



COUNTY ATTORNEY

Fort Bend County, Texas

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County Attorney

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REVIEW FORM

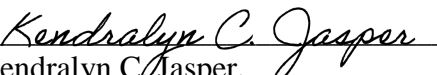
Attorney/Client Privileged Document

On September 16, 2024, the County Attorney's Office reviewed the following:

25-SO-100031 – R25-001 Inmate Medical Services.

Comments: **Approved as to legal form for the attached document.**

BRIDGETTE SMITH-LAWSON
FORT BEND COUNTY ATTORNEY


Kendralyn C. Jasper,
Assistant County Attorney

STATE OF TEXAS

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COUNTY OF FORT BEND

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KNOW ALL MEN BY THESE PRESENTS:

AGREEMENT FOR INMATE MEDICAL SERVICES
PURSUANT TO RFP 25-001

This Agreement for Inmate Medical Services (hereinafter, the “Agreement”) entered into by and between Fort Bend County, a body corporate and politic under the laws of the State of Texas, by and through the Fort Bend County Commissioners Court (hereinafter referred to as the “County”), and Wellpath LLC (hereinafter, “Wellpath” or “Company”), a Delaware Limited Liability Company authorized to conduct business in the state of Texas. County and Wellpath may be referred to individually as a “party” or collectively as the “parties.”

RECITALS

WHEREAS, County is charged by Texas law, by and through the County Sheriff (hereinafter “Sheriff”), with the responsibility of providing reasonably necessary medical care for inmates at the Fort Bend County Jail located at 1410 Richmond Pkwy, Richmond, TX 77469 (hereinafter “Facility” or “Jail”) which is under the supervision and control of the Sheriff or his/her designees; and

WHEREAS, County desires that Wellpath provide inmate medical and mental health care services of patients with the custody of Facility in accordance with applicable law, as requested by the Fort Bend County Sheriff’s Office (hereinafter “Services”) pursuant to RFP 25-001; and

WHEREAS, Wellpath represents that it is qualified and desires to perform such services;

NOW, THEREFORE, in consideration of the covenants and promises hereinafter made, the Parties hereto agree as follows:

AGREEMENT

Section 1. Scope of Services

- A. For purposes for this Agreement the following have been designated as Contract Administrators:

Fort Bend County	Captain T. Chesser or (alternately Major J. Webb)
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Wellpath	Cindy Watson, President, Local Government
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- B. Wellpath shall render Services outlined in Wellpath's Technical and Price Proposal dated May 14, 2024 in response to RFP 25-001 and Revised Budget Table and Staffing Matrix dated July 15, 2024, collectively attached hereto Exhibit "A" and incorporated herein, that meet or exceed the requirements of the TEXAS COMMISSION ON JAIL STANDARDS ("TCJS") and in accordance with the attached and incorporated Exhibit A. Wellpath's responsibility for medical care for each inmate commences once the individual has been physically booked into the Fort Bend County Jail for housing and is under the care, custody, and control of the Sheriff, such individual(s) being hereinafter referred to in this Agreement as "inmate(s)". In the event an inmate is not physically in custody at the Facility when booked, the Sheriff must provide effective notification to Wellpath's staff for Wellpath to commence appropriate services for such an inmate. Wellpath shall provide first responder health care services for all persons upon arrival at the Facility. As more specifically enumerated in Exhibit A, Wellpath shall provide all professional medical, dental, treatment for optical injuries (within Wellpath's on-site capabilities and scope of practice) and/or diseases, arrange and coordinate off-site vision care and perform related health care and administrative services for the inmates in custody of the Sheriff at the Facility in accordance with the standards established by the Texas Commission on Jail Standards, The National Commission on Correctional Health Care (NCCHC), and American Correctional Association (ACA). Wellpath's treatment responsibility regarding an inmate's medical care ends with the discharge of the inmate.
- C. Medical Clearance & Inmate Workers. Wellpath will examine and provide medical clearance for all inmate workers, as requested by the Jail Commander. The medical clearance process will be completed within 24 hours of receiving the list of inmates to be cleared unless laboratory testing necessarily increases the time required to be cleared. Notwithstanding the foregoing, Wellpath's healthcare services for inmates shall take precedence over this obligation.
- D. Mental Health Services. In addition to the mental health services specified in Exhibit A, Wellpath shall provide services for the completion of secondary evaluations for Court Ordered Medications pursuant to Texas Health and Safety Code § 574.106, Texas Code of Criminal Procedure Article 46B.086, and/or as required by law. Wellpath shall also provide civil commitment certifications. However, Wellpath's compensation for services is no way dependent on whether Wellpath or their personnel determines that the individual being evaluated should or should not be considered for court-ordered medication or mental health services. Wellpath agrees to comply with each of the obligations within this subsection so long as such services do not interfere with the integrity of Wellpath's therapeutic partnership with its patients. In other words, Wellpath shall not be obligated under any circumstances to collect forensic information. Further, Wellpath, in its sole and reasonable discretion, shall determine whether a requested service has the potential to jeopardize the integrity of the therapeutic relationship.

