tablet (ATIVAN)
Cdp 10mg Capsule (LIBRIUM)
Cdp 25mg Capsule (LIBRIUM)
HydrOXYzine HCl 25mg Tab (ATARAX)
BusPIRone 15mg Tab (BUSPAR)
HydrOXYzine HCl 50mg Tab (ATARAX)
Cdp 5mg Capsule (LIBRIUM)
Clorazepate 3.75mg Tab (TRANXENE-T)
BusPIRone 30mg Tablet (BUSPAR)
Clorazepate 7.5mg Tablet (TRANXENE-T)
Lorazepam 2mg/ml Inj (ATIVAN)
Clorazepate 15mg Tablet (TRANXENE-T)
Hydroxyzine 100mg/2ml Inj (VISTARIL)

2. ANTI-DEPRESSANT AGENTS

FLUoxetine 20mg Capsule (PROZAC)
FLUoxetine 10mg Capsule (PROZAC)
Citalopram 10mg Tablet (CELEXA)
TraZODone 50mg Tablet (DESYREL)
Citalopram 20mg Tablet (CELEXA)
Sertraline 50mg Tablet (ZOLOFT)
Escitalopram 5mg Tablet (LEXAPRO)
Sertraline 25mg Tablet (ZOLOFT)
Venlafaxine 37.5mg Tablet (EFFEXOR)
Citalopram 40mg Tablet (CELEXA)
Fluoxetine 40mg Capsule (PROZAC)
Escitalopram 10mg Tablet (LEXAPRO)
Doxepin 10mg/ml Oral Con. (SINEQUAN)
Sertraline 100mg Tablet (ZOLOFT)
Imipramine 25mg Tablet (TOFRANIL)
Venlafaxine 25mg Tablet (EFFEXOR)
PARoxetine 10mg Tablet (PAXIL)
Amitriptyline*10mg*Tab (ELAVIL)
Venlafaxine 50mg Tablet (EFFEXOR)
TraZODONE 100mg Tab (DESYREL)
Venlafaxine 75mg Tablet (EFFEXOR)
Nortriptyline 10mg Caps (PAMELOR)
Imipramine 10mg Tablet (TOFRANIL)
Venlafaxine 100mg Tablet (EFFEXOR)
Imipramine 50mg Tablet (TOFRANIL)
buPROPion-SR 150mg Tab (WELLBUTRIN SR)
Escitalopram 20mg Tablet (LEXAPRO)
PARoxetine 20mg Tablet (PAXIL)
Nortriptyline 25mg Cap (PAMELOR)
Duloxetine 20mg DR Cap (CYMBALTA)
Mirtazapine 15mg Tablet (REMERON)
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<tr>
<th>Medication</th>
<th>Formulation/Strength</th>
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<tr>
<td>Mirtazapine 30mg Tablet (REMERON)</td>
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<td>BuPROPion-XL 150mg Tablet (WELLBUTRIN XL)</td>
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<td>Doxepin<strong>10mg</strong> Capsule (SINEQUAN)</td>
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<td>Desipramine 150mg Tab (NORPRAMIN)</td>
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3. ANTI-MANIC AGENTS
   - Divalproex DR 125mg Tab (DEPAKOTE)
   - Lithium Carb 300mg Caps (ESKALITH)
   - Divalproex DR 250mg Tab (DEPAKOTE)
   - Lithium Carb -150mg- Cap (ESKALITH)
   - Lithium Carb ER 300mg Tab (LITHOBID)
   - Divalproex DR 500mg Tab (DEPAKOTE)
   - Lithium ER 450mg Tablet (ESKALITH CR)

4. ANTI-PSYCHOTIC AGENTS
   - Risperidone 0.25mg Tablet (RISPERDAL)
   - Risperidone 0.5mg Tablet (RISPERDAL)
   - Risperidone 1mg Tablet (RISPERDAL)
   - Risperidone 2mg Tablet (RISPERDAL)
   - Olanzapine 2.5mg Tablet (ZYPREXA)
   - Risperidone 3mg Tab (RISPERDAL)
   - Olanzapine 5mg Tablet (ZYPREXA)
   - Prochlorperazine 5mg Tab (COMPazine)
   - Olanzapine 7.5mg Tablet (ZYPREXA)
risperiDONE 4mg Tablet (RISPERDAL)
Olanzapine 10mg Tablet (ZYPREXA)
Prochlorperaz 10mg Tab (COMPAZINE)
Aripiprazole 2mg Tablet (ABILIFY)
Aripiprazole 5mg Tablet (ABILIFY)
Olanzapine 15mg Tablet (ZYPREXA)
Olanzapine 20mg Tablet (ZYPREXA)
Aripiprazole 10mg Tablet (ABILIFY)
Aripiprazole 15mg Tab (ABILIFY)
Aripiprazole 20mg Tab (ABILIFY)
Haloperidol 5mg Tab (HALDOL)
Loxapine 5mg Capsule (LOXITANE)
Haloperidol 0.5mg Tablet (HALDOL)
Perphenazine 2mg Tablet (TRILAFON)
Haloperidol 10mg Tablet (HALDOL)
Loxapine 10mg Capsule (LOXITANE)
Haloperidol 1mg Tablet (HALDOL)
Loxapine 25mg Capsule (LOXITANE)
Trifluoperazine 1mg Table (STELAZINE)
Perphenazine 4mg Tablet (TRILAFON)
Loxapine 50mg Capsule (LOXITANE)
Haloperidol 20mg Tablet (HALDOL)
Perphenazine 8mg Tablet (TRILAFON)
Trifluoperazine 2mg Tab (STELAZINE)
Haloperidol 2mg Tablet (HALDOL)
Thiothixene 2mg Capsule (NAVANE)
Thiothixene 1mg Capsule (NAVANE)
Perphenazine 16mg Tablet (TRILAFON)
Trifluoperazine 10mg Tabl (STELAZINE)
Thiothixene 5mg Capsule (NAVANE)
Trifluoperazine 5mg Tab (STELAZINE)
Haloperidol 5mg/ml SDV (HALDOL)
Thiothixene 10mg Capsule (NAVANE)
Prochlorp. 5mg/ml SDV Inj (COMPAZINE)
Fluphenazine 2.5mg/ml Inj (PROLIXIN)
Prochlorp. 5mg/ml SDV Inj (COMPAZINE)
Fluphenazine Dec 25mg/ml (PROLIXIN DECANOATE)
Haloperidol Dec 50mg/ml (HALDOL DECANOATE)
Haloperidol Dec 100mg/ml (HALDOL DECANOATE)

5. HYPNOTICS
PHENobarbital 16.2mg Tabl (LUMINAL)
Phenobarbital 32.4mg Tab (LUMINAL)
PHENobarbital 64.8mg Tab (LUMINAL)
PHENobarbital 97.2mg Tab (LUMINAL)

6. COMBINATION PRODUCTS
Amitrip/Perphen 10-2 Tab (TRIAVIL)
Amitrip/Perphen 10-4 Tab (TRIAVIL)
Amitrip/Perphen 25-2 Tab (TRIAVIL)
Amitrip/Perphen 25-4 Tab (TRIAVIL 4-25)
Amitrip/Perphen 50-4 Tab (TRIAVIL)

7. MISCELLANEOUS ANTI-CHOLINERGICS
   Trihexyphenidyl 2mg Tab (ARTANE)
   Benztropine 1mg Tablet (COGENTIN)
   Benztropine 0.5mg Tablet (COGENTIN)
   Benztropine 2mg Tablet (COGENTIN)
   Trihexyphenidyl 5mg Tab (ARTANE)
   Benztropine 2mg/2ml Amps (COGENTIN)
   Benztropine 2mg/2ml SDV (COGENTIN)

V. RESPIRATORY AGENTS

1. BRONCHODILATORS/ANTI-ASTHMATICS
   Aminophylline 250mg/10ml (TRUPHYLLINE)
   Xopenex HFA 45mcg Inhaler (LEVALBUTEROL HCL)
   Albuterol 4mg Tablet (PROVENTIL)
   Albuterol 2mg Tablet (PROVENTIL)
   Terbutaline 2.5mg Tablet (BRETHINE)
   Terbutaline 5mg Tablet (BRETHINE)
   Theophylline 300mg ER-Tab (THEOCHRON)
   Dulera 100-5mcg Aer (MOMETASONE/FORMOTEROL)
   Dulera 200-5mcg Aer (MOMETASONE/FORMOTEROL)
   Alvesco 160mcg Inhaler (CICLESONIDE)
   Alvesco 80mcg Inhaler (CICLESONIDE)
   Atrovent HFA Inhaler (IPRATROPIUM BROMIDE HFA)
   Combivent Respimat Inh (ALBUTEROL/IPRATROPIUM)
   Tudorza 400mcg 60-Dose (ACLIDINIUM BROMIDE)

2. EXPECTORANTS
   Robafen 100/5ml Syrup (ROBITUSSIN)
   guaIFENesin 200mg Tablet (ORGANIDIN NR)

3. NASAL DECONGESTANTS/ANTI-HISTAMINES - SYSTEMIC
   Diphenhydr 12.5mg/5ml Eli (BENADRYL ALLERGY)
   Chlorpheniramine 4mg Tab (CHLOR-TRIMETON)
   DiphenhydRAMINE 25mg Cap (BENADRYL)
   DiphenhydRAMINE 50mg Cap (BENADRYL)
   Sudogest PE 10mg Tablet (PHENYLEPHRINE)
   Cetirizine 10mg Tablet (ZYRTEC)
   Loratadine 10mg Tablet (CLARITIN)
   Cyproheptadine 4mg Tablet (PERIACTIN)
   Diphenhyd. 50mg/ml MDV (BENADRYL)

4. NASAL INHALATION PRODUCTS
   Deep Sea Nasal Spray (SALINE)
   Oxymetazoline Nasal Spray (AFRIN)

5. COMBINATION PRODUCTS
   Percogesic 12.5/325mg Tab (PHENYLGESIC)
W. URINARY TRACT AGENTS
- Terazosin 5mg Capsule (HYTRIN)
- Doxazosin 1mg Tablet (CARDURA)
- Doxazosin 2mg Tablet (CARDURA)
- Doxazosin 4mg Tablet (CARDURA)
- Oxybutynin 5mg Tablet (DITROPAN)
- Doxazosin 8mg Tablet (CARDURA)
- Terazosin 2mg Capsule (HYTRIN)
- Terazosin 1mg Capsule (HYTRIN)
- Terazosin 10mg Capsule (HYTRIN)
- Bethanechol 5mg Tablet (URECHOLINE)
- Terazosin 10mg Capsule (HYTRIN)
- Bethanechol 10mg Tablet (URECHOLINE)
- Bethanechol 25mg Tablet (URECHOLINE)
- Bethanechol 50mg Tablet (URECHOLINE)
- Phenazopyridine 100mg Tab (PYRIDIUM)
- Phenazopyridine 200mg Tab (PYRIDIUM)

X. VACCINES
- Recombivax 5mcg/0.5ml Ped (HEPATITIS B VAC RECOMBINANT)
- Recombivax-HB 10mcg/ml Vi (HEPATITIS B VAC RECOMBINANT)
- Tubersol PPD~50~Test (TUBERCULIN PPD)
- Havrix 1440unit/ml Syring (HEPATITIS A VACCINE)

Y. EMERGENCY/MISCELLANEOUS MEDICATIONS
- Hydrogen Peroxide 3% Sol (PROXACOL)
- Golytely Bottle (PEG 3350-KCL-NABCB-NAACL-NASULF)
- Gavilyte-C Sol (COLYTE)
- Bact. Nss 30ml Vial (BACTERIOSTATIC NSS 30ML VIAL)
- Lidocaine Hcl 1% MDV (XYLOCAINE)
- Sterile Water For Injecti
- Sodium chl 0.9% 50ml inj
- Lidocaine 1%+Epi 50mL MDV (XYLOCAINE/EPINEPHRINE)
- Sterile Water Inj 50ml
- Dextrose 50% Vial
- Xylocaine 1%+Epi 20ml MDV
- Lidocaine 2% MDV Inj. (XYLOCAINE)
- Actidose Aqua 50gm (ACTIVATED CHARCOAL)
- Lidocaine Viscous 2% Sol (XYLOCAINE VISCOUS)
- Bacteriost. H2O Inj 30ml (BACTERIOSTATIC WATER)
- Heparin (porcine) 1000/ml (HEPARIN SODIUM (PORCINE))
- Lidocaine-Epi 2% (XYLOCAINE/EPINEPHRINE)
- Heparin Sod 1,000unit/ml (HEPARIN SODIUM (PORCINE))
- Heparin 1000unit/ml MDV (HEPARIN (PORCINE))
- Lidocaine 2% Inj (XYLOCAINE)
- Furosemide 10mg/ml Inj (LASIX)
- Phenytoin 250mg/5ml Vial (DILANTIN)
- Nitroglycerin CR 6.5mg Ca (NITRO-BID)
- Nitroglyceri 0.6mg Sub Tb (NITROSTAT)
- Ammonia Inhalants
- Nitroglycerin 0.3mg Sub Tb (NITROSTAT)
Nitroglycerin 0.2mg/hr P (NITRO-DUR)
Lidocaine Hcl 1% Ampul (XYLOCAINE)
Nitroglycerin ER 2.5mg Ca (NITRO-BID)
Nitroglycerin CR 9mg Cap (NITRO-BID)
Heparin Sod 5000unit/ml (HEPARIN SODIUM (PORCINE))
Nitroglycer 0.1mg/hr Patc (MINITRAN)
Lidocaine 2% Cardiac Syr (XYLOCAINE)
Nitrostat 0.6mg Tablet Sl (NITROGLYCERIN)
Nitroglycer 0.4mg Sub Tb (NITROSTAT)
Diphenhyd. 50mg/ml MDV (BENADRYL)
Nitroglycer 0.6mg/hr Patc (MINITRAN)
Heparin Lock 100unit/ml (HEP-LOCK FLUSH)
Lidocaine 1% Cardiac Syr (XYLOCAINE)
Aminophylline 250mg/10ml (TRUPHYLLLINE)
Lidocaine 1% Inj Syringe (XYLOCAINE)
Atropine 0.4mg/ml MDV
Potassium Cl 2meq/ml Inj
Heparin Sod 10,000unt/ml (HEPARIN SODIUM (PORCINE))
Calcium Chlor 10% Vial
Digoxin 0.25mg/ml Inj (LANOXYN)
Methylpred Sod 125mg inj (SOLU-MEDROL)
Atropine 0.4mg/ml vial
Heparin Sodium (porcine)
Heparin Sod 20m unit/ml (HEPARIN SODIUM (PORCINE))
Atropine 1mg/ml Vial
Naloxone 0.4mg/ml Vial (NARCAN)
Adrenalin 1mg/ml Inj MDV (EPINEPHRINE)
Solu-MEDROL 125mg Vial (METHYLPREDNISOLONE SODIUM SUCC)
Enoxaparin 100mg/ml Inj (LOVENOX)
Enoxaparin 30mg/0.3ml Inj (LOVENOX)
Naloxone 0.4mg/ml Vial (NARCAN)
Enoxaparin 80mg/0.8ml Inj (LOVENOX)
Enoxaparin 60mg/0.6ml Inj (LOVENOX)
Enoxaparin 40mg/0.4ml Inj (LOVENOX)
Enoxaparin 150mg/mL Inj (LOVENOX)
Enoxaparin 120mg/0.8ml In (LOVENOX)
Naloxone 0.4mg/ml Carpjct (NARCAN)
Solu-MEDROL 500mg Vial (METHYLPREDNISOLONE SODIUM SUCC)
Solu-medrol 500mg Inj
Haloperidol Dec 100mg/ml (HALDOL DECANOATE)
Vitamin K 10mg/ml Amp (AQUA-MEPHIRTON)
Pneumovax 23 SDV (PNEUMOCOCCAL 23 VAL PSAC VACC)
Glucagon Emer Kit (GLUCAGON (RDNA))

Z. UNCLASSIFIED
Magnesium Oxide 500mg Tab
Magnesium 200mg Tablet
B-Complex Vitamin Cap
SPS 15gm/60ml Susp (SODIUM POLYSTYRENE SULFONATE)
Analgesic Balm Ointment (BEN GAY)
Hydrocort 1% Crm-Aloe (HYTONE)
Clear Eyes Contact Drops
AzaTHIOprine 50mg Tablet (IMURAN)
CycloSPORINE MOD 25mg Cap (NEORAL)
CycloSPORINE MOD 100mg Ca (NEORAL)
Vancomycin Hcl 500mg Inj
Vancomycin Hcl 1 Gm Inj
Vancomycin Hcl 1 Gm Inj
Calcitriol 1mcg/ml Amp (CALCIJEX)
VANCOMYCIN 1GM ADD VIAL (VANCOCIN)
Vancomycin Hcl 750mg Inj
Tybost 150mg Tablet (COBICISTAT)
EPINEPHrine 1mg/ml Amp (ADRENALIN)
Vancomycin Hcl 5gm Inj (IV COMPOUNDING USE ONLY)
Azopt 1% Op Sus (BRINZOLAMIDE)
Tetanus Diphtheria 0.5ml
Tenivac Syringe (DIPHTHERIA-TETANUS TOXOIDS)
Tenivac Vials (DIPHTHERIA-TETANUS TOXOIDS)
Glucagen 1mg Vial (GLUCAGON HCL RDNA (DIAGNOSTIC)
Pharmaceutical Services

Submitted to:

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proposal@diamondpharmacy.com
Diamond is the nation’s largest correctional pharmacy services provider. They accurately fill 14.6 million prescriptions annually by relying on operationally efficient processes and technological innovations that you will find only with the industry leader. Diamond services 640,000 correctional patients nationwide in over 1,500 correctional facilities in 46 states.

While they have grown to become the industry leader, Diamond has never forgotten its principles or its roots as a family-owned and -operated business. With Diamond, you get the operational, clinical, and technological offerings of a large company along with the caring, compassion, and attention to detail found with a second-generation family-owned business. Their technicians and pharmacist account executive will re-establish a genuine rapport with the staff at the Facility through their daily interactions so that your facilities will benefit from the relationships they create that sets Diamond apart from the rest of the industry.

By studying your solicitation, including its pharmaceutical requirements and specifications, VitalCore understands that you are looking for a pharmacy services provider that will:

- Demonstrate its qualifications as the most responsive and responsible provider of services that will meet your needs and exceed your expectations
- Offer a comprehensive pharmacy management program that will increase staff productivity and decrease the time they spend on operational processes, particularly those involving paper forms and records
- Provide innovative clinical and formulary management solutions in an ever-changing industry with their PharmD. clinical pharmacists
- Provide accurate, meaningful, and accessible online reporting capabilities 24/7/365
- Provide services that will enhance overall levels of service
- Provide medication packaging so that the facility can legally and safely return medications for credit in accordance with state and federal requirements regarding medication returns from correctional facilities
- Fully comply with federal, state, and local laws, rules, and regulations regarding pharmacy services

Consistent with their philosophy of providing superior customer service and clinical support that fosters positive patient outcomes, Diamond’s pharmacy is open 24/7/365, so they are always available to provide clinical and operational consulting services to our customers.
Diamond has the ability, capacity, and skills necessary to carry out all aspects of the pharmacy component of your RFP in the most cost-efficient and convenient manner without any exceptions. Diamond offers professional comprehensive pharmaceutical services for all prescription and over-the-counter (OTC) medications and intravenous (IV) solutions, as ordered by all prescribers. They also offer clinical management and technology solutions not available from other pharmaceutical providers that will meet your current needs and position your facility for future enhancements. They label, package, and dispense all medications for stock distribution or patient-specific dispensing in full compliance with all current and anticipated federal, state, local, and department laws, rules, regulations, and provisions, or in their absence, the best practices of trade and industry standards.

**Benefits and Advantages from VitalCore’s Partnership with Diamond**

The Facility can receive the greatest overall value and a full range of enhanced pharmaceutical services from Diamond.

What sets Diamond apart from other correctional pharmacies that are being proposed as subcontractors?

- Unmatched industry-leading knowledge
  - 100-plus years of retail pharmacy experience
  - 46 Years of institutional pharmacy experience
  - 35 Years of correctional pharmacy experience
- A pharmacy program customized for the Facility
- Services tailored to your RFP specifications, without any exceptions to the pharmacy scope of work requirements in your RFP
- Lower costs and improved patient care
- A highly trained and knowledgeable in-house support staff who work exclusively in the correctional setting to understand your needs and provide specialized services
- Full-time, personalized customer care 24/7/365, including access to a regularly scheduled registered pharmacist who will assist our staff in making pharmacological decisions
- Full compliance with federal, state, and local regulatory agencies and accreditation organizations
- Clinical excellence through formulary management, reporting, drug utilization reviews, disease-state management, and therapeutic monitoring
- Technology that enhances the accuracy and timeliness of our operations and yours
- A fully dependable delivery model for routine medication orders
- An efficient model for accurate ordering and timely delivery of electronically submitted refills
- A reliable national network of backup pharmacies to supply same-day emergency medications
Value-Added Pharmacy Services Believed Unique to VitalCore and Diamond

Unit-Dose Advantage

At Diamond, they package, label, and dispense medications in a manner that allows them to accept medications for return while protecting the safety of your patients and minimizing waste. One of the goals of every solicitation is to save money and minimize waste; only Diamond can do that through their commitment to unit-dose blister card packaging on medication eligible for reclamation and credit.

As you know, any pharmacy can issue credit on returned medications according to their own policies and procedures, as you are well aware. However, not all pharmacies handle medications safely once the medications are returned. For a pharmacy to process a returned medication safely for reclamation and future re-dispensing, the pharmacy must ensure that their packaging system is true unit-dose. Simply labeling the top of the blister card with the medication’s lot number and expiration date does not make the packaging true unit-dose. A true unit-dose system has the back of each individual bubble of the blister card eligible for reclamation labeled with the medication’s name, strength, lot number, expiration date, and manufacturer. Packaging systems that do not label each individual bubble of the blister card with this information do not typically allow for the reuse of the medication in accordance with most, if not all, individual state statutes and/or boards of pharmacy rules and regulations.

Federal Government departments and agencies such as the U.S. Department of Justice (DOJ), the U.S. Food and Drug Administration (FDA), the U.S. Drug Enforcement Administration (DEA), the U.S. Department of Health and Human Services (DHHS), and the Office of the Inspector General (OIG) take this matter very seriously.

Your evaluation team certainly knows that a sub-contracted pharmacy providing credit on returned medications but not reclaiming and reusing the medications loses money on the returns. In providing value to the Facility, both VitalCore and Diamond believe that preserving the lot number, expiration date, and sanitary condition of each individual bubble of the blister pack on medications eligible for reclamation is critical when a medication is returned. Some other pharmacies, however, may remove medications from returned cards and then repackage and re-dispense the medication, which violates most state board of pharmacy regulations. Such vendors cannot guarantee the integrity of the dispensed tablets, the lot number, or the expiration date of the medication because the medication returned by their facilities around the country does not remain in the original intact bubble packaging. The medication may then be mixed into a large manufacturer’s stock bottle and subsequently redispensed to patients, including yours.

During the evaluation process, please ask bidders to detail their proposed pharmacy’s step-by-step process for reclaiming medications returned in partial blister cards that are redispensed.
True unit-dose blister card packaging occurs only if a pharmacy vendor labels every individual bubble of the blister card with the medication’s name, strength, NDC number, manufacturer’s name, lot number, and expiration date on medication blister cards eligible for reclamation and credit.

Simply labeling the front or top of a blister card with this information would NOT be considered as unit-dose dispensing.
Diamond Pharmacy Services is open 24 hours a day, 7 days a week, and 365 days a year ("24/7/365"), so Diamond’s staff of regularly scheduled pharmacists is always available to:

- Receive, process, and ship prescription orders
- Answer questions and handle customer concerns
- View patient profiles
- Access databases to ensure safe and effective therapeutic decisions
- Coordinate emergency orders

We regularly schedule pharmacists onsite at our central pharmacy so they are available around-the-clock, which is much safer and more convenient than locating someone offsite or waking them in the middle of the night on a cell phone. You will not need to submit a clinical concern or operational question through a website and wait for a response or awaken an on-call pharmacist.

Using Diamond’s toll-free number, 800-882-6337, you can always reach a pharmacist by phone directly or through Diamond’s after-hours answering service. A registered pharmacist will answer your call in a timely manner 24/7/365. Regularly scheduled pharmacists continuously provide routine and emergency operational and clinical consultations on all phases of Diamond’s institutional pharmacy operation.

You will have the cell phone numbers of your pharmacist account executive and our Director of Correctional Pharmacy Services, which you can use if for any reason our regularly scheduled evening and overnight pharmacist staff does not provide a timely response; however, this is rarely the case.
Packaging

Blister Cards

Prescription and non-prescription solid, orally administered medications are dispensed in our tamper-proof USP 30-count unit-dose blister cards.

Diamond’s blister cards provide a specialized filling system for safe, efficient, and cost-effective medication distribution. They also provide a sanitary delivery system compared with bulk bottles, multi-dose baggies, and vials. Such multi-dose systems can become contaminated with repeated opening and closing. Nurses enjoy the protection, accountability, and ease of delivery offered by blister cards.

Diamond also saves money for facilities that are permitted to have first-dose and prescription starter stock by distributing legend stock in 30-count blister cards, as inventory can be controlled more closely. With Diamond, you do not need to purchase large volume and expensive stock bottles. Other pharmacies, which may not use the services of an FDA-registered repackager for stock repackaging into 30-count blister card, significantly increase your inventory dollars and expose your facilities to potential regulatory compliance concerns.

Diamond has dedicated the resources necessary to ensure regulatory compliance when providing your facilities with FDA-approved, true unit-dose stock packaging. However, not all pharmacies submitting a proposal to your evaluation team may have done so. We encourage your evaluation team to check with your in-house legal counsel prior to awarding a contract.

Quantity Dispensed

Routine maintenance medications are dispensed in a 30-day supply unless otherwise requested. Acute medications, such as antibiotics and pain medications are dispensed in the quantity as written by your clinicians, but not in excess of a 30-day supply per dispensing.

Diamond's Color-Coded Blister Cards. To differentiate drug categories and reduce diversion, Diamond uses different colored cards. Legend and over-the-counter (OTC) items are packaged in blue blister cards, and controlled substances, tramadol, and pseudoephedrine products are packaged in red blister cards.
**Fax Machine**

Diamond provides your facilities with a plain paper fax machine, upon request, for transmitting and receiving information between your facility and Diamond. Diamond programs the fax machine specifically for your facility with our toll-free number on speed-dial and with a fax confirmation sheet after every transmission. Your facilities have the option of purchasing fax cartridges on your own or through Diamond.

Fax machines are provided on loan at no additional cost for the duration of the agreement when you fax all medication orders to Diamond.

**Medication Carts**

Diamond provides locking medication carts for the secure storage, transportation, and administration of all medications and supplies based on your facility’s size and number of patients serviced.

Our carts are top-of-the-line, durable, lightweight, and narrow for easy maneuverability throughout correctional facilities. Our carts contain:

- Three blister card drawers
- A 3-inch high drawer (for the storage of topicals, ophthalmic medications, etc.)
- A separate, locked narcotic box
- Convenient features such as an extension table, an attached cup holder, an attached MAR holder, and a trash receptacle, when requested

Diamond’s locked narcotic box meets all U.S. Drug Enforcement Administration (DEA), State Board of Pharmacy, and State Board of Nursing requirements related to the provision of a double-locked storage area.

Medication carts vary in size, style, and options based on availability at the beginning of or throughout the agreement. Medication carts are provided on loan at no additional cost for the duration of the agreement when the facility orders all medications from Diamond.
Emergency Drug Kits

Diamond provides lockable emergency medication kits, stat boxes, and starter kits (where permitted by law) that contain oral and injectable medications used for immediate administration to alleviate pain, treat infections, modify dangerous behavior, and preserve life.

♦ Medication quantities are determined in conjunction with our facility medical director.
♦ All contents are listed on the sealed, lockable kit along with the medication expiration dates.
♦ Accountability sheets in each kit or cabinet are used to document inventory, administered doses, and destruction.
♦ For facilities with controlled substance medications in their emergency kit, Diamond provides prescription order forms in the emergency box so providers can write orders to account for used medications.

Emergency Stock Cards

So you can immediately administer medications when necessary, Diamond carries a complete line of prescription and over-the-counter (OTC) medications that are packaged to meet your emergency first-dose stock requirements. Appropriate stock quantities are maintained using the following process:

♦ Diamond develops a customized order form that lists all the stock items your facilities use. Each form contains a list of the items with complete descriptions and package sizes. When your staff needs to order medications using the form, they simply indicate the quantity needed next to each item, sign the form, and submit the order to Diamond. Within 3 months of contract inception, Diamond will have sufficient reportable data housed in their pharmacy system to assist your facility in developing par levels to better manage your inventory.

♦ We recommend that only one or two individuals have “ownership” of stock ordering so that access to medication is limited to authorized personnel, excessive quantities are not ordered, duplicate orders are not submitted by multiple personnel, and medications are kept secure at all times.

♦ For greater accountability of stock medications, the facility will have access to Diamond’s free electronic order reconciliation program. Your staff can use this system to scan your order upon receipt so they can account for all stock medications, prevent diversion, and prevent loss of inventory.
**Stock Accountability**

A system of accountability is very important. To reconcile all stock doses, Diamond strongly recommends that staff use inventory flow sheets or a stock binder/book to record and document each dose administered from a stock card. When stock is depleted, facility staff transmits the completed accountability sheet to Diamond to reconcile doses. Medication can be reordered as needed by submitting the peel-off reorder label or the stock order forms to Diamond by fax or electronically. Our system of accountability complies with all National Commission on Correctional Health Care (NCCHC) patient safety standards and American Correctional Association (ACA) guidelines. If using our Sapphire system, stock administrations are tracked electronically for accurate documentation of administered doses.

**Routine Order Cutoff Times**

New orders can be submitted by fax, by phone, or electronically before your daily extended routine order cut-off times:

- 1:00 p.m. PST/PDT (4:00 p.m. EST/EDT) Monday through Friday
- 11:00 a.m. PST/PDT (2:00 p.m. EST/EDT) Saturday

We also realize that sometimes your staff gets busy and forgets to place an order. In some scenarios, a patient is seen, or even arrives, at your facility after the medication order cutoff time. In these instances, late orders that are needed in your next shipment can be submitted by phone directly to your order entry technician before:

- 3:00 p.m. PST/PDT (6:00 p.m. EST/EDT) Monday through Friday

Diamond’s tremendous daily shipping volume through our preferred shipping partner—FedEx—has led to FedEx granting Diamond a late evening pickup time from our corporate pharmacy location. Thus, orders received by your contracted order cutoff time are processed, included in your delivery, and shipped the very same day.

<table>
<thead>
<tr>
<th>Routine Orders</th>
<th>Submittal</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions submitted to Diamond by fax, phone, or electronically by 1:00 p.m. Mon-Fri and by 11:00 a.m. Sat</td>
<td>Orders delivered to your facilities by our preferred carrier the next business day by 10:30 a.m. Mon-Fri and 12:00 noon Sat.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Orders</th>
<th>Submittal</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriptions submitted to Diamond by emergency fax, through Sapphire CPOE, or by phone for immediate need (including after hours, Sundays, holidays)</td>
<td>Orders filled using the on-site stat box and starter stock or within 4 hours through a contracted local backup pharmacy</td>
<td></td>
</tr>
</tbody>
</table>

**If our proposed times do not meet your operational requirements, please let us know so later cutoff times can be negotiated**
Next-Day Delivery

Orders are shipped for next-day delivery 6 days a week—Monday through Saturday—excluding certain nationally recognized holidays—New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. Package delivery services do not initiate shipments on Sundays.

Diamond has shipping contracts with all three leading next-day delivery services—FedEx, UPS, and the U.S. Postal Service (USPS). If for some reason one carrier is not adequate for your facility, Diamond can select another. All shipments require a signature upon delivery at the facility.

Emergency Prescriptions

Local Backup Pharmacies

Emergency medications not found in the emergency medication kit or the first-dose starter packs and unavailable from Diamond in sufficient time are provided in a minimum quantity to your facilities by a local backup pharmacy in your immediate area. Due to Diamond’s size and volume, they have aggressive national contracts with most chain pharmacies and are willing to negotiate with any pharmacy of your choice, as over 99.5% of all retail pharmacies in the United States are already part of their network.

If you prefer to use a particular backup pharmacy for emergency services, we can certainly negotiate to contract with that pharmacy.

When your facilities need an emergency prescription, our staff faxes or electronically transmits your prescription using Diamond’s Stat Line, which is staffed and available 24/7/365. When Diamond receives the order, they contact the backup pharmacy and arrange for the emergency prescription.

Emergency prescriptions also can be delivered directly to your facilities using the local pharmacy’s delivery service or a taxi or courier service that has been pre-arranged by Diamond, at your request.
Formulary

- Diamond’s drug information center and formulary management process are some of the ways Diamond can help you achieve your goals regarding cost control, cost avoidance, and positive patient outcomes based on evidence-based literature and clinical research.

Formulary Development

Correctional facilities, private insurance companies, and government healthcare agencies all use formularies to manage costs and ensure safe prescription ordering practices. A formulary helps a prescriber identify more cost-effective alternatives for high-priced medications and avoid medications that could pose safety concerns. Our formulary vision incorporates both principles.

Diamond routinely conducts comprehensive reviews of our customer formularies and works with the medical director to discuss adding or deleting medications. Our goal is to develop a formulary that comprises primarily generic and cost-effective brand name medications to encourage cost containment without compromising the quality of care. In many cases, Diamond’s formulary management has saved new Diamond customers up to 20% in cost.

The Facility will benefit from the value provided by Diamond’s clinical pharmacist and doctoral-level pharmacist (PharmD) staff and their decades of clinical experience in the area of formulary development. Our pharmacist account executive, who has written formularies for numerous departments of corrections and county jail facilities over the years, will provide regular recommendations to the medical director for consideration and implementation at their discretion. Diamond will never make a formulary change without the approval of our medical director.

While utilization is important for formulary management and development, other ideals are just as important. Your pharmacist account executive will review evidence-based literature specific to areas that affect utilization and the cost-effectiveness of medications and will provide the information to our staff. With Diamond, our healthcare providers can be assured that they are prescribing cost-effective formulary medications that do not pose patient safety issues and have been selected according to evidence-based literature reviews.

Although an annual review of your formulary is standard with many industry providers, Diamond reviews the formulary on a daily basis as our pharmacist account executive is alerted of daily medication price changes. Diamond will immediately contact the facility and our medical director to assess stat formulary changes that provide cost avoidance to the Facility.
Formulary Management

Formulary models now require the engagement of a pharmacist with formulary management at the ground level to make alternative treatment recommendations to your providers. Historically, the pharmacy’s role was for informational support, trend analysis, cost avoidance, operational support, and analysis of utilization data.

Diamond was instrumental in innovating the correctional pharmacy industry with our formulary management. They have over 30 clinically trained doctoral-level (PharmD) pharmacists on staff as well as four compounding specialists, a diabetes educator, an anticoagulation specialist, three certified AAHIVE expert pharmacists (whereas many pharmacies have none), and an adverse drug reaction coordinator. Their clinical and operational pharmacists have well over 700 years of combined experience in the correctional pharmacy industry.

In juvenile facilities, formulary utilization with strict compliance is shown to significantly decrease total monthly pharmacy expenditures while fostering positive patient outcomes. Diamond’s formulary experts combine decades of adult and juvenile correctional pharmacy experience with clinical excellence that is simply unavailable from other providers in the industry. They also follow American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC) standards.
Drug Information Center

Value-Added Clinical Service Believed Unique to Diamond

Diamond’s Drug Information Center is a value-added resource that provides our customers with access to clinical pharmacists and programs that make a real difference. While our clinical pharmacists and pharmacist account managers are available for routine questions and research, Drug Information Center pharmacists specialize in drug- and disease-state management, clinical information services, and formulary management and reviews.

Proper medication selection, reduction of polypharmacy prescribing habits, education, therapy management, reduction of off-site care, decreasing acute sick call visits, reducing adverse medication events, and accessibility to clinical pharmacists will reduce short-term and long-term costs and improve outcomes. With over 700 combined years of correctional pharmacist experience and over 30 clinically trained and licensed PharmDs on staff, Diamond understands the importance of clinical services in the unique juvenile correctional healthcare environment. Our main goal is to constantly work toward improving the care of your patients. As medication experts, Diamond’s clinical team embraces its role in helping ensure that your patients are receiving the proper medications at the proper times while minimizing any medication-related issues that would interfere with a patient’s therapy.

Drug Information Center services include, but are not limited to, the following:

♦ Non-formulary/clinical recommendations for providers
♦ Development of OTC and legend formularies
♦ Development of recommended nursing and provider protocols
♦ Coordination of clinical activities and initiatives
♦ Formatting of statistical reports that are specific to your needs
♦ Pharmaceutical and budget forecasting
♦ Asthma and diabetes treatment reviews and recommendations
♦ Reviews of high cost psychotropic injectable utilization
♦ Disease-state clinical pharmacist webinars
♦ Polypharmacy reviews and alerts
♦ Disease state algorithms
♦ High-acuity patient consultations & high-cost patient reports and analysis
♦ Evidence-based medical and scientific research & journal reviews

Whether you need assistance during or after normal business hours, Diamond’s Drug Information Center and Diamond’s 24/7/365 operation has clinical pharmacists available to fulfill your consulting needs.
Transition Plan

- Diamond’s 30-plus years of experience in the correctional pharmacy industry ensures a smooth, anxiety-free, seamless transition and is one of the many ways Diamond provides value to our new customers.

With over three decades of experience in the correctional pharmacy industry, Diamond knows any transition to a new pharmacy vendor from the incumbent can be a time of unwarranted apprehension and anxiety. Diamond makes that transition smooth and seamless to eliminate any worries that your administration or staff may have regarding the transition process. We realize that many times a comfort zone develops from working with a pharmacy vendor over time; and although their service may be adequate, this comfort can overshadow opportunities that exist with changing vendors and starting anew.