- E. Medical Waste. Wellpath shall arrange for the removal and proper disposal of all medical waste generated under this Agreement in accordance with applicable state laws and OSHA standards. However, the County shall bear the cost of the proper removal and disposal of said waste through a specific budget allotment.
- F. Inmate and Staff Education. Wellpath shall conduct an ongoing health education program for inmates at the Facility with the objective of raising the level of inmate health and health care. Wellpath staff will provide relevant training to County staff as required by accrediting bodies, including but not limited to mental health, behavioral change treatment curriculum and suicide prevention, as approved by the Sheriff's Office. Wellpath will also work with the Sheriff to provide correctional staff with health care training as desired by the Sheriff and as Wellpath is able to accommodate without jeopardizing the quality of inmate care.
- G. Telehealth. Some of the Routine On-Site Services to be rendered by Wellpath may be supplied remotely using telehealth. The appropriateness of the use of telehealth for any given patient/service and the conditions under which it may be used shall be based upon the professional judgment of Wellpath in conjunction with Staffing Matrix constraints. Professional liability insurance coverage procured by Wellpath shall provide coverage for treatment and consultations of inmates and detainees when supplied in a telehealth setting. The County shall not attempt to access, without authorization, any audio or visual recordings of any sessions with patients that take place in a telehealth session; additionally, the County shall ensure that no other persons are present during, or have access to any information from, any such sessions or make any similar recordings. County shall not access the sessions from any computer or internet connection. In furtherance of this provision's stated objectives, Wellpath shall fully comply with all laws, rules, and regulations specific to the provision of telehealth services. Such compliance shall be in addition to Wellpath's adherence to its ancillary policies and procedures, NCCHC Standards, and nursing protocols.
 - 1. Off-site Medical Care. County has contracted with Wellpath to provide necessary and appropriate health care to meet the serious medical and mental needs of inmates at the Facility. Wellpath shall monitor all inmates sent off-site for medical care and shall ensure that appropriate care is rendered in a timely manner.
 - 2. Off-site costs are defined to mean all medical, mental, and dental services performed away from the Facility, including but not limited to hospitalization, emergency room visits (to address an emergency medical condition(s)), ambulance transportation expenses (including Life Flight type transportation) outpatient surgeries, outpatient physician consultations, specialist fees, dialysis and diagnostic services performed offsite for County inmates.
 - 3. The County or its designated representative(s) shall provide security (at the County's cost) as necessary and appropriate in connection with the transportation of any inmate between the Facility and any other location for off-site services.

4. Wellpath is not financially responsible for off-site care. However, costs for off-site care shall be billed to Wellpath who shall review billing for accuracy and reasonableness. Wellpath shall remit payment on behalf of County to be reimbursed for same in accordance with Section 4 of this Agreement.