As a prior pharmacy provider to your facilities, Diamond is confident in their ability to enhance and improve what your current pharmacy vendor has achieved or may be lacking to date in terms of formulary management, clinical services, operational management, regulatory compliance, and medication management services. Diamond provides technological superiority in the areas of electronic order reconciliation (medication check-in) and return processing, online web-based reporting, workflow reporting and management, medication distribution, and routine/ad hoc reporting. They also provide the most comprehensive monthly financial reporting in the industry.

Continuity of Patient Care

As the Facility is already accustomed to an off-site pharmacy management program, your staff will not be affected by a transition of service to Diamond, as many of the procedural aspects of your current operation will be the same regardless of pharmacy vendor. Orders will be transmitted to Diamond, as they are now, by the established order cutoff time. Diamond will process your orders that are received prior to your cutoff time or late orders that are phoned in, and they will be delivered six days a week, Monday through Saturday, as they are now. Emergency orders will continue to be filled from facility first-dose starter stock or through local backup pharmacies, as they are now. As you can see, the Facility will experience very little, if any, disruption to your current operational processes.

Diamond will provide additional operational efficiencies and process enhancements through the deployment of their electronic reconciliation program that will allow for electronic order check-in, electronic inventory management, electronic return processing, electronic medication destruction and documentation—including controlled-substance medications—and electronic submission of refills. All will significantly improve operational efficiency at your facilities while decreasing the staffs’ reliance on manual and time-consuming paper processes.
Orientation

Diamond’s startup manual/policy and procedures manual contain detailed explanations of all procedures for medication dispensing and pharmacy program management. Electronic or web-based technologies or programs are supported by program-specific user manuals that are reviewed live during the initial training. During these orientation meetings, Diamond will review all of the policies and procedures that are detailed in the startup manual regarding medication management.

Highlights of the orientation and training procedures include:

- Submitting new and refill prescriptions (manual and electronic)
- Ordering emergency prescriptions through a dedicated backup system
- Ordering controlled-substance medications and all the required components of the prescription order
- Requesting a non-formulary medication and a thorough review of the medication formulary
- Reporting errors and adverse drug reactions
- Accessing and mastering the daily electronic order reconciliation program
- Accessing and mastering our online reporting program

They also detail the following information:

- Pharmacy label and all the information contained on the label
- Procedures for returning medications and the electronic systems used to assist your staff
- Daily and monthly MAR updating procedures
- Items reviewed during pharmacy inspections
- Your delivery manifest and handling of any shortages or owed medications

Upon completion of the facility orientation and training, all individuals will understand the medication management system as well as the policies and procedures manual of the Facility, VitalCore Health Strategies, and of Diamond. Each medication area will be provided with several copies of a - Who to Call List - that will be posted in several areas of your facilities. This list provides the contact information at Diamond for personnel that will be servicing your facility. You will be provided with contact information for Diamond pharmacists whom you can contact 24/7/365 for any operational or clinical concerns including medication management. This list also provides contact information for Diamond personnel in key medication management positions such as your pharmacist account executive, your order entry technician, departmental supervisors, shipping supervisors, and medication cart supervisors.
One of Diamond’s goals is to keep our cost per patient within budget while providing quality care. Diamond is a proactive partner to our clients. Our vision is to lower your medication costs and your overall healthcare costs.

We take many measures to reduce your costs.

**Generic Utilization**

Low-cost generic or brand name drugs are automatically substituted for therapeutically equivalent A- or AB-rated products unless requested otherwise by the prescribers.

**Formulary Management & Reporting**

Monthly formulary management and other statistical reports show usage trends and prescriber ordering history as tools in identifying areas to save money and identifying outliers.

**Clinical Pharmacists**

Diamond’s clinical pharmacists are highly trained and well versed in making cost-effective recommendations and developing correctional specific drug formularies.

✧ Proper medication selection and utilization are equally as important as medication costs when you assess the impact on reducing your overall costs and improving patient outcomes.

✧ Diamond’s pharmacists are always available. They regularly schedule pharmacists around the clock for 24/7/365 coverage to answer your questions regarding cost-effective therapy.

✧ Diamond’s pharmacists are some of the most highly credentialed in the entire industry.

**True-Unit Dose Blister Card Packaging**

**Value-Added Patient Safety and Cost-Saving Solution Believed Unique to Diamond**

Diamond is the only pharmacy that has significantly invested in providing true unit-dose blister card packaging to ensure the highest allowable credits on returned medications eligible for reclamation. Unit-dose labeling of each individual bubble of the blister pack on medications being reclaimed affords the Facility available credit on a wider spectrum of returned medications. Diamond committed substantial financial and personnel resources to ensure that medications eligible for reclamation sent to the Facility have each bubble of the blister cards individually labeled with the medication’s name and strength, NDC number, manufacturer’s name, lot number, and expiration date.

**Drug Coupons**

Diamond accepts drug coupons and vouchers from pharmaceutical companies for a free supply.
**Third Party Billing**

Diamond directly invoices medical assistance (where permitted), private health insurances, federal agencies [such as U.S. Immigration and Customs Enforcement (ICE) and U.S. Marshals Service] or other sources of payment when a patient is eligible and the information is provided to Diamond at the time of medication dispensing. Their ability to directly invoice third parties removes the cost of these medications from your budget so you immediately realize cost savings.
Executive Summary

Fusion is a leading provider of health information technology products, services, and solutions for the correctional health industry. Their flagship product, Centricity Electronic Health Records (CEHR), is utilized by a combined ten (10) State Department of Corrections and Department of Juvenile Justice agencies and manages over 250,000 offenders and juveniles in over 200 institutions throughout the country, making Fusion the largest EHR provider for State DOC and DJJ agencies in the United States. In addition to being the largest EHR provider for first time buyers, they are also the industry leader in the replacement of legacy EHR systems for correctional agencies. Over the past three years alone the landscape has shifted dramatically, and they have received accolades for their system’s robust capabilities, their incomparable implementation services, and their exceptional support. Their knowledge and commitment to this space is unparalleled, and they continue to lead the way in EHR functionality for DOCs and DJJs.

Sample Client List

<table>
<thead>
<tr>
<th>Sample Client List</th>
<th>Approximate ADP</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Department of Corrections</td>
<td></td>
</tr>
<tr>
<td>Connecticut Department of Corrections</td>
<td>17,000</td>
</tr>
<tr>
<td>Louisiana Department of Corrections</td>
<td>16,000</td>
</tr>
<tr>
<td>Mississippi Department of Corrections</td>
<td>30,000</td>
</tr>
<tr>
<td>New Jersey Department of Corrections</td>
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<tr>
<td>Ohio Department of Rehabilitation and Correction (eCW Replacement)</td>
<td>50,000</td>
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<tr>
<td>Rhode Island Department of Corrections (NextGen EHR Replacement)</td>
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<tr>
<td>District of Columbia - Department of Corrections</td>
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<td>State Department of Juvenile Justice</td>
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<td>Connecticut Judicial Branch – Juvenile Justice Center</td>
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<tr>
<td>Colorado Department of Youth Services</td>
<td>600</td>
</tr>
<tr>
<td>District of Columbia – Department of Youth Rehabilitation Services</td>
<td>160</td>
</tr>
</tbody>
</table>

Their team has extensive experience in roll-over implementations, keeping legacy systems alive and running, while scripts port over information from the legacy system(s) into CEHR. **To date, Fusion is the only EHR to have replaced NextGen EHR at a State DOC. Most recently they partnered with Rhode Island Department of Corrections to replace Nextgen EHR and Ohio Department of Rehabilitation and Corrections to replace eClinicalWorks.**

Fusion approaches every project with a partnership mentality, working in conjunction with the client to ensure that the EHR is successfully implemented on time, within budget and complete. Unlike any other vendor, Fusion intimately understands what it takes to get an EHR system live at correctional facilities. Fusion leverages its extensive knowledge of the EHR and correctional health space and will collaborate with KDOC to ensure that the system truly meets their workflow both now and for the future. Fusion will leverage its knowledge and experience of how things are done throughout the country to provide KDOC with proven options and alternatives throughout the implementation.

As a leading EHR provider for correctional health, CEHR provides correctional health agencies such as yours with a complete array of effective, innovative tools that will enhance KDOC’s correctional health services delivery today and in the future. Fusion’s "healthymagination" vision for the future invites the world of correctional health to join them on their journey as they continuously develop innovations focused on reducing costs, increasing access.
and improving quality around throughout the industry. They strive for continuous improvement, reliability and customer service, providing KDOC with the best value/competitive pricing for the proposed solution and related services. To even further describe their commitment to correctional health, they invest 25% of their annual earnings into R&D, allowing them to collaborate and implement the newest and best solutions an EHR partner can offer. As KDOC will notice throughout this response, Fusion is best suited for this project.

**CEHR Features and Functionalities**

Fusion’s CEHR is a fully integrated, one-for-all EHR system inclusive of medical, behavioral health, dental, chronic care, eMAR and numerous other clinical documentation tools. CEHR provides KDOC with over 2,000 corrections-specific encounter templates many of which adhere to NCCHC, ACA, and PBNDS Standards. CEHR also has over 500 additional encounter templates of various specialty and subspecialty clinical workflows. As a corrections-specific EHR system, CEHR provides KDOC with all of the necessary components to streamline clinical charting and everyday operations in a correctional healthcare environment.

The design of CEHR supports KDOC’s goals and enables the organization to achieve its objectives. CEHR will dramatically increase your organization’s efficiencies for your inpatient and outpatient services, including but not limited to annual exams/initial intake screenings, clinic visits, chronic disease monitoring, telemedicine, vaccine records, sick call triage, medication administration, mental health and discharge planning for offenders. It also possesses a robust reporting environment that provides real time data to enable effective decision making throughout the organization. There is no other corrections-centric EHR system which can support the quality of care to offenders like CEHR. Being an all-in-one solution for KDOC, CEHR will help meet and exceed your organization’s goals and requirements by providing you with an EHR that will help your organization achieve the following goals, among others:

- Replace NextGen with a more comprehensive and robust EHR solution that will address the full continuum of correctional health care services
- Improve quality of care
- Increase offender safety
- Increase health care staff productivity
- Decrease administrative expenses
- Integrate with various 3rd party systems and providers in the community to share information
- Improve clinical workflow for offender care
- Provide effective discharge planning
- Store and archive health records for future reference
- Improve ability to gather medical statistics

**Clinical Documentation and Forms**

CEHR provides KDOC with over 2,000 corrections-specific encounter templates many of which adhere to NCCHC, ACA, and PBNDS Standards. CEHR also has over 500 additional encounter templates of various specialty and subspecialty clinical workflows. Working with seven (7) other State DOC’s allows KDOC to have ‘out-of-the-box’ options for all healthcare services.
CEHR has over 30 specialties that can be used providing a depth of content that is well beyond that of correctional-specific systems. For example, specialists who come to the facility, or general practice providers who would like to use specialty-specific content, in such areas as cardiology, obstetrics and gynecology, general surgery, orthopedics, ophthalmology, or physical therapy have this option with CEHR.

CEHR’s encounter templates support administrative, nursing, pharmacy and licensed provider job functions, including discipline specific templates that incorporate clinical practice guidelines, including:

- OB/GYN
- Internal Medicine
- Adolescent Medicine
- Respiratory Therapy
- Psychiatry/Mental Health
- Dental
- Substance Abuse/Addiction Services
- Orthopedic Consultation and Follow-up
- General Surgery Consultation and Follow-up
- Podiatry
- Optometry
- Physical Therapy
- Infectious Disease
- Endocrinology

In addition to having standard form components within an encounter, CEHR provides the capability of adding encounter forms/templates and assessment tools into the encounter note. For example, if a provider is seeing an offender for persistent nausea and has selected a GI visit template and he realizes that the cause may be cardiac and wants to add a cardiology template he is able to do this easily and without leaving the visit note.

KDOC will have complete access to the 2,000 corrections-specific clinical forms and templates that come standard with CEHR and will also have the ability to create and modify customized forms and templates as specified by user requirements through CEHR’s Visual Form Editor (VFE). VFE is a WYSIWYG (What You See Is What You Get) editor.

**Scheduling**
From adding a new offender on the fly to searching for first available appointments, to tracking recalls and managing authorizations and referrals, CEHR transforms scheduling into a quick and simple process.

Designed for high clinic satisfaction, CEHR’s scheduling provides a flexible, customizable interface as well as clear, easy-to-follow guidelines. The real-time view of daily schedules enables effective time management and a seamless experience, keeping the organization more informed. CEHR accommodates both on-site and off-site scheduling, so hospital visits or consultant appointments can be tracked as well. While schedules can be color-coded and organized into custom groups to be viewed by different users (multi-view), the system also allows a variety of views by a single resource, so providers can track their own daily lists.
Problem Lists
CEHR is designed to allow for the user to create, maintain, edit, inactivate or update an offender’s problem list with one click from anywhere in the system. The intuitive user interface also presents the problem list when loading an offender’s chart. The problems list is pre-loaded with the entire ICD-9, ICD-10 and psychiatric diagnostic codes (DSM-V) and is updated periodically to ensure it is always up to date.

Problems can be searched out with partial word searches to return a list of viable problems to select from. The EHR can also be configured to allow users to enter un-coded problems, which are designated in the EHR by an asterisk. Once selecting a problem to assign, the user can add additional comments, set an approximate or exact onset and end data and/or enter the duration which will automatically calculate the date.

Flags and Alerts
Flags
Flags are electronic “sticky notes” that can stand alone on a recipient’s desktop or be attached to an offender’s appointments, registration or EHR chart. Flags can be routed to one or multiple recipients, a predefined group, or even to yourself. Flags can also be sent immediately or scheduled to be sent on a future date. All Flags are “public” meaning that a Flag can be seen by other EHR users even if they are not the sender or receiver. They do not become a permanent part of an offender’s EHR record unless they are changed into a note using the Convert button. Flags remain visible until they are removed, or the set expiration date is reached. A removed or expired flag can be accessed with the “View removed flags” function for 30 days and then becomes completely inaccessible.

Alerts
Care Alerts are special kinds of Flags that are connected to an offender chart. They allow you to remind yourself or notify other users of care-related information for a specific offender. A Care Alert is visible in the offender’s chart as long as it is active and can have start and expiration dates. Critical Care Alerts can also be set to “Popup” whenever the offender’s chart is opened.
In addition to general alerts/flags, triggers can be implemented with KDOC business rules behind all triggers and alerts that are client configurable as well, providing you the ability to be as self-sufficient as needed. For instance, if an offender tried to commit suicide, a flag can be quickly created by the physician to notify staff so that every time a user opens that offenders chart a pop up appears to notify them of such an occurrence.

**Results Review**

Once results are imported into the EHR, such as lab results, flags can be automatically generated to notify individuals that the results are available for further review and/or sign off. In this case, the results are posted in the lab portion of the documents section on the user’s desktop for review and sign-off. Urgent or abnormal labs would show up as priority with a red ! at the top of the list so that the provider can prioritize his reviews. In addition, notifications are sent to all individuals or groups that are configured to receive such notifications.

**Clinical Decision Support**

CEHR provides intelligent decision support tools built into your workflow bring critical information right to the point of care, facilitating informed treatment decisions. Data is continuously managed by the system and will alert users of any specific needs or constraints for additional clinical decision support.

**Patient Education/Handouts**

Patient education can be accessed from an offender’s chart at any time by simply clicking the ‘Handouts’ button on the left side of the navigation screen. You can access Handouts when actively creating a document to update the offender’s chart or when you simply need to print a Handout. The screen shot below shows how to access Handouts without being actively involved in creating a document.

In addition to the Handouts Custom List that is maintained by administration, you have the ability to create your own list of Favorites by accessing the binoculars icon. After selecting your Favorite Handouts, they will now be viewable from the main Handouts window (as seen). Within the medications module numerous forms of educational materials are provided for both the prescriber and the offender, including monographs and much more.
The Handouts folder provides you with the ability to design and organize your Handouts that will be used for offender care. Although you cannot access or edit the set of standard Handouts that come with CEHR, you do have the ability to create/edit your own.

Handouts have the following functionality:

- Create an offender chart document indicating that a Handout was given to the offender.
- The ability to print Handouts may also be a design feature into Forms that are being utilized.

Customized handouts can be created and edited by KDOC and can be available in a variety of languages, including Spanish, through a certified translation service.

Transfers and Discharge

Fusion delivers built-in corrections-specific functionality and pre-existing content to plan for discharges. CEHR offer both external and internal transfer/discharge templates depending on the type of transfer. It allows clinicians to denote whether the transfer was voluntary/involuntary and/or what treatment had been completed. In addition, varying documentation can be added to the medical record such as a discharge summary and discharge risk assessments.

With regards to transfers, CEHR stores multiple levels of housing granularity, so a transfer may be from one bunk to another, one floor to another, one pod to another, one building to another, etc. The client decides how to use the granularity to describe their specific group of facilities and the internal layout of each. Transfers enable the sending facility to move all open activities, including tasks associated with an offender from the sending location to the receiving location to help ensure continuity of care.
CEHR is extremely efficient in handling the discharge planning process for offenders in addition to generating referrals, alerts and reports to those who need to complete components to the discharge planning process. By leveraging the protocols module, CEHR has the capacity to identify a discharge protocol where once an offender is identified to be discharged, they will be assigned to the specific protocol where individuals associated to the discharge planning process will be notified. In addition, reports will be available for KDOC to aid in the discharge planning process.

From booking to discharge, CEHR has a complete clinical roadmap developed specifically for correctional facilities.

**Mental Health Treatment Plan**
This feature allows users to plan and create long term offender goals, devise a plan to achieve those goals, and track the progress towards attaining those goals. The Treatment Plan Manager captures offender progress on treatment plans over time through the completion of CEHR Encounters. On the landing page of the Treatment Plan Manager, the treatment plans for the offender are filtered by plans that are in progress, completed, or a concatenation of both statuses. The statuses of these treatment plans can be updated as they are selected and worked on distinctly through Encounters. When a treatment plan is selected to be worked on, the goals are filtered by ones that are in progress, completed, or both. Any goals or objectives that are in progress are highlighted a light blue color in the table. As they are completed, the row color will change to white and an end date replaces the In Progress text in the table underneath the End Date column. As Encounters are completed, Documents are added to the offender’s Chart to record what was done during the session.

The Treatment Plan Manager provides pre-populated templates and also allows users to configure treatment plans specific for each patient or group.

**GroupNotes**
This component of the system allows users the ability to book groups of offenders, check offender in, mark No Shows, and create group documentation. CEHR comes with DSM-5 psychiatric diagnoses included. The diagnosis codes are available utilizing the same functionality as the problems/diagnosis search. This seamless and unified diagnosis search has been proven and is currently utilized in numerous correctional agencies throughout the country who utilize CEHR.

- Schedule group appointments from one appointment block on the CEHR schedule.
- Mark offender’s arrival status.
- Documentation can also be created, reviewed, and signed.
- Upon session close, a visit gets created in CEHR.
- Upon signature, a document is created, and clinical lists are updated in the offender’s EHR chart.

CEHR provides group activity templates that enable clinicians to document in one area and have that information put into all the health records for those who attended. In addition, this same screen facilitates easy
Electronic Health Records

retrieval of group attendees for simplifying the addition of the unique individual notes. As an example, group therapy notes take advantage of advanced technology allowing information to be added to all group members’ charts at once, while still enabling individualizing of information that is offender specific. This saves therapists a lot of time in documenting group therapy.

**Orders Manager**

CEHR provides staff with efficient ways of managing work queues, no matter what job role the staff member has. This tool provides users with an easy and efficient way to manage their tasks, making sure that they complete and sign off on certain documentation, review and sign off on pending items such as lab results, and anything else that has to do with their day-to-day work activities. Track upcoming and overdue services such as follow up care, sick call, labs, blood glucose tests, specialty services, etc. by order date, priority, or any other filter provided. Fusion This tool is easily customizable to meet your clinical needs. In addition, call out sheets can be electronically generated and printed to hand to the CO’s. For HIPAA compliance, a toggle on the tool allows users to hide PHI prior to printing the call out sheet.

**Electronic Signature (eSign)**

CEHR includes the ability to integrate an electronic signature pad for offenders to sign paperwork and consent forms as well as the ability to generate an electronic signature for users. It also has the ability to customize the forms for the electronic signature. We recommend Topaz’s Siglite t-l460 digital signature pad.

**CPOE/Order Entry**

CEHR has a powerful yet easy to use Ordering Component. Lab, radiology, and consults are organized into Custom Order Lists that are easily created and tailored. Orders can be entered manually or be a part of Automated Protocol Driven Care – making ordering extremely fast and efficient. Once orders are entered, they are seamlessly routed to the appropriate department, person or provider for completion. Every step of the ordering process is monitored for safety and compliance.
A wide variety of orders are included in CEHR, including screens to order recurring tasks for nursing, like vital signs monitoring, treatments, detox monitoring, and wound care. There is also the ability to order labs and referrals to other disciplines (mental health, dental, ob/gyn) within the facility, and also orders relating to the correctional setting directly, including housing placement orders for medical or mental health housing, restrictions work duty due to medical reasons, etc. Recurring orders can also be placed, and custom orders can also be created and saved for ease of use to the end user.

**ePrescribe/eMAR**

Medication Ordering

CEHR offers a powerful medication ordering component that gives the provider every tool to order medication safely and efficiently. Med ordering is one step away from most clinical screens.

**Safely:** Drug – Drug, Drug – Food, Drug – Allergy, Drug – Diagnosis, Dose Range Checking, Weight Based Dosing, Dosing Calculator and more.

**Efficiently:** Eligibility Checking, Formulary Checking with suggested alternatives, Diagnosis Association, flexible selection of Custom Med Order list, easy real-time updating of Custom Med List, adding new Problem from Med Ordering component and more.
Electronic Medication Administration Record (eMAR)

CEHR’s eMAR tool is designed to increase productivity for medication administration within a corrections environment. The eMAR is robust, yet simple and has a fluid UX for faster user adoption and ease of use. From basic system interfaces between CEHR and the pharmacy management system to complex systems such as automated packaging and dispensing systems such as Pyxis, Fusion has worked with countless vendors to successfully integrate any of these pharmacy solutions.

A comprehensive clinical workflow which includes an eMAR, in best practices, will allow for a unified system whereby the EHR serves as the official clinical file, supported by an eMAR for effective and accountable medication administration. Through this eMAR, the ability to order medications directly to the pharmacy ensures one completely unified system.

The eMAR includes many features that allow for rapid and efficient medication administration with minimum clicks, text entry field and or screens including but not limited to:

- The ability to scan the barcode on the medication and offender’s wristband/ badge to provide an electronic recording of the actual medication administration date, time, and nurse’s initials.
- For specialty units such as a psychiatric unit housing offender without wristbands/badges, the system allows for manual entry of an offender’s number.
- Injection location can be charted.
- Capability of printing a paper med pass list in an easy-to-use grid format, sorted by offender and unit, and providing all medications and administration times. (Note: This is an especially efficient way to inform staff of offenders who need to report to the med line for stock medications.)
- A list of offenders missed during regularly scheduled med pass, making it easy to identify which offenders need to be called down to receive their medications.
- The ability for your staff to indicate reasons a medication was not administered (e.g., offender refused or dropped, offender no shows, out to court).
- Allow for medications to be administered by type (DOT, KOP, PRN) with filtering capabilities.
- Throughout the med pass process, the system informs users of the percentage completion of the med pass, by entire population and by individual cellblock.
- Capability of printing a paper med pass list in an easy-to-use grid format, sorted by offender and unit, and providing all medications and administration times.
- For remote med pass or in areas without Wi-Fi, working off-line with a laptop and synchronizing later when Internet access is restored.
- The ability to archive 24 hours of previous med pass information, in cases of power outage and Internet down times.
- Robust medication reporting functionality.

The eMAR easily distinguishes the different types of medication administrations and breaks down the Medication Administration into three categories:

- DOT – Directly Observed Therapy
- KOP - Keep on Person
- PRN – As Needed
eDental
Unlike many other vendors who need to subcontract their dental application through third party vendors such as Dentrix, the dental component is inherent to the system and a fully integrated component of CEHR. CEHR is utilized by numerous Correctional Health clients nationwide in providing Dental Health Services to offenders. CEHR allows dentists and hygienists to rapidly document current status of teeth and planned procedures by selecting certain teeth and documenting any issues as needed.
Electronic Health Records

Some of the key features include:

- Graphical Tooth Charting
- Treatment Planning
- Drug Administrations
- Digital Radiography; X-Ray and Imaging
- Multispecialty Data Capture
- Electronic Patient Forms with Encrypted Electronic Signatures
- Multi-lingual Patient Education Software
- Restorative Chart Review

BedBoard

The bedboard allows staff to easily get a comprehensive view of which rooms and/or beds are available, and who is in any given room at any given time. Clicking on a room/bed brings up the offender’s demographic and medical information, or if the room is available it is identified as such. Users are then able to click on the offender name from within the room view to go straight into the offender’s chart for further review or documentation.

This application automates bed status based on offender location. With real-time visibility, the bed management system:

- Knows when an offender is out of the room for tests or X-rays, and holds the bed automatically
- Knows when an offender is discharged and automatically notifies staff to expedite bed turnover
- Knows when staff have completed work, and automatically marks the room as available
The application shows all beds and special notations, such as isolation or gender information. Bed status can be updated either manually or automatically via the Offender Management System.

**Compliance Manager**

This feature allows users the ability to check in recently booked offenders to medical. The check-in process effectively starts the clock and tracks compliance to ensure offenders undergo medical processing within a predetermined time period specified by the facility. Providers/staff have the ability to track all offenders, and their required booking documents.

**Lab Manager**

This tool is used prior to lab order submission indicating to the lab which test(s) should be performed on the specimen. Information about the offender, ordering physician, payment method and insurance data (if applicable) are submitted to the clinical diagnostic laboratory with all necessary paperwork and forms attached. This application assists labs with billing and handling of results and serves as an administrative convenience to providers.

**Non-Formulary Manager**

The Non-Formulary Manager seamlessly integrates your preferred or customized drug list within CEHR. If end users prescribe a medication that is off the formulary they are notified and can be provided preferred or alternative medications. The Formulary Manager platform allows you to easily manage your preferred formulary with updates taking a matter of moments.

Formulary medication lists can be supported, as well as a non-formulary review process if needed. Non-formulary meds are sent to an approving authority via the Formulary Manager tool for review and authorization. Keep on person instructions, and other special instructions, can be entered with any medication order, if desired.
Set Up Links
The Set Up Link feature allows users to have one-click access to outside referral sources via website URLs all from within the desktop view.

Interoperability
CEHR offers powerful interoperability and imports and exports data using interfaces. HL7-compliant inbound and outbound data exchange interfaces are built-in to CEHR. CEHR is currently utilized in numerous correctional settings to exchange data in real time through direct database connection through secure VPN tunnels, through FTP/SFTP as well as numerous other delivery methods. These services include interfaces to third-party applications such as the Agency’s Offend Management System, Pharmacy, Lab, etc. This scalable, robust system will be able to meet all current and future organizational needs.

Integration and coexistence with other computer systems is an integral part of every CEHR installation. As such, we are committed to the delivery of the products and services required for the effective deployment of fully functional interfaces. This is accomplished through a combination of:

• Excellence in product functionality and continued development
• Adherence to interface standards
• Provision of the services and tools required to implement interfaces
• Partnerships with other information system vendors

Data elements, events, interface design, web services and parameters will be established with their project management team post contract. Fusion’s approach to completing a successful interface project is as follows:

Step 1: Review contract and breakdown roles and responsibilities of both parties involved.
Step 2: Contact vendor contact and schedule meeting to review all deliverables associated with the project.
Step 3: Conduct conference call and finalize assignments of all deliverables to project personnel.
Step 4: Draft technical control document
Step 5: Review and finalize control document
Step 6: Install CEHR Data Transfer Station (DTS)
Step 7: Implement interface
  o Development
  o Sample Testing
  o Automation Implementation
  o Finalize and sign off on project

Reporting
CEHR’s foundation is extremely robust, capable of reporting on any and all data entered into the system. Reports can be run both ad-hoc for simple querying of statistical information as well as having the capability to develop complicated, analytical reports for advanced forecasting. Reports can be standardized across all facilities or specific to individual facilities. In addition, reports can be categorized by a number of other factors such as service areas, specialties, etc. CQI reporting can also be defined and implemented and will require input from the Agency as to the reportables. In addition, CEHR audits all user activities, including user and workstation IDs, user actions, date and time, and other information such as report or document names, names of clinical values changed, and the value changes to facilitate compliance with your healthcare organization’s security and privacy policies.
Hosting
For nearly a decade, Fusion has been offering CEHR as a vendor hosted solution to its clients. Hosting allows you to enjoy the benefits of CEHR without having to install, configure, and maintain an internal server. Their hosting services enable corrections agencies to leverage the full capabilities of CEHR, without the additional up-front capital costs and management associated with a traditional IT system. Fusion’s hosting services offer an economical way to access integrated applications, customizable workflows, and a fully managed infrastructure serviced by Fusion. With Fusion’s Hosting Services, Fusion takes responsibility for resource-intensive IT management tasks, so you can focus on your clinical mission – not your technology. Whether the Agency decides to use a vendor hosted or a self-hosted solution, the Agency will get the same powerful and proven functionality that helps your organization connect productivity with care.

The Fusion Difference
CEHR is utilized by a combined ten (10) State Department of Corrections and Department of Juvenile Justice agencies and manages over 250,000 offenders and juveniles in over 200 institutions throughout the country, making Fusion the largest EHR provider for State DOC and DJJ agencies in the United States.

Seamlessly Integrates into Your Agency’s Department of Corrections Operations
Fusion prides oneself on providing a fully integrated EHR system for corrections helping patient transactions to flow seamlessly within the enterprise. CEHR also integrates with many other vendor solutions using standards-based interoperability. This solution is one that physicians will want to adopt, and one with which your organization can integrate with minimal disruption to your workflow.

Experience You Can Rely On
CEHR is a mature product with a large install-base in correctional healthcare that has grown and adapted to meet the many complexities in the industry. Fusion is a strong strategic partner with the staying power your agency can rely on to meet uncertainties such as NCCHC, ACA, and any new challenge your agency may be faced with in the future. Fusion leverages the extensive expertise of its internal team to adapt to industry trends, but also actively engages their customer through extensive collaboration activities to ensure that all product changes are workflow-friendly and maximize the return to your enterprise.

Remote Hosting Option
Fusion offers the flexibility of remotely hosting CEHR in their data centers. Hosting allows you to enjoy the benefits of CEHR without having to install, configure and maintain an internal server. Fusion’s hosting option also gives you the ability to move the system in-house at a future point based on your business needs.

ACA and NCCHC Requirements
Fusion has worked with correctional facilities throughout the country in developing their clinical workflow to adhere to NCCHC and ACA requirements for clinical documentation and operations. We have developed thousands of forms which their correctional and juvenile justice clients utilized daily to adhere to these regulatory compliances. Fusion continues to lead the way of EHR management and development. We take pride in seeing their ideas and recommendations, as well as yours, successfully implemented.

Electronic Health Records Replacement
Fusion is not only the largest EHR vendor for State DOCs and DJJs, they are also the industry leader in the replacement of legacy EHR systems for State DOCs and DJJ’s across the country. Most recently they partnered with Ohio Department of Rehabilitation and Corrections to replace eClinicalWorks and Rhode Island Department of Corrections to replace Nextgen EHR. Their team is more than capable of migrating the data from NextGen to CEHR within the time required. To date, Fusion is the only EHR to have replaced NextGen EHR at a State DOC.
Rhode Island Department of Corrections Replaces NextGen with Fusion-CEHR
Overview

Rhode Island Department of Corrections wanted to replace the previous vendor’s EHR system as it was out of date and lacked certain capabilities that hindered the DOC’s efficiency. Fusion was selected as the vendor of choice to replace NextGen and implement CEHR to manage a growing patient population and increased complexity in correctional healthcare.

Interoperability and Data Migration

Rhode Island DOC is leveraging technology to help manage its fast-growing inmate population—without adding staff. Using CEHR system, the State has streamlined its clinical and administrative processes to save resources, accelerate med pass, and gather data to help them with their reporting requirements.

In addition to CEHR’s immense correctional health capabilities, Fusion’s integration team successfully interfaced with several external databases, including the State’s Health Information Exchange (HIE) platform. In addition to implementing CEHR, Fusion successfully migrated all of the pertinent patient data from NextGen to CEHR, something in which very few vendors have done.

Due to the short amount of notice provided by the State, we allocated the necessary resources to get all of the deliverables successfully finished on time and within budget.

Notable Achievements:

- Integrated lab results and imaging data into the clinical workflow, giving physicians faster access to data and reducing the wait time for results by 50%
- Provided electronic signature capture for consent forms.
- Implemented a robust eMAR solution that cut med pass time by 50%
- Customized workflows and forms to make processes simplified and easier for staff

Customization Helped Providers Implement New Best Practices

CEHR’s intuitive user interface makes it easy for providers to share documents and engage in an informal dialog about a patient’s condition before making any permanent notes in the patient’s chart. For Rhode Island DOC, a unified prison and jail system, collaboration is critical. However, simply identifying new best practices is not sufficient for improving care – providers have to implement them. To facilitate adoption of new recommendations, for example, the State leveraged the ability to customize workflows with CEHR.

Fusion Provides Strong Base of Support

The State observes that Fusion has supported them throughout the implementation as well as post-go live. Fusion’s goal is to make every client site a reference site by providing only the best support services that can be provided.

“We’ve had a great working relationship with Fusion, and we consider them in many ways a partner in our efforts. One challenge they have shared with us and the rest of the industry is adapting to changes driven by regulation. Fusion has worked hard to help keep us up to date and make the changes as streamlined as possible.”

Summary

For the Prisons and Jails supported by Rhode Island, CEHR has increased efficiency and helped the organization support a measurable improvement in provider productivity and quality of care. CEHR provides the business intelligence to guide improvement and advocacy efforts and secure NCCHC and ACA accreditation. Through greater productivity, patient volume has increased, which directly impacts the care provided at the detention center. Redirection of staff effort and performance data to guide improvement efforts translate into a higher quality experience and outcome for patients.
CorEMR was founded in 2004 based upon the following four (4) principles:

- Affordability
- Usability
- Flexibility
- Customizable

CorEMR has emerged as the national leader in providing Electronic Medical Records (EMR) to the correctional health care industry. CorEMR has more than 283 correctional facility customers in 35 states throughout the country with more than 143,000 inmate lives currently having their medical records kept within the CorEMR system.

**The CorEMR Difference**

The CorEMR software was designed and developed from the conception as a Correctional Electronic Medical Records package. The software was not ported from a Physician Management or Acute Care software system.

The CorEMR software is a true web-based application that does not utilize any middleware to enable it to be accessed via a web-browser or to make it appear as a thin client.

CorEMR’s MAR is an integrated feature of the EMR, it is not provided by a third-party company.

The CorEMR software is utilized by multiple regional and national Correctional Health Care providers as well as self-operated County facilities.

The CorEMR software is certified by the ONC-ACB as a 2012 “Complete EHR”

CorEMR has dedicated staff that understands the unique needs of Correctional Health Services.

CorEMR meets the unique needs of correctional medical services by being flexible and configurable:

- Multi-Facility Support allowing different forms and other configured items at each facility if required.

- User Configurable Forms – easy migration from your current paper forms to electronic format for Intake forms, Nurse Protocols, Release and Transfers, etc.
• Configurable Security to control user access to support HIPAA requirements
• Scalable to support small and large County Facilities as well as State DOC facilities

CorEMR has extensive experience in Integrations with other systems using HL7, Web Services, File Sharing and File Transfer Protocols that include:

- Offender/Jail Management
  - Demographics
  - Release
- Pharmacy
- Laboratory
- Radiology
- State Wide Information Exchanges

CorEMR does not view our clients as customers, but as partners. As such, we solicit feedback from our partners when making enhancements to our already feature rich EMR. Our current released version 5.5.7. Version 6.0 is a major update and is being released into a live test site August 2019. 6.0 is a powerful product with many additional feature enhancements driven from customer feedback and input.

CorEMR provides Customer support services that include Implementation Services, Training (both Web and On-site) and on-going Support.
## KEY Features

| Paperless Patient Chart | • Inmate Charts can be retrieved by name, booking number, social security number and other identification identifiers  
|• The Chart Summary includes: current medical problems, medications, task summary, intake form summary and recent medical history with links to each section.  
|• Non-system documents can be scanned and stored in the inmate's chart.  
|• Flow Sheets provide a graphical representation of vital signs and Blood Glucose, Detox Checks, Hunger Strikes, Coumadin, Neuro Checks, Nebulizer and Respiratory Checks.  
|• Chronic Care is also part of the inmate's chart. |
| Dashboard | • Configurable Dashboard |
| Scheduler/Tasks | • Daily activities or schedules can be filtered by task category (medical, dental, mental health, etc), by priority and by housing location.  
|• Task and appointments can be viewed by day, week, and/or month.  
|• Encounters can be initiated directly from the schedule view. |
| Encounter | • The system uses the standard SOAPE format to guide the examiner (Subjective, Objective, Assessment, Plan and Education)  
|• Actions available in the module include: completing interview/exam forms, scheduling future appointments, ordering lab work, ordering medications and more.  
|• CorEMR will support SOAPE and DAP format  
|• Multiple sick call or encounter types can be configured.  
|• Administrators can configure the encounter types to support different user templates. Scanned documents can be stored directly into the SOAPE note. |
| Med Pass/Pill Call | • Med Pass times are configured by day and a Med Pass list is generated accordingly.  
|• Med Pass lists can be grouped by housing location or alphabetical by last name  
|• Using a laptop device, Medication acceptance or refusal can be documented real-time. (the laptop does not need to be attached to the network during the MedPass)  
|• Barcode devices can be used to identify inmate’s using wristbands or identification cards.  
|• Graphical, detailed MAR reports can be viewed and printed at any time  
<p>|• Ability to document Blood Sugar and Vital Signs as part of Med Pass |</p>
<table>
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<th><strong>Med Sets</strong></th>
<th>&quot;OTC&quot; meds can be administered during Med Pass</th>
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| **Drug Interaction Checking** | Standard Orders or Nursing Protocols for medications can be configured for specific conditions (I.E. Detox protocols were multiple medications are orders, Steroid Step down dosages)  
Single ordering for multiple medications |
| **Drug Interaction Checking** | Drug to Drug checking can be completed real time during the ordering process.  
Drug to Allergy checking is also completed to check any allergies reported by the patient to any medication being ordered. |
| **Staff Activities** | Non-Inmate activities can be entered into the system to assist with communication between management and clinical staff.  
Activities can be marked as complete so that they will no longer display. |
| **Pharmacy Module** | This feature controls medication prescriptions, makes MedPass assignments and schedules medication refills/re-orders  
Formulary list can be entered to control medication ordering  
Different Formularies based on holding agency (I.E. US Marshall, County, State)  
Medications can be grouped by name, analgesic category and other categories. |
| **Medical Forms** | Our unique forms creation tool allows users to create customized forms to use throughout the system. These forms can be categorized as medical, dental or mental health and can be defined as Intake, Release, Patient Requests, Subjective Interview, Patient History, Education and Exam Forms (Objective).  
Forms can be configured as Protocols based on a specific problem or condition.  
Forms can be configured with Triggers that will automatically crate actions in other parts of the system, such as nurse tasks or creating an active problem for an inmate.  
Forms can also capture not-examination information, such as administrative and patient consent forms.  
The Forms tool will allow for the creation of Custom Flow Sheets that can be used to track trends in information. Customer Flow sheets will appear with other Flow Sheets in the system.  
Form Triggers can be used to pull pertinent inmate medical information and place on release or transfer forms.  
Values can be set on responses and totaled for forms such as CIWA, COWS and Suicide Prevention. |
| **Reports** | Pre-defined Management reports that include:  
  - MedPass Compliance/non-compliance |
<table>
<thead>
<tr>
<th>Current inmates with specific medical problems</th>
<th>Demographic distribution of inmate population</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Report Tool – allows for user-definable reporting for easy query of the database and simple generation of management reports.</td>
<td></td>
</tr>
<tr>
<td>• Reports can be scheduled to run and the data made available on the user dashboard.</td>
<td></td>
</tr>
<tr>
<td>• Reports can be exported in different formats.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Integrations</th>
<th>Through integration with Jail Management systems facilities save time re-entering inmate demographic information into multiple systems.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A chart is automatically generated for a new inmate and reactivated if the inmate has been in the facility in the past.</td>
<td></td>
</tr>
<tr>
<td>• Housing information is update so that at the time of MedPass inmates can easily be located.</td>
<td></td>
</tr>
<tr>
<td>• The inmate is released when automatically when they are released in the JMS</td>
<td></td>
</tr>
<tr>
<td>• Laboratory results are received and can be reviewed and attached to the inmates/patients chart.</td>
<td></td>
</tr>
<tr>
<td>• Pharmacy orders and confirmation can be electronically exchanged using HL7 or Fax Services.</td>
<td></td>
</tr>
<tr>
<td>• Radiology results are received and can be reviewed and attached to the inmates/patients chart.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Exchange</th>
<th>CorEMR is able to exchange data with other EMR software packages using the federally developed CCD/CCR formats.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Technology</th>
<th>CorEMR is a web-based Electronic Medical Records system and can be accessed by any workstation using only a web browser. (MicroSoft IE10, FireFox or Chrome)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Utilizes MicroSoft SQL Server.</td>
<td></td>
</tr>
<tr>
<td>• Will operate on Linux and Window Server operating systems.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment Administration Record</th>
<th>CorEMR will provide you with a method to schedule treatments, such as wound care, Segregation checks, Nebulizer Treatment in a more efficient manner.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Treatments will be able to be included as part of a Medication Pass or completed separately depending on a facilities workflow.</td>
<td></td>
</tr>
<tr>
<td>• Treatments can be scheduled for a specific time or just by the day.</td>
<td></td>
</tr>
<tr>
<td>• Completed Treatments will be displayed on a TAR.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor/Providers Orders</th>
<th>CorEMR will provide a method for nursing staff to document orders they take from a provider.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Orders will require sign-off by the ordering provider</td>
<td></td>
</tr>
<tr>
<td>• Providers will be able to utilize the same process to enter orders that need follow-up by other clinical staff by creating tasks that will require completion.</td>
<td></td>
</tr>
</tbody>
</table>
| Inventory                          | • CorEMR will allow for full inventory tracking of medications and other items.  
|                                  | • Medication administration will adjust inventory  
|                                  | • CorEMR will support multiple inventory locations  
|                                  | • Users can transfer inventory from one location to other locations (i.e. Main Pharmacy, Med Carts, etc.)  
|                                  | • Thresholds on Stock Meds  
| Inmate/Patient Groups            | • CorEMR will allow configuration of Patient Groups (i.e. Chronic Care Categories, Mental Health Group Sessions, etc.)  
|                                  | • The system will allow notes to be added to the charts of every member of a group.  |
InterQual® LOC criteria for medical decision-making

The InterQual® Level of Care products cover the continuum of medical care. The richness of clinical detail allows for consideration of an individual patient's severity of illness, comorbidities, and complications in the review process in real time. InterQual® criteria sets for acute adult, acute pediatric, inpatient rehabilitation, and subacute skilled nursing facilities contain objective endpoints for service, allowing utilization review nurses to perform reviews of admission, discharge or transfer readiness with built-in checkpoints to identify progress, plateau or achievement of goals.

Because all of our level-of-care criteria sets support decisions based on the individual’s clinical needs, the clinical review process guides the reviewer toward the safest and most efficient level.

Priority Health has adopted the following criteria:

- InterQual® LOC Acute Adult
- InterQual® LOC Acute Pediatric
- InterQual® LOC Long-Term Acute criteria
- InterQual® LOC Rehabilitation criteria
- InterQual® LOC Subacute & Skilled Nursing Facility criteria
- InterQual® LOC Home Care Services criteria

The InterQual® criteria are used by the utilization review nurses when conducting inpatient and post-acute utilization review. InterQual® criteria are clinically based on best practice, clinical data and medical literature. The criteria are updated continually and released annually.

InterQual® criteria are a first-level screening tool to assist in determining if the proposed services are clinically indicated and provided in the appropriate level or whether further evaluation is required. The first-level screening is done by the utilization review nurse. If the criteria are met, the case is approved; if the criteria are not met, the case is referred to the Associate Vice president of Medical Affairs and/or a medical director. InterQual® criteria cannot be used to deny a case. Only physicians can determine clinical appropriateness.

Priority Health also recognizes that the criteria can never address all the issues; criteria cannot apply to every patient in every situation. Use of the criteria never replaces clinical judgment.
The InterQual® Level of Care criteria will be reviewed and approved annually by the Associate Vice president of Medical Affairs and the Medical Affairs Committee.

Priority Health chose InterQual® LOC criteria based on requests from providers and because all of our contracted care facilities use InterQual® LOC criteria.
The Priority Health Utilization Management Program

The Priority Health Utilization Management (UM) Program promotes medically appropriate, cost effective delivery of health care services provided by physicians, hospitals, behavioral health practitioners, home care agencies, PHOs/POs and other providers as appropriate.

This program applies to all dimensions of health care delivered for commercial as well as Medicaid and Medicare members of Priority Health and Priority Health Government Programs, Inc., respectively, through relationships established with employer groups and the State of Michigan.

Utilization Management Program components

The UM program includes prior authorization, utilization review, discharge, transitional care planning, retrospective review and case and disease management. Members and providers can speak to staff members regarding the UM process or decisions. Information regarding how to contact the staff members is included in newsletters and here in the Provider Manual.

Utilization Management Program criteria

The Health Management staff use these criteria to help evaluate medical necessity and appropriateness of care:

- InterQual® CP criteria
- InterQual® LOC criteria
- Medical policy development
- Clinical pharmacy criteria
- Medicare coverage criteria
- Coverage documents

Also see:

- Behavioral health authorization criteria

Ensuring fair and consistent utilization decisions

Priority Health makes every effort to make utilization decisions that are fair and consistent in order to serve the best interests of our members. That is why we:

- Make utilization decisions based only on appropriateness of care and service, as well as existence of coverage
• Will not compensate practitioners or other individuals conducting utilization review for denial of coverage or service

• Will not offer financial incentives or rewards for utilization decision-makers to encourage denial of coverage or service

• Decide on coverage of new technology after comprehensive research and review by the chief medical officer and physician committees
VitalCore Health Strategies

Hospice Care Quality Guidelines

719 Sw Van Buren St
Ste 100
Topeka KS 66603
785-246-6840
Hospice Care Quality Guidelines

Overview

The healthcare needs of the incarcerated aging and terminally ill patients are growing dramatically. As the number of aging and ill incarcerated men and women increases, correctional systems have sought a method and a model to care for these individuals in a humane and caring manner.

The Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings was developed to guide and support correctional systems as they create and sustain programs that serve incarcerated individuals who are reaching the end of their lives (Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings by the National Hospice and Palliative Care Organization (NHPCO)).

Introduction

The overall goal of the initiative is to aid hospice/end-of-life care providers in correctional healthcare to show organizational excellence and demonstrate improvement efforts across all areas of hospice operations within correctional facilities.

Ten Key Components of Quality Care in Correctional Settings

1. Inmate Patient and Family-Centered Care:
   Providing care and services that are responsive to the needs of the inmate patient and their family of choice and exceeding the expectations of those we serve.

2. Ethical Behavior and Inmate Patient Rights:
   Upholding high standards of ethical conduct and advocating for the rights of inmate patients and their families.

3. Clinical Excellence and Safety:
   Ensuring clinical excellence and promoting safety through standards of practice.

4. Inclusion and Access:
   Promoting inclusiveness in the correctional community by ensuring that all people – regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, disease or other characteristics – have access to hospice and end-of-life care programs and services.

5. Organizational Excellence and Accountability:
   Building a culture of quality and accountability within our organization that values collaboration and communication and ensures ethical business practices.

6. Workforce Excellence:
   Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability and workforce excellence, through professional development, training and support to all staff and volunteers.
7. Quality Guidelines:
   Utilizing the “Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings” as guidelines for developing and implementing hospice in corrections in concert with American Correctional Association and National Commission on Correctional Health Care accreditation standards.

8. Compliance with Laws and Regulations:
   Ensuring compliance with applicable laws, regulations and professional standards of practice, implementing systems and processes that prevent fraud and abuse.

9. Stewardship and Accountability:
   Developing a qualified and diverse governance structure and senior leadership who share the responsibilities of fiscal and managerial oversight.

10. Performance Improvement:
    Collecting, analyzing and actively using Performance Improvement data to foster quality assessment and performance improvement in all areas of care and services.
QUALITY GUIDELINES

FOR HOSPICE AND END-OF-LIFE CARE IN CORRECTIONAL SETTINGS

PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES
QUALITY GUIDELINES FOR HOSPICE AND END-OF-LIFE CARE IN CORRECTIONAL SETTINGS

NHPCO

VISION
A WORLD WHERE INDIVIDUALS AND FAMILIES FACING SERIOUS ILLNESS, DEATH, AND GRIEF WILL EXPERIENCE THE BEST THAT HUMANKIND CAN OFFER.

MISSION
TO LEAD AND MOBILIZE SOCIAL CHANGE FOR IMPROVED CARE AT THE END OF LIFE.

In 2003, the National Hospice and Palliative Care Organization (NHPCO) significantly affirmed its commitment to end-of-life care in all settings by continuing the work begun by the Volunteers of America (VOA) and its Guiding Responsive Action in Corrections at End of Life (GRACE) Project. NHPCO has collaborated with stakeholders working in, and committed to this field to gather information, develop curricula and identify correctional end-of-life programs throughout the country.

The development of the Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings is the culmination of the work that NHPCO has done in partnership with community hospice organizations and correctional institutions to make gentle death a reality within the corrections environment.

The following quality guidelines were developed by the National Hospice and Palliative Care Organization.

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Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings by the National Hospice and Palliative Care Organization (NHPCO).
QUALITY GUIDELINES FOR HOSPICE AND END-OF-LIFE CARE IN CORRECTIONAL SETTINGS

SPECIAL THANKS TO THE FOLLOWING INDIVIDUALS FOR THEIR PARTICIPATION IN THE DEVELOPMENT OF THESE QUALITY GUIDELINES:

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COLLEEN GALLAGHER, CONNECTICUT DEPARTMENT OF CORRECTIONS, WETHERSFIELD, CONNECTICUT

JORENE KERNS, CORRECT CARE SOLUTIONS, NASHVILLE, TENNESSEE

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MELODY SPRAGG, LOUISIANA STATE PENITENTIARY, ANGOLA, LOUISIANA

DONNA WILSON, LOUISIANA STATE PENITENTIARY, ANGOLA, LOUISIANA

NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION PROJECT STAFF:

DONNA BALES, DIRECTOR, STATE RELATIONS

JOHN MASTROJOHN, VICE PRESIDENT, QUALITY AND PALLIATIVE CARE

CAROL MCAUDO, COORDINATING CONSULTANT FOR CORRECTIONS

JUDI LUND PERSON, VICE PRESIDENT, REGULATORY AND STATE LEADERSHIP
QUALITY GUIDELINES FOR HOSPICE AND END-OF-LIFE CARE IN CORRECTIONAL SETTINGS

THE FOLLOWING ORGANIZATIONS ARE PARTNERING WITH THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION IN SUPPORT OF THE QUALITY GUIDELINES FOR HOSPICE AND END-OF-LIFE CARE IN CORRECTIONAL SETTINGS.

FEDERAL BUREAU OF PRISONS

NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

NATIONAL INSTITUTE OF CORRECTIONS

AMERICAN JAIL ASSOCIATION

CORRECT CARE SOLUTIONS

AMERICAN CORRECTIONAL HEALTH SERVICES ASSOCIATION

WEXFORD HEALTH SERVICES

... RADM NEWTON KENDIG, MD
... SCOTT CHAVEZ, PhD
... TOM BEAUCLAIR
... GWYN SMITH-INGLEY
... JORENE KERNS
... CLYDE MAXWELL
... TOM LEHMAN, MD
Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings

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Dear Colleagues:

The health care needs of aging and terminally ill inmate patients are growing dramatically. Approximately 3,300 inmates die of natural causes each year. As the number of aging and ill incarcerated men and women increases, correctional facilities are seeking both a method and a model to care for these inmate patients in a humane and caring manner.

“Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings” has been developed to guide and support correctional facilities as they strive to create and sustain programs that serve inmate patients who are reaching the end of their lives.

As new programs are developed, these guidelines will serve as a model, a beacon and a reminder that the very foundation for quality care is dependent upon a deep and abiding understanding of the unique needs of those who are facing death in a correctional setting.

“Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings” had been created with the help of corrections experts from across the country and from those who work in correctional facilities. It is our hope that the Guidelines will enhance and improve quality of care for all inmate patients who are facing the end of their lives behind the walls.

Best Wishes,

J. Donald Schumacher, PsyD
President & CEO
National Hospice & Palliative Care Organization
INTRODUCTION AND THE TEN KEY COMPONENTS OF QUALITY CARE IN CORRECTIONAL SETTINGS

The NHPCO Quality Guidelines encompass ten key components of quality that offer hospice and end-of-life care-providers a clear framework for a 360-degree surveillance of their entire operation, focusing on both clinical and non-clinical areas. The overall goal of the initiative is to help hospice/end-of-life care providers in corrections to measurably show organizational excellence and demonstrate improvement efforts across all areas of hospice operations in correctional care facilities. In addition, the Quality Guideline Initiative will assist new programs to set policies and procedures to ensure quality care and will assist established programs in assessing their effectiveness.

The Quality Guidelines for Hospice and End-of-Life care in Correctional Settings has been organized around the following ten components:

Inmate Patient and Family-Centered Care: Providing care and services that are responsive to the needs of the inmate patient and their family of choice and exceeding the expectations of those we serve.

Ethical Behavior and Inmate Patient Rights: Upholding high standards of ethical conduct and advocating for the rights of inmate patients and their families.

Clinical Excellence and Safety: Ensuring clinical excellence and promoting safety through standards of practice.

Inclusion and Access: Promoting inclusiveness in the correctional community by ensuring that all people — regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, disease or other characteristics — have access to hospice and end-of-life care programs and services.
Organizational Excellence and Accountability: Building a culture of quality and accountability within our organization that values collaboration and communication and ensures ethical business practices.

Workforce Excellence: Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability and workforce excellence, through professional development, training and support to all staff and volunteers.

Quality Guidelines: Utilizing NHPCO’s “Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings” as guidelines for developing and implementing hospice in corrections in concert with American Correctional Association and National Commission on Correctional Health Care accreditation standards.

Compliance with Laws and Regulations: Ensuring compliance with applicable laws, regulations and professional standards of practice, implementing systems and processes that prevent fraud and abuse.

Stewardship and Accountability: Developing a qualified and diverse governance structure and senior leadership who share the responsibilities of fiscal and managerial oversight.

Performance Improvement: Collecting, analyzing and actively using Performance Improvement data to foster quality assessment and performance improvement in all areas of care and services.
INMATE PATIENT AND FAMILY-CENTERED CARE (PFC)

**Principles:** The inmate patient is the unit of care. The inmate patient's "family of choice" is also a focus of care. "Family of choice" is defined as biological family members, significant others from the community and/or inmates or individuals named as family by the inmate patient. The extent of involvement of the family of choice is determined by the inmate patient. The community hospice emphasis on family is in part because most of the care giving is provided by family. The "family" as traditionally defined, is more fluid in the correctional setting. Families of biology are frequently no longer in the picture, while intense and meaningful "family" relationships have developed with other inmates. Many inmate patients may not be interested in involving biological or family of choice to the degree encountered in the community. Patient-centered care means the inmate patient retains the ultimate choice as to the involvement level of others in concert with prison policy.

If the inmate patient desires, the hospice interdisciplinary team, in collaboration with the inmate patient and family of choice, develops and maintains an inmate-patient-directed, individualized, safe and coordinated plan of palliative care.

*Note: For the purpose of this document, “family” is used with the understanding that it means “family of choice.”*

---

**Availability of Services**

**Guideline:**

**PFC 1** Hospice/facility services are available 24 hours a day, seven days a week.

**PFC 1.1** The hospice/facility ensures a timely response to inmate patient concerns and family contacts 24 hours a day, seven days a week. Contact with the family will follow hospice/facility guidelines for contacts with family and/or community significant others, e.g. spiritual advisor or minister.

**PFC 1.2** Professional staff consultations provide assessment, instruction, support and, when indicated, appropriate interventions.
Practice Examples:

- Documentation of actions taken after normal business hours, contacts and visits are submitted in writing within forty-eight hours (48) hours.

- An assigned member of the interdisciplinary team develops written recommendations, parameters for interventions and updates for staff providing care to patients after normal business hours to ensure continuity of care. The updates include new or changed medications, changes in the inmate patient’s condition and a summary of current issues, helpful approaches, special concerns and information on uncommon diagnoses.

---

**Coordination of Care**

**Guideline:**

**PFC 2** Care is fully coordinated to ensure ongoing continuity for the inmate patient and for the family, when indicated.

**PFC 2.1** The hospice/facility has criteria for the receiving of referrals and verification of eligibility that are used to make admission decisions.

**PFC 2.2** Procedures are established and utilized for initial and ongoing assessment of inmate patients and the family by all disciplines.

**PFC 2.3** The interdisciplinary team’s services are adjusted as required by the inmate patient and family and are coordinated and delivered through the identified team member responsible for managing the care-plan revisions.
Practice Examples:

- The inmate patient/family/caregiver's needs are assessed utilizing available tools (e.g., NHPCO A Pathway for Patients and Families Facing Terminal Illness) throughout the course of care, and the plan of care is changed as appropriate.

- Interdisciplinary team meetings may include individuals, as stated in PFC 4.1, contracted service providers, community clergy, attending physicians, inmate volunteers and family, security/classification officers and mental-health professionals, as needed to address issues related to the coordination of care.

Guideline:
PFC 3 A qualified health-care professional coordinates the hospice interdisciplinary team of professionals and volunteers to ensure continuous assessment, planning and integration of the inmate’s and family needs.

PFC 3.1 The health professional coordinates the care based on the inmate patient’s and family’s unique needs, the skills and specialties of the health professionals and the patient population served by the hospice.

Practice Example:

- The team coordinator is the focal point for current patient information. The team coordinator’s other responsibilities may include attending team conferences and inmate patient and family/inmate volunteer conferences; updating and making recommendations for health-professional assignments, as needed; communicating with the physician and other team members; identifying and addressing ongoing spiritual and psychosocial needs; addressing pain and comfort measures; and supporting the timely retrieval of signed physician orders and other documentation.
Care Planning

Guideline:
PFC 4 A written plan of care is developed for each inmate patient prior to providing care and services. The written plan of care will take into account the special needs of the family and the services provided to the family, as the inmate patient so chooses.

PFC 4.1 Individuals involved in developing the plan of care may include:
- The inmate patient;
- The family, if desired by the inmate patient and in accordance with facility policy;
- The inmate patient’s attending physician;
- A hospice physician, the facility medical director or other physicians as designated;
- Qualified nursing personnel, including a registered nurse, qualified LPN or aide;
- A qualified mental-health professional;
- A qualified chaplain and/or spiritual advisor;
- Inmate volunteers;
- A bereavement counselor;
- Security staff/classification officer; and
- Others, as appropriate.

PFC 4.2 The plan of care is based on the following data:
- Inmate patient goals for care;
- Goals of the family;
- Primary and secondary diagnosis and any comorbidity;
- Current medical findings, including clinical indicators and data to support the terminal prognosis; and
• Interdisciplinary team assessments of the inmate patient's symptoms, coping and resource status or the family coping and resource status.

PFC 4.3 The plan of care includes:
• Desired goals or outcomes;
• Inmate patient’s and family problems/issues/needs and opportunities for growth;
• Interventions directed to achieve the desired goals or outcomes desired by the inmate patient and interdisciplinary team;
• Scope, frequency and type of services to be provided, including the interdisciplinary team interventions, pharmaceuticals and medical equipment to be provided; and
• Other agencies or organizations that may be involved in the care.

Practice Example:
• The admission visit is completed by the identified member of the interdisciplinary team. The plan of care is developed by the interdisciplinary team members with input from the inmate patient and family, if desired by the inmate patient. The hospice medical director, or the equivalent, is aware of and provides input into the plan of care.

Guideline:
PFC 5 The hospice facility designates an interdisciplinary team (IDT) that assesses, plans, provides and evaluates the inmate patient’s care and services with attention to the needs of the family, if desired by the inmate patient.

PFC 5.1 The interdisciplinary team may include:
• The inmate patient’s attending physician and/or other physicians or physician extender (i.e. PA, ARNP) with related experience and education;
• Qualified nursing professional, preferably registered nurses with education and experience in effective pain and symptom management and competency in physical and other assessments;
• Qualified LPN or aides with appropriate clinical and educational experience;

• Qualified mental health professionals with experience or education in bereavement issues and in psychosocial issues related to death and dying;

• Qualified chaplain/spiritual advisor;

• Security/classification officer; and

• Inmate hospice volunteers.

**Practice Examples:**

• Inmate hospice volunteers who provide patient support/care are advised of IDT meeting outcomes. Input from inmate volunteers is encouraged on an ongoing basis. A means is in place for transmitting inmate volunteer concerns and observations to the IDT. Inmate volunteers may be invited to IDT meetings when there is discussion of their assigned inmate patient, depending upon facility policies.

• Registered nurses who work in the infirmary may make recommendations or transmit information to the IDT even if they are not a member.

**PFC 5.2** IDT meetings are scheduled in a timely manner that ensures active discussion of, and evaluation/revision of, inmate patient needs and goals as the inmate patient’s status indicates. Meetings include IDT members as identified in PFC 5.1.

**Practice Examples:**

• IDT meetings will be regularly scheduled and will also be held in response to specific needs or changes. Regularly scheduled meetings should be held every two weeks, if possible, and never less than monthly. Attendance at the meeting by all members of the IDT is expected.

• The hospice/facility IDT makes every effort to counsel the inmate patient’s family in resolving specific issues related to the dynamics of the relationship. Intervention may include referral to community counseling centers and other community sources of support as appropriate.
Guideline:

PFC 6  Procedures are in place to ensure, whenever possible, that an inmate patient’s death is attended by a member of the IDT, including inmate volunteers. The family is present whenever possible. The hospice will have in place specific guidelines for facilitating family visits. These guidelines will recognize the need for privacy, expressions of caring, and grieving needs.

Practice Example:

- The hospice will follow the policies and procedures of its facility, department of corrections and state mandates for the pronouncement of death and notification procedures. A plan is in place for notification of family prior to and following the death. A plan is in place for notification of the IDT members, including inmate volunteers.

Guideline:

PFC 7  The hospice has a defined bereavement program that includes a specified time period for services following the death of an inmate patient.

Practice Examples:

- Qualified staff members with experience and education in bereavement care have contact with the inmate patient and family, if the inmate patient desires, prior to the inmate patient’s death. The intervention may include referrals to a community hospice or bereavement program.

- Ancillary staff or volunteers, such as music therapists, may be utilized in facilitating the inmate patient’s expression of feelings.
ETHICAL BEHAVIOR AND INMATE PATIENT RIGHTS (EBIPR)

**Principle:** Upholding high standards of ethical conduct and advocating for the rights of inmate patients and their caregivers.

**Rights:** The hospice respects and honors the rights of each inmate patient it serves.

**Ethics:** The hospice assumes responsibility for ethical decision-making and behavior related to the provision of hospice care.

**Guideline:**

**EBIPR 1** Hospice inmate patients have the right to be involved in all decisions regarding their care, treatment and services.

**EBIPR 1.1** Inmate patients are given an explanation at the time of admission of the hospice program’s focus on palliative care.

**EBIPR 1.2** The inmate patient has the right to designate family to be informed and involved in decision-making. The inmate patient has the right to refuse involvement of family.

**EBIPR 1.3** Informed consent for hospice care is obtained from the inmate patient or warden and documented in the clinical record.

**EBIPR 1.4** The hospice verifies the inmate patient’s advance-directive status and documents pertinent information in the clinical record.

**EBIPR 1.5** The hospice assists the inmate patient in completing an advance directive if requested.

**EBIPR 1.6** The inmate patient’s wishes are respected and taken into consideration when planning for the inmate patient’s care and are documented in the clinical record.
EBIPR 1.7 Decisions regarding care or services to be provided are communicated to the inmate patient and family and documented in the clinical record.

EBIPR 1.8 The hospice provides each inmate patient and family with a statement of rights and responsibilities (e.g., resources).

EBIPR 1.9 Advance-care planning is strongly encouraged and may be required for participation in specific hospice programs.

EBIPR 1.10 End-of-life programs and services are managed by a clearly defined organizational structure that identifies the roles, responsibilities and authority of every stakeholder and facilitates participation in decision-making by individuals closest to an issue or process.

Practice Examples:

- On admission and prior to rendering care, the hospice completes an advance-directive summary form and educates each inmate patient about his or her right to formulate an advance directive.

- Inmate patient/family satisfaction surveys include a question related to the hospice’s consideration of the inmate patient’s wishes (e.g., did the inmate patient receive any unwanted medical intervention?)

- The inmate patient’s status and desires related to end-of-life decisions are evaluated and documented in each psychosocial assessment.

- When the hospice is not able to obtain a copy of the inmate patient’s executed advance directive, a staff member documents the inmate patient’s preferences regarding treatment choices, designation of a surrogate, etc. in the clinical record.
Guideline:
**EBIPR 2** Hospice inmate patients and their families have the right to confidentiality.

**EBIPR 2.1** The hospice has written policies and procedures regarding confidentiality and the protection of information from inappropriate, unnecessary and/or unlawful disclosure.

**EBIPR 2.2** When data are collected and aggregated, individual inmate patient confidentiality is protected.

**EBIPR 2.3** Staff members are educated about inmate patient confidentiality and the hospice’s policies and procedures related to confidentiality.

**EBIPR 2.4** During orientation or prior to having any contact with inmate patient, family or caregiver information, all staff members, including volunteers, agree in writing to maintain inmate patient confidentiality.

**EBIPR 2.5** Information is collected and disseminated to appropriate individuals in a timely manner. A comprehensive, timely and accurate record of services provided in the facility is maintained.

**EBIPR 2.6** Information is protected against loss, theft and destruction.

**Practice Examples:**

- Any inmate patient information is handled in a manner so that inmate patient names, diagnoses or clinical reports are not observable.

- Hospice inmate volunteers and caregivers know how to respond appropriately when asked by other concerned individuals about inmate patients they are visiting.

- Staff ensures that inmate patient, family and caregiver information is not left exposed in work areas.

- The hospice has defined procedures for the disposal of documents that contain inmate patient, family and caregiver information.
Guideline:
EBIPR 3 Inmate patients and families have the right to have their complaints heard and addressed.

EBIPR 3.1 The hospice has a complaint-resolution process in place and implements this process whenever a complaint is received.

EBIPR 3.2 The hospice informs inmate patients and families of the complaint-resolution process at the time of admission to the hospice program.

EBIPR 3.3 Complaints are tracked and regularly reviewed to identify any patterns or trends.

EBIPR 3.4 Staff members are educated about the complaint-resolution process and accept responsibility for helping identify and address complaints.

EBIPR 3.5 A well-organized review and improvement process is implemented throughout the hospice program. This process is supported by the facility warden or superintendent.

EBIPR 3.6 The end-of-life quality improvement program is part of an institutional program for improving performance.

Practice Examples:

- A complaint log is maintained and includes the complaint, source of the complaint and documentation of efforts toward resolution.

- A written summary of the types of complaints received is developed periodically (e.g., quarterly), and problem areas are identified and addressed.

- The interdisciplinary team (IDT) reviews any inmate patient, family and caregiver complaint about care provided and takes remedial action as appropriate.

- There is a designated person in the hospice that is responsible for complaint follow-up, resolution and documentation.
Guideline:
EBIPR 4 The hospice acknowledges and respects each inmate patient's and family's rights and responsibilities.

EBIPR 4.1 The hospice provides a statement to each inmate patient, family and caregiver on admission of their rights and responsibilities and makes the document available to the community.

EBIPR 4.2 The hospice has written policies and procedures that address:
- The purpose and scope of hospice services;
- Informed consent by the inmate patient/family to hospice services;
- Surrogate consent according to state laws; and
- Staff education related to inmate patient and family rights and responsibilities.

EBIPR 4.3 There is evidence in the clinical record acknowledging that the inmate patient, family and caregiver received an explanation of their rights and responsibilities.

EBIPR 4.4 There is a process that facilitates annual review of the program's mission, purpose, vision, policies and procedures.

EBIPR 4.5 All persons involved with the program acknowledge and respect each inmate patient's and family's values and beliefs regarding end-of-life issues.

EBIPR 4.6 All persons involved with the program maintain professional boundaries and appropriate relationships with the inmate patient, family and hospice volunteers.

EBIPR 4.7 Inmate patients and their families are protected from abuse and exploitation.
Practice Examples:

- The clinical-record review-process verifies that each inmate patient, family and caregiver received an explanation of his/her rights and responsibilities.
- A statement of the hospice inmate patients’ and families’ rights is included in each hospice admission packet or booklet.

**Guideline:**

**EBIPR 5** Each member of the IDT recognizes and demonstrates a fiduciary relationship, maintains professional boundaries, and understands that it is his/her personal responsibility to maintain appropriate relationships with the inmate patient and family.

**EBIPR 5.1** The hospice provides orientation and training for staff and volunteers regarding inmate patient, family and caregiver boundaries and conflict of interest.

**EBIPR 5.2** There are administrative policies that define the roles and responsibilities of all staff, contractors and volunteers.

**EBIPR 5.3** An appropriate number of qualified health-care professionals, paraprofessionals and volunteers are available to meet the unique care needs of the program’s patients.

**EBIPR 5.4** All staff receives orientation, training, development opportunities and continuing education on end-of-life care, appropriate to their responsibilities. There is continuous education for staff, contractors and volunteers.

**EBIPR 5.5** A relationship exists with community hospice programs that promotes shared training, education and consultation, if needed.

**EBIPR 5.6** A competency assessment is in place for all staff and volunteers responsible for providing inmate patient care activities.

**EBIPR 5.7** Staff and hospice volunteers reflect the diversity of the inmate patients served, whenever possible.
EBIPR 5.8 Adequate supervision and professional consultation by qualified personnel is continuously available to program staff and hospice volunteers.

EBIPR 5.9 Caring volunteers are provided who are specially trained in the care of the inmate patient and in other aspects of the program’s operation and who are capable of assisting inmate patients without making value judgments.

EBIPR 5.10 Volunteers, whether they are inmates or from the community, receive specialized training related to care giving in a correctional setting.

EBIPR 5.11 Volunteers meet as a group monthly, or more frequently if necessary, to receive clinical supervision and support.

EBIPR 5.12 The program’s leaders ensure compliance with professional, legal and regulatory requirements and guidelines.

Practice Examples:

- Hospice staff and volunteer personnel records include a signed conflict-of-interest statement that addresses both paid and unpaid staff.

- Hospice staff does not give inmate patient, family or caregiver information to the media for the purpose of promoting the hospice program, unless the inmate patient, family or caregiver has provided written consent.

- Hospice staff does not accept money or gifts from inmate patients or family. The facility may have a procedure/process for gifts to the program not to individuals.

- Hospice staff members do not give inmate patients or family their home telephone number, but rather, provide them with the appropriate telephone number to call with questions about their inmate patient.
Guideline:
EBIPR 6 The hospice has a mechanism in place to assist the IDT when ethical dilemmas arise in care of inmate patients and families of choice.

EBIPR 6.1 Procedures are established to identify, review and discuss ethical dilemmas that cannot be resolved by established professional-practice guidelines or hospice policies and procedures.

EBIPR 6.2 Hospice staff members are educated about ethics in hospice care and the hospice program’s procedures for addressing ethical issues.

EBIPR 6.3 The IDT consults with a qualified, trained professional in the area of the medical ethics or has a medical ethics committee available for consultation whenever ethical dilemmas arise in the care of patients and families.

Practice Examples:

- An ethics committee is established and meets to review ethical considerations related to inmate patient care or end-of-life care issues (e.g., assisted suicide, pediatric care, withdrawal of life-sustaining care or life support, and caregiver safety).

- The hospice develops a Code of Ethics to guide ethical decision-making.

- The hospice staff completes a competency-based educational module on ethics and has a mechanism in place for continuing education regarding ethical issues.

- Hospice team members can readily identify common ethical issues or dilemmas in hospice care and how to address them appropriately.
Guideline:

EBIPR 7.1 Written guidelines are established for hospice staff members in working with inmate patients and families and surviving family members as volunteers, in public relations or in other non-therapeutic activities.

EBIPR 7.2 Deaths that occur in the correctional facility are handled with the utmost respect and compassion toward the inmate patient and family.

EBIPR 7.3 Bereavement services are provided through a defined program to help inmate patients, families, volunteers, staff and other inmates cope with the losses that occur during the illness and after the eventual death of the inmate patient.

EBIPR 7.4 A plan of bereavement care for families and caregivers identifies bereavement problems and needs, interventions, goals and outcomes, and is developed and documented for families of choice and caregivers. Ongoing care for families in the community may include referrals to community agencies equipped to provide bereavement support and counseling.

EBIPR 7.5 Bereavement education and supportive services are offered to the larger correctional community.

EBIPR 7.6 A mechanism to evaluate bereavement services on a regular basis is maintained.

Practice Examples:

- Volunteer recruitment brochures clearly identify any qualifications pertaining to volunteering after a death in the family.

- Orientation and development for staff include information on the appropriate approaches to use with families when developing activities. New employee orientation includes training related to boundary setting with inmate patients and families.
CLINICAL EXCELLENCE AND SAFETY (CES)

Principles: Ensuring clinical excellence and promoting safety through standards of practice.

The desired outcomes of hospice intervention are safe and comfortable dying, self-determined life closure and effective grieving, all as determined by the patient and family/caregivers. The interdisciplinary team identifies, assists and respects the desires of the patient and family/caregivers in the facilitation of those outcomes through treatment, prevention and promotion of strategies based on continuous assessment.

The hospice provides for the safety of all staff and promotes the development and maintenance of a safe environment for patients and families served.

Guideline:

CES 1 The interdisciplinary team (IDT) treats and prevents symptoms of the patient’s disease and/or comorbidity factors based on a comprehensive assessment.

CES 1.1 Information documenting the patient’s terminal illness is obtained at the time of the referral for hospice care.

CES 1.2 Assessments include a description of the patient’s symptoms and patient preference for treatment.

CES 1.3 Psychosocial and spiritual assessments identify issues that impact symptoms of the patient’s disease.

Practice Examples:

- The hospice includes assessment of common co-morbid conditions as part of the initial nursing assessment.

- The care plan is based on the initial assessments and is updated according to reassessments.
**Guideline:**

**CES 2** An initial pain assessment is completed on every patient admitted.

**CES 2.1** Procedures and protocols for pain assessment and management are developed and implemented.

**CES 2.3** Patients and families are educated about the importance of effective pain management, the pain assessment process and methods of pain management.

**CES 2.4** Non-pharmacological interventions are considered for the treatment of pain.

**CES 2.5** Common side effects of medications are anticipated, and preventive measures are implemented.

**Practice Examples:**

- Pain assessment is a distinct, easily identifiable part of initial assessment and other documentation tools.

- The hospice routinely uses a numerical or other rating scale for pain assessments.
Guideline:

CES 3 Routine, comprehensive assessments of symptoms are completed on every patient based on the patient’s needs and response to treatments.

CES 3.1 Guidelines and/or protocols are developed for the assessment and management of common physical symptoms other than pain, including, but not limited to:

- Dyspnea;
- Nausea and vomiting;
- Anorexia and weight loss;
- Dehydration;
- Anxiety;
- Confusion;
- Pressure ulcers;
- Constipation;
- Restlessness and agitation; and
- Sleep disorders.

CES 3.2 The IDT assesses and addresses the patients’ nutritional status and implements nutritional care per the treatment plan.

CES 3.3 Education is provided to the patient and family about the disease process and the palliation of the patient’s symptoms.
Practice Examples:

- The hospice develops educational tools to utilize in teaching patients and families about the nutritional needs of the terminally ill, including concerns about the patient not eating or drinking enough.
- The hospice has specific bowel protocols for patients on narcotics.
- The hospice has textbooks and other resources available to the staff about palliation of symptoms.
- Routine symptom assessment includes a severity rating and alleviating and/or exacerbating factors.
**Guideline:**

**CES 4** The pharmaceutical needs of inmate patients are met, consistent with applicable state and federal laws and regulations and accepted standards of practice. The inmate patients receive coordinated and accurate communication, information and education about their medication, medication profile and the results of medication monitoring.

**CES 4.1** A patient-specific medication profile is maintained and periodically reviewed to monitor for medication effectiveness, actual or potential medication-related effects, and untoward interactions.

**CES 4.2** The organization has a process to review all prescriptions for the appropriateness of the medication and the dose, frequency and route of administration.

**CES 4.3** Written policies and procedures are developed in compliance with applicable state and federal laws and regulations governing the prescribing, dispensing, labeling, compounding, administering, transporting, delivering, controlling, storing and disposing of all medications and biologicals.

**CES 4.4** Pharmaceutical services are available 24 hours a day, seven days a week.

**Practice Examples:**

- The pharmacist provides consultation regarding complex medication regimens and educational opportunities and updates for the hospice team members.
- The hospice has a policy for disposal of narcotics.
- The hospice nurse reviews all written medication information with the family and/or caregivers.
**Guideline:**

**CES 5** Diagnostic services are provided that are necessary for the management of symptoms according to the patient's plan of care.

**CES 5.1** Criteria are developed regarding the provision of laboratory, radiology or other diagnostic assessments.

**Practice Examples:**

- Current competency evaluations related to instrument usage are documented on all hospice staff performing blood-glucose monitoring.
- Quality-control checks are performed and documented for each glucometer for each day that it is used.
- The IDT considers information from the attending physician, accepted standards of practice related to palliative care, and inmate patient/family preferences when determining whether to include a specific diagnostic assessment or therapy in the inmate patient's plan of care.

**Guideline:**

**CES 6** Interventions to assist the inmate patient in meeting his/her preferences with a changing environment or life circumstances are based on a thorough psychosocial assessment initiated at the time of admission and continued throughout the course of care.

Inmate patient care is not interrupted by changes of housing assignment within the facility, by transfer to other facilities or by release from the system, in accordance with correctional policy.

**Guideline:**

**CES 7** Transfers, discharges and revocations are planned and managed in a manner that ensures coordination and continuity of care for patients, families and service providers.
CES 7.1 The hospice has written policies and procedures pertaining to transfer, discharge and revocation.

CES 7.2 Appropriate education is provided on the hospice’s plan of care and philosophy whenever there are changes in the patient’s care-setting.

CES 7.3 Transfer, discharge and revocation practices include:
- A process for ongoing evaluation of the patient’s status and eligibility for hospice care;
- Interdisciplinary discharge planning that addresses the patient’s and family’s needs and goals;
- A coordinated transfer among all involved providers;
- Facilitation of a planned, well-communicated and effective transition for the patient, family and caregiver; and
- A mechanism for follow-up communications with the hospice, where appropriate.

Practice Examples:

- Written transfer information is provided by the hospice whenever a patient transfers to another care setting. The recorded information includes, but is not limited to, the following:
  - Services being provided;
  - Specific medical, psychosocial, spiritual or other problems requiring intervention or follow-up; and
  - Follow-up activities planned by the hospice IDT.

- A step-by-step plan for discharge and revocation is developed by the hospice team to ensure that well-coordinated transfers to other levels of care occur and that referrals to other appropriate resources are made when indicated.

- A written discharge summary is completed in a timely manner for all discharged patients.
**Guideline:**

**CES 8** The hospice/facility develops, implements and evaluates a plan for environmental safety and security.

**CES 8.1** The hospice/facility develops, implements and evaluates a plan that addresses:
- Building safety and security;
- Staff safety and security;
- Equipment safety; and
- Patient and family safety and security.

**CES 8.2** The hospice addresses staff safety and security during new-employee and volunteer orientation and on an ongoing basis as needed and when changes in policies and procedures occur. Staff safety and security include:
- General safety and self-defense measures;
- The hospice’s policies and procedures related to unsafe situations; and
- Physical safety (e.g., body mechanics and back safety).

**Practice Examples:**

- There is a written policy that describes actions to be taken when employees or volunteers find themselves in unsafe situations.
- An annual safety in-service is provided to all staff and volunteers.
- The hospice references OSHA and NIOSH standards regarding parameters for lifting.

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**Guideline:**

**CES 9** The correctional facility develops, implements and evaluates a plan for emergency-preparedness.
CES 9.1 The hospice has a written emergency-preparedness plan that provides for the continuation of services in the event of an emergency. The emergency-preparedness plan addresses the following:

- Chain of command for implementation of the plan;
- Notification and assignment of staff responsibilities;
- Communication among staff and volunteers;
- Alternative resources and travel routes;
- Means of prioritizing, identifying and responding to patient care needs with the goal of preventing or diminishing the effects of the disaster;
- Types of anticipated nature and civil disasters (e.g., hurricanes, tornadoes, floods, earthquakes, chemical spills and inclement weather as appropriate to the geographical area where the hospice resides);
- Time frames for the initiation of the plan;
- Education of the patient/family to the emergency-preparedness plan; and
- Recovery and re-establishment of normal operations.

CES 9.2 The hospice orienta all employees to the emergency-preparedness plan.

Practice Examples:

- A telephone tree is set up to facilitate communication with the staff during an emergency.
- The emergency-preparedness plan is reviewed with all new employees and volunteers during orientation.
- The hospice/facility considers preparation for disasters, e.g., multiple storms or extended utility loss.
- The hospice has an internal plan related to its involvement in the greater community as to its role in response to a natural or civil disaster.
Guideline:

CES 10 The correctional facility develops, implements and evaluates a plan for the management of infectious and hazardous material and wastes.

CES 10.1 The hospice implements a written plan that addresses:
- Identification of infectious and hazardous materials and waste;
- Proper storage, transportation and disposal of infectious hazardous materials and waste;
- Compliance with all applicable laws and regulations related to infectious and hazardous material and waste;
- Precautions, procedures and personal protective equipment (PPE) to be utilized when handling infectious and hazardous materials and waste; and
- Employees’ right to know about infectious and hazardous material and waste (e.g., availability of Material Safety Data Sheets (MSDS)).

Practice Examples:

- MSDS are available on all hazardous materials used by staff in performing their duties and responsibilities.
- Hazardous materials are appropriately labeled.
- Sharps containers are clearly labeled as “hazardous waste” or color-coded and are properly disposed of according to policy.
**Guideline:**

**CES 11** The hospice’s/facility’s infection-control program conforms to the guidelines set by government agencies, professional associations and applicable laws and regulations.

**CES 11.1** The hospice/facility has a written blood-borne-pathogen exposure-control plan and a respiratory-protection plan that are reviewed with all staff and volunteers during orientation and on an annual basis.

**CES 11.2** The hospice/facility has developed a policy and procedure for dealing with epidemics. The plan includes:
- Patient management strategies;
- Staff protection and management strategies; and
- Identification and transmission education.

**Practice Examples:**

- Infections are reported to the state’s Department of Health when required.
- TB skin-testing is routinely performed every 12 months (or sooner when indicated) for staff who provide direct patient care.
- The hospice has a blood-borne-pathogen exposure-control plan, and staff members participate in an annual in-service on the plan.
- All clinical staff members are in possession of personal protective equipment and practice using standard precautions.
- All hospice staff and volunteers receive instruction and comply with hand hygiene according to CDC guidelines.
Guideline:
CES 12 The correctional institution maintains an infection-control program that is monitored, reviewed, evaluated and updated annually.

Practice Examples:

- The hospice’s/facility’s Performance Improvement Committee regularly reviews reports and data related to infection-control activities.
- At least one aspect of care related to infection control is evaluated annually (e.g., TB skin-test conversions, catheter-related infections, employee illnesses) with the goal and a plan for improvement.

Guideline:
CES 13 The correctional facility develops, implements and evaluates a plan for fire safety and prevention.

CES 13.1 The hospice has a written plan for fire safety in the hospice’s environment that includes:
- Evacuation procedures and escape routes;
- Management of fire extinguishers;
- Protection of patients, staff, visitors and property from fire and smoke; and
- Policies for using smoking materials in all settings.

CES 13.2 The hospice provides staff education related to fire safety, prevention and response

Practice Examples:

- Fire safety is included in new employee and volunteer orientation.
- Staff members receive annual in-service education on fire safety.
- Families receive instruction regarding fire prevention and development of an evacuation plan.
Guideline:

**CES 14** The correctional facility develops, implements and evaluates a plan for the management of utility systems.

**CES 14.1** The correctional facility develops, implements and evaluates a plan for utility-systems management within the hospice that provides for a safe and comfortable environment that addresses potential risks and failures to include:

- Computer backup;
- Telephone backup systems;
- Utility systems’ failure (e.g., electrical system); and
- Communication systems’ failure.

**CES 14.2** The hospice addresses the safety of utility systems in the patient’s environment to include:

- Assessing utility requirements for medical equipment used in patient care;
- Assessing environmental requirements for medical equipment;
- Assessing safety issues relating to electrical outlets, grounding, circuit overload, etc.;
- Providing education for all patients, family members, caregivers and employees on the safe use of medical equipment;
- Providing education on methods of contacting the hospice during communication systems’ failure; and
- Exploration of community resources, as indicated, to provide for adequate utilities for patient comfort.
Practice Examples:

- Patients receive verbal instructions and related teaching materials for any medical equipment.
- Inmate patients utilizing oxygen have a backup source of oxygen in case of a system failure.
- Patients are on a utility priority list in the event of a power outage.
- Patients have adequate warmth, light, etc., to meet basic comfort needs.

Guideline:
CES 15 The hospice ensures that medications and nutritional products are properly transported, handled, stored and prepared.

CES 15.1 Medications and nutritional products are properly stored. Storage considerations include:
- Securing medications in accordance with law and regulation;
- Safe storage (e.g., proper temperature, attention to expiration dates, controlled ventilation and humidity); and
- Proper labeling (e.g., medications are stored according to the label, package insert or other written instructions).

Practice Examples:

- Expired medications and nutritional products are disposed of promptly and properly.
- All medications and nutritional products are appropriately labeled.
Guideline:
CES 16  The hospice adopts, implements and assesses the facilities plan for reporting, monitoring and following up on all incidents.

16.1 The hospice/facility has written policies and procedures that direct the reporting of all incidents and ensure adequate follow-up and tracking of all incidents.

16.2 Incidents to be reported are clearly identified by the hospice/facility and include, but are not limited to:
   - Adverse outcomes, including drug reactions and complications of treatment;
   - Staff endangerment or injury;
   - Patient or family injury, including falls; and
   - Problems related to the safe handling and use of narcotics.

16.3 The hospice/facility designates a person responsible for:
   - Investigating all incidents;
   - Taking follow-up actions as necessary;
   - Aggregating incident data to monitor for trends; and
   - Utilizing the data for risk management.

16.4 The hospice/facility ensures adequate record keeping and reporting of incidents in compliance with state and federal law.

Practice Examples:

- The hospice/facility has a form for documenting incidents.
- Incident reports are reviewed and summarized with patterns and trends analyzed on a regular basis.
- Incidents involving a premature, unexpected or accidental death or a suicide will receive an investigation to identify the root cause and prevent a similar event.
Guideline:

**CES 17** The hospice/facility provides for the safe and effective use of medical equipment.

**CES 17.1** When the hospice provides medical equipment directly or by contract, a system is in place to ensure the quality of the medical equipment and related services.

**CES 17.2** The hospice ensures that equipment hazards, defects and recalls are appropriately addressed and reported as required by the Safe Medical Devices Act.

**CES 17.3** The hospice complies with the manufacturer's instructions, state and local laws regarding the use of medical equipment.

**Practice Examples:**

- There is a procedure for reporting and responding to defective medical equipment.
- There is an adequate back-up source for oxygen in case of a power failure.

Guideline:

**CES 18** The hospice maintains a comprehensive, timely and accurate record of services provided in all care settings for each patient.

**CES 18.1** There are written policies and procedures that address the content, maintenance, security and access to hospice clinical records. These policies and procedures conform to all state and federal laws.

**CES 18.2** A standardized format that is descriptive, timely and accurate is used to document the services provided in all care settings.
CES 18.3 Documentation in the clinical record includes:

- A medical history, including clinical evidence of the terminal prognosis on admission;
- An age-appropriate physical assessment of the patient by the hospice nurse;
- A psychosocial assessment of the patient, family and caregiver;
- An IDT plan of care;
- Signed physician’s orders for care;
- Persons to contact in an emergency;
- A signed informed consent and evidence that the patient has received a statement of his or her rights and responsibilities;
- The patient’s decisions regarding end-of-life care;
- Advance directives information;
- Identification of other agencies involved in care;
- Communication regarding care or services to be provided and care coordination; and
- Additional information as required by law and regulation.

CES 18.4 When services are provided under a contractual agreement, a copy of the clinical record or a summary of services provided by the other organization or individual is included in the hospice clinical record.

CES 18.5 Forms utilized in the clinical record are reviewed according to established policy and revised as appropriate.

CES 18.6 The clinical record contains a discharge summary for every discharged patient.

CES 18.7 The clinical record is completed within the time frame specified by the hospice for every discharged patient.
**Practice Examples:**

- Clinical records of discharged patients are reviewed to verify that a discharge summary was completed in a timely manner.

- Patients are informed that protected health information is collected and maintained and may be shared with other providers as a part of their plan of treatment.

- When transferring to another facility, the transferring hospice provides a transfer summary of all care provided, a copy of the interdisciplinary plan of care, copies of signed consents for care, copies of certifications of terminal illness, and other information as requested by the receiving hospice.
INCLUSION AND ACCESS (IA)

**Principle:** Promoting inclusiveness in the corrections community by ensuring that all people—regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, disease or other characteristics—have access to programs and services.

**Guideline:**

**IA 1** A periodic corrections community-needs assessment, with special attention to securing access to care for underserved populations in the community, contributes to the development and implementation of hospice services.

**IA 1.1** Palliative care is available to inmate patients in as wide a range of housing settings as health care and security can accommodate.

**IA 1.2** Plans for palliative care are based on a needs assessment of the inmate population, characteristics of the physical plant, medical-care capabilities, and other resources.

**IA 1.3** Care plans are reviewed by the interdisciplinary team (IDT) at least every two weeks, or when the inmate patient’s condition changes, and are revised to reflect the changing needs of the inmate patient and family.

**IA 1.4** The IDT identifies and incorporates specialized professionals and paraprofessionals to meet the specific needs of inmate patients and their families of choice as identified in the plan of care.

**IA 1.5** Nursing services are based on initial and ongoing assessments of the inmate patient’s needs by a registered nurse and are provided in accordance with the IDT’s plan of care.

**IA 1.6** Nursing services are available 24 hours a day, seven days a week to meet inmate patients’ nursing needs in accordance with the plan of care.
IA 1.7 Counseling services are based on initial and ongoing assessments of the inmate patient’s and family’s needs by a qualified counselor or social worker and are provided in accordance with the IDT’s plan of care, utilizing community resources as needed.

IA 1.8 Spiritual care and services are based on an initial and ongoing documented assessment of the inmate patient’s and family’s spiritual needs by a qualified chaplain member of the IDT, utilizing community resources as needed.

IA 1.9 The program accurately represents its services to the institutional community, inmate families and the public.

IA 1.10 All persons involved with the program acknowledge and respect each inmate patient’s and family’s values and beliefs regarding end-of-life issues.

Guideline:

IA 2 The hospice facilitates access to care by providing services, staff and management that are sensitive to the culturally diverse needs of the community it serves.

IA 2.1 A patient-centered, individualized plan of care is developed and maintained by the IDT, in collaboration with the patient.

IA 2.2 The IDT identifies and incorporates specialized professionals and paraprofessionals to meet the specific needs of inmate patients and their families of choice as identified in the plan of care.

IA 2.3 All staff members receive orientation, training, development opportunities, and continuing education on end-of-life care, appropriate to their responsibilities. Continuous education is available for staff, contractors and volunteers.

IA 2.4 Staff and volunteers reflect the diversity of the inmate patients served, whenever possible.
Guideline:
IA 3 Bereavement education and supportive services are offered to the community at large.

IA 3.1 Advance care planning is strongly encouraged and may be required for participation in specific hospice programs.

IA 3.2 Deaths that occur in the correctional facility are handled with the utmost respect and compassion toward the inmate patient and family.

IA 3.3 Bereavement services are provided through a defined program in order to help inmate patients, families of choice, volunteers, staff and other inmates cope with the losses that occur during illness and after the eventual death of the inmate patient.

IA 3.4 A plan of bereavement care for families of choice and caregivers identifies bereavement problems and needs, interventions, goals and outcomes, and is developed and documented for families and caregivers. Ongoing care for family members in the community may include referrals to community agencies equipped to provide bereavement support and counseling.

IA 3.5 Bereavement education and supportive services are offered to the larger correctional community on an ongoing basis.

IA 3.6 A mechanism to evaluate bereavement services on a regular basis is maintained.

IA 3.7 Staff has access to current information on palliative care and bereavement.
Guideline:
IA 4 The organizational leaders ensure that inmate patient care and services provided are appropriate to the needs of the population served.

IA 4.1 The program's leaders provide evidence of effective strategic planning, and resource management is addressed.

IA 4.2 A well-organized review and improvement process, which is supported by the facility administrator, is implemented throughout the program.
ORGANIZATIONAL EXCELLENCE AND ACCOUNTABILITY (OEA)

**Principle:** Building a culture of quality and accountability within our organization that values collaboration and communication and ensures ethical business practices.

**Guideline:**
**OEA 1** Hospice accurately represents its services to the inmate population, families of inmate patients and staff.

**OEA 1.1** Inmate patient information and materials accurately explain the benefits, scope, capabilities and limitations of the hospice program.

**Practice Examples:**

- Potential inmate volunteers will be informed about the full extent of their duties and obligations.
- A hospice brochure will be developed that will explain the program. The brochure will be distributed throughout the correctional facility.

**Guideline:**
**OEA 2** Processes are designed to collect and manage information to support the activities of the hospice.

**OEA 2.1** The hospice has a plan for monitoring the allocation and utilization of inmate patient services in all care settings that includes:

- Appropriate admissions;
- Delays in admissions or in the provision of interdisciplinary team (IDT) services;
- Provision of bereavement services to family members; and
- Outcome data.
OEA 2.2 Data are routinely collected and reviewed to monitor the allocation and utilization of services and minimally includes:

- Average and median length of stay;
- Days of service;
- Timeliness of admission;
- Services provided by professional team members and inmate volunteers, as well as community volunteers
- Diagnosis and demographic information, such as ethnicity, religious background and age group; and
- Additional data required for facility reports and compliance with any applicable law and regulation.

Guideline:

OEA 3 Data is collected and distributed to appropriate individuals in a timely manner.

OEA 3.1 Data information is communicated in summary form at least annually to hospice staff, other staff and inmate volunteers as required.

OEA 3.2 There is evidence that data collected has been reviewed, analyzed and has informed decision making throughout the program.
WORKFORCE EXCELLENCE (WE)

*Principles:* Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability and workforce excellence, through professional development, training and support to all staff and volunteers.

Hospice organizational leaders ensure that the number and qualifications of staff and volunteers are appropriate to the scope of care and services provided by the hospice program.

**Guideline:**

**WE 1** The hospice/facility identifies and maintains an appropriate number of qualified staff and volunteers to meet the unique needs of the inmate patients and families.

**WE 1.1** The interdisciplinary team (IDT) consults with a qualified, trained professional in the area of ethical medical care or a medical ethics committee whenever ethical dilemmas arise in the care of inmate patients and their families.

**WE 1.2** The IDT identifies and incorporates specialized professionals and paraprofessionals to meet the specific needs of inmate patients and families as identified in the plan of care.

**WE 1.3** Staff is prepared for the demands of a disaster that has a negative impact on, or severely limits, the institution's operation.

**WE 1.4** Administrative policies define the roles and responsibilities of all staff, contractors and volunteers.

**WE 1.5** All staff receives orientation, training, development opportunities and continuing education on end-of-life care, appropriate to their responsibilities. Continuous education is available for staff, contractors and volunteers.

**WE 1.6** Adequate supervision and professional consultation by qualified personnel is continuously available to program staff and volunteers.
Practice Examples:
- Appropriate staff verifies licenses and maintains documentation in a personnel record.
- The hospice maintains accurate, up-to-date personnel records to support proof of current licensure, certification or other required credentials.
- Appropriate staff identifies specific educational needs of staff for end-of-life care.

Guideline:
WE 2 The hospice recruits staff and volunteers to reflect the variety and diversity of the communities served.

WE 2.1 Staff and volunteers reflect the diversity of the inmate patients served, whenever possible.

Practice Examples:
- Recruitment efforts are made to hire staff and volunteers when the diversity of staff does not correlate with the diverse population served.
- Community centers/associations, churches/synagogues are utilized to recruit ethnic groups not well represented on the hospice’s staff.

Guideline:
WE 3 The hospice maintains a consistent, nondiscriminatory process for recruiting, interviewing and selecting staff with optimal qualifications, including competence and license validation.

WE 3.1 Administrative policies define the roles and responsibilities of all staff, contractors and volunteers.

WE 3.2 A routine competency assessment/performance evaluation is in place for all staff and volunteers responsible for providing patient care activities.
**WE 3.3** Hospice volunteers are provided who are specially trained in the care of the inmate patient and in other aspects of the program's operation and who are capable of assisting inmate patients without making value judgments.

**Practice Examples:**

- Potential employees receive a job description for the position for which they are applying.
- Supervisors annually evaluate the accuracy of a job description with input obtained from each employee and make revisions as necessary.

**Guideline:**

**WE 4** The hospice/institution has established personnel policies to direct employment practices that include:

1. Recruitment;
2. Hiring practices;
3. Benefits;
4. Grievance procedures;
5. Employee responsibilities;
6. Staff conflict-of-interest;
7. Performance expectations and evaluations/competency assessments;
8. Disciplinary actions;
9. Retention activities and efforts; and
10. Termination.

**WE 4.1** Administrative policies define the roles and responsibilities of all staff, contractors and volunteers.

**WE 4.2** All infirmary and hospice staff members receive orientation, training, development opportunities, and continuing education on end-of-life care, appropriate to their responsibilities. Continuous education is available and provided for staff, contractors and volunteers.
WE 4.3 A competency assessment/performance evaluation is in place for all staff and volunteers responsible for providing patient care activities.

WE 4.4 Volunteers meet as a group at least monthly, or more frequently if necessary, to receive clinical supervision, support and education.

Practice Examples:
- A written policy exists directing the regular review of all personnel policies and procedures.
- Expertise in the area of regulatory requirements related to human resources is utilized in the development of all hospice personnel policies and procedures.

Guideline:
WE 5 All staff receives orientation, training, development opportunities and continuing education appropriate to their responsibilities.

WE 5.1 All staff receives orientation, training, development opportunities and continuing education on end-of-life care, appropriate to their responsibilities. Continuous education is available for staff, contractors and volunteers.

Practice Examples:
- A relationship exists with state/community hospice programs that promote shared training, education and consultation.
- A monthly calendar of available educational opportunities is published and distributed to staff.
- A structured orientation program is in place for all new employees and includes orientation to the hospice and hospice care.
Guideline:
WE 6  The organizational leaders ensure that continuous education is made available for all leaders.

WE 6.1  All staff receive orientation, training, development opportunities and continuing education on end-of-life care, appropriate to their responsibilities. Continuous education is available for staff, contractors and volunteers.

WE 6.2  A relationship exists with state/community hospice programs that promotes shared training, education and consultation.

Practice Examples:

- The hospice administrator has attended continuing-education programs on topics where learning needs were identified.
- The hospice has made educational sessions available to the governing body members and the correctional community.

Guideline:
WE 7  Hospice staff members have access to current, relevant information.

WE 7.1  Staff members have access to current information on palliative care and bereavement.

Practice Examples:

- Hospice staff members have access to the Internet, which makes research and current information readily available.
- A resource library and/or resource materials are maintained and accessible to all staff, inmate volunteers and patients.
**Guideline:**

**WE 8** The hospice develops and implements a competency-assessment program for all staff and volunteers responsible for providing patient-care activities.

**WE 8.1** The program’s leaders with support of facility management ensure compliance with professional, legal and regulatory requirements and standards.

**WE 8.2** The program’s leaders with support of facility management ensure effective strategic planning and resource management.

**WE 8.3** Actual improvements in processes or outcomes as a result of the performance-improvement activities are demonstrated, and the improvements are maintained over time.

**Practice Examples:**

- Supervisors regularly observe staff members providing direct care and evaluate their competency.

- When a staff member’s performance results in an adverse outcome, the staff member is involved in a retraining program or disciplinary action.

**Guideline:**

**WE 9** The hospice utilizes and values specially trained, caring volunteers who are capable of assisting the population served by the hospice.

**WE 9.1** Volunteers who provide psychosocial support and other services do so in accordance with the inmate patient’s plan of care.

**WE 9.2** All staff receives orientation, training, development opportunities and continuing education on end-of-life care, appropriate to their responsibilities. Continuous education is available for staff, contractors and volunteers.
**WE 9.3** Adequate supervision and professional consultation by qualified personnel is continuously available to program staff and volunteers.

**WE 9.4** Volunteers, whether inmates or community members, receive specialized training related to care giving in a correctional setting.

**WE 9.5** Volunteers meet as a group at least monthly, or more frequently if necessary, to receive clinical supervision, bereavement support and training.

**Practice Examples:**

- Volunteer recruiting activities are regularly scheduled and include various media, such as print and electronic newspapers, newsletters, bulletins and other broad-based community resources.

- Staff and volunteer selection and evaluation methodologies include screening, reference checks, annual performance evaluations and observation of care.

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**Guideline:**

**WE 10** Adequate supervision and professional consultation by qualified personnel are available to staff and volunteers during all hours.

**WE 10.1** Adequate supervision and professional consultation by qualified personnel is continuously available to program staff and volunteers.

**Practice Example:**

- An on-call system ensures the availability of expert advice to on-call staff.
Guideline:

**WE 11** The IDT members provide quality, coordinated care as defined by current professional, competency and credentialing guidelines that relate to the team member’s practice specialty and principles of IDT practice.

**WE 11.1** An IDT assesses the inmate patient’s needs and plans, delivers and evaluates each patient’s care and services.

**WE 11.2** The IDT consists of appropriate representatives of all disciplines who are significantly involved in rendering care. At a minimum, it consists of a physician, nurse, mental health representative, chaplain and facility security staff. Others may serve as IDT members when needed, including, but not limited to, social worker dietitians, pharmacists, complementary therapists, a volunteer coordinator, an inmate patient’s family member, the inmate patient, other caregivers, volunteers and others, as appropriate.

**WE 11.3** A qualified health-care professional coordinates the IDT.

**WE 11.4** The IDT consults with a qualified, trained professional in the area of ethical medical care whenever ethical dilemmas arise in the care of patients and families.

**WE 11.5** A patient-centered, individualized plan of care is developed and maintained by the IDT, in collaboration with the inmate patient.

**WE 11.6** A written plan of care is developed for each inmate patient within 24 working hours of admission.

**WE 11.7** Communication concerning the care plan and status of the inmate patient is provided to the inmate patient and to designated family members with consent of the inmate patient.

**WE 11.8** Care plans are reviewed by the IDT at least every two weeks, or when the inmate patient’s condition changes, and revised to reflect the changing needs of the inmate patient and family.
WE 11.9 The IDT identifies and incorporates specialized professionals and paraprofessionals to meet the specific needs of each inmate patient and family as identified in the plan of care.

WE 11.10 Advance care planning is strongly encouraged and may be required for participation in specific hospice programs.

WE 11.11 The medical director or designee reviews, coordinates and oversees the management of medical care for all inmate patients.

WE 11.12 Nursing services are based on initial and ongoing assessments of the inmate patient’s needs by a registered nurse and are provided in accordance with the IDT’s plan of care.

WE 11.13 Nursing services are available 24 hours a day, seven days a week to meet inmate patients’ nursing needs in accordance with the plan of care.

WE 11.14 Counseling services are based on initial and ongoing assessments of the inmate patient’s and family’s needs by a qualified mental-health worker and are provided in accordance with the IDT’s plan of care, utilizing community resources as needed.

WE 11.15 Spiritual care and services are based on an initial and ongoing documented assessment of the inmate patient’s and family’s spiritual needs by a qualified chaplain member of the IDT, utilizing community resources as needed.

WE 11.16 The pharmaceutical needs of inmate patients are met, consistent with all applicable regulations and acceptable standards of practice. Inmate patients receive coordinated and accurate communication, information, instruction and education about their medication, medication profile and results of medication monitoring.

WE 11.17 The IDT assesses and plans nutritional care with the goal of meeting the unique nutritional needs of each inmate patient.

WE 11.18 Diagnostic services comply with all applicable laws and regulations and meet the needs of the inmate patient.
**WE 11.19** Quality care and services are delivered in a manner that is consistent with community standards.

**WE 11.20** The physical environment meets the needs of inmate patients and caregivers.

**WE 11.21** Pain and other symptoms are assessed and alleviated to the greatest extent possible.

**Practice Examples:**

- Care coordination and effective communication among the IDT members are evidenced by documentation contained in the clinical record that records the achievement of goals or outcomes.

- The IDT interventions reflect cooperation and coordination among members.
Interdisciplinary Team

**Medical Director/Attending Physician**

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**Guideline:**  
**WE 12** The hospice medical director or designee reviews, coordinates and oversees the management of medical care for all inmate patients in the hospice program.

**Practice Examples:**

- The medical director has a leadership role on the IDT.
- The medical director/health practitioner recommends an inmate patient for admission to the hospice program.

**Guideline:**  
**WE 13** The patient’s health-care practitioner provides initial and ongoing medical services to the inmate patient.

**Practice Examples:**

- Progress reports regarding hospice inmate patients are available to all health-care practitioners.
- All attending physicians receive an explanation of their responsibilities annually.
**Nursing**

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**Guideline:**

**WE 14** Hospice nursing services are based on initial and ongoing assessments of the inmate patient’s needs by a registered nurse and are provided in accordance with the IDT’s plan of care.

**WE 14.1** A qualified health-care professional coordinates the IDT.

**WE 14.2** Nursing services are based on initial and ongoing assessments of the inmate patient’s needs by a registered nurse and are provided in accordance with the IDT’s plan of care.

**WE 14.3** Nursing services are available 24 hours a day, seven days a week to meet inmate patients’ nursing needs in accordance with the plan of care.

**WE 14.4** Medications and nutritional products are properly stored and prepared.

**WE 14.5** Psychosocial/spiritual care services assist the inmate patient to avoid isolation, bring closure, find emotional peace, gain acceptance, make connections as desired, and receive human contact.

**Practice Examples:**

- A complete physical assessment is performed and documented for each patient upon admission.

- Each nursing visit includes a reassessment of the inmate patient’s physical status.
Guideline:

**WE 15** Hospice social work/counseling services are based on initial and ongoing assessments of inmate patient’s and family’s needs by an accredited social worker or counselor and are provided in accordance with the IDT’s plan of care.

**WE 15.1** Social work/counseling services include:

- Identifying the inmate patient’s and family’s psychosocial needs;
- Assessing and strengthening the inmate patient’s coping skills;
- Assessing and enhancing the responsiveness of the environment and connecting the inmate patient family with community resources as needed;
- Providing interventions for specific symptom relief (e.g., fear, grief, depression, anger);
- Screening for psychopathology and educating and intervening accordingly;
- Assessing and referring for ongoing bereavement services;
- Documenting problems, psychosocial assessment, appropriate goals, care provided, interventions and inmate patient’s response to each intervention;
- Maintaining the dignity of the dying inmate patient;
- Supporting the inmate patient’s unique spiritual and cultural beliefs;
- Providing holistic family-centered care across treatment settings;
- Consulting and collaborating with the IDT; and
- Reporting abuse and neglect.
Practice Examples:

- A psychosocial assessment is completed on each inmate patient, and the findings are shared with the IDT.
- The social worker evaluates the inmate patient's and family's adaptation state, related needs and opportunities for growth.
- The social worker identifies a spouse at high risk for complicated grief and refers him/her to appropriate services.
- The social worker plans a family conference with the inmate patient, appropriate hospice team members and other appropriate persons.
SPECIALIZED PROFESSIONALS/PARAPROFESSIONALS

Guideline:

WE 16  The IDT identifies and incorporates specialized professionals and paraprofessionals to meet the specific needs of inmate patients and families as identified in the plan of care.

WE 16.1  The IDT identifies and incorporates specialized professionals and paraprofessionals to meet the specific needs of inmate patients and their families as identified in the plan of care.

Practice Examples:

- The nursing assessment includes a complete nutritional assessment/screening.
- The physical therapist providing treatment to an inmate patient attends the IDT meetings and contributes to the plan of care.
- Complementary therapists, including but not limited to, music therapists, art therapists, or massage therapists, are utilized to meet the specific needs of inmate patients.
Guideline:

**WE 17** Hospice spiritual care and services are based on an initial and ongoing documented assessment of the inmate patient's and family's spiritual needs by qualified members of the IDT (clergy or someone with equivalent education, training and experience) and provided according to the IDT's plan of care.

**WE 17.1** Spiritual care and services are based on an initial and ongoing documented assessment of the inmate patient's and family's spiritual needs by a qualified chaplain member of the IDT, utilizing community resources as needed. Spiritual care may include:

- Identifying the inmate patient’s and family’s spiritual, cultural, religious, ceremonial and artifact needs;
- Supporting the inmate patient’s unique spiritual and cultural beliefs;
- Soliciting, and securing the assistance of, community spiritual leaders of an inmate patient’s particular spiritual and religious practice;
- Maintaining the psycho-spiritual dignity of the dying inmate patient;
- Providing interventions for specific symptom relief from spiritual pain (e.g. guilt, anxiety, anger, loss, and aloneness);
- Supporting and facilitating the patient’s decision to create a living legacy or life review;
- Preparing patient and family for reconciliation and restoration, when needed;
- Providing a safe environment for patient and family to reconcile differences, when needed;
- Consulting and collaborating with the IDT;
- Providing bereavement follow-up with family and friends; and
- Assessing patient and family satisfaction of the psycho-spiritual care and support patients receive in the hospice.
Practice Examples:

- The hospice chaplain coordinates spiritual services, thereby assuring that the inmate patient’s and family’s spiritual and religious needs are met.

- The hospice chaplain prays with the inmate patient who requests prayer.

- The hospice chaplain ensures that approved religious artifacts are used by inmate patients upon request, (e.g. prayer beads, Bible, Koran, spiritual readings, prayer rugs and prayer shawls).

- The hospice chaplain ensures that approved religious rituals are observed at the request of inmate patients (e.g. baptism, prayer for the sick, Native American Smudge Ceremonies and songs and washing ceremonies).

- The hospice chaplain provides bereavement follow up with family and friends with memorial services, phone calls, bereavement letters and referrals to local community services.

- The hospice chaplain provides prayer, meditation and scripture reading at the request of the inmate patient.
Guideline:
**WE 18** The hospice volunteer services include the involvement of community volunteers and a cadre of inmate volunteers who are specially trained in the care of the inmate patients who are terminally ill. The volunteers are also trained in other aspects of the hospice program's operation or mission.

**WE 18.1** Caring volunteers are provided who are specially trained in the care of the inmate patient and in other aspects of the program's operation, and who are capable of assisting inmate patients without making value judgments.

**WE 18.2** Volunteers, whether they are inmates or members of the community, receive specialized training related to care giving in a correctional setting.

**WE 18.3** Volunteers meet as a group at least monthly, but weekly if necessary, to receive clinical supervision, training and support.

**Practice Examples:**

- The hospice recruits and trains an adequate number of volunteers to fill requests made by the IDT.
- The hospice realizes and documents cost savings through the use of volunteers.
ORGANIZATIONAL ACCREDITATION

**Principle:** Utilizing NHPCO's "Quality Guidelines for Hospice and End-of-Life Care in Correctional Settings" as a guide for developing and implementing hospice in corrections in concert with American Correctional Association and National Commission on Correctional Health Care accreditation standards.

This section of the Quality Guidelines document is for the placement of organization-specific standards that each end-of-life care program must meet as prescribed by the specific accreditation bodies whose approval is required, e.g. ACA, NCCHC, and State regulatory bodies.
COMPLIANCE WITH LAWS AND REGULATIONS (CLR)

Principles: Ensuring compliance with applicable laws, regulations and professional standards of practice and implementing systems and processes that prevent fraud and abuse.

Guideline:
CLR 1 The correctional facility’s leaders maintain and support full compliance with legal and regulatory requirements and standards of practice within the correctional environment.

CLR 1.1 The administration ensures that all individuals who provide inmate patient and family services are competent to provide such services.

CLR 1.2 Mechanisms are in place to address the recommendations made in the reports received from authorized regulatory and accrediting bodies (e.g., NCCHC and ACA).

Practice Examples:

- Results of surveys are documented in governing-body meeting-minutes.
- Ongoing mock surveys or self-assessments are conducted to identify areas for improvement, and changes are made based on the findings.
- The facility has a procedure for reporting and investigating compliance concerns.
**Guideline:**

**CLR 2** The facility has a program to identify, prevent and correct practices that are fraudulent or abusive.

**CLR 2.1** The facility uses generally accepted medical guidelines within corrections to determine whether or not a referred inmate patient qualifies for hospice care according to facility policy.

**CLR 2.2** The facility regularly monitors its compliance with state and/or federal regulatory requirements.

**Practice Examples:**

- The hospice develops a compliance program and standards-of-care manual and provides related staff education.
- There is a procedure for reporting suspected fraud and abuse that protects the reporter from retribution.
- The facility develops standards of conduct for staff related to fraudulent practices.
STEWARDSHIP AND ACCOUNTABILITY (SA)

Principles: Developing a qualified and diverse governance structure and senior leadership who share the responsibilities of fiscal and managerial oversight with the State Department of Corrections or Federal Bureau of Prisons.

Hospice has an organizational leadership structure that permits and facilitates action and decision-making by those individuals closest to any issue or process.

Guideline:

SA 1 The organizational leaders have processes to review and approve the hospice’s mission, purpose, vision and policies that include active participation and input by all stakeholders.

SA 1.1 End-of-life programs and services are managed by a clearly defined organizational structure that identifies the roles, responsibilities and authority of every stakeholder and facilitates participation in decision-making by individuals closest to an issue or process.

SA 1.2 The hospice program’s mission, purpose, vision, policies and procedures are clearly described.

SA 1.3 There is a process that facilitates annual review of the hospice program’s mission, purpose, vision, policies and procedures.

Practice Examples:

- The management and staff can verbalize the mission and vision statements of the hospice.
- The hospice has a process for the regular review and revision of policies and procedures.
Guideline:
SA 2 The governing body oversees the process of selection and evaluation of the hospice coordinator/director and provides ongoing support.

SA 2.1 Administrative policies define the roles and responsibilities of all staff, contractors and volunteers.

Practice Examples:

- A performance appraisal tool is developed and utilized in evaluating the hospice coordinator/director.
- The hospice coordinator/director performs a self-evaluation as part of his/her annual performance evaluation.
- As part of the evaluation discussion, goal setting for the staff member is included.
- A committee structure exists that permits internal and external consumers to participate in the hospice evaluation and planning.

Guideline:
SA 3 The organizational leaders continually evaluate and assess the hospice program’s performance.

SA 3.1 There is a well-organized review and improvement process that is implemented throughout the program and is supported by the facility administrator.

Practice Examples:

- The governing body assesses its educational needs and plans for regular, planned educational opportunities.
- A formal governing-body orientation is developed and implemented.
**Guideline:**
**SA 4** The hospice coordinator/director has full responsibility for the day-to-day operations of the hospice program.

**SA 4.1** The program’s leaders ensure effective strategic planning and resource management.

**Practice Examples:**

- The hospice coordinator/director’s position description is written and includes qualifications and responsibilities.

- A written performance evaluation of the hospice coordinator/director is conducted on an annual basis.

**Guideline:**
**SA 5** Administrative policies define the roles and responsibilities of the governing body, administration and the interdisciplinary team (IDT).

**SA 5.1** Administrative policies define the roles and responsibilities of all staff, contractors and volunteers.

**Practice Examples:**

- Written policies and procedures in the operations manual of the hospice state the roles of the various components, including the governing body, administrative staff and IDT members.

- There is a written description of responsibilities for members of the governing body.
Guideline:
SA 6 Information is protected against loss, theft and destruction.

SA 6.1 Information needed to operate the program efficiently is identified, collected and maintained in a manner that respects the inmate patient’s confidentiality.

SA 6.2 Information is collected and disseminated to appropriate individuals in a timely manner. A comprehensive, timely, accurate record of services provided in the institution is maintained.

SA 6.3 Staff has access to current information on palliative care and bereavement.

Practice Examples:

- Hospice clinical records are retained for five years past the completion of bereavement care as allowed by prison policy.
- A labeled or identified collection of information is readily accessible by stakeholders.

Guideline:
SA 7 Confidentiality of information is maintained.

SA 7.1 Confidentiality of information related to inmate patient care is maintained.

Practice Examples:

- All staff members, volunteers, vendors and visitors who come into contact with patient information sign a confidentiality agreement on hire and prior to any exposure to inmate patient or family information.
- Inmate patients sign a release form prior to the release of information or sharing of any information.
PERFORMANCE IMPROVEMENT (PI)

Principles: Collecting, analyzing and actively using performance-improvement data to foster quality assessment and performance improvement in all areas of care and services.

The hospice defines a systematic, planned approach to improving performance. This approach is authorized and supported by the hospice administrator.

Guideline:
PI 1 A well-organized review and improvement process is implemented throughout the program. This process is supported by the hospice administrator and facility senior leadership.

PI 1.1 The correctional governing body requires a process to evaluate the quality and appropriateness of care and services provided by the hospice.

PI 1.2 The correctional facility leaders reprioritize data collection and measurement activities based on situations that require a more focused, intensive review and analysis.

PI 1.3 The correctional facility leaders allocate trained staff to implement and improve the hospice’s processes and systems.

PI 1.4 The hospice leadership, staff and volunteers are informed of the results of data collection and improvement actions taken.

PI 1.5 Action plans are established in writing that describe the follow-up actions to be taken in response to data collection and analysis.

Practice Examples:

- Performance-improvement results and action plans considered are documented in minutes.

- A written performance-improvement plan exists and describes the areas targeted for data collection, analysis and improvement and is reviewed on a regular basis.

- The hospice staff can describe improvements made within the hospice program based on performance-improvement activities.
Guideline:
**PI 2** The end-of-life quality-improvement program is part of an institutional program for improving performance.

**PI 2.1** Changes in the organization’s programs and processes are planned, piloted, implemented and evaluated.

**PI 2.2** The needs and expectations of key customers and stakeholders (e.g., inmate patients, family members, physicians and referral sources) are considered in the design or redesign process.

**Practice Examples:**

- The annual budgeting process includes targeted areas for improvement and funding resources required to carry out the performance-improvement program.

- The hospice leaders draft an annual performance-improvement plan that is reviewed by the management team and approved by the hospice administrators.

- Staff and volunteers receive training regarding the hospice’s improvement activities during orientation, when assigned to a process-improvement team and throughout their employment.

Guideline:
**PI 3** The planning, development, implementation and evaluation of performance-improvement activities are comprehensive and collaborative.

**PI 3.1** Performance-improvement planning activities and the selection of areas for in-depth study are determined based on data collected and input by staff, volunteers and leaders.

**PI 3.2** The performance-improvement activity results are communicated to staff, volunteers and organizational leaders.
Practice Examples:

- The performance-improvement activities involve collaboration among departments, disciplines and programs, as well as input from individuals impacted by the process targeted for improvement.
- The staff is involved in defining “key processes” to be monitored.
- Process improvement teams involve “stakeholders” and those who work within the process to be improved on a day-to-day basis.

Guideline:
PI 4 Performance and outcome data related to palliative care and program functions are collected, and benchmarks are established.

Practice Examples:

- A documentation system-improvement activity involves the development of an implementation timeline and education of staff regarding the changes in processes made.
- The hospice uses statistical tools to display the results of data collection.
- The hospice identifies external barriers to optimal delivery of care within the institutional environment and acts as an advocate for their removal, where possible.

Guideline:
PI 5 The hospice collects performance and outcome data related to inmate patient care and hospice functions.

PI 5.1 Data are collected on the staff’s and volunteer’s opinions of the hospice program, inmate patient’s and family’s needs, and what improvements could be made.
**PI 5.2** There is a mechanism to review routine data collected to determine if adverse patterns or trends are identified that negatively affect care and/or place the inmate patient or staff at risk. When adverse patterns or trends are identified, follow-up actions are taken. Routine data collected by the hospice include, but are not be limited to:

- Data related to utilization, staffing and allocation of services;
- Inmate patient and family satisfaction data including complaints about care;
- Incident reports;
- Medical errors;
- Interdisciplinary team (IDT) processes;
- Collaboration between the general prison operations and the hospice operations;
- Medication administration; and
- Other data collected as defined by the hospice.

**PI 5.3** There is a process to conduct analysis of underlying causes or associated causes when an undesirable outcome or sentinel event takes place.

- An undesirable outcome or sentinel event is defined by the hospice or larger organizational structure, such as the Department of Corrections or the Federal Bureau of Prisons.

**Practice Examples:**

- The hospice utilizes an annual self-evaluation tool that includes opportunities for employees to suggest processes that need improvement.

- Satisfaction surveys are sent to team members after the inmate patient’s death, and the results are aggregated and analyzed.

- Incident reports are summarized, and if patterns or trends are identified, the data are further analyzed.

- As the hospice provides inpatient hospice-based care, data are collected and monitored regarding the administration of medications.
Guideline:
PI 6 The hospice staff demonstrates and documents actual improvements in processes or outcomes as a result of the performance-improvement activities and the improvements that are maintained over time.

PI 6.1 The desired performance outcome is quantified for each performance-improvement activity.

PI 6.2 Any process change is evaluated over time, and the results are assessed and communicated throughout the hospice.

Practice Examples:

- An annual performance-improvement evaluation is completed noting areas of actual improvement.

- A summary report from each process-improvement team is submitted to the hospice administrator/stakeholders and includes actual improvements realized.

- Improvement efforts are monitored for three-to-six months following the implementation of a successful action.
Glossary

**Active Treatment** — Potentially life-prolonging treatments.

**Advance Care Planning** — The ongoing process of structured discussion and documentation of health-care decision-making that involves the inmate patient, preferably with consultation with his or her physician and support of the family appointed by the inmate patient as proxy decision-maker.

**Acute/General Inpatient Care** — Short-term, intensive hospice services provided in an appropriately licensed or certified skilled-nursing or hospice facility or hospital to meet the inmate patient’s need for skilled nursing, symptom management or complex care.

**Advance Directive** — An instruction such as a durable power of attorney for health care, a directive pursuant to inmate patient self-determination initiatives, a living will or an oral directive that states either a person’s choices for medical treatment or, in the event the person is unable to make treatment choices, designates who will make those decisions.

**Assessment** — Procedures by which the inmate patient’s and family’s strengths, weaknesses, problems, needs and opportunities for growth are identified.

**Attending/Primary Physician** — A licensed doctor of medicine or osteopathy who is designated by the inmate patient as the physician responsible for providing his or her medical care.

**Bereavement Care** — Services provided to help inmate patients, family and caregivers cope with the losses occurring during the illness and death of the inmate patient. This may include referral of family to a community resource.

**Caregiver** — Any person, compensated or uncompensated, designated to provide emotional support or physical care to a hospice patient.
Community — A group of patients or a defined geographic area served by a hospice program (e.g., correctional facility).

Comorbid/Comorbidity — Known factors or pathological disease entities impacting the primary health problem and generally attributed to contributing to increased risk for poor health-status outcomes.

Complementary Therapies — Non-traditional interventions used for health promotion and therapeutic treatment for chronic and acute illnesses, pain management and palliative care. These non-traditional approaches include but are not limited to therapeutic touch, aroma therapy, acupressure, reflexology, visualization and imagery.

Contracted Services — Services provided to a hospice program or its patients by a third party under a legally binding agreement that defines the roles and responsibilities of the hospice program and contracted service provider.

Cultural Diversity — Variance in aspects of race, gender, nationality, age, creed, religion, sexual orientation, disability, lifestyle, diagnosis, family/support structure, financial status and social strata in the corrections community.

Discharge — The point at which a living inmate patient’s active involvement with the hospice program is ended and the hospice program no longer has active responsibility for the care of the inmate patient.

Do Not Resuscitate Orders — Orders written by the inmate patient’s physician that stipulate that in the event the inmate patient has a cardiac or respiratory arrest, cardiopulmonary resuscitation will not be initiated or performed.

End-of-life Care — Medical care and supportive services that an individual with an advanced disease receives in the last phase of life.

Facility-Based Care — Hospice services delivered in a place other than the patient’s place of residence, such as a freestanding hospice facility, nursing home or hospital inpatient unit.

Family — A group of two or more individuals, as identified by the inmate patient, related by ties of blood, legal status or affection and who consider themselves a family unit. For the purposes of these standards, this can include other inmates.
Fiduciary – A person who is acting in another’s interest. When used to define the responsibilities of individual members of a governing body (e.g., directors), it means that a legal relationship exists requiring directors to act in the best interests of the entity or organization and its mission and not their own; acting with prudence and diligence; refraining from self-dealing; avoiding conflicts of interest or any appearance thereof; and not usurping corporate opportunities for their own benefit.

Governing Body – A group of individuals who have the full legal, financial, strategic-planning, operational and policy-making responsibilities for a hospice program.

Grief – Emotional suffering characterized by a sad and lonely state as a reaction to loss caused by bereavement. Hospice care includes services that support and facilitate this process.

Holistic Care – Care that focuses on the physical, psychosocial, emotional and spiritual needs and concerns of the inmate patient and family.

Home – An inmate patient’s place of residence.

Hospice Aide/Volunteer – An individual trained to provide personal care to the inmate patient in either an infirmary or cell.

Hospice Clinical Record – The record maintained for each hospice inmate patient/family that documents all care provided by the interdisciplinary team in all care settings.

Hospice Inpatient Facility – Inpatient facility used, (e.g., correctional facility operated or leased by a hospice) for the purpose of providing inpatient palliative care.

Hospice Physician – A licensed doctor of medicine or osteopathy designated by the hospice program to provide medical care to the hospice’s inmate patients (this may or may not also be the hospice medical director).

Informed Consent – A process in which information that specifies the type of care to be provided by the hospice program and the potential and actual risks and benefits of a given procedure is exchanged between the hospice program and the inmate patient, and permission is granted by the inmate patient in writing.

Inmate Patient – A person who is under the observation, treatment or care of a hospice program for an illness, disease or injury.
Inpatient Services – A formally organized service that is designed to provide inmate patients and family care within an institutional setting that is coordinated by the hospice interdisciplinary team.

Inpatient Settings – A facility where specific levels of skilled nursing care are provided to meet the needs of the inmate patient and family.

Interdisciplinary Team (IDT) – Representatives of disciplines involved in the inmate patient’s care, including physicians, nurses, mental-health counselors, chaplains, security personnel, volunteers and others, as needed.

Interdisciplinary Team Meetings – Regularly scheduled, periodic meetings of specific members of the interdisciplinary team to review the most current inmate patient and family assessment, evaluate the care needs and update the plan of care.

License (Hospice) – A license granted by the state in which hospice care is provided that permits an organization to practice “hospice care” for a specific period of time under the rules and regulations set forth by the state in which the license was issued.

Medical Director – A licensed doctor of medicine or osteopathy who is designated by the hospice as assuming the overall responsibility for the medical component of the hospice program.

Mental-Health Representative – Social worker, counselor, psychologist or other professional with responsibility for mental-health consultation or referrals.

Nursing Facility – Multi-occupant facility that provides primary caregiver services predominantly hired by the facility.

Organizational Leaders – Individuals, compensated or uncompensated, who are charged with the responsibility of implementing the hospice program’s mission, vision, goals and strategic plans.

Outcome – Any end result attributable to health services interventions, including changes in physical, psychological, social and spiritual well-being and levels of functioning.
**Palliative Care** — Patient and family-centered care that optimizes quality of life by anticipating, preventing and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and to facilitate patient autonomy, access to information, and choice.

**Patient/Family/Caregiver as Unit of Care** — A philosophy asserting that the impact of terminal illness on the inmate patient and family is acknowledged and the inmate patient’s and family’s needs are considered in developing the plan of care and providing hospice care.

**Performance Improvement** — The continuous measurement, assessment and adaptation of functions and processes intended to increase the probability of achieving desired utilization, intervention and end-result outcomes.

**Plan of Care** — An individualized plan based on inmate patient needs and preferences that identifies services to be provided.

**Primary Caregiver** — The person whom the inmate patient designates as providing him or her with emotional support and/or physical care.

**Principle** — A fundamental tenet of the hospice-care philosophy.

**Prognosis** — The probable course of a disease process.

**Program’s Leaders** — Individuals who are charged with the responsibility of implementing the end-of-life care program’s mission, vision, goals and strategic plans.

**Psychosocial Support** — Activities designed to meet the psychological and social needs of the inmate patient.

**Qualified** — A person with the required education, training and experience to meet the job-specific legal and licensing requirements and who has the sensitivity to address the unique needs of the inmate patient and family.

**Spirituality** — A belief/belief system which has as it’s key elements- meaning, hope, relatedness and connectedness. It is whatever the individual takes to be of highest value in his/her life. Spirituality may or may not be a connection to religious values.
Staff – Paid or contracted employees or volunteers who provide services to the hospice program.

Staff Support – Organized activities provided to hospice employees or volunteers to assist them in coping with work-related loss, grief and change.

Standard – A norm that represents excellence in hospice practice and is an agreed-upon criterion for measuring quality in hospice care.

Team Coordinator – A qualified health-care professional responsible for coordination of assessment, planning and implementation of the care plan by the interdisciplinary team.

Terminal Illness – An illness that results in a limited life expectancy if the illness runs its normal course.

Volunteer – A person trained by the hospice program who provides services without monetary compensation to the hospice program or its inmate patients and families of choice. Volunteers, whether inmates or community volunteers, shall be carefully selected and screened.
RESOURCES

HOSPICE/ADULT-CARE PROGRAM “RIGHTS AND RESPONSIBILITIES” DOCUMENT ... 78

PATIENT SATISFACTION QUESTIONNAIRE ... 80
HOSPICE/ADULT-CARE PROGRAM

RIGHTS AND RESPONSIBILITIES

The Hospice/Adult Care Patient has the following rights:

1. To be cared for by a team of professionals and volunteers who will provide high-quality, comprehensive, comfort-oriented services as needed and appropriate.
2. To have a clear understanding of the availability and access to program services and the program team.
3. To have appropriate and compassionate care, regardless of diagnoses, race, age, creed, disability and sexual orientation.
4. To be fully informed regarding health status. To have the opportunity to participate in the planning of their health care. To have assistance in identifying the services and treatments that will assist them in reaching their goals.
5. To be fully informed about the potential benefits and risks of all medical treatments or services suggested, and to accept or refuse those treatments and/or services as appropriate to their own personal wishes.
6. To be treated with respect and dignity for their person, family, caregivers and property.
7. To have caregivers who are trained in effective ways of caring for them when they are no longer able to provide their own care.
8. To confidentiality with regard to information concerning their health status, as well as other details regarding their incarceration or personal history.
9. To voice grievances concerning their care or treatments without being subject to discrimination or reprisal and to have such grievances investigated.

The Hospice/Adult Care Volunteer has the following Patient responsibilities:

1. To be responsive to changes in the patient’s needs.
2. To help the patient express concerns and to support decisions.
3. To evaluate the presence or absence of a safe environment for the patient.
4. To report on the level and types of assistance needed by the patient.
5. To assist the patient in requesting additional help or services.
6. To help the patient interact positively.
7. To assist the patient in developing realistic goals.
8. To allow the patient to talk or not talk about their condition.
9. To alert the patient when a visit will be missed.
10. To ask the patient what they want to do.
11. To support other team members and staff in their care of the patient.
12. To be truthful. To be kind. To be respectful.

Adapted from
Dixon Correctional Center
Dixon, IL
**Patient Satisfaction Questionnaire**

- I have been treated with courtesy and respect.
- I have been consulted about my needs and wishes.
- I have found the hospice staff communication with my family helpful.
- I am satisfied with the overall hospice care.
- My physician helped me/my family to understand my medical condition.
- Overall, I would rate my physician.
- Nursing staff members were professional and compassionate.
- Overall, I would rate the nursing staff members.
- My physical pain level has been adequately managed.
- The social worker listened to me and supported me/my family emotionally.
- My psychosocial pain has been managed well.
- Overall, I/my family would rate the social worker.
- The chaplain listened to me and provided spiritual support for me/my family.
- My spiritual pain is being addressed appropriately.
- Overall, I would rate the chaplain.
- Overall, I would rate the inmate PCS workers/volunteers.
- Overall, I would rate the community PCS volunteers.
- Overall, I would rate the dietician.
- Overall, I would rate the hospice program.
Comments: How can we improve our program (e.g., special needs/services not being addressed)?


Provided by

California Medical Facility

Robert Evans Alexander Memorial Hospice

Vacaville, California
BENEFITS GUIDE 2019-2020
Important information about your Prescription Drug Coverage and Medicare can be found in the Legal Notices of this benefit guide on page 12. Please read the notice carefully and keep it where you can find it. This notice has information about the prescription drug coverage offered by VitalCore Health Strategies through Blue Cross Blue Shield of Kansas and about your options (if applicable) under Medicare’s prescription drug coverage.

Disclaimer

The information provided in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company’s discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal or tax advice or legal or tax opinion on any specific facts or circumstances. Readers and participants are urged to consult their legal counsel and tax advisor concerning any legal or tax questions that may arise. Any tax advice contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter.
VitalCore Health Strategies offers you and your eligible family members a comprehensive and valuable benefits program. This Guide is designed to assist you in making the best choices for your needs. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

**Benefit Eligibility**
Employees regularly scheduled to work at least 30 hours per week are eligible to enroll in the benefits described in this guide. Eligible Dependents are defined as:

- Legal Spouse
- Children to age 26, including step, adopted and foster children, and any child you have legal guardianship or court-ordered custody. A child who is incapable of self-support due to handicap resulting from a physical condition or mental illness may be approved over the allowed age limit of 26.

Benefits elected and/or those provided by the Company will be effective the first of the month following 30-days as a benefit eligible associate.

**Enrolling**
If enrolling for the first time, or making any changes due to a qualified life event, a form must be completed. Once you have made your elections you will not be able to change them until the next open enrollment period unless you have a qualified life event.

*Where do I find these forms?*
- Human Resources will provide newly eligible employees with the forms
- Contact Human Resources if you have a qualified change in status

Enrollment forms are due back to Human Resources within 30-days from date of hire/eligibility; or within 30-days from a qualified life event if making a change due to that event.

**Qualified Life Events**
Unless you have a qualified change in status (qualifying event), you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child’s dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse’s benefits or employment status, loss of group coverage at another plan’s open enrollment, individual becomes ineligible for Medicaid/Medicare/State Insurance. You must submit your request to Human Resources within 30-days from the date of the event (or 60-days if the election change event is a special enrollment right related to eligibility for a State premium assistance subsidy or related to a loss of eligibility for Medicaid or SCHIP).

**If You Have Questions**
Contact the Human Resources office for benefit related questions:
(316) 239-6682
hr@VitalCoreHS.com

**Changing Your Benefits During the Year**
IRS regulations require that, once enrolled, you may not change your benefit elections until the next Open Enrollment period—unless you experience a qualified life event.
### General
- **Deductible**
- **Coinsurance** (percentage paid by member)
- **Coinsurance maximum**
- **Annual out-of-pocket maximum**

### In-Network
- **$1,500 per person | $3,000 family**
- **30%**
- Same as the annual out-of-pocket max
- **$4,500 per person | $9,000 family**

### Out-of-Network
- **$5,000 per person | $10,000 family**
- **50%**
- **$3,000 per person | $6,000 family**
- **$8,000 per person | $16,000 family**

### Doctor's office visits
- **Home and office visits - Primary**
- **Home and office visits - Specialists**
- **Home and office visits - Telehealth**
- **Preventive Care**

### Prescription Drug Coverage
- **Prescription drugs**
- **Mail order drugs**
- **Prescription drugs**
- **$15 generic | $50 brand**
- **$75 non-formulary**
- **$150 specialty | 20% coinsurance up to $250 max for specialty non-formulary**
- **$37.50 generic | $125 brand**
- **$187.50 non-formulary**
- **$375 compound (3 month supply)**

### Medical Services
- **Emergency medical transportation**
- **Inpatient surgery physician/surgical**
- **Inpatient facility fee**
- **Outpatient surgery physician/surgical**
- **Outpatient lab and radiology and advanced imaging (CT/PET scans, MRIs)**
- **Emergency Room**
- **Injections**
- **Dental and Vision**
- ** Pediatric dental (for ages 0-19)**
- **Pediatric vision (for ages 0-19)**

### Medical Insurance
The medical benefits are with Blue Cross Blue Shield of Kansas. The plans are Preferred Provider Organization (PPO) plans. You have the option to seek care in or out-of-network. However, a higher level of benefits and your out-of-pocket costs will be substantially lower if you stay within the network. Blue Choice is the name of the provider network. Using network providers save you and the plan money! An online directory can be viewed at [www.bcbsks.com](http://www.bcbsks.com); you will need
**Exclusions:** Following is a list of common non-covered services. For a complete list of limitations and exclusions, refer to your contact.

Duplicate benefits provided under federal, state or local laws, regulations or programs except Medicaid; services involving cosmetic or reconstructive surgery (except as stated in the contract); charges for personal items; convalescent or custodial care; all keratotomy procedures; blood or payments to donors of blood; any service or supply related to the medical management of obesity, except services covered as preventive health benefits; services related to the reversal of sterilization procedures; any medically-aided insemination procedure; charges for services by immediate relatives or by members of the household; acupuncture and admission for acupuncture; medically unnecessary services and admissions; services covered and payable under any medical expense payment provision of any automobile insurance policy; mental illness or substance use disorder services provided by a non-eligible provider; services, supplies or treatments not specifically listed as covered in the member’s contract.

**Drug coverage limitation:** Generic drugs are mandatory if available unless physician prescribes brand drug.

**Specialty drug coverage:** In-network benefits are applied when specialty drugs are obtained from Prime Specialty Pharmacy.

This is a brief summary of the coverage available under this program. It is not a legal document. The exact provisions of the benefits and exclusions are contained in the certificate.
**Prescription Drug Look-Up**

1. Go to [www.bcbsks.com](http://www.bcbsks.com)
2. Scroll over Prescription Drugs
3. Click See If Your Drug Is Covered
4. Click on BlueCare/Kansas Solutions Medication List
5. Enter your medicine or condition name or download the BCBSKS BlueCare/Solutions Medication List
6. On this page you can also find other prescription drug information including the most up-to-date list of excluded drugs, formulary updates, and drugs that require prior-authorization

**Healthy Options**

**www.bcbsks.com/BEnHealthy**

**Disease Management:** Learn how to manage your asthma, COPD, diabetes, heart disease, high blood pressure and high cholesterol.

**Behavioral Health:** Help for anxiety, depression and other behavioral health issues is just a few clicks away with free online or phone behavioral health screening.

**Case Management:** Obtain assistance with coordination of services and benefits for your complex medical conditions.

**Wellness Management:** BCBSKS registered nurses will provide you with the tools you need to manage stress, become tobacco-free or lose weight.

**Blue National Doctor & Hospital Finder**

Let your mobile device be your guide for Blue Cross and Blue Shield of Kansas health care provider information. With the Blue National Doctor and Hospital Finder app you’ll be able to quickly find an urgent care center or locate a contracting Blue Cross and Blue Shield provider.

This app allows you to perform a nationwide search for a health care provider by specialty and name, either as a member or guest.
Example of how payment is determined:

**Network Provider**
- You pay any deductible, coinsurance or shared payment amounts, and amounts in excess of benefit limitations and non-covered services.
- BCBSKS covers hospital balance up to the maximum payment allowance. Provider may not bill you for amounts in excess of that allowance.

**Non-Network Provider**
- You pay an additional 20% coinsurance up to a maximum of $2,000/person ($4,000 two-or-more person coverage), each benefit period and any remaining balance.
- You also pay any deductible, coinsurance or shared payment amounts, and amounts in excess of benefit limitations and non-covered services.
- BCBSKS covers balance up to Maximum Allowable Payment. Provider may not bill you for amounts in excess of the BCBSKS payment allowance.

**Non-Contracting Provider**
- You pay 20% of the Maximum Allowable Payment. (MAP is 80% of maximum amount paid to a contracting provider.)
- You pay an additional 20% coinsurance up to a maximum of $2,000/person ($4,000 two-or-more person coverage), each benefit period and any remaining balance.
- You also pay any deductible, coinsurance or shared payment amounts, and amounts in excess of benefit limitations and non-covered services.
- BCBSKS covers balance up to the Maximum Allowable Payment.

The member cost share of the allowable charges, including deductibles, coinsurance and copays, applies toward the maximum out-of-pocket (MOOP). Non-contracting charges and coinsurance do not apply to the MOOP.

**Out-of-Area (BlueCard®) Network Provider** — Greater Kansas City area: The Blue Choice network will be the Blue Cross and Blue Shield of Kansas City Preferred-Care Blue network. In another state: Should you seek care in another state (or Blue Plan area), and the care is provided by a PPO contracting provider in that Plan area, the BlueCard arrangement will allow for the claim to be processed as a Blue Choice network provider and the additional out-of-network coinsurance would not apply.

**Non-Contracting Out-of Area Provider** — If seeking services from a non-contracting provider, you will be financially responsible for the difference between the BCBSKS maximum non-contracting allowance (which is 80 percent of the maximum allowance to a contracting provider) and the provider’s charge. You will also be responsible for an additional 20 percent coinsurance amount, in addition to the deductible, coinsurance or share payment amount of the program.

*Combined maximum of $2,000 per person/$4,000 family, per benefit period
## Dental Insurance

VitalCore Health Strategies offers dental coverage through Delta Dental of Kansas to you and your eligible dependents.

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Member Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit Accumulation Period:</strong> Calendar Year</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible Limitations:</strong> Coverage for Diagnostic and Preventive Services are not subject to any deductible amount. For all other covered benefits, there is a calendar year deductible</td>
<td>$50 per person, maximum per family $150</td>
</tr>
<tr>
<td><strong>DIAGNOSTIC</strong></td>
<td>You pay 0%</td>
</tr>
<tr>
<td>Includes the following procedures necessary to evaluate existing dental conditions and the dental care required:</td>
<td></td>
</tr>
<tr>
<td>Oral evaluations—two (2) times per calendar year</td>
<td></td>
</tr>
<tr>
<td>Bitewing x-rays—bitewings two (2) times per calendar year for dependents under age eighteen (18) and once each twelve (12) months for adults age eighteen (18) and over</td>
<td></td>
</tr>
<tr>
<td>Full mouth x-rays or panoramic x-rays—one each five (5) years</td>
<td></td>
</tr>
<tr>
<td><strong>PREVENTIVE</strong></td>
<td>You pay 0%</td>
</tr>
<tr>
<td>Provides for the following:</td>
<td></td>
</tr>
<tr>
<td><strong>Prophylaxis</strong> (Cleanings) - two (2) times per calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Topical Fluoride</strong>—two (2) times per calendar year for dependent children under age nineteen (19)</td>
<td></td>
</tr>
<tr>
<td><strong>Space Maintainers</strong>—for dependent children under age fourteen (14) and only for premature loss of primary molars</td>
<td></td>
</tr>
<tr>
<td><strong>Sealants</strong>—once per lifetime for dependent children under age sixteen (16) when applied only to permanent molars with no caries (decay) or restorations on the occlusal surface and with the occlusal surface intact.</td>
<td></td>
</tr>
<tr>
<td><strong>BASIC SERVICES (subject to deductible)</strong></td>
<td>You pay 50%</td>
</tr>
<tr>
<td><strong>Ancillary</strong>—Provides for one (1) emergency examination per plan year by the Dentist for the relief of pain</td>
<td></td>
</tr>
<tr>
<td><strong>Oral Surgery</strong>—Provides for extractions and other oral surgery including pre and post-operative care</td>
<td></td>
</tr>
<tr>
<td><strong>Regular Restorative Dentistry</strong>—Provides amalgam (silver) restorations, composite (white) resin restorations on all teeth; and stainless steel crowns for dependents under age twelve (12)</td>
<td></td>
</tr>
<tr>
<td><strong>Endodontics</strong>—Includes procedures for root canal treatments and root canal fillings. When covered, payment for root canal therapy is limited to only once (1) in any twenty-four (24) month period, per tooth</td>
<td></td>
</tr>
<tr>
<td><strong>Periodontics</strong>—Includes procedures for the treatment of diseases of the tissues supporting the teeth. Periodontal maintenance, including evaluation, is counted towards the limits for prophylaxis cleanings; surgical periodontal procedures</td>
<td></td>
</tr>
<tr>
<td><strong>MAJOR SERVICES (subject to deductible)</strong></td>
<td>You pay 50%</td>
</tr>
<tr>
<td><strong>Special Restorative Dentistry</strong>—When teeth cannot be restored with a filling material listed in Regular Restorative Dentistry, provides for individual crowns</td>
<td></td>
</tr>
<tr>
<td><strong>Prosthodontics</strong>—Includes bridges, partial and complete dentures, including repairs and adjustments</td>
<td></td>
</tr>
</tbody>
</table>

Dependents covered to

| Age 26 |

Annual Maximum for each covered person

| $1,000 |

**Limitations apply - see certificate for plan specifics**
Dental Insurance

You are free to go to any dentist of your choice; however, there may be a difference in the amount of payment if the dentist is not a Delta Dental participating dentist. Since nearly 4 out of 5 dentists nationwide contract with Delta Dental, the chances are excellent that your dentist is already a member.

If you have any questions about whether your dentist participates with Delta Dental, contact Customer Service at (316) 264-4511 or toll-free at (800) 234-3375.

Why choose an in-network dentist?
- Discounts. Delta Dental network dentists agree to accept predetermined fees for services, which are usually discounted from typical charges. Delta Dental PPO providers have a higher discount than Premier providers, which means your annual maximum benefit could go farther if using a PPO provider. Delta Dental network dentists also agree not to bill patients for differences between the Delta Dental contracted fees and their typical charges.
- There’s no waiting for reimbursement. When you are treated by a Delta Dental network dentist, you don’t have to pay the entire bill and wait for reimbursement from Delta Dental. Instead, we pay your in-network dentist directly and send you a notice (Explanation of Benefits (EOB) statement) explaining your portion of the bill. You pay only the amount indicated in the statement.
- Only the best. All Delta Dental network dentists must meet professionally required credentialing standards. Delta Dental re-credentials providers regularly to ensure standards are maintained.

Delta Dental Resources

From Delta Dental’s website www.deltadentalks.com you can:
> Locate a participating Delta Dental Premier/PPO dentist anywhere in the United States
> Check your eligibility and plan information
> Print an ID card
> Check claim status
> Estimate your out-of-pocket dental care costs with the Flexible Spending Account Estimator
> Sign up to receive your Explanation of Benefits electronically
> Learn about oral health and wellness

Locate a Provider

1. Go to www.deltadentalks.com
2. Click on ‘Subscribers’ across the top of the page
3. Under ‘Locate a Dentist’, click on ‘Dentist Search’ then ‘Find a Dentist’
4. #1 - Product Selection, click on ‘Delta Dental Premier’ or ‘Delta Dental PPO’
5. #2 - Your Location, type in either your city and state OR your zip code
6. You may also sort the number of results, enter your dentist’s name or choose by specialty
7. Click on ‘Search for a Dentist’

Through Delta Dental’s mobile app, you can:
- Use your mobile ID card
- Find a dentist
- Utilize the Dental Care Cost Estimator
- Check your coverage and claims
- And more!

To download and install the app on your device, visit the App store (Apple) or Google Play (Android) and search for Delta Dental.
The Vision plan is offered through VSP. You are encouraged to locate a participating provider to take advantage of the best benefits and discounts.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well Vision Exam</strong></td>
<td>Focus on your eyes and overall wellness</td>
<td>$10</td>
<td>Every 12 months</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td></td>
<td>$25</td>
<td>See frame and lenses</td>
</tr>
<tr>
<td><strong>Frame</strong></td>
<td>$150 allowance for a wide selection of frames</td>
<td>Included in Prescription Glasses</td>
<td>Every 24 months</td>
</tr>
<tr>
<td></td>
<td>$170 allowance for featured frame brands</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>20% savings on the amount over your allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$80 Costco frame allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>Single vision, lined bifocal, and lined trifocal lenses</td>
<td>Included in Prescription Glasses</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>Polycarbonate lenses for dependent children</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lens Enhancements</strong></td>
<td>Progressive Lenses</td>
<td>$0</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>Anti-reflective coating</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scratch-resistant coating</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Average savings of 35-40% on other lens enhancements</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contacts</strong></td>
<td>$150 allowance for contacts; copay does not apply</td>
<td>Up to $60</td>
<td>Every 12 months (instead of lenses &amp; frame)</td>
</tr>
<tr>
<td></td>
<td>Contact lens exam (fitting and evaluation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Glasses and Sunglasses</strong></td>
<td>Extra $20 to spend on featured frame brands. Go to vsp.com/special offers for details.</td>
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</tr>
<tr>
<td></td>
<td>30% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider on the same day as your Well Vision Exam. Or get 20% from any VSP provider within 12 months of your last Well Vision Exam.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Extra Savings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Retinal Screening</strong></td>
<td>No more than a $39 copay on routine retinal screening as an enhancement to a Well Vision Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laser Vision Correction</strong></td>
<td>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities; after surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Get the most out of your benefits and greater savings with a VSP network provider. Your coverage with out-of-network providers will be less or you’ll receive a lower level of benefit. Visit vsp.com for plan details.

Exams: Up to $50
Frame: Up to $70
Glasses: Up to $105
Contacts: Up to $105

Routine eye exams are essential in supporting overall eye health but can also detect early signs of serious health conditions like diabetes, high blood pressure and glaucoma.

*Create an account at vsp.com*
Once your plan is effective, review your benefit information.

*Find an eye care provider who’s right for you.*
To find a VSP provider, visit vsp.com or call 800.877.7195

*At your appointment, tell them you have VSP.*
There’s no ID card necessary. If you’d like a card as a reference, you can print one on vsp.com

That’s it! We’ll handle the rest—there are no claim forms to complete when you see a VSP provider.
Monthly Employee Cost Share

Medical/Rx Coverage—Blue Cross Blue Shield of Kansas

<table>
<thead>
<tr>
<th>Deductible Option</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500 Deductible Option</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cost is determined by age(s) of family members covered. VitalCore Health Strategies will pay 70% of the monthly premium. You must elect coverage in order to be insured.

Dental Coverage—Delta Dental

<table>
<thead>
<tr>
<th>Monthly Cost</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Dental</td>
<td>$25.57</td>
<td>$49.57</td>
<td>$85.24</td>
</tr>
</tbody>
</table>

Vision Coverage—VSP

<table>
<thead>
<tr>
<th>Monthly Cost</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Vision</td>
<td>$12.75</td>
<td>$20.40</td>
<td>$20.82</td>
<td>$33.57</td>
</tr>
</tbody>
</table>

If you choose to enroll in the Medical/Rx, Dental and/or Vision coverage, your payroll deductions will be taken on a pre-tax basis. This allows VitalCore Health Strategies to deduct the premiums from your paycheck before taxes are calculated. This means you will not pay FICA tax, federal income tax, and state income tax on the amount of your Medical/Rx, Dental and/or Vision premiums. Since this plan is governed by Internal Revenue Services regulations, your elections are an annual election and you may not change your election during the plan year unless you experience a qualifying life event that falls in the definition of a status change.
To help you prepare for the future, VitalCore Health Strategies, LLC, sponsors a 401(k) plan, through NestEgg U as part of its benefits package. With this plan, you may save up to 75 percent of your pay on a pre-tax and/or post-tax basis, subject to IRS deferral limits per year.

### Plan Features

<table>
<thead>
<tr>
<th>ELIGIBILITY</th>
<th>You are eligible to enter the PLAN after:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Attaining Age 21</td>
</tr>
<tr>
<td></td>
<td>• Completing 1 year and 1,000 hours of service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENROLLMENT</th>
<th>You may enter the Plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First day of any month after meeting eligibility</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SALARY DEFERRALS</th>
<th>You may elect to defer via payroll deductions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 1% to 75% of compensation</td>
</tr>
<tr>
<td></td>
<td>• Increments of 1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRIBUTION TYPES</th>
<th>The Plan allows for the following contributions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Pre-tax</td>
</tr>
<tr>
<td></td>
<td>• Roth 401(k) After-tax</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEFERRAL CHANGES</th>
<th>You may change your salary deferrals:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anytime, online or by completing a new form</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPANY MATCHING CONTRIBUTION</th>
<th>Company matching contributions are discretionary. Currently the matching contribution is:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 50 cents for each dollar deferred on the first 4% of compensation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VESTING</th>
<th>Vesting is the portion of company contributions you have a right to receive. Vesting is based upon Years of Service with the Company</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service Years: Vested %</td>
</tr>
<tr>
<td></td>
<td>1: 20%</td>
</tr>
<tr>
<td></td>
<td>2: 40%</td>
</tr>
<tr>
<td></td>
<td>3: 60%</td>
</tr>
<tr>
<td></td>
<td>4: 80%</td>
</tr>
<tr>
<td></td>
<td>5: 100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER</th>
<th>The Plan also features:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Participant Loans</td>
</tr>
<tr>
<td></td>
<td>• Hardship Withdrawals</td>
</tr>
<tr>
<td></td>
<td>• In-service Distributions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROLLOVER CONTRIBUTION</th>
<th>This Plan accepts rollovers from other qualified Plans. To learn more:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please contact Human Resources for more information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCOUNT ACCESS</th>
<th>You may access your retirement account daily via the Internet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="http://www.nesteggu.com">www.nesteggu.com</a></td>
</tr>
<tr>
<td></td>
<td>Select “My Account” at the top</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT NestEggU</th>
<th>If you have questions about the Plan, you may contact a NestEgg U Customer Solutions Center Representative at:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• <a href="mailto:support@nesteggu.com">support@nesteggu.com</a></td>
</tr>
<tr>
<td></td>
<td>• 1-866-412-9026</td>
</tr>
</tbody>
</table>

The above considerations merely summarize the major points of the Plan. In the event of a discrepancy between these points and the Plan Document, the Plan document will control. The Plan Document is available for review in your Employer’s Office.
IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Blue Cross Blue Shield of Kansas and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. BCBSKS has determined that the prescription drug coverage offered by VitalCore Health Strategies is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you decide to drop your current coverage with the Company, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Blue Cross Blue Shield of Kansas coverage will not be affected. You may keep your VitalCore Health Strategies coverage and this plan may coordinate with Part D coverage. In addition, your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be able to keep these important benefits if you choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current Company coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with VitalCore Health Strategies and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact Human Resources at 316-239-6682. NOTE: You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through VitalCore Health Strategies changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).
**NEW HEALTH INSURANCE MARKETPLACE**

**COVERAGE OPTIONS AND YOUR HEALTH COVERAGE**

**PART A: General Information**

When key parts of the health care law took effect in 2014, it established a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

Is my current health insurance coverage changing through my employer?
NO. The Health Insurance Marketplace is another option for obtaining health insurance coverage.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage.

Also this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting January 1st.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.86 percent of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

**How Can I Get More Information?**
For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.
NOTICE OF SPECIAL ENROLLMENT PROVISIONS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan, provided that you request enrollment within 30 days after you or your dependents lose eligibility for that other coverage (or employer contributions toward that coverage end). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment, contact your Benefits Office Department.

WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998

If you had or are scheduled to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights of 1998. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined, in consultation with attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and
4. Treatment of physical complications during all stages of the mastectomy, including lymphedemas.

These benefits will be provided, subject to the same deductible, copays, and coinsurance applicable to other medical and surgical benefits under the plan.

SPECIAL RULES FOR MOTHERS AND NEWBORNS

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or (96 hours).

NOTICE OF CHIPRA POLICY

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. Below is a list of states, current as of July 31, 2018. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Type</th>
<th>Website/Phone/Email</th>
</tr>
</thead>
</table>
| ALABAMA – Medicaid | Website: [http://myalhipp.com/](http://myalhipp.com/)
|               | Phone: 1-855-692-5447                      |                                             |
| ALASKA – Medicaid | The AK Health Insurance Premium Payment Program
|               | Website: [http://myakhipp.com/](http://myakhipp.com/)
|               | Phone: 1-866-251-4861                      | Email: CustomerService@MyAKHIPP.com
|               | Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx) |
| ARKANSAS – Medicaid | Website: [http://myarhipp.com/](http://myarhipp.com/)
|               | Phone: 1-855-MyARHIP (855-692-7447)        |                                             |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | Health First Colorado Website: [https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)
|               | Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711
|               | CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
| FLORIDA – Medicaid | Website: [http://flmedicaidtplrecovery.com/hipp/](http://flmedicaidtplrecovery.com/hipp/)
|               | Phone: 1-877-357-3268                      |                                             |
| GEORGIA – Medicaid | Website: [http://dch.georgia.gov/medicaid](http://dch.georgia.gov/medicaid)
|               | - Click on Health Insurance Premium Payment (HIPP)
|               | Phone: 404-656-4507                       |                                             |
| INDIANA – Medicaid | Healthy Indiana Plan for low-income adults 19-64
|               | Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)
|               | Phone: 1-877-438-4479                     | All other Medicaid
|               | Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)
|               | Phone: 1-800-403-0864                     |                                             |
| IOWA – Medicaid | Website: [http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp)
|               | Phone: 1-888-346-9562                     |                                             |
| KANSAS – Medicaid | Website: [http://www.kdheks.gov/hcf/](http://www.kdheks.gov/hcf/)
|               | Phone: 1-785-296-3512                     |                                             |
| KENTUCKY – Medicaid | Website: [http://chfs.ky.gov/dms/default.htm](http://chfs.ky.gov/dms/default.htm)
|               | Phone: 1-800-635-2570                     |                                             |
| LOUISIANA – Medicaid | Website: [http://dhh.louisiana.gov/index.cfm/subhome/1/n/331](http://dhh.louisiana.gov/index.cfm/subhome/1/n/331)
|               | Phone: 1-888-695-2447                     |                                             |
|               | Phone: 1-800-442-6003                     | TTY: Maine relay 711
|               | Phone: 1-800-862-4840                     |                                             |
|               | Phone: 1-800-657-3739                     |                                             |
| MISSOURI – Medicaid | Website: [https://doss.mo.gov/mhd/participants/pages/hipp.htm](https://doss.mo.gov/mhd/participants/pages/hipp.htm)
|               | Phone: 573-751-2005                       |                                             |
| MONTANA – Medicaid | Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP)
|               | Phone: 1-800-694-3084                     |                                             |
| NEBRASKA – Medicaid | Website: [http://www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)
|               | Phone: (855) 632-7633                      | Lincoln: (402) 473-7000
|               | Omaha: (402) 595-1178                     |                                             |
| NEVADA – Medicaid | Medicaid Website: https://dhcfp.nv.gov
|               | Medicaid Phone: 1-800-992-0900            |                                             |
| NEW HAMPSHIRE – Medicaid | Website: [https://www.dhs.nh.gov/ombp/nhhpp/](https://www.dhs.nh.gov/ombp/nhhpp/)
|               | Phone: 603-271-5218                       | Hotline: NH Medicaid Service Center at 1-888-901-4999 |
| NEW JERSEY – Medicaid and CHIP | Medicaid Website: [http://www.state.nj.us/humanservices/dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)
|               | Medicaid Phone: 609-631-2392              | CHIP Website: [http://www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)
|               | CHIP Phone: 1-800-701-0710                |                                             |
| NEW YORK – Medicaid | Website: [https://www.health.ny.gov/health_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)
|               | Phone: 1-800-541-2831                     |                                             |
| NORTH CAROLINA – Medicaid | Website: [https://dma.ncdhhs.gov/](https://dma.ncdhhs.gov/)
|               | Phone: 919-855-4100                      |                                             |
| NORTH DAKOTA – Medicaid | Website: [http://www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)
<p>|               | Phone: 1-844-854-4825                     |                                             |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid</th>
<th>CHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKLAHOMA</td>
<td>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>Phone: 1-888-365-3742</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a></td>
<td>Phone: 1-800-692-7462</td>
</tr>
<tr>
<td>RHODE ISLAND</td>
<td>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>Phone: 855-697-4347</td>
</tr>
<tr>
<td>SOUTH CAROLINA</td>
<td>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td>Phone: 1-888-549-0820</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>Phone: 1-888-828-0059</td>
</tr>
<tr>
<td>TEXAS</td>
<td>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a></td>
<td>Phone: 1-800-440-0493</td>
</tr>
<tr>
<td>VERMONT</td>
<td>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
<td>Phone: 1-800-250-8427</td>
</tr>
<tr>
<td>VIRGINIA</td>
<td>Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282</td>
<td></td>
</tr>
<tr>
<td>WASHINGTON</td>
<td>Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473</td>
<td></td>
</tr>
<tr>
<td>WISCONSIN</td>
<td>Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002</td>
<td></td>
</tr>
<tr>
<td>WYOMING</td>
<td>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531</td>
<td></td>
</tr>
</tbody>
</table>
### Important Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Why this Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$1,500 person / $3,000 family for In-Network. $5,000 person / $10,000 family for Out-of-Network. Doesn’t apply to In-Network preventive care.</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes, preventive care.</td>
<td>For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No. There are no other specific deductibles.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>$4,500 person / $9,000 family for In-Network only. $8,000 person / $16,000 family for Out-of-Network only.</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance-billing charges, and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes. See <a href="http://www.bcbsks.com/providerdirectory">www.bcbsks.com/providerdirectory</a> or call 1-800-432-3990 for a list of network providers.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance billing).</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>No.</td>
<td>You can see the specialist you choose without a referral.</td>
</tr>
</tbody>
</table>

---

**Questions:** Call 1-800-432-3990 or visit us at www.bcbsks.com. If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.ecrio.cms.gov or call 1-800-432-3990 to request a copy.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Network Provider)</td>
</tr>
<tr>
<td>If you visit a health care provider’s office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>$25 copay/visit</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>$50 copay/visit</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>$0. Preventive is without cost share.</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td>If you have a test</td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>$0 up to $300 person, deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>$0 up to $300 person, deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td>If you need drugs to treat your illness or condition</td>
<td>Generic drugs</td>
<td>$15 copay</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>$50 copay</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>$75 copay</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>Preferred: $150 copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
</tr>
</tbody>
</table>

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<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you need immediate medical attention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency room care</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 30% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>Emergency medical transportation</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 30% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Copay is applicable to the provider type</td>
<td>Deductible then 50% coinsurance</td>
<td>Same as office visit.</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility fee (e.g., hospital room)</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>Physician/surgeon fees</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient services</td>
<td>$25 copay/visit</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>Inpatient services</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visits</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>Childbirth/delivery professional services</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>Childbirth/delivery facility services</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home health care</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>Speech Therapy; Limited to 90 visits per Insured per benefit period.</td>
</tr>
<tr>
<td>Habilitation services</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>Skilled nursing care</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
<td>none</td>
</tr>
</tbody>
</table>

Questions: Call 1-800-432-3990 or visit us at www.bcbsks.com.
If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.eciio.cms.gov or call 1-800-432-3990 to request a copy.
<table>
<thead>
<tr>
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<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you need help recovering or have other special health needs</strong></td>
<td>Hospice services</td>
<td>Network Provider (You will pay the least) Deductible then 30% coinsurance</td>
<td>Out-of-Network Provider (You will pay the most) Deductible then 50% coinsurance</td>
</tr>
<tr>
<td><strong>If your child needs dental or eye care</strong></td>
<td>Children's eye exam</td>
<td>$50 copay/visit</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Children's glasses</td>
<td>Deductible then 30% coinsurance</td>
<td>Deductible then 50% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Children's dental check-up</td>
<td>$0. Children's dental check-ups are without cost share.</td>
<td>Deductible then 50% coinsurance</td>
</tr>
</tbody>
</table>

Questions: Call 1-800-432-3990 or visit us at www.bcbsks.com. If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.easier.cms.gov or call 1-800-432-3990 to request a copy.
Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult)
- Elective abortion services
- Hearing aids
- Long-term care
- Weight loss programs

Other Covered Services (Limitation may apply to these services. This isn’t a complete list. Please see your plan document.)

- Infertility treatment
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine eye care (Adult)
- Routine foot care
- Spinal manipulations

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:
Blue Cross and Blue Shield of Kansas Customer Service at 1-800-432-3990. You may also contact your state insurance department, Kansas Insurance Department, 420 SW 9th Street, Topeka, Kansas 66612-1678, Phone: 800-432-2484, or visit [www.ksinsurance.org](http://www.ksinsurance.org), or the Department of Labor’s Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact Customer Service at 1-800-432-3990 or you can visit [www.bcbsks.com/blueaccess](http://www.bcbsks.com/blueaccess), or the Kansas Insurance Department, 420 SW 9th Street, Topeka, Kansas 66612-1678, Phone: 800-432-2484, or visit [www.ksinsurance.org](http://www.ksinsurance.org), or the Department of Labor’s Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

Does this plan provide Minimum Essential Coverage? Yes
If you don’t have Minimum Essential Coverage for a month, you’ll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn’t meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Questions: Call 1-800-432-3990 or visit us at [www.bcbsks.com](http://www.bcbsks.com).
If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.eciiio.cms.gov](http://www.eciiio.cms.gov) or call 1-800-432-3990 to request a copy.
Summary of Benefits and Coverage (SBC)

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-432-3990
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-432-3990
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-432-3990
Navajo (Dine): Dinek’ehgo shika at’ohwol ninisingo, kwijjgo holne’ 1-800-432-3990

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

Questions: Call 1-800-432-3990 or visit us at www.bcbsks.com. If you aren’t clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.ecciio.cms.gov or call 1-800-432-3990 to request a copy.
About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments, and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

<table>
<thead>
<tr>
<th>Peg is Having a Baby</th>
<th>Managing Joe’s type 2 Diabetes</th>
<th>Mia’s Simple Fracture</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9 months of in-network pre-natal care and a hospital delivery)</td>
<td>(a year of routine in-network care of a well-controlled condition)</td>
<td>(in-network emergency room visit and follow up care)</td>
</tr>
</tbody>
</table>

- **The plan’s overall deductible** $1500
- **Specialist copay** $50
- **Hospital (facility) coinsurance** 30%
- **Other coinsurance** 30%

This EXAMPLE event includes services like:
- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

**Total Example Cost** $12840

<table>
<thead>
<tr>
<th>Peg would pay:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles</strong> $1500</td>
</tr>
<tr>
<td><strong>Copayments</strong> $0</td>
</tr>
<tr>
<td><strong>Coinsurance</strong> $3000</td>
</tr>
<tr>
<td><strong>What isn’t covered</strong> $60</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Joe’s total would pay is</th>
<th>Mia’s total would pay is</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles</strong> $1500</td>
<td><strong>Deductibles</strong> $1500</td>
</tr>
<tr>
<td><strong>Copayments</strong> $0</td>
<td><strong>Copayments</strong> $0</td>
</tr>
<tr>
<td><strong>Coinsurance</strong> $3000</td>
<td><strong>Coinsurance</strong> $3000</td>
</tr>
<tr>
<td><strong>What isn’t covered</strong> $60</td>
<td><strong>What isn’t covered</strong> $60</td>
</tr>
</tbody>
</table>

**Total Joe would pay is** $3331

**Total Mia would pay is** $1782

<table>
<thead>
<tr>
<th>What isn’t covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limits or exclusions $55</td>
</tr>
</tbody>
</table>

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Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association. BlueCareClassic Grp 01/19
Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

### Customer Service Contacts

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield of Kansas (Medical)</td>
<td><a href="http://www.bcbsks.com">www.bcbsks.com</a></td>
<td>800-432-3990</td>
</tr>
<tr>
<td>Delta Dental of Kansas (Dental)</td>
<td><a href="http://www.deltadentalks.com">www.deltadentalks.com</a></td>
<td>800-234-3375</td>
</tr>
<tr>
<td>VSP (Vision)</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
<td>800-877-7195</td>
</tr>
</tbody>
</table>

### 401(k) Retirement Savings Plan

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Information</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NestEgg U</td>
<td><a href="mailto:support@nesteggu.com">support@nesteggu.com</a></td>
<td>866-412-9026</td>
</tr>
</tbody>
</table>

### Human Resources

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Person</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>VitalCore Health Strategies</td>
<td>Lori Prothro</td>
<td><a href="mailto:lprothro@vitalcoreHS.com">lprothro@vitalcoreHS.com</a></td>
</tr>
</tbody>
</table>

### Benefits Consultants

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Contact Person</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hays Companies of Kansas</td>
<td>Jennifer Kurth—</td>
<td>316-448-5114</td>
</tr>
</tbody>
</table>
WE BELIEVE THAT HOW WE WORK MATTERS.
Time Off

Bereavement
All associates will be allowed time off in the event of a death in their immediate family. The length of such leave will vary depending on the circumstances and must be approved in advance by management. All regular full-time associates will be allowed up to three (3) days leave with pay. PRN and regular part-time associates will be granted time off without pay. For purposes of Bereavement Leave, immediate family includes: spouse, children, grandchildren, brothers, sisters, parents, legal guardian, grandparents of associate or spouse and spouse’s parents. Verification of relationship and/or death may be requested, and if requested, must be submitted prior to funeral leave payment being authorized.

Family Medical Leave Act (FMLA)
Any employee absent (other than scheduled vacation leave and/or sick leave used during an illness) will fall under (1) The Family and Medical Leave Act or (2) personal leave of absence. Request for a leave under the leave of absence/family and medical leave must be made in written form to Human Resources.

VCHS will provide FMLA to its eligible employees. The company provides the mandatory FMLA Notice upon hire and post required notices by the U.S. Department of Labor (DOL) on Employee Rights and Responsibilities under the Family and Medical Leave Act at each property. If you have any questions, concerns, or disputes with this policy, you must contact Human Resources in writing.

FMLA is applicable for any employee who has been employed by VCHS for at least twelve (12) months, including all previous periods of employment, and has worked at least 1250 hours during the previous twelve (12) month period. The employee must work in a worksite where 50 or more employees are employed by the company within 75 miles of that office or worksite. Eligible employees’ qualify for up to twelve (12) weeks of unpaid leave. FMLA leave may be taken on an intermittent basis. FMLA is not considered paid leave unless an employee elects to use accrued vacation and/or sick leave during their absence. Employees must give at least thirty 30-day notice of the need for FMLA leave, when foreseeable.

VCHS has designated the twelve (12) month period measured backward from the date an employee’s leave first begins.

To qualify as FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:

1. The birth of a child and in order to care for that child.
2. The placement of a child for adoption or foster care and to care for the newly placed child.
3. To care for a spouse, child or parent with a serious health condition (described below).
4. The serious health condition of the employee.
5. To care for a spouse, son, daughter, parent, or next of kin of a current military service member with a serious injury or illness incurred in the line of duty on active duty to take up to 26 work weeks.
6. To allow a leave for qualifying exigencies arising out of the military member’s active duty or call to active duty in support of a contingency operation.

When an employee returns from FMLA leave, they will be returned to their position or an equivalent position. Any Company paid group health plan benefits will be maintained during the leave. Employees that participate in the group health plans will continue to pay the employee contributions. Any missed contributions will be deducted from future paychecks. Contact Human Resources for more information concerning the details of the FMLA. The requirements, entitlements, and certifications of the Act will be explained.

VCHS expects its employees to attend to personal matters outside of working hours or while out on vacation or sick leave. However, personal circumstances may necessitate an absence from work that extends beyond paid vacation leave and may not qualify under FMLA. Employees may request an unpaid leave of absence not to exceed six weeks, which is subject to approval by the employee's manager in consultation with Human Resources and the President.

A personal leave of absence will only be granted for reasons of extraordinary circumstances and in some cases may be denied if it will adversely affect the work schedule or regular business operations. The only exceptions to this policy are military leave and jury duty. In such cases where time off is mandated, the employee may choose to use sick leave and/or vacation pay to offset any unpaid leave time until accrued sick leave or vacation is depleted. Any Company paid group health plan benefits will be maintained during the leave. Employees that participate in the group health plans will continue to pay the employee contributions. Any missed contributions will be deducted from future paychecks.

If the employee has an apartment as part of compensation, he/she may be expected to pay market rent if their time off is for an extended period. If an employee returns to work at an alternate job location, he/she may have to relocate and the apartment may or may not be available at the other location. In such cases, the employee will pay moving expenses.

If the leave of absence is for an indefinite or extended period of time, and the employee’s job must be filled during his or her absence, the employee will be terminated and does not have the right to be rehired after the absence, unless a suitable job opening exists at that time.

**Holidays**

VCHS recognizes specific holidays each calendar year. Regular Full-Time employees are eligible for paid holidays (time off with pay). Employees will be paid for the holiday provided that they work a full shift on the scheduled workday before and the scheduled workday after the holiday. Exceptions to this rule may include, excused absences such as preapproved vacation, sick day (other than a leave of absence) supported by a doctor’s note, inability to work or office closure due to inclement weather.

VCHS designates six (6) paid holidays during the calendar year for eligible employees. When and if necessary, certain employees may be required to work on a holiday but will be given an alternative day off within the same week, if possible, or within the same pay period as the holiday falls.

Paid company holidays:
• New Year’s Day
• Memorial Day
• Independence Day
• Labor Day
• Thanksgiving Day
• Christmas Day

Jury Duty / Court Appearance
If called to jury duty, the employee must submit the Court Notice and the Proof of Jury Duty to their manager and Human Resources. Time off to perform jury duty will be provided. VCHS will pay up to three (3) days of regularly scheduled time if an employee is out. Employees have the option to use accrued vacation or sick leave. Time off for personal court appearances will not be paid unless the employee uses accrued vacation leave.

Military Leave
Employees ordered to uniformed service on active duty status will be granted a leave of absence for up to five years. Employees may be eligible for leave under the FMLA policy. It is the responsibility of the employee to provide your manager with notice of every leave before the leave begins. If advance notice cannot be provided due to extenuating circumstances, the employee must ensure notice is provided via emergency contact and/or family member as soon as possible.

Employees in military service for more than 30 days are required to provide documentation that provides the discharge status and release date for the respective leave within two weeks from the end date of the leave. Employees in military service for 90 days or less will, upon return, be generally restored to the job he or she would have had if employment had not been interrupted by service. Ultimately, job assignment will be based on compliance with applicable law, availability, the employee's qualifications, as well as the business needs of the company.

Paid Time Off (PTO)
Paid time off policies will be contingent upon location.
SITE HEALTH SERVICES ADMINISTRATOR

Department: Nursing

Supervised by: Regional Manager

Type of Position: Full-Time, Exempt

Supervises: Site Director of Nursing, Site Behavioral Health Coordinator

**POSITION SUMMARY**

The Health Services Administrator (HSA) is the chief administrative manager of the on-site health services department. The HSA is accountable for the delivery of contract services and ensuring that VitalCore Health Strategies is in compliance with all aspects of the client contract. The HSA is responsible for recruiting and hiring all personnel and accountable for interviewing and selecting contractual staff. In addition to managing the site budget, the HSA constructs and supervises an annual operational plan. The HSA is responsible for developing and maintaining positive, professional, collaborative relationships with clients (warden, supervisor, and/or equivalent client role) and ensuring customer satisfaction.

**ESSENTIAL FUNCTIONS**

- Manages the healthcare delivery system and coordinates with the other functions within the institution.
- Manages the budget and financial performance of the site. Submits timely and accurate reports to supervisor and/or corporate office.
- Develops and/or supervises the facility operational plan.
- Directs the activities of the assigned staff.
- Actively recruits new staff.
- Arranges interview process for potential staff including necessary collateral colleagues (i.e., Director of Nursing) and departments.
- Interfaces with VitalCore Human Resources for the hiring and terminating of all site staff. Manages labor ensuring the site is staffed according to contractual commitments and supervises staff scheduling.
- Coordinates or participates in the interviewing and selection of Independent Contractors.
- Ensures orientation of new VitalCore personnel by conducting or coordinating all initial new hire and annual orientation and training activities.
- Ensures site utilization and compliance with all VitalCore and applicable client systems and applications.
- Coordinates the Medical Audit Committee and facilitates the monthly meetings.
- Ensures compliance with ACA and/or NCCHC standards and VitalCore clinical services and administrative policies and procedures.
- Coordinates with Hospital Administrators and other external providers the delivery of services at hospitals or other external health services locations outside the institution. When appropriate, negotiates third party contracts for the institution.
- Adheres to and enforces all safety and security policies and procedures and participates in and ensures compliance with applicable safety/emergency drills.
- Follows and enforces all security regulations, including but not limited to keys, sharps, and controlled medications.
- Ensures annual performance evaluations are conducted and completed with all personnel, including peer reviews.

**VISION**

To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.
### Required Education, Certifications, Registrations and Experience

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Bachelor’s degree in healthcare administration/related field</td>
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<tr>
<td>Licensed Registered Nurse/Nurse Practitioner/Physician Assistant preferred.</td>
</tr>
<tr>
<td>Minimum of two (2) years of management experience in a healthcare setting necessary.</td>
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<tr>
<td>Subject to initial and ongoing security clearance requirements.</td>
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<tr>
<td>Occasional Travel required.</td>
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<td>Correctional healthcare experience preferred.</td>
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### Minimum Requirements

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### Physical Requirements

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### Confidentiality & Privacy

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### Acknowledgment

To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.
I have read this job description and fully understand that the requirements set forth therein have been determined to be essential to this position. I hereby accept the position of Site Health Services Administrator and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the facility’s established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the facility will provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the Hepatitis B Virus and that the facility will make available to me, free of charge, the hepatitis B vaccination. I also understand I may not release/disclose protected health or facility information without proper authorization.

I understand that my employment is at-will, and thereby understand that my employment may be terminated at-will either by the facility or myself, and that such termination can be made with or without notice.
**SITE DIRECTOR OF NURSING**

**Department:** Nursing  
**Supervised by:** Regional Director of Nursing  
**Type of Position:** Full-Time, Exempt  
**Supervises:** Nursing Staff

### POSITION SUMMARY

The Director of Nursing (DON) supervisory nursing position working in a correctional setting in which nursing services are required on a 24 hour basis. He/She supervises and coordinates activities of nursing personnel in one or more patient care units. The DON verifies that patients’ needs are met, evaluates nursing care and patient care unit performance. He/She Participates in planning of work of assigned units and coordinates activities with other patient units/departments. The DON plans and organizes training for staff members. Works in partnership with the Assistant Director of Nursing (ADON) if applicable, Health Services Administrator (HSA) and Regional Leadership to fulfill contractual requirements and achieve operational and clinical performance targets.

### ESSENTIAL FUNCTIONS

- Utilizes a systematic approach to meet the health needs of each individual patient.
- Provides quality oversight in collaboration with site, regional and corporate leadership. Provides clinical supervision to nursing staff. Implements appropriate work structure and processes to accomplish goals for patient care specific to contract requirements and healthcare policy and procedures. Assists and supports nursing staff with the provision of patient care. Organizes the delivery of safe, effective and efficient patient care.
- Evaluates the patient care delivery processes on a regular, systematic and frequent basis. Provides written reports to regional team and client as scheduled or requested. Effectively uses data to identify performance improvement opportunities, takes action to drive improvement, and monitors progress through ongoing analysis of data and results.
- Facilitates the development of site performance improvement plans and monitors site progress and reporting. Participates in and contributes to the achievement of site’s key performance indicators and Clinical Quality Initiatives as directed.
- Facilitates the completion of random and scheduled audits to assess site compliance with contractual requirements, accreditation standards and continuous quality safety improvement (CQSI) opportunities. As directed, facilitates the completion of the appropriate CQSI forms and forwards findings/completed forms to Community/State leadership. Participates and serves on site level CQSI committee.
- Conducts at minimum annual accreditation readiness audits to assess compliance with standards and identify opportunities for improvement. Devises a mechanism to track compliance with accreditation standards every day. As appropriate, develops action plans based on accreditation readiness audit findings. Collaborates with site leadership to implement plan and evaluate effectiveness of action plans. Modifies plan(s) as appropriate.
- Anticipates healthcare delivery and contractual issues and deals with potential issues proactively. Collaborates with site leadership and client to meet the goals of the service contract in conjunction with regional leadership. Attends or reviews minutes on a regular basis for MAC meetings, Disease Management/Case Review and other healthcare related site meetings. Reinforces and strengthens client satisfaction and related goals.

**VISION**

To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.
Performs screening interviews with candidates for basic knowledge, skills and fit within the corrections environment. Sets and communicates recruitment standards and takes accountability for recruiting effectiveness and compliance across his/her area of responsibility. Participates in the selection process for open site positions. Identifies high potential staff for development, promotion and succession opportunities.

Performs at hire and annual clinical competency assessments and checks to promote the delivery of safe, effective and efficient nursing care. To promote goal accomplishment (site and individual level), policy compliance and professional development, schedules at minimum monthly one on one meeting with direct reports. Provides developmental mentoring, formalized feedback and coaching to staff. When appropriate, develops individual performance improvement plans for staff not meeting performance expectations.

Coordinates and monitors orientation and onboarding activities of new hires and staff that have moved into a different role. Performs an on-going assessment of staff learning needs and facilitates in-service and continuing education for nursing and ancillary personnel to promote professional development and enhance performance.

Interprets regulations and standards, and communicates site and unit performance objectives to staff. Provides guidance and direction on state licensure, accreditation and regulatory agency requirements. Ensures nursing practice conforms to state licensure, accreditation and regulatory agency requirements in the clinical setting. Verifies required annual licenses and credentialing requirements for licensed personnel are met. Knows and ensures compliance with licensure requirements.

Develops monthly schedule for nursing staff and nursing support staff and ensures that sufficient number of nursing staff are scheduled on each shift with the appropriate skill level. Monitors and makes recommendations to site and regional leadership regarding nursing support and staff to meet patient and contract needs.

Conducts at minimum monthly staff meetings in collaboration with site leadership. Assists site leadership with the development and maintenance of annual operational and clinical performance plans under the direction of regional operational management.

Acts as a liaison with other operating units, agencies and outside officials. Ensures nursing records are correctly maintained

Participates in Pharmacy and Therapeutic, Strategic Initiatives, Patient Safety/Sentinel Event Committee, Performance Improvement, Electronic Medical Records (EMR), Utilization Management and other process improvement committees/initiatives as directed or assigned.

Supports Company Initiatives and the application of best practices in the clinical settings. Assists in completion of special projects on an as needed basis. Works with others to determine where resource support should be allocated on a prioritization basis. Participates in the monthly Regional DON calls, initiatives and activities. Performs other duties as assigned.

**REQUIRED EDUCATION, CERTIFICATIONS, REGISTRATIONS AND EXPERIENCE**

Graduate of an Accredited Nursing School required. Bachelor or Master’s Degree in nursing preferred.

Licensed to practice nursing in the State, board-certified or board-eligible in medicine and who has training and experience providing services to an adult population.

**VISION**

To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.
SITE DIRECTOR OF NURSING

Specialty certification in correctional healthcare is desired (Certified Correctional Health Professional: CCHP, Certified Correctional Health Professional Nurse: CCHP-RN).

Minimum of 3 years of clinical experience in a healthcare setting, with correctional healthcare experience is preferred

Previous clinical operations management experience is preferred; previous direct management experience within a correctional health setting is desired

Knowledge of accreditation standards (NCCHC, ACA & state-specific) as well as experience with quality improvement programs and clinical auditing preferred

MINIMUM REQUIREMENTS

Must be fluent in English language, including reading, writing, speaking, and understanding.
Must be a supportive team member, who contributes to and demonstrates team work and team concept.
Able to make independent decisions when circumstances warrant such action.
Able to deal tactfully with personnel, family members, visitors, government agencies/personnel, and the general public.
Possess leadership and supervisory ability and be able to work harmoniously with and supervise other personnel.
Must not pose a direct threat to the health or safety of other individuals in the workplace

PHYSICAL REQUIREMENTS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.
Continuously conducts complex interpersonal interactions, makes moderately complex decisions, analyzes and solves complex problems, and handles multiple tasks. Frequently uses teamwork skills, discretion, and occasionally mentors/trains new employees.
While performing the duties of this job, the employee is regularly required to sit, walk, climb stairs; use hands to finger, handle feel; and must regularly lift in excess of 50 lbs. The vision requirements include: close vision, distance vision, peripheral vision, depth perception and ability to adjust focus; and must be able to talk or hear.

CONFIDENTIALITY & PRIVACY

Employee will comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, state laws, internal healthcare information privacy policies, and will adhere to the organization’s policies and procedures relating to the confidentiality of protected health information (PHI).

VISION

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SITE DIRECTOR OF NURSING

ACKNOWLEDGMENT

I have read this job description and fully understand that the requirements set forth therein have been determined to be essential to this position. I hereby accept the position of Site Director of Nursing and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the facility will provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the Hepatitis B Virus and that the facility will make available to me, free of charge, the hepatitis B vaccination. I also understand I may not release/disclose protected health or facility information without proper authorization.

I understand that my employment is at-will, and thereby understand that my employment may be terminated at-will either by the facility or myself, and that such termination can be made with or without notice.

Date:

Associate Signature:
REGISTERED NURSE

Department: Nursing

Type of Position: Full-Time, Non-Exempt

Supervised by: Site Director of Nursing

Supervises: Certified Nursing Assistant, Certified Medical Assistant

POSITION SUMMARY

A Registered Nurse (RN) delivers quality care that is consistent within the scope of practice as outlined by the local state nurse practice act for Registered Nurses. In accordance with local practice acts and regulations, delegates and ensures supervision of nursing activities and functions to other competent nursing personnel appropriate to their scope of practice. He/She assumes responsibility and accountability for the quality of care delivered; works to ensure a safe environment for themselves, the patient and other staff members. A Registered Nurse acts as a patient advocate that promotes the quality of health care delivered in the facility and serve as a leader at all times to promote best practices within the profession of nursing.

ESSENTIAL FUNCTIONS

- Maintain accurate, detailed reports and records.
- Administer medications to patients and monitor patients for reactions or side effects.
- Record patients’ medical information and vital signs.
- Monitor, record, and report symptoms or changes in patients’ condition.
- Consult and coordinate with healthcare team members to assess, plan, implement, or evaluate patient care plans.
- Modify patient treatment plans as indicated by patients’ responses and conditions.
- Monitor all aspects of patient care, including diet and physical activity.
- Direct or supervise less-skilled nursing or healthcare personnel or supervise a particular unit.
- Prepare patients for and assist with examinations or treatments.
- Instruct individuals, families, or other groups on topics such as health education, disease prevention, or childbirth and develop health improvement programs.
- Prepare rooms, sterile instruments, equipment, or supplies and ensure that stock of supplies is maintained.
- Order, interpret, and evaluate diagnostic tests to identify and assess patient’s condition.

REQUIRED EDUCATION, CERTIFICATIONS, REGISTRATIONS AND EXPERIENCE

- Graduate of an accredited School of Nursing.
- Licensure as a Registered Nurse in the state of employment.
- Possesses an active CPR certification.
- Remains knowledgeable about specific state laws and regulations governing practice.

VISION

To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.
Satisfactory completion of initial and annual clinical competencies to demonstrate aptitude as assigned by role.

**MINIMUM REQUIREMENTS**

Must be fluent in English language, including reading, writing, speaking, and understanding.  
Must be a supportive team member, who contributes to and demonstrates team work and team concept.  
Able to make independent decisions when circumstances warrant such action.  
Able to deal tactfully with personnel, family members, visitors, government agencies/personnel, and the general public.  
Possess leadership and supervisory ability and be able to work harmoniously with and supervise other personnel.  
Must not pose a direct threat to the health or safety of other individuals in the workplace.

**PHYSICAL REQUIREMENTS**

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Continuously conducts complex interpersonal interactions, makes moderately complex decisions, analyzes and solves complex problems, and handles multiple tasks.  Frequently uses teamwork skills, discretion, and occasionally mentors/trains new employees.  
While performing the duties of this job, the employee is regularly required to sit, walk, climb stairs; use hands to finger, handle feel; and must regularly lift in excess of 50 lbs.  The vision requirements include:  close vision, distance vision, peripheral vision, depth perception and ability to adjust focus; and must be able to talk or hear.

**CONFIDENTIALITY & PRIVACY**

Employee will comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, state laws, internal healthcare information privacy policies, and will adhere to the organization’s policies and procedures relating to the confidentiality of protected health information (PHI).

**ACKNOWLEDGMENT**

I have read this job description and fully understand that the requirements set forth therein have been determined to be essential to this position. I hereby accept the position of Registered Nurse and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the facility will provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the Hepatitis B Virus and that the facility will make available to me, free of charge, the hepatitis B vaccination. I also understand I may not release/disclose protected health or facility information without proper authorization.

I understand that my employment is at-will, and thereby understand that my employment may be terminated at-will either by the facility or myself, and that such termination can be made with or without notice.

Date:  
Associate Signature:
Department: Nursing  Supervised by: Site Director of Nursing

Type of Position: Full-Time, Non-Exempt

POSITION SUMMARY
The Licensed Practical Nurse (LPN) delivers quality care that is consistent within the scope of practice as outlined by the local state nurse practice act for Licensed Practical/Vocational Nurses. He/She is responsible for tasks, activities and functions as delegated and may make assignment of duties to others as defined in their state of practice act. A LPN ensures that tasks, activities and functions assigned to others can safely be performed by the person receiving the assignment based on their educational preparation. He/She provides monitoring of tasks, activities and functions that are assigned to others to ensure proper understanding and completion.

ESSENTIAL FUNCTIONS
Utilizes a systematic approach to meet the health needs of each individual patient.

Performs health assessments and interprets collected data to determine appropriate course of action(s) to address the needs of the patient.

Formulates a plan of care/action based on clinical findings.

Implements nursing care within the RN’s scope of practice. (Includes compliance with all laws as applicable in the practice setting).

Develops and implements teaching plans based on the individual needs of the patient. The plans should speak to health promotion, maintenance and restoration of health.

Provides for the care of multiple patients either through direct care or assignment and/or delegation of care to other members of the health care team.

Evaluates patient’s response to therapeutic interventions and communicates with other members of the health care team to address potential changes to the overall care plan for the patient.

Focuses on the “critical think” processes as the basis for all decision making.

Other nursing duties as assigned.

REQUIRED EDUCATION, CERTIFICATIONS, REGISTRATIONS AND EXPERIENCE
Graduate from a Licensed Practical Nursing program.

Currently licensed as a Practical Nurse in the state of employment.

Possesses an active CPR certification.

Remains knowledgeable about specific state laws and regulations governing practice.

Satisfactory completion of initial and annual clinical competencies to demonstrate aptitude as assigned by role.

VISION
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LICENSED PRACTICAL NURSE

MINIMUM REQUIREMENTS
Must be fluent in English language, including reading, writing, speaking, and understanding.
Must be a supportive team member, who contributes to and demonstrates team work and team concept.
Able to make independent decisions when circumstances warrant such action.
Able to deal tactfully with personnel, family members, visitors, government agencies/personnel, and the general public.
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CONFIDENTIALITY & PRIVACY
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Date: 

Associate Signature:
VISION

To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.

SITE MEDICAL DIRECTOR

Department: Medical

Supervised by: Regional Medical Director

Type of Position: Full-Time, Exempt

POSITION SUMMARY

The Site Medical Director serves as the responsible physician and health authority required by national standards. He/She provides overall supervision for clinical services for the site to ensure appropriate delivery of on site and off site necessary medical care.

ESSENTIAL FUNCTIONS

Consult with medical providers in the community to resolve issues in delivering services to patients.

Supervise the clinical services provided by the professional and paraprofessional staff.

Ensure and provide on-call services.

Annually review and approve clinical protocols, policies and procedures, and medical disaster plan.

Manage referrals to outside healthcare facilities for appropriateness, quality, and continuity of care.

Sponsor Physician Assistants and Nurse Practitioners in compliance with the state law for correctional facilities.

Serve as a professional resource and leader for all staff physicians and applicable clinical staff at the facility(s).

Assist in screening, interviewing, evaluating credentials and hiring of healthcare providers.

Participate in in-service training classes.

Represent the healthcare program in discussions with local civic groups or visiting officials as requested.

Attend medical, clinical and other meetings, as required.

Complete sick call, chronic care and infirmary care as required.

Document all encounters in patient's Medical Record.

Ensure all documentation is timed, legible and signed.

Ensure all verbal or telephone orders are countersigned as required.

Adhere to approved formulary for therapeutic regimens before utilizing non-formulary procedure.

Review all non-formulary requests to ensure documentation of pertinent observations and treatment conclusions.

Utilize available in-house resource personnel for treatment or resolution of identified problems before utilizing off-site referral.

Provide emergency treatment on-site and responds appropriately in urgent or emergency situations.
VISION
To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.

SITE MEDICAL DIRECTOR

Ensure competence in proper technique for basic cardiopulmonary resuscitation and AED use.

Follow evidence base standards of medical care through adherence to existing policies and procedures.

REQUIRED EDUCATION, CERTIFICATIONS, REGISTRATIONS AND EXPERIENCE

Graduate of an accredited medical school

Fully licensed to practice medicine in the state of employment.

Current DEA registration.

Preferable board certified or board eligible in primary care specialty (Family Practice, Pediatrics, Internal Medicine, Emergency Medicine, Public Health or Occupational Medicine) with administrative experience in corrections and/or managed healthcare delivery.

MINIMUM REQUIREMENTS

Must be fluent in English language, including reading, writing, speaking, and understanding.

Must be a supportive team member, who contributes to and demonstrates team work and team concept.

Able to make independent decisions when circumstances warrant such action.

Able to deal tactfully with personnel, family members, visitors, government agencies/personnel, and the general public.

Possess leadership and supervisory ability and be able to work harmoniously with and supervise other personnel.

Must not pose a direct threat to the health or safety of other individuals in the workplace.

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VISION
To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.

ACKNOWLEDGMENT
I have read this job description and fully understand that the requirements set forth therein have been determined to be essential to this position. I hereby accept the position of Site Medical Director and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the facility will provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the Hepatitis B Virus and that the facility will make available to me, free of charge, the hepatitis B vaccination. I also understand I may not release/disclose protected health or facility information without proper authorization.

I understand that my employment is at-will, and thereby understand that my employment may be terminated at-will either by the facility or myself, and that such termination can be made with or without notice.

Date: ____________________________
Associate Signature: ____________________________
SITE PSYCHIATRIST

**Department:** Behavioral Health

**Supervised by:** Regional Psychiatric Director (administratively)
Regional Medical Director (clinically)

**Type of Position:** Full-Time, Exempt

### POSITION SUMMARY
A Site Psychiatrist

Provide diagnostic evaluation and treatment to patients on the Mental Health Inpatient Unit. Provide psychiatric consultation, diagnosis, and treatment to inmates. He/She provides clinical direction, general supervision and training to the Mental Health Unit staff. He/She approves, signs and monitors the implementation and efficiency of all treatment plans. He/She creates discharge plans to insure appropriate follow-up and support after discharge from the institution's unit.

### ESSENTIAL FUNCTIONS
- Provide onsite psychiatric assessment, diagnosis, and treatment of those inmates referred by the medical or clinical services staff.
- Provide written summaries of history, diagnosis and treatment course.
- Where applicable, provide psychiatric services for inpatients, assessment and diagnosis, staffing treatment planning, regular review of all inmates assigned.
- Where applicable, provide psychiatric services for all inmates referred to Healthcare Unit for those inmates in the general population who need regular psychiatric/mental health follow up.
- Where applicable, provide psychiatric services for those inmates who need to be transferred to Mental Health facilities. Services to include work up and any court hearing testimony needed.
- Where applicable, act as regular psychiatrist and participate in the treatment programming and planning for the Mental Health Unit, duties include regular staffing and contact with Mental Health Unit staff and supervisor, discussion of problem cases, follow up and monitoring of medication, and general psychiatric input.
- Provide medication management to all inmates admitted to the Mental Health Unit.
- Provide individual and/or group therapy as appropriate.
- Approve, sign and monitor the implementation and efficiency of treatment plans.
- Approve all admissions and discharges into the Mental Health Unit.
- Provide in-service education to the Mental Health Unit staff as needed.
- Be available on a scheduled basis for the on-call needs of the Mental Health Unit.

### REQUIRED EDUCATION, CERTIFICATIONS, REGISTRATIONS AND EXPERIENCE
- Must be a graduate of medical school and have completed an appropriate psychiatric residency
- Corrections experience preferred.
VISION
To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.

SITE PSYCHIATRIST

Must be licensed to practice in the applicable state and certified by the Office of Mental Health to provide psychiatric services in a licensed inpatient unit.
Current DEA number.

MINIMUM REQUIREMENTS
Must be fluent in English language, including reading, writing, speaking, and understanding.
Must be a supportive team member, who contributes to and demonstrates team work and team concept.
Able to make independent decisions when circumstances warrant such action.
Able to deal tactfully with personnel, family members, visitors, government agencies/personnel, and the general public.
Possess leadership and supervisory ability and be able to work harmoniously with and supervise other personnel.
Must not pose a direct threat to the health or safety of other individuals in the workplace.

PHYSICAL REQUIREMENTS
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.
Continuously conducts complex interpersonal interactions, makes moderately complex decisions, analyzes and solves complex problems, and handles multiple tasks. Frequently uses teamwork skills, discretion, and occasionally mentors/trains new employees.
While performing the duties of this job, the employee is regularly required to sit, walk, climb stairs; use hands to finger, handle feel; and must regularly lift in excess of 50 lbs.
The vision requirements include: close vision, distance vision, peripheral vision, depth perception and ability to adjust focus; and must be able to talk or hear.

CONFIDENTIALITY & PRIVACY
Employee will comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, state laws, internal healthcare information privacy policies, and will adhere to the organization’s policies and procedures relating to the confidentiality of protected health information (PHI).

ACKNOWLEDGMENT
I have read this job description and fully understand that the requirements set forth therein have been determined to be essential to this position. I hereby accept the position of Site Psychiatrist and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the facility’s established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the facility will provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the Hepatitis B Virus and that the facility will make available to me, free of charge, the hepatitis B vaccination. I also understand I may not release/disclose protected health or facility information without proper authorization.

I understand that my employment is at-will, and thereby understand that my employment may be terminated at-will either by the facility or myself, and that such termination can be made with or without notice.

Date:  
Associate Signature:  

To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.
Advanced Practice Registered Nurse (APRN)

**Department:** Medical

**Supervised by:** Site Medical Director

**Type of Position:** Full-Time, Exempt

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**POSITION SUMMARY**

The APRN utilizes the medical model to meet a variety of healthcare needs with ambulatory care as primary focus. He/She works with a variety of healthcare professionals and security officers in a correctional environment. He/She provides basic medical services supervised by a licensed Physician.

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**ESSENTIAL FUNCTIONS**

Responds to and initiates care for medical emergencies throughout the facility.

Identifies inmate / patient health problems and prescribes treatment under direction of a physician.

Implements medical care utilizing therapeutic regimens approved by a Physician.

Provides education to inmate / patient, healthcare and correctional staff.

Documents all healthcare contacts.

Adheres to safety and security policies and participates in disaster drills. Follows security regulations for keys, sharps, and controlled medications.

Delegates to and supervises other team members as appropriate.

Adheres to Universal Precautions and other appropriate infection control practices.

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**REQUIRED EDUCATION, CERTIFICATIONS, REGISTRATIONS AND EXPERIENCE**

Graduate of an accredited college / university Physician Assistant program with current certification / licensure in the state of employment.

Maintains required annual licensure and credentialing requirements for physician assistants in the healthcare unit.

Maintains an active CPR certification.

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**MINIMUM REQUIREMENTS**

Must be fluent in English language, including reading, writing, speaking, and understanding.

Must be a supportive team member, who contributes to and demonstrates team work and team concept.

Able to make independent decisions when circumstances warrant such action.

Able to deal tactfully with personnel, family members, visitors, government agencies/personnel, and the general public.

Possess leadership and supervisory ability and be able to work harmoniously with and supervise other personnel.

Must not pose a direct threat to the health or safety of other individuals in the workplace.

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**PHYSICAL REQUIREMENTS**

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**VISION**

To redefine benchmarks for the industry utilizing core values, strong partnerships, effective clinical practices, and innovative healthcare strategies.
Advanced Practice Registered Nurse (APRN)

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions. Continuously conducts complex interpersonal interactions, makes moderately complex decisions, analyzes and solves complex problems, and handles multiple tasks. Frequently uses teamwork skills, discretion, and occasionally mentors/trains new employees. While performing the duties of this job, the employee is regularly required to sit, walk, climb stairs; use hands to finger, handle feel; and must regularly lift in excess of 50 lbs. The vision requirements include: close vision, distance vision, peripheral vision, depth perception and ability to adjust focus; and must be able to talk or hear.

CONFIDENTIALITY & PRIVACY
Employee will comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, state laws, internal healthcare information privacy policies, and will adhere to the organization’s policies and procedures relating to the confidentiality of protected health information (PHI).

ACKNOWLEDGMENT
I have read this job description and fully understand that the requirements set forth therein have been determined to be essential to this position. I hereby accept the position of Advanced Practice Registered Nurse and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the facility’s established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the facility will provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the Hepatitis B Virus and that the facility will make available to me, free of charge, the hepatitis B vaccination. I also understand I may not release/disclose protected health or facility information without proper authorization.

I understand that my employment is at-will, and thereby understand that my employment may be terminated at-will either by the facility or myself, and that such termination can be made with or without notice.

Date: ___________________________  Associate Signature: ___________________________
REQUEST FOR PROPOSAL (RFP)

Bid Event Number: EVT0006973
Requisition ID: 0000024826
Document Number: RFX0001420
Replaces Contract: 38617
Date Posted: October 10, 2019
Closing Date: January 03, 2020, 2:00 PM CST

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

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

Period of Contract: July 1, 2020 through June 30, 2022
(With the option to renew for two (2) additional twenty-four (24) month periods)

Bid Guarantee: $2,000,000 bid bond is required.

This Bid Event was recently posted to the Procurement and Contracts Internet website. The document can be downloaded by going to the following website:

http://admin.ks.gov/offices/procurement-and-contracts/

It shall be the bidder's responsibility to monitor this website on a regular basis for any changes/amendments.
VENDOR RESPONSE CHECKLIST
REQUEST FOR PROPOSAL (RFP)

The following checklist is provided to assist bidders in ensuring all requirements are met and all required submissions are included with the bid. Bidders are instructed to utilize this list for their own convenience to ensure compliance.

_______ Completed Bidder Registration submitted prior to bid submission (One time)
_______ Invitation to participate received from Procurement Officer prior to bid submission (Each bid)

Technical Proposal (Original and copies requested in hardcopy and electronic format – See Section 2.1)
_______ Signature Sheet
_______ Tax Clearance Certificate
_______ Immigration Reform and Control Certification
_______ Sexual Harassment policy
_______ Boycott of Israel
_______ Transmittal Letter
_______ Bidder Information
_______ Qualifications
_______ Experience
_______ Timeline
_______ Methodology
_______ References
_______ Bidder Contracts/Subcontractor information, if applicable
_______ Technical Literature, address Specifications
_______ Completed and signed Event Details document
_______ Any Amendments or Supplemental forms provided
_______ Exceptions to RFP noted, if applicable

Cost Proposal (Original and copies requested in hardcopy and electronic format – See Section 2.1)
_______ Cost Sheet
_______ Completed and signed Event Details document

Emailed bids are not accepted. Bids must be received in our office prior to 2:00PM CST on the closing date to be considered. Bids must be marked as follows:
Department of Administration
Procurement and Contracts
Proposal # EVT0006973
Closing Date: January 3, 2020
900 SW Jackson, Suite 451 South
Topeka, KS 66612-1286

We recommend shipping via UPS as they deliver daily direct to our office. In order to be considered, your bid must be received prior to 2:00PM CST on the closing date.

If you're hand delivering your bid, we are located in the Landon State Office Bldg at 9th and Jackson. Jackson is a one-way street. There is metered parking in front of the building. Enter the public entrance through the North doors. You will pass the Security desk and walk down the long hallway to the South end of the building. Ride the South elevators to the 4th floor. Our office is to your left as you exit the elevator. Your bid needs to be time stamped as received by 2:00PM to be considered.

NOTE: In order to properly and completely respond to this Request for Proposal, bidders must carefully review all sections and respond as required.
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

Mailing Address City & State Zip

Toll Free Telephone Local

Cell Phone Fax Number

Tax Number

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

Signature Date

Typed Name Title

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

Bidding Process Contact Name

Mailing Address City & State Zip

Toll Free Telephone Local

Cell Phone Fax Number

E-Mail

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

Mailing Address City & State Zip

Toll Free Telephone Local

Cell Phone Fax Number

E-Mail
TAX CLEARANCE INSTRUCTIONS

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).

To obtain a Tax Clearance Certificate, you must:
• Go to http://www.ksrevenue.org/taxclearance.htm to request a Tax Clearance Certificate
• Return to the website the following working day to see if KDOR will issue the certificate
• If issued an official certificate, print it and attach it to your signed renewal document
• If denied a certificate, engage KDOR in a discussion about why a certificate wasn’t issued

Per KSA 75-3740-(c), the Director of Purchases may reject the bid of any bidder who is in arrears on taxes due the State of Kansas. The Secretary of the Kansas Department of Revenue is authorized to exchange such information with the Director of Purchases as is necessary to determine a bidder’s tax clearance status, notwithstanding any other provision of law prohibiting disclosure of the contents of taxpayer records or information.

Please Note: Individual and business applications are available. For applications entered prior to 5:00 PM Monday through Friday, results typically will be available the following business day. Tax clearance requests may be denied if the request includes incomplete or incorrect information.

Please Note: 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
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                      Date
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                  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                  Date

____________________________________________
Printed

____________________________________________
Name of Company
1. **Bidding Instructions**

1.1. **Bid Event ID / Reference Number**
   The Bid Event ID / RFP number, indicated in the header of this page, as well as on the first page of this proposal, has been assigned to this RFP and MUST be shown on all correspondence or other documents associated with this RFP and MUST be referred to in all verbal communications. All inquiries, written or verbal, shall be directed only to the procurement officer reflected on Page 1 of this proposal. There shall be no communication with any other State employee regarding this RFP except with designated state participants in attendance ONLY DURING:
   - Negotiations
   - Contract Signing
   - as otherwise specified in this RFP.

   Violations of this provision by bidder or state agency personnel may result in the rejection of the proposal.

1.2. **Pre-Bid Conference**
   A mandatory pre-bid conference and site visits will be conducted. More detailed information will be provided by amendment prior to the site visits.

   Attendance is required at the pre-proposal conference. Failure to attend the pre-bid conference will result in rejection of your bid. 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-bid 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, [http://admin.ks.gov/offices/procurement-and-contracts](http://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.

1.3. **Questions/Addenda**
   Questions requesting clarification of the bid event must be submitted in WRITING to the Procurement Officer prior to a date and time to be determined to the following address: aubrey.waters@ks.gov

   Failure to notify the Procurement Officer of any conflicts or ambiguities in this bid event may result in items being resolved in the best interest of the State. Any modification to this bid event shall be made in writing by addendum and mailed to all vendors who received the original request. Only written communications are binding.

   Answers to questions will be available in the form of an addendum on the Procurement and Contracts’ website, [http://admin.ks.gov/offices/procurement-and-contracts](http://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.

1.4. **Negotiated Procurement**
   This is a negotiated procurement pursuant to K.S.A. 75-37,102. Final evaluation and award will be made by the Procurement Negotiation Committee (PNC) consisting of the following entities (or their designees):
• Secretary of Department of Administration;
• Director of Purchases, Department of Administration; and
• Head of Using Agency

1.5. Appearance Before Committee
Any, all or no bidders may be required to appear before the PNC to explain the bidder’s understanding and approach to the project and/or respond to questions from the PNC concerning the proposal; or, the PNC may award without conducting negotiations, based on the initial proposal. The PNC reserves the right to request information from bidders as needed. If information is requested, the PNC is not required to request the information of all bidders.

Bidders selected to participate in negotiations may be given an opportunity to submit a revised technical and/or cost proposal/offer to the PNC, subject to a specified cut off time for submittal of revisions. Meetings before the PNC are not subject to the Open Meetings Act. Bidders are prohibited from electronically recording these meetings. All information received prior to the cut off time will be considered part of the bidder’s revised offer.

No additional revisions shall be made after the specified cut off time unless requested by the PNC.

1.6. Notices
All notices, demands, requests, approvals, reports, instructions, consents or other communications (collectively "notices") that may be required or desired to be given by either party to the other shall be IN WRITING and addressed as follows:

Kansas Department of Administration
Procurement and Contracts
900 SW Jackson, Suite 451-South
Topeka, Kansas 66612-1286

RE: EVT0006973

or to any other persons or addresses as may be designated by notice from one party to the other.

1.7. Cost of Preparing Proposal
The cost of developing and submitting the proposal is entirely the responsibility of the bidder. This includes costs to determine the nature of the engagement, preparation of the proposal, submitting the proposal, negotiating for the contract and other costs associated with this RFP.

1.8. Preparation of Proposal
Prices are to be entered in spaces provided on the cost proposal form if provided herein. Computations and totals shall be indicated where required. In case of error in computations or totals, the unit price shall govern. The PNC has the right to rely on any prices provided by bidders. The bidder shall be responsible for any mathematical errors. The PNC reserves the right to reject proposals which contain errors.

All copies of cost proposals shall be submitted in a separate sealed envelope or container separate from the technical proposal. The outside shall be identified clearly as "Cost Proposal" or "Technical Proposal" with the Bid Event ID / RFP number and closing date.

A proposal shall not be considered for award if the price in the proposal was not arrived at independently and without collusion, consultation, communication or agreement as to any matter related to price with any other bidder, competitor or public officer/employee.

Technical proposals shall contain a concise description of bidder’s capabilities to satisfy the requirements of this RFP with emphasis on completeness and clarity of content. Repetition of terms and conditions of the RFP without additional clarification shall not be considered responsive.

1.9. Signature of Proposals
Each proposal shall give the complete legal name and mailing address of the bidder and be signed by an authorized representative by original signature with his or her name and legal title typed below the signature
line. If the contract's contact will be a different entity, indicate that individual's contact information for communication purposes. Each proposal shall include the bidder's tax number.

1.10. **Acknowledgment of Amendments**
All bidders shall acknowledge receipt of any amendments to this bid event by returning a signed hard copy with the bid. Failure to acknowledge receipt of any amendments may render the proposal to be non-responsive. Changes to this bid event shall be issued only by the Office of Procurement and Contracts in writing.

1.11. **Modification of Proposals**
A bidder may modify a proposal by letter or by FAX transmission at any time prior to the closing date and time for receipt of proposals.

1.12. **Withdrawal of Proposals**
A proposal may be withdrawn on written request from the bidder to the Procurement Officer at the Office of Procurement and Contracts prior to the closing date.

1.13. **Competition**
The purpose of this bid event is to seek competition. The bidder shall advise the Office of 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 the Office of Procurement and Contracts no later than five (5) business days prior to the bid closing date. The Director of Purchases reserves the right to waive minor deviations in the specifications which do not hinder the intent of this bid event.

1.14. **Evaluation of Proposals**
Award shall be made in the best interest of the State as determined by the PNC or their designees. Although no weighted value is assigned, consideration may focus toward but is not limited to:

- Cost. Bidders are not to inflate prices in the initial proposal as cost is a factor in determining who may receive an award or be invited to formal negotiations. The State reserves the right to award to the lowest responsive bid without conducting formal negotiations, if authorized by the PNC.
- Adequacy and completeness of proposal
- Bidder's understanding of the project
- Compliance with the terms and conditions of the RFP
- Experience in providing like services
- Qualified staff
- Methodology to accomplish tasks
- Response format as required by this RFP

1.15. **Acceptance or Rejection**
The Committee reserves the right to accept or reject any or all proposals or part of a proposal; to waive any informalities or technicalities; clarify any ambiguities in proposals; modify any criteria in this RFP; and unless otherwise specified, to accept any item in a proposal.

1.16. **Proposal Disclosures**
At the time of closing, only the names of those who submitted proposals shall be made public information. No price information will be released. A List of Bidders may be obtained in the following manner:

1. Attending the public bid opening at the time and date noted on the Bid Event, OR
2. Requesting a List of Bidders via E-mail to tabsheets@ks.gov or in writing to the following address. Include the Bid Event number EVT0006973 in all requests.

Kansas Department of Administration
Procurement and Contracts
Attn: Bid Results
900 SW Jackson, Suite 451-South
Topeka, KS 66612-1286

All other documents pertaining to the bid (tabsheet, individual bids, proposals, contract, etc.) are not available until the bid has been awarded, contract executed or all bids rejected.
Once a bid file is available, a request for a cost estimate may be submitted to the e-mail or address noted above for the costs associated with the reproduction of bid documents. Procurement and Contracts will attempt to provide all Open Records requests with electronic copies when possible.

Requests will not be fulfilled until payment has been received.

Documents will be sent via First Class Mail. If requested, they may be sent via express mail services at the expense of the requester.

Any questions regarding Open Records requests for bid results should be directed to tabsheets@ks.gov or 785-296-0002.

1.17. Disclosure of Proposal Content and Proprietary Information

All proposals become the property of the State of Kansas. The Open Records Act (K.S.A. 45-215 et seq) of the State of Kansas 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. (http://www.admin.ks.gov/offices/chief-counsel/kansas-open-records-act/kansas-open-records-act-procurement-and-contracts) No proposals shall be disclosed until after a contract award has been issued. The State reserves the right to destroy all proposals if the RFP is withdrawn, a contract award is withdrawn, or in accordance with Kansas law. Late Technical and/or Cost proposals will be retained unopened in the file and not receive consideration or may be returned to the bidder.

Trade secrets or proprietary information legally recognized as such and protected by law may be requested to be withheld if clearly labeled “Proprietary” on each individual page and provided as separate from the main proposal. Pricing information is not considered proprietary and the bidder's entire proposal response package will not be considered proprietary.

All information requested to be handled as "Proprietary" shall be submitted separately from the main proposal and clearly labeled, in a separate envelope or clipped apart from all other documentation. The bidder shall provide detailed written documentation justifying why this material should be considered "Proprietary". The Office of Procurement and Contracts reserves the right to accept, amend or deny such requests for maintaining information as proprietary in accordance with Kansas law.

The State of Kansas does not guarantee protection of any information which is not submitted as required.

1.18. Exceptions

By submission of a response, the bidder acknowledges and accepts all terms and conditions of the RFP unless clearly avowed and wholly documented in a separate section of the Technical Proposal to be entitled: "Exceptions".

1.19. Notice of Award

An award is made on execution of the written contract by all parties.

1.20. News Releases

Only the State is authorized to issue news releases relating to this bid event, its evaluation, award and/or performance of the resulting contract.
2. **Proposal Response**

2.1. **Submission of Proposals**

Bidder’s proposal shall consist of:

- One (1) original and five (5) copies of the Technical Proposal, including the signed Event Details document, applicable literature and other supporting documents;
- One (1) original and five (5) copies of the cost proposal including the signed Event Details document;
- Two (2) electronic / software version(s) of the technical and cost proposals are required. This shall be provided on CD or flash drive, in Microsoft® Word, Excel or searchable PDF®. Technical and cost responses shall be submitted on separate media for a total of four (4).

All copies of cost proposals shall be submitted in a separate sealed envelope or container separate from the technical proposal. The outside shall be identified clearly as “Cost Proposal” or “Technical Proposal” with the Bid Event ID number and closing date.

Bidder’s proposal, sealed securely in an envelope or other container, shall be received no later than 2:00 p.m., Central Time, on the closing date, addressed as follows:

Kansas Department of Administration  
Procurement and Contracts  
Proposal #: EVT0006973  
Closing Date: January 3, 2020  
900 SW Jackson Street, Suite 451-South  
Topeka, KS  66612-1286

It is the bidder’s responsibility to ensure bids are received by the closing date and time. Delays in mail delivery or any other means of transmittal, including couriers or agents of the issuing entity shall not excuse late bid submissions.

Faxed, e-mailed or telephoned proposals are not acceptable unless otherwise specified.

Proposals received prior to the closing date shall be kept secured and sealed until closing. The State shall not be responsible for the premature opening of a proposal or for the rejection of a proposal that was not received prior to the closing date because it was not properly identified on the outside of the envelope or container. Late Technical and/or Cost proposals will be retained unopened in the file and not receive consideration or may be returned to the bidder.

2.2. **Proposal Format**

Bidders are instructed to prepare their Technical Proposal following the same sequence as this RFP.

2.3. **Transmittal Letter**

All bidders shall respond to the following statements:

(a) the bidder is the prime contractor and identifying all subcontractors;
(b) the bidder is a corporation or other legal entity;
(c) no attempt has been made or will be made to induce any other person or firm to submit or not to submit a proposal;
(d) the bidder does not discriminate in employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin or disability;
(e) no cost or pricing information has been included in the transmittal letter or the Technical Proposal;
(f) the bidder 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 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) whether there is a reasonable probability that the bidder is or will be associated with any parent, affiliate or subsidiary organization, either formally or informally, in supplying any service or furnishing any supplies or equipment to the bidder which would relate to the performance of this contract. If the statement is in the affirmative, the bidder is required to submit with the proposal, written certification and authorization from the parent, affiliate or subsidiary organization 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.
Further, if at any time after a proposal is submitted, such an association arises, the bidder will obtain a similar certification and authorization and failure to do so will constitute grounds for termination for cause of the contract at the option of the State;
(i) bidder agrees that any lost or reduced federal matching money resulting from unacceptable performance in a contractor task or responsibility defined in the RFP, contract or modification shall be accompanied by reductions in state payments to Contractor; and
(ii) the bidder has not been retained, nor has it 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.

For breach of this provision, the Committee shall have 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.

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.

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.

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.

2.7. **Timeline**

A timeline for implementing services must be submitted with the bid.
2.8. **Methodology**
Bidders shall submit with the bid, a detailed explanation of the methodology for implementing services.

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 contact 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.).

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.)

2.11. **Technical Literature**
All Technical Proposals shall include specifications and technical literature sufficient to allow the State to determine that the equipment/services meet(s) all requirements. If a requirement is not addressed in the technical literature, it must be supported by additional documentation and included with the bid. Proposals without sufficient technical documentation may be rejected.

2.12. **Procurement Card (P-Card)**
Many State Agencies use a State of Kansas Procurement Card (currently Visa) in lieu of a state warrant to pay for certain purchases. No additional charges will be allowed for using the P-Card. Bidders shall indicate on the Event Details document if they will accept the Procurement Card for payment.
3. Terms and Conditions

3.1. **Contract**
The successful bidder will be required to enter into a written contract with the State. The contractor agrees to accept the provisions of Form DA 146a (Contractual Provisions Attachment), which is incorporated into all contracts with the State and is incorporated into this bid event.

3.2. **Contract Documents**
This bid event, any amendments, the response and any response amendments of the Contractor, and the State of Kansas DA-146a (Contractual Provision Attachment) shall be incorporated into the written contract, which shall compose the complete understanding of the parties.

In the event of a conflict in terms of language among the documents, the following order of precedence shall govern:

- Form DA 146a;
- written modifications to the executed contract;
- written contract signed by the parties;
- the Bid Event documents, including any and all amendments; and
- Contractor's written offer submitted in response to the Bid Event as finalized.

3.3. **Captions**
The captions or headings in this contract are for reference only and do not define, describe, extend, or limit the scope or intent of this contract.

3.4. **Definitions**
A glossary of common procurement terms is available at http://admin.ks.gov/offices/procurement-and-contracts, under the "Procurement Forms" link.

3.5. **Contract Formation**
No contract shall be considered to have been entered into by the State until all statutorily required signatures and certifications have been rendered and a written contract has been signed by the contractor.

3.6. **Statutes**
Each and every provision of law and clause required by law to be inserted in the contract shall be deemed to be inserted herein and the contract shall be read and enforced as though it were included herein. If through mistake or otherwise any such provision is not inserted, or is not correctly inserted, then on the application of either party the contract shall be amended to make such insertion or correction.

3.7. **Governing Law**
This contract shall be governed by the laws of the State of Kansas and shall be deemed executed in Topeka, Shawnee County, Kansas.

3.8. **Jurisdiction**
The parties shall bring any and all legal proceedings arising hereunder in the State of Kansas District Court of Shawnee County, unless otherwise specified and agreed upon by the State of Kansas. Contractor waives personal service of process, all defenses of lack of personal jurisdiction and forum non conveniens. The Eleventh Amendment of the United States Constitution is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State to reiterate that nothing related to this Agreement shall be deemed a waiver of the Eleventh Amendment.

3.9. **Mandatory Provisions**
The provisions found in Contractual Provisions Attachment (DA 146a) are incorporated by reference and made a part of this contract.

3.10. **Termination for Cause**
The Director of Purchases may terminate this contract, or any part of this contract, for cause under any one of the following circumstances:

- the Contractor fails to make delivery of goods or services as specified in this contract;
• the Contractor provides substandard quality or workmanship;
• the Contractor fails to perform any of the provisions of this contract, or
• the Contractor fails to make progress as to endanger performance of this contract in accordance with its terms.

The Director of Purchases shall provide Contractor with written notice of the conditions endangering performance. If the Contractor fails to remedy the conditions within ten (10) days from the receipt of the notice (or such longer period as State may authorize in writing), the Director of Purchases shall issue the Contractor an order to stop work immediately. Receipt of the notice shall be presumed to have occurred within three (3) days of the date of the notice.

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 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.

3.12. Rights and Remedies
If this contract is terminated, the State, in addition to any other rights provided for in this contract, may require the Contractor to transfer title and deliver to the State in the manner and to the extent directed, any completed materials. The State shall be obligated only for those services and materials rendered and accepted prior to the date of termination.

In the event of termination, the Contractor shall receive payment prorated for that portion of the contract period services were provided to or goods were accepted by State subject to any offset by State for actual damages including loss of federal matching funds.

The rights and remedies of the State provided for in this contract shall not be exclusive and are in addition to any other rights and remedies provided by law.

3.13. Debarment of State Contractors
Any Contractor who defaults on delivery or does not perform in a satisfactory manner as defined in this Contract may be barred for a period up to three (3) years, pursuant to KSA 75-37,103, or have their work evaluated for pre-qualification purposes pursuant to K.S.A. 75-37,104.

If the Contractor elects not to proceed with performance under any such contract with the State, the Contractor assigns to the State all rights to and interests in any cause of action it has or may acquire under the anti-trust laws of the United States and the State of Kansas relating to the particular products or services purchased or acquired by the State pursuant to this contract.

3.15. Hold Harmless
The Contractor shall indemnify the State against any and all loss or damage to the extent arising out of the Contractor's negligence in the performance of services under this contract and for infringement of any copyright or patent occurring in connection with or in any way incidental to or arising out of the occupancy, use, service, operations or performance of work under this contract.

The State shall not be precluded from receiving the benefits of any insurance the Contractor may carry which provides for indemnification for any loss or damage to property in the Contractor's custody and control, where such loss or destruction is to state property. The Contractor shall do nothing to prejudice the State's right to recover against third parties for any loss, destruction or damage to State property.

3.16. Force Majeure
The Contractor shall not be held liable if the failure to perform under this contract arises out of causes beyond the control of the Contractor. Causes may include, but are not limited to, acts of nature, fires, tornadoes, quarantine, strikes other than by Contractor's employees, and freight embargoes.
3.17. **Assignment**  
The Contractor shall not assign, convey, encumber, or otherwise transfer its rights or duties under this contract without the prior written consent of the State. State may reasonably withhold consent for any reason.

This contract may terminate for cause in the event of its assignment, conveyance, encumbrance or other transfer by the Contractor without the prior written consent of the State.

3.18. **Third Party Beneficiaries**  
This contract shall not be construed as providing an enforceable right to any third party.

3.19. **Waiver**  
Waiver of any breach of any provision in this contract shall not be a waiver of any prior or subsequent breach. Any waiver shall be in writing and any forbearance or indulgence in any other form or manner by State shall not constitute a waiver.

3.20. **Injunctions**  
Should Kansas be prevented or enjoined from proceeding with the acquisition before or after contract execution by reason of any litigation or other reason beyond the control of the State, Contractor shall not be entitled to make or assert claim for damage by reason of said delay.

3.21. **Staff Qualifications**  
The Contractor shall warrant that all persons assigned by it to the performance of this contract shall be employees of the Contractor (or specified Subcontractor) and shall be fully qualified to perform the work required. The Contractor shall include a similar provision in any contract with any Subcontractor selected to perform work under this contract.

Failure of the Contractor to provide qualified staffing at the level required by the contract specifications may result in termination of this contract or damages.

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.

3.23. **Independent Contractor**  
Both parties, in the performance of this contract, shall be acting in their individual capacity and not as agents, employees, partners, joint ventures or associates of one another. The employees or agents of one party shall not be construed to be the employees or agents of the other party for any purpose whatsoever.

The Contractor accepts full responsibility for payment of unemployment insurance, workers compensation, social security, income tax deductions and any other taxes or payroll deductions required by law for its employees engaged in work authorized by this contract.

3.24. **Worker Misclassification**  
The Contractor and all lower tiered subcontractors under the Contractor shall properly classify workers as employees rather than independent contractors and treat them accordingly for purposes of workers' compensation insurance coverage, unemployment taxes, social security taxes, and income tax withholding. Failure to do so may result in contract termination.

3.25. **Immigration and Reform Control Act of 1986 (IRCA)**  
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-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.

Contractor will provide a copy of a signed Certification Regarding Immigration Reform and Control Form (http://admin.ks.gov/docs/default-source/ofpm/procurement-contracts/irca.doc?sfvrsn=6) with the technical proposal.

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" 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. Comprehensive general liability covering premises and operations liability and personal injury, minimum $1,000,000.00 combined single limit occurrence.
5. Catastrophic illness insurance if inpatient services are required as part of the contractor’s bid.
6. 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.

3.27. **Conflict of Interest**
The Contractor shall not knowingly employ, during the period of this contract or any extensions to it, any professional personnel who are also in the employ of the State and providing services involving this contract or services similar in nature to the scope of this contract to the State. Furthermore, the Contractor shall not knowingly employ, during the period of this contract or any extensions to it, any state employee who has participated in the making of this contract until at least two years after his/her termination of employment with the State.

3.28. **Nondiscrimination and Workplace Safety**
The Contractor agrees to abide by all federal, state and local laws, and rules and regulations prohibiting discrimination in employment and controlling workplace safety. Any violations of applicable laws or rules or regulations may result in termination of this contract.

3.29. **Confidentiality**
The Contractor may have access to private or confidential data maintained by State to the extent necessary to carry out its responsibilities under this contract. Contractor must comply with all the requirements of the Kansas Open Records Act (K.S.A. 45-215 et seq.) in providing services under this contract. Contractor shall accept full responsibility for providing adequate supervision and training to its agents and employees to ensure compliance with the Act. No private or confidential data collected, maintained or used in the course of performance of this contract shall be disseminated by either party except as authorized by statute, either during the period of the contract or thereafter. Contractor agrees to return any or all data furnished by the State promptly at the request of State in whatever form it is maintained by Contractor. On the termination or expiration of this contract, Contractor shall not use any of such data or any material derived from the data for any purpose and, where so instructed by State, shall destroy or render it unreadable.

3.30. **HIPAA Confidentiality**
Per the Health Insurance Portability and Accountability Act (1996) (HIPAA), the agency is a covered entity under the act and therefore Contractor is not permitted to use or disclose health information in ways that the agency could not. This protection continues as long as the data is in the hands of the Contractor.

The Contractor shall establish and maintain procedures and controls acceptable to the agency to protect the privacy of members' information. Unless the Contractor has the member's written consent, the Contractor shall not use any personally identifiable information obtained for any reason other than that mandated by this agreement.
3.31. **Environmental Protection**  
The Contractor shall abide by all federal, state and local laws, and rules and regulations regarding the protection of the environment. The Contractor shall report any violations to the applicable governmental agency. A violation of applicable laws or rule or regulations may result in termination of this contract for cause.

3.32. **Care of State Property**  
The Contractor shall be responsible for the proper care and custody of any state owned personal tangible property and real property furnished for Contractor's use in connection with the performance of this contract. The Contractor shall reimburse the State for such property's loss or damage caused by the Contractor, except for normal wear and tear.

3.33. **Prohibition of Gratuities**  
Neither the Contractor nor any person, firm or corporation employed by the Contractor in the performance of this contract shall offer or give any gift, money or anything of value or any promise for future reward or compensation to any State employee at any time.

3.34. **Retention of Records**  
Unless the State specifies in writing a different period of time, the Contractor agrees to preserve and make available at reasonable times all of its books, documents, papers, records and other evidence involving transactions related to this contract for a period of five (5) years from the date of the expiration or termination of this contract.

Matters involving litigation shall be kept for one (1) year following the termination of litigation, including all appeals, if the litigation exceeds five (5) years.

The Contractor agrees that authorized federal and state representatives, including but not limited to, personnel of the using agency; independent auditors acting on behalf of state and/or federal agencies shall have access to and the right to examine records during the contract period and during the five (5) year post contract period. Delivery of and access to the records shall be within five (5) business days at no cost to the state.

3.35. **Off-Shore Sourcing**  
If, during the term of the contract, the Contractor or subcontractor plans to move work previously performed in the United States to a location outside of the United States, the Contractor shall immediately notify the Procurement and Contracts and the respective agency in writing, indicating the desired new location, the nature of the work to be moved and the percentage of work that would be relocated. The Director of Purchases, with the advice of the respective agency, must approve any changes prior to work being relocated. Failure to obtain the Director's approval may be grounds to terminate the contract for cause.

3.36. **On-Site Inspection**  
Failure to adequately inspect the premises shall not relieve the Contractor from furnishing without additional cost to the State any materials, equipment, supplies or labor that may be required to carry out the intent of this Contract.

3.37. **Indefinite Quantity Contract**  
This is an open-ended contract between the Contractor and the State to furnish an undetermined quantity of a good or service in a given period of time. The quantities ordered will be those actually required during the contract period, and the Contractor will deliver only such quantities as may be ordered. No guarantee of volume is made. An estimated quantity based on past history or other means may be used as a guide.

3.38. **Prices**  
Prices shall remain firm for the entire contract period and subsequent renewals. Prices shall be net delivered, including all trade, quantity and cash discounts. Any price reductions available during the contract period shall be offered to the State of Kansas. Failure to provide available price reductions may result in termination of the contract for cause.

3.39. **Payment**  
Payment Terms are Net 30 days. Payment date and receipt of order date shall be based upon K.S.A. 75-6403(b). This Statute requires state agencies to pay the full amount due for goods or services on or before the 30th calendar day after the date the agency receives such goods or services or the bill for the goods and services, whichever is later, unless other provisions for payment are agreed to in writing by the Contractor and
the state agency. NOTE: If the 30th calendar day noted above falls on a Saturday, Sunday, or legal holiday, the following workday will become the required payment date.

Payments shall not be made for costs or items not listed in this contract.

Payment schedule shall be on a frequency mutually agreed upon by both the agency and the Contractor.

3.40. 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, a state agency, municipality, or the federal government, 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. 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 & Reports to setoff funds the State of Kansas owes Contractors against debts owed by the Contractors to the State of Kansas, state agencies, municipalities, or the federal government. Payments setoff in this manner constitute lawful payment for services or goods received. The Contractor benefits fully from the payment because its obligation is reduced by the amount subject to setoff.

3.41. Federal, State and Local Taxes
Unless otherwise specified, the contracted price shall include all applicable federal, state and local taxes. The Contractor shall pay all taxes lawfully imposed on it with respect to any product or service delivered in accordance with this Contract. The State of Kansas is exempt from state sales or use taxes and federal excise taxes for direct purchases. These taxes shall not be included in the contracted price. Upon request, the State shall provide to the Contractor a certificate of tax exemption.

The State makes no representation as to the exemption from liability of any tax imposed by any governmental entity on the Contractor.

3.42. 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 up to a period of 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, receiving stolen property; (3) conviction under state or federal antitrust statutes; and (4) any other offense 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 25 percent or more of its equity, or otherwise controls its management or policies. Failure to disclose an offense may result in the termination of the contract.

3.43. Materials and Workmanship
The Contractor shall perform all work and furnish all supplies and materials, machinery, equipment, facilities, and means, necessary to complete all the work required by this Contract, within the time specified, in accordance with the provisions as specified.

The Contractor shall be responsible for all work put in under these specifications and shall make good, repair and/or replace, at the Contractor's own expense, as may be necessary, any defective work, material, etc., if in the opinion of agency and/or Procurement and Contracts said issue is due to imperfection in material, design, workmanship or Contractor fault.

3.44. Industry Standards
If not otherwise provided, materials or work called for in this contract shall be furnished and performed in accordance with best established practice and standards recognized by the contracted industry and comply with all codes and regulations which shall apply.
3.45. **Implied Requirements**
All products and services not specifically mentioned in this contract, but which are necessary to provide the functional capabilities described by the specifications, shall be included.

3.46. **Submission of the Bid**
Submission of the bid will be considered presumptive evidence that the bidder is conversant with local facilities and difficulties, the requirements of the documents and of pertinent State and/or local codes, state of labor and material markets, and has made due allowances in the proposal for all contingencies. Later claims for labor, work, materials, equipment, and tax liability required for any difficulties encountered which could have been foreseen will not be recognized and all such difficulties shall be properly taken care of by Contractor at no additional cost to the State of Kansas.

3.47. **Performance Guaranty/Bond (Amount)**
The Contractor shall file with the Director of Purchases a performance guaranty/bond in the amount of $2,000,000.00. The guaranty shall be released upon the completion of this contract subject to total or partial forfeiture for failure to adequately perform the terms of this contract. If damages exceed the amount of the guaranty, the State may seek additional damages.

A performance guaranty must be one of the following:
- certificate of deposit payable to the State; or
- a properly executed bond payable to the State.

Necessary bond forms will be furnished by Procurement and Contracts and can be completed by any General Insurance Agent. Bonds shall be issued by a Surety Company licensed to do business in the State of Kansas.

3.48. **Inspection**
The State reserves the right to reject, on arrival at destination, any items which do not conform with specification of the Contract.

3.49. **Acceptance**
No contract provision or use of items by the State shall constitute acceptance or relieve the Contractor of liability in respect to any expressed or implied warranties.

3.50. **Ownership**
All data, forms, procedures, software, manuals, health records, quality improvement documents, mortality reviews, serious incident reviews, peer reviews, Medicaid documentation, hospital and other utilization management records, policies, guidelines, algorithms, protocols, system descriptions and work flows developed or accumulated by the Contractor under this contract shall be owned by the using agency. The Contractor may not release any materials without the written approval of the using agency.

3.51. **Information/Data**
Any and all information/data required to be provided at any time during the contract term shall be made available in a format as requested and/or approved by the State.

3.52. **Certification of Materials Submitted**
The Bid document, together with the specifications set forth herein and all data submitted by the Contractor to support their response including brochures, manuals, and descriptions covering the operating characteristics of the item(s) proposed, shall become a part of the contract between the Contractor and the State of Kansas. Any written representation covering such matters as reliability of the item(s), the experience of other users, or warranties of performance shall be incorporated by reference into the contract.

3.53. **Transition Assistance**
In the event of contract termination or expiration, Contractor shall provide all reasonable and necessary assistance to State to allow for a functional transition to another vendor. In addition, the State reserves the option to extend this Agreement on a month to month basis past the Initial term or renewal term(s) to accommodate a transition of services for a period not to exceed six (6) months. In the event the State exercises this option, all terms and conditions, requirements, and specifications of the Agreement shall remain the same and apply during the month to month extension term.
3.54. **Integration**
This contract, in its final composite form, shall represent the entire agreement between the parties and shall supersede all prior negotiations, representations or agreements, either written or oral, between the parties relating to the subject matter hereof. This Agreement between the parties shall be independent of and have no effect on any other contracts of either party.

3.55. **Modification**
This contract shall be modified only by the written agreement and approval of the parties. No alteration or variation of the terms and conditions of the contract shall be valid unless made in writing and signed by the parties. Every amendment shall specify the date on which its provisions shall be effective.

3.56. **Severability**
If any provision of this contract is determined by a court of competent jurisdiction to be invalid or unenforceable to any extent, the remainder of this contract shall not be affected, and each provision of this contract shall be enforced to the fullest extent permitted by law.

3.57. **Award**
Award will be by line item or group total, whichever is in the best interest of the State of Kansas.

3.58. **Human Trafficking**
The State of Kansas, as a matter of public policy, encourages anyone doing business with the State of Kansas to take steps to discourage human trafficking. If prospective bidders/vendors/Contractors have any policies or participate in any initiatives that discourage human trafficking the prospective bidder/vendor/Contractor is encouraged to submit same as part of their bid response.
4. SPECIFICATIONS

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).

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.

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.

4.3.2. Reserved

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).

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

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.

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.

### 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.
(o) Full body head to toe examination.
(p) Juveniles additionally require BMI, Growth Chart Plotting, and Updated Immunization Review and Administration.
(q) Intake offenders are to be provided medical treatment plans, wellness plan, and smoking cessation education
(r) Nursing shall refer offenders presenting with significant clinical findings during the initial health assessment to the HCP as necessary. Referrals shall be completed by a qualified HCP within seven (7) calendar days of the referral.

### 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.

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.

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.
(g) Infirmary care.
(h) Emergency treatment, including initial assessments and first-aid treatment for injuries incurred during the performance of duties on a work detail or in private industry employment.
(i) Mental health group sessions.
(j) Facility-requested mental health evaluations.
(k) Follow-up visits initiated by medical staff.
(l) Follow-up visits initiated by an inmate within 14 days of an initial visit.

4.3.10.20 Multiple co-payments may not be assessed on a single sick call encounter for several complaints/conditions. The Contractor shall track all co-pays as outlined in the Kansas Administrative Regulations and report all chargeable events to the facilities business offices each week.
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.

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.

4.3.13 Hepatitis C Contractor shall include a plan for diagnosing and treating all patients with Hepatitis C. Opt-out testing for the existing inmate population was implemented in October 2018 and concluded in March 2019. Opt-out testing continues to be offered at admission. Current practice is to treat all priority level 1
and 2 offenders, followed by priority level 3. KDOC’s goal is to provide direct acting viral (DAA) treatment to 605 offenders in FY 2021, thus eliminating the existing backlog. Current estimates indicate that approximately 500 offenders will require treatment annually thereafter. This is an estimate based on current infection rates at RDU and is not to be interpreted as a cap on the number of offenders who are to be treated.

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.

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.

4.3.22 Prenatal Care/OBGYN Services

4.3.22.1 Pregnancy tests will be taken immediately upon arrival on intake for female offenders under age 60. Pregnant offenders require close obstetrical supervision and pre-natal care. The Contractor shall include in the proposal a written pre-natal program that shall be provided to meet the special needs of the pregnant females.

4.3.22.2 The Contractor shall provide a plan for pap/breast examinations and mammograms on all female offenders, unless contraindicated by the HCP on a case-by-case basis. The plan is required to be age specific and in compliance with ACA and NCCHC, and American College of Obstetricians and Gynecologists clinical guidelines.
4.3.22.3 Annual mammograms shall be performed on all female offenders over age forty (40) unless contraindicated by the HCP on a case-by-case basis. The Contractor shall describe the mammogram program provided to meet the needs of females less than forty (40) years of age.

4.3.22.4 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. This requirement will be considered met if the site medical director for these sites is an OB/GYN specialist or family practitioner with OB/GYN experience.

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 waivered 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.

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.

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.

4.3.26 **Telemedicine**

4.3.26.1 The 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.
4.3.26.5 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:

(a) Physical location of the healthcare provider providing the telemedicine service.

(b) Date and time of service.

(c) Reason for equipment's use, including the specific medical service (e.g., dermatology consult, in-service).

(d) Inmate name and KDOC offender number.

(e) Contractor's medical staff participants.

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.
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.

4.3.29 Dialysis Services

4.3.29.1 Dialysis services are provided at the Topeka Correctional Facility and Lansing Correctional Facility. The average dialysis patient daily census at LCF is eight (8) and the average daily TCF dialysis census is one (1). The Contractor shall provide an outline of the proposed dialysis program.

4.3.29.2 The Contractor shall identify and provide all on-site and off-site peritoneal and/or hemo-dialysis services, supplies, equipment, and other related expenses. The Contractor shall demonstrate in the proposal the ability to provide for on-site dialysis services. 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. TCF dialysis patients shall be transported by KDOC to LCF for nephrology consults at LCF.

4.3.29.3 The Contractor is responsible for developing and maintaining a renal dialysis Quality Improvement and Infection Control Program to include accountability of sharps and waste management.

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.

(l) A manual of infirmary nursing care procedures is available. The Contractor will submit a manual of infirmary nursing care procedures with their contract proposal. The infirmary manual will be updated annually.

(m) Negative airflow isolation rooms shall be routinely monitored to ensure appropriate air exchanges are maintained in accordance with Center for Disease Control guidelines. KDOC shall perform quarterly checks and provide routine maintenance. Contractor shall perform daily checks for unoccupied rooms and checks each shift when occupied with isolated offenders. If Contractor's finds that the negative air flow is not circulating correctly, they will notify the KDOC in writing of their finding. If KDOC has not corrected the problem within 72 hours, Contractor can arrange for a professional air-handling vendor to assess/correct the problem and submit the invoice for those services to KDOC for reimbursement.

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.

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.

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.

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.

4.4 Transportation and Security

4.4.1 Off-site Transportation
4.4.1 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.

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.

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.

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.

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:

4.6.2 Screening upon intake (inter-or intra-system transfers), with follow-up assessments as necessary.

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.

4.6.4 Contractor shall coordinate with KDOC discharge planning staff for services to provide continuity of care between the facility and community, to include the involvement of correctional staff (e.g., probation and parole) as appropriate. Contractor shall provide all KDOC discharge planners and Central Office Reentry staff overseeing discharge planning work and preparing benefits applications including the SOAR Specialist full access to EHR, including edit access. Contractor will insure the efficient transfer of appropriate medical and behavioral health information to the discharge planners to enable proper continuity of care for offender release planning.

4.6.5 Multidisciplinary teams that include behavioral health, medical, nursing, team management, security and others as clinically indicated.

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.

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.

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 psychotropic 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.

4.6.9 Intra-system Transfers and Receiving

4.6.9.1 Any currently incarcerated offender being transferred, who has been receiving behavioral health treatment or is prescribed psychotropic medication, will have a brief review and synopsis of their care communicated to the appropriate behavioral health staff at their destination site, prior to their transfer.

4.6.9.2 All offenders received who have been receiving behavioral health treatment or have been prescribed psychotropic medication will have their behavioral health record reviewed by behavioral health staff within twelve (12) hours of arrival at their destination site to ensure continuity of care. Appointments and follow-up care will be made to ensure ongoing care with the least interruption (including the ongoing prescribing and receiving of psychiatric medications as well as individual therapeutic interactions).

4.6.10 Behavioral Health Appraisals

4.6.10.1 All offenders admitted to any facility as parole-, post release-, or condition-violators (“PV &/or “CV”) will have a behavioral health appraisal completed 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.

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.

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.

4.6.13 Mental Health Sick Call

4.6.13.1 The contractor shall provide a process by which offenders can request mental health services on a daily basis.

4.6.13.2 Requests are to be triaged by a mental health trained or qualified mental health care provider within 24-hours of being received, with the results of the triage being documented (determination of the request as being emergent, urgent or routine, and the disposition – referral or appointment made, or the offender seen).

4.6.13.3 A priority system for requests should be provided that has emergent and urgent requests being seen as soon as possible, and routine requests being seen within the same or next business day.

4.6.13.4 Mental health sick call shall be held in a clinic setting, at least five days per week at each facility.

4.6.13.5 Requests for psychotropic medications or when a referral for a psychiatric medication review/assessment is indicated, referrals to psychiatry staff or a psychiatric nurse shall be completed within seven days from the sick call appointment unless the referral is considered emergent or urgent. Emergent/urgent referrals shall be seen by psychiatry staff within 72-hours of the referral.

4.6.13.6 There are no co-pays for mental health sick call.

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.

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.

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.

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.

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.

(2) The levels of treatment provided, what type of treatment modalities utilized, and frequency of anticipated visits at each treatment level in the proposal.

(3) Discharge assessments and recommendations for the juvenile offender upon release.

(4) The collection of outcome data to enhance programming and methods utilized to collect outcome data.

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 antidepressants, 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.

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.
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.
(n) Pharmacy inventory.
(o) Formulary.
(p) Pharmacy & Therapeutics Committee.
(q) DEA License verification.
(r) Institutional Drug Room Licensure.
(s) Medication Renewal tracking system.
(t) Drug Storage and delivery services.
(u) IV drugs including chemotherapy drugs that can be safely administered by chemotherapy-certified staff at EDCF.
(v) Accountability and destruction processes.
(w) Stock medication supplies and approval.
(x) Back up pharmacy services.
(y) Hepatitis C direct acting antiviral treatment for all offenders identified with the disease.
(z) Medication treatment for offenders whose diagnosis currently has no identified medication regimen as new medication regimes are identified during the life of the contract that may prolong the life or cure the illness of such offenders in accordance with accepted community standards of care for such diseases.
4.7.2 Release Medications

4.7.2.1 The Contractor shall provide a seven (7) day supply of prescribed medications for offenders released in custody to appear in court or before some other official body or authority, and it is expected that the offender will return to KDOC custody after the court of official appearance.

4.7.2.2 The Contractor shall provide a thirty (30) day supply of release medications, including tri-cyclics to offenders being released into the community, if the offender can be trusted to handle the medication responsibly.

4.7.2.3 Offenders in need of closer supervision shall be assigned to a KDOC discharge planner and shall receive a seven (7) day supply of medication. The offender shall receive up to five (5) additional seven (7) day prescription refills at a pharmacy convenient to the offender’s residence.

4.7.2.4 The offender is responsible to purchase all medication requiring prescription refills from a local pharmacy. Prescription refills shall continue to be written by the facility HCP or psychiatrist until the offender successfully completes an initial health care visit, or forty-five (45) days from release from a KDOC facility, whichever comes first.

4.7.2.5 Bidders are encouraged submit proposals for extending release medications to 90 days post discharge to allow plenty of time for community provider follow-up appointments.

4.7.2.6 The Contractor shall provide a seven-day supply of medications to offenders released into the custody of another jurisdiction, such as county jail or Federal detainer.

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.

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.

(b) Administration, scoring, and interpretation of psychological testing, including Level of Service Inventory – Revised (LSI-R), Level of Service/Case Management Inventory (LS/CMI), Youth Level of Service/Case Management Inventory (YLS/CMI), personality instruments, intelligence screening and assessment instruments, traumatic brain injury screening tool, and other screening instruments, as determined by KDOC for each offender referred to the RDU, whether as a new admission or otherwise, for whom a thorough evaluation is indicated.
LSI-Rs will be done with fidelity; an interview will be done separately for LSI-R from any clinical interview; a rating will be done according to the rules and standards related to the LSI-R; detailed notes will be entered reflecting the reasoning for the rating; collateral checks will be done as necessary to confirm or glean necessary information for a complete risk/needs assessment, including criminal history and otherwise. Staff administering the LSI-R will participate in all training including initial, practice audios for feedback, refresher, booster, remedial and otherwise, as directed by KDOC. The raters will participate in observation and feedback sessions to ensure the fidelity of the LSI-R. Contractor will track and provide any data requested related to fidelity, interrater reliability, norming or other evaluation or research regarding the LSI-R. A representative from the Contractor will actively participate as a member of the LSI-R Steering Committee, providing input on policy and practice related to the LSI-R, and remain current on all training and policies related to the LSI-R. Contractor should describe how each of these elements of administering the LSI-R will be conducted and tracked, including specific positions responsible for each part of the LSI-R work. This requirement applies to admissions at EDCF RDU and TCF RDU.

(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.

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).
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.

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.

4.11.6.4 Complete access to the EHR and any/all paper health care records, meeting minutes, or other documents necessary to facilitate the ongoing peer review process.

4.11.7 The Contractor shall include a plan for an internal peer review program, established for HCPs practicing in the KDOC system. As part of the CQI program HCPs shall be required to evaluate their own and other HCP’s documentation of health care practices.

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:

4.12.6.1 Documenting UM activities, medical information, medical care plans using proprietary methods but not in the EHR.

4.12.6.2 Making UM care decisions by non-Kansas licensed physicians located outside of Kansas without access to the EHR.

4.12.6.3 Using alternative treatment plans that are not based on current standards of care.

4.12.6.4 The Contractor will conduct CQI studies of utilization practices such as the amount of time between submission of utilization requests to time of actual decisions, the amount of time between actual decision until necessary procedure/consultation scheduled, the amount of time between actual decision until procedure/consultation completed. The Contractor’s Regional Medical Director or designee will meet on a weekly/regular basis with the OHCC to jointly review UM activities and/or specific cases.

4.13 Reports and Manuals

4.13.1 The Contractor’s regional office staff is responsible for writing, maintaining and producing copies of reports, manuals and guidelines to assist facility staff in the daily handling of health care issues. The reports and manuals shall include, but not be limited to:

4.13.1.2 Quality Improvement Manual & Reports.
4.13.1.3 Infectious Disease Control Manual & Reports.
4.13.1.6 Hepatitis Control Protocols.
4.13.1.7 Treatment Guidelines.
4.13.1.9 Monthly Meeting minutes as required by NCCHC and/or ACA.
4.13.1.10 Health Services Report (sample provided in Appendix L, M, and N).
4.13.1.11 Inpatient Hospital Report.
4.13.1.12 Infirmary Report.
4.13.1.13 Infectious Disease Control Report.
4.13.1.15 All reports as described in this RFP.

4.13.2 The Contractor shall ensure all monthly reports are forwarded to KDOC by the 10th day of the following month for which they were written.

4.13.3 The Contractor shall ensure all manuals are reviewed and updated annually. A statement of annual review with all changes made to the manuals shall be forwarded to KDOC by July 1st each year.
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.

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.

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.

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.
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.

4.19 Health Care Equipment Fund

4.19.1 The Contractor shall be responsible for the acquisition of health care equipment. Health care equipment is defined as capital outlay items with a life expectancy of at least one year and an initial acquisition cost of $1,000. A sum of $280,000, payable to the Contractor on or about July 1 annually, shall be set aside for the sole purpose of for the acquisition of equipment. The Contractor shall obtain approval from the Director of Health Care Compliance, or designee, prior to obtaining any health care equipment pursuant to this section. Such approval shall not be unreasonably withheld.

4.19.2 All equipment acquired pursuant this section shall be become property of the KDOC.

4.19.3 At the end of each month, the Contractor shall provide to the OHCC and the KDOC Fiscal Services Division a report itemizing each item purchased pursuant to this section, the amount expended on each item, and the balance remaining in the health care equipment fund. The amount of any unauthorized purchase made from the health care equipment 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.
4.20 **Health Information Management**

4.20.1 Support for the current EHR system is shared between the health services Contractor and the KDOC. The Contractor shall be held accountable and report directly to the KDOC IT Director. There shall be an EHR Committee to be co-chaired with the KDOC IT Director or designee and the Director of Health Care Compliance or designee. The committee will select members from the KDOC and Contractor healthcare staff to sit on the committee. The committee must set project priorities, monitor performance, and facilitate information sharing with all stakeholders. These meetings will be held at KDOC premises on a quarterly basis. All funding, work product, and maintenance for EHR shall be controlled by the committee and documented quarterly.

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:
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.
   1. Scheduled
   2. Network
   3. Server
   4. Power
(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.

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 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.

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.
(d) Remaining useful life.
(e) Replacement cost.
(f) Comments.

4.20.4.7 The Contractor shall provide a secure wireless infrastructure meeting NIST, CJIS, ITEC, KDOC, and HRSA rules and regulations within all twelve (12) KDOC facilities to provided healthcare related services within but not limited to clinics, restrictive housing units, closed observation units, RDU and mental health units.

(a) 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:

1) Equipment serial number.
2) Utilization.
3) Latency and performance.
4) Date and time.
5) Jitter.
6) Transport connectivity.

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.

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.

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.

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.

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:

- Recognition and handling of medical complaints.
- Suicide potential and precautions.
- Mental illness care and management techniques.
- Mental retardation care and management techniques.
- Communicable diseases including, HIV, Hepatitis, MRSA, Universal Precautions, Cleaning Techniques, and TB.
- Chemical Dependency treatment models.
- Intake Screening.
- Discharge Planning.
- Behavior disorders vs. mental illness.
- Keep on Person Medication and Medication Administration guidelines.
- Training for officers and offender peers for suicide prevention companion program, end of life care companion program, and peer support group.
- 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.

4.22 Staffing

4.22.1 Base Staffing Plan Requirements
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.

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.

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.

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.

4.22.4.10 In an effort to keep vacant health care positions to a minimum, the Contractor agrees to keep health care position wages current with market forces. Prior to the commencement of this contract, Contractor will perform a market survey for all licensed health care professions (physicians, psychiatrists, APRNs, RNs, LPNs, EMTs, CMAs, psychologists, master’s level behavioral health professionals). A copy of the market survey will be submitted to the KDOC Human Resources Department, Executive Director of Contracts and Finance, and the Director of Health Care Compliance for review. Upon commencement of this contract, the licensed staff’s minimum rate of pay will be at the 50th percentile for their profession based on their licensure and experience. Any increase in pay resulting from said market survey shall be within the not to exceed amount agreed to in this Contract and not subject to renegotiation. On July 1 of each succeeding contract year, the Contractor will present a new market survey of all licensed health care professions with a plan to keep all licensed staff’s minimum rate of pay at the 50th percentile during the succeeding year. The initial and all subsequent market surveys shall be specific the area around each facility. The 50th percentile of the market survey will become the staffing deduction amount outlined in section 4.24.

4.22.5 Recruitment and Retention. Bidders must demonstrate their recruitment and retentions strategies and capabilities.

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.
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.

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 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.
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 the 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 noncompliant 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.

4.26 **Liquidated Damages**

4.26.1 KDOC may impose liquidated damages if it is determined that the Contractor is found to be non-compliant with any term of this contract not covered by sections 4.24 and 4.25. Liquidated damages shall be assessed on a per occurrence, per day basis. The amount of the liquidated damages shall increase after every 30 days that the item of non-compliance remains unresolved.
4.26.2 The Director of Health Care Compliance shall provide written cure notice to the Contractor's Regional Vice President when it is determined that the Contractor is found to be in non-compliance. Such written cure notice shall specify a cure period of at least 30 days. Should the Contractor fail to address the deficiency within the cure period, liquidated damages shall be assessed starting the first day following the end of the cure period. KDOC and the OHCC may extend the cure period if the Contractor has not fully resolved the issue of non-compliance but has shown improvement during the cure period. Liquidated damages shall accrue until the Contractor has addressed the deficiency to the satisfaction of the KDOC and OHCC.

4.26.3 Liquidated damages shall be collected in the form of an offset against the monthly payment to the Contractor. Such offsets shall occur until assessed liquidated damages are fully recouped.

4.26.4 Liquidated damages for the first 30 days following the expiration of the cure period shall be $125 per occurrence, per day. For each subsequent 30-day period, the amount shall increase by $25 per occurrence, per day, (i.e., $125 for days 31 – 60, $150 for days 61-90, etc.) until the deficiency is resolved.

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.

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.
5. COST SHEET

Contractor Name:__________________________________________________________

COST PROPOSAL

a. Bidders shall submit cost proposals which meet all the specifications outlined in this RFP and based on the staffing plan shown in Appendix F.

b. Cost proposal shall include total cost to provide services (not to exceed amount) for each fiscal year for the initial term and each year of the renewal options (Comprehensive Health Care Services – Not to Exceed Amount form). The not to exceed amounts should represent the total cost with no deductions for clinical performance guarantees, staffing deductions, and/or liquidated damages.

c. Cost proposals shall include the per capita cost by facility, by fiscal year (Comprehensive Health Care Cost Proposal by Facility form). As this contract will be for comprehensive health care services in which the Contractor will be responsible for all costs of care, the amounts shown are not intended to be caps but a measure by which the Procurement Negotiation Committee may compare and evaluate cost proposals.

d. Cost proposals shall itemize the anticipated cost of specific services outlined in the KDOC Comprehensive Cost Proposal Health Care Service Category Identification form. As this contract will be for comprehensive health care services in which the Contractor will be responsible for all costs of care, the amounts shown are not intended to be caps but a measure by which the Procurement Negotiation Committee may compare and evaluate cost proposals.

e. Hepatitis C alternate - Bidders shall include a base cost proposal and an alternate cost proposal in which KDOC would be responsible for procuring hepatitis C direct acting antiviral (DAA) drugs directly. The alternative proposal must be clearly separated and identified as the Hepatitis C alternate proposal.

f. Staffing plan alternate - Bidders may submit an alternate staffing plan with corresponding alternate cost proposal in addition to the base cost proposal. Alternate staffing proposals shall clearly discuss how the alternate staffing plan deliver quality health care which meets the community standard of care, ACA/NCCHC standards, and the specifications of this RFP. The alternative proposal must be clearly separated and identified as a staffing plan alternate proposal.

g. Alternative services - Bidders may submit more than one cost proposal for that reduce cost while maintaining quality health care standards. Proposals may be in an abbreviated form following the same format as the primary proposal, providing only that information that differs from the primary proposal. Each alternative proposal must be clearly separated and identified as an alternate services proposal.

h. The Facility Population, Infirmary, and Acuity Report (Appendix B) identifies both facility population as of August 31, 2019, and facility capacities. Bidders shall use the facility capacity numbers to determine the firm, fixed per-offender-per-day costs by facility, and when figuring population revenue adjustments.

i. Per capita adjustments are described in section 4.27 of this RFP. Using a separate sheet for each facility, identify per capita adjustments, by facility, based on the current population capacities identified in this RFP, for each year of the contract (included renewal options). Winfield Correctional Facility shall be bid separately from the Wichita Work Release Facility and El Dorado Correctional Facility shall be bid separately from the Oswego Correctional Facility. Per capita adjustments shall begin at ten percent (10%) over or under the facility capacity established in this RFP and shall identify any increased or decreased per-capita costs incrementally by ten percent (10%) up to one hundred (100%).
Comprehensive Health Care Cost Proposal
Not to Exceed Amount

Bidders shall present the total cost of services for each year of the contract. As this is a full-risk contract for comprehensive health care services, KDOC will not be responsible for costs incurred above the amount bid.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Not to Exceed Amount</th>
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<tbody>
<tr>
<td>FY 2021</td>
<td>$______________________</td>
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<td>FY 2022</td>
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<tr>
<td>Facility</td>
<td>FY 2021</td>
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<tr>
<td>Lansing - Medium/Maximum Minimum</td>
<td>Per Capita</td>
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<tr>
<td>Hutchinson - Central, South, East</td>
<td>Per Capita</td>
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<tr>
<td>El Dorado - Central, RDU</td>
<td>Per Capita</td>
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<tr>
<td>El Dorado - SE (Oswego CF)</td>
<td>Per Capita</td>
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<tr>
<td>Norton - Central, East (Stockton)</td>
<td>Per Capita</td>
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<td>Ellsworth - Central, East</td>
<td>Per Capita</td>
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<tr>
<td>Topeka - Central, I/J, RDU, North</td>
<td>Per Capita</td>
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<tr>
<td>Larned</td>
<td>Per Capita</td>
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<tr>
<td>Winfield</td>
<td>Per Capita</td>
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<tr>
<td>Wichita Work Release</td>
<td>Per Capita</td>
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<tr>
<td>Kansas Juvenile Corr. Complex</td>
<td>Per Capita</td>
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Comprehensive Health Care Cost Proposal
Health Care Services Category Identification

Each of these health care service categories shall be included in the comprehensive bid price. Project the total cost for each health care service category:

<table>
<thead>
<tr>
<th>Service</th>
<th>FY 2021</th>
<th>FY 2022</th>
<th>FY 2023</th>
<th>FY 2024</th>
<th>FY 2025</th>
<th>FY 2026</th>
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<tbody>
<tr>
<td>Offsite Hospital Care</td>
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<td>Outpatient Surgery/Site Ambul. Services</td>
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<tr>
<td>Pharmacy (excluding hep c DAA)</td>
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<td>RDU</td>
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<td>Behavioral Health &amp; Forensic Services</td>
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<tr>
<td>Hepatitis C DAA Treatment</td>
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<td>Electronic Health Record System</td>
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<tr>
<td>Overhead</td>
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<tr>
<td>Profit</td>
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</tbody>
</table>
Comprehensive Health Care Cost Proposal  
Per Capita Adjustment - by Facility Increase  

(Bidders will need to include this page separately for each facility and each fiscal year)  

FY: _________  

FACILITY__________________________________________  

Per-Offender-Per-Day Base Cost: ________________  

Total:________________________  

<table>
<thead>
<tr>
<th>POPULATION INCREASE %</th>
<th>INCREASE PER CAPITA AMOUNT</th>
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<tr>
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<td>90%</td>
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<td>100%</td>
<td>$________________________</td>
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</tbody>
</table>
Comprehensive Health Care Cost Proposal
Per Capita Adjustment - by Facility
Decrease

(Bidders will need to include this page separately for each facility and each fiscal year)

FY___________

FACILITY________________________________________

Per-Offender-Per-Day Base Cost:____________________ Total:____________________

<table>
<thead>
<tr>
<th>POPULATION DECREASE %</th>
<th>DECREASE PER CAPITA AMOUNT</th>
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<tbody>
<tr>
<td>10%</td>
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<td>100%</td>
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6. **Contractual Provisions Attachment**
   DA-146a Rev. 07/19

6.1. **Important**
   This form contains mandatory contract provisions and must be attached to or incorporated in all copies of any contractual agreement. If it is attached to the vendor/contractor’s standard contract form, then that form must be altered to contain the following provision: The Provisions found in Contractual Provisions Attachment (Form DA-146a, Rev. 07-19), which is attached hereto, are hereby incorporated in this contract and made a part thereof. The parties agree that the following provisions are hereby incorporated into the contract to which it is attached and made a part thereof, said contract being the _____ day of __________________, 20____.

6.2. **Terms Herein Controlling Provisions**
   It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the contract in which this attachment is incorporated. Any terms that conflict or could be interpreted to conflict with this attachment are nullified.

6.3. **Kansas Law and Venue**
   This contract shall be subject to, governed by, and construed according to the laws of the State of Kansas, and jurisdiction and venue of any suit in connection with this contract shall reside only in courts located in the State of Kansas.

6.4. **Termination Due to Lack of Funding Appropriation**
   If, in the judgment of the Director of Accounts and Reports, Department of Administration, sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, State may terminate this agreement at the end of its current fiscal year. State agrees to give written notice of termination to contractor at least thirty (30) days prior to the end of its current fiscal year and shall give such notice for a greater period prior to the end of such fiscal year as may be provided in this contract, except that such notice shall not be required prior to ninety (90) days before the end of such fiscal year. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided State under the contract. State will pay to the contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any such equipment. Upon termination of the agreement by State, title to any such equipment shall revert to contractor at the end of the State's current fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.

6.5. **Disclaimer of Liability**
   No provision of this contract will be given effect that attempts to require the State of Kansas or its agencies to defend, hold harmless, or indemnify any contractor or third party for any acts or omissions. The liability of the State of Kansas is defined under the Kansas Tort Claims Act (K.S.A. 75-6101, et seq.).

6.6. **Anti-Discrimination Clause**
   The contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44 1001, et seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111, et seq.) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101, et seq.) (ADA), and Kansas Executive Order No. 19-02, and to not discriminate against any person because of race, color, gender, sexual orientation, gender identity or expression, religion, national origin, ancestry, age, military or veteran status, disability status, marital or family status, genetic information, or political affiliation that is unrelated to the person's ability to reasonably perform the duties of a particular job or position; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) Contractor agrees to comply with all applicable state and federal anti-discrimination laws and regulations; (g) Contractor agrees all hiring must be on the basis of individual merit and qualifications, and discrimination or harassment of persons for the reasons stated above is prohibited; and (h) if it is determined that the contractor has violated the provisions of any portion of this paragraph, such violation shall constitute a breach of contract.
and the contract may be canceled, terminated, or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

6.7. **Acceptance of Contract**
This contract shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.

6.8. **Arbitration, Damages, Warranties**
Notwithstanding any language to the contrary, no interpretation of this contract shall find that the State or its agencies have agreed to binding arbitration, or the payment of damages or penalties. Further, the State of Kansas and its agencies do not agree to pay attorney fees, costs, or late payment charges beyond those available under the Kansas Prompt Payment Act (K.S.A. 75-6403), and no provision will be given effect that attempts to exclude, modify, disclaim or otherwise attempt to limit any damages available to the State of Kansas or its agencies at law, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose.

6.9. **Representative’s Authority to Contract**
By signing this contract, the representative of the contractor thereby represents that such person is duly authorized by the contractor to execute this contract on behalf of the contractor and that the contractor agrees to be bound by the provisions thereof.

6.10. **Responsibility For Taxes**
The State of Kansas and its agencies shall not be responsible for, nor indemnify a contractor for, any federal, state or local taxes which may be imposed or levied upon the subject matter of this contract.

6.11. **Insurance**
The State of Kansas and its agencies shall not be required to purchase any insurance against loss or damage to property or any other subject matter relating to this contract, nor shall this contract require them to establish a "self insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101, et seq.), the contractor shall bear the risk of any loss or damage to any property in which the contractor holds title.

6.12. **Information**
No provision of this contract shall be construed as limiting the Legislative Division of Post Audit from having access to information pursuant to K.S.A. 46-1101, et seq.

6.13. **The Eleventh Amendment**
"The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment."

6.14. **Campaign Contributions / Lobbying**
Funds provided through a grant award or contract shall not be given or received in exchange for the making of a campaign contribution. No part of the funds provided through this contract shall be used to influence or attempt to influence an officer or employee of any State of Kansas agency or a member of the Legislature regarding any pending legislation or the awarding, extension, continuation, renewal, amendment or modification of any government contract, grant, loan, or cooperative agreement.