H. Routine On-Site Services shall not include:

1. BODY CAVITY SEARCHES/COLLECTION OF PHYSICAL EVIDENCE. Wellpath health care staff will not perform body cavity searches, nor collect physical evidence (blood, hair, semen, saliva, etc.).
2. Wellpath shall not be responsible for any medical testing or obtaining samples which are forensic in nature. Inmates assigned to any work release program who are not housed at the Facility are personally responsible for the costs of any medical services provided.
3. Elective Medical Care. Wellpath shall not be responsible for providing or the costs associated with elective care to inmates at the Facility. For purposes of this Agreement, "elective medical care" includes medical care which, if not provided, would not, in the opinion of Wellpath's medical director, cause the inmate's health to deteriorate or cause definite harm to the inmates wellbeing. Such decisions concerning medical care shall be consistent with general NCCHC and ACA standards. In the event of a dispute between Wellpath and the County, the decision of Wellpath's medical director shall be final. The County will be responsible for elective medical care that they deem necessary.
4. All inmates shall be medically cleared for booking into the Facility when medically stabilized and the inmate's medical condition no longer requires immediate emergency medical care or outside hospitalization so that the inmate can be reasonably housed at the Facility.
5. Wellpath shall not be financially responsible for the cost of any medical treatment or health care services provided to any inmate prior to the inmate's commitment into the Sheriff's custody. In the event County refuses an inmate at booking and requires the arresting agency to obtain a "fit-for-jail" release from a local hospital, County shall be responsible for costs incurred for the "fit-for-jail" and Wellpath shall be responsible for processing payment of the "fit-for-jail." However, if a "fit-for-jail" is obtained prior to presentment at booking, the arresting agency shall be responsible for payment of the "fit-for-jail." Wellpath shall safeguard against payment of any invoices for "fit-for-jails" that are not authorized by County.
6. Wellpath shall not be responsible for the provision or cost of any offsite mental health services. In the event any inmate requires inpatient mental health services, County shall bear the cost.
7. Wellpath shall not be responsible for medical costs associated with the medical care of any infants born to inmates. Wellpath shall provide health care services to pregnant inmates; however, health care services provided to an infant following birth will not be the responsibility of Wellpath.

8. Transportation Services. To the extent any inmate requires off-site health care treatment, the Sheriff/Designated Representative(s), shall, upon prior request from Wellpath, its agents, employees or contractors, provide transportation as reasonably available, provided that such transportation is scheduled in advance. County shall be financially responsible for all transportation costs.
- I. Wellpath agrees to use best efforts to avoid any interruptions in service and ensure day-to-day operational requirements continue to be met with any previous or future provider of inmate health services to County.
- J. Included in the inmate population are inmates incarcerated on behalf of jurisdictions other than the Fort Bend County. Wellpath shall promptly comply with County's Contract Administrator's requests for documentation of treatment provided to these inmates to assist County in seeking reimbursement for the medical expenses and costs of pharmaceuticals incurred on behalf of such inmates.
- K. Comprehensive Quality Improvement & Wellpath's Patient Safety Organization (PSO) Program. Wellpath shall develop a comprehensive quality improvement program of regularly scheduled audits of all inmate health care services provided under this Agreement, documentation of deficiencies, and plans for correction of deficiencies. The quality improvement plan shall include a provision for peer review in accordance with the Wellpath Peer Review Program on an annual basis. The results of the peer review shall be provided to the Sheriff and available for any accreditation. Additionally, the parties agree to participate in monthly Medical Audit Committee ("MAC") meetings to evaluate the Facility healthcare program on an ongoing basis across all disciplines of services provided. Designated Representatives of both Wellpath and County, and any other appropriate personnel or designees will confer and discuss in accordance with a set agenda, health services statistics regarding the Facility by category of care, costs of services, coordination between security and health services and identified issues and program needs. Notwithstanding the foregoing, at Wellpath's election/preference (and within its sole and absolute discretion), the foregoing discussed Comprehensive Quality Improvement program shall be separate and apart from Wellpath's PSO Program established pursuant to and governed by the Patient Safety and Quality Improvement Act of 2005 and its companion regulations.

Section 2. Personnel

- A. Wellpath represents that it presently has, or is able to obtain, adequate qualified personnel in its employment for the timely performance of the Scope of Services required under this Agreement and that Wellpath shall furnish and maintain, adequate and sufficient personnel, in the opinion of County, to perform the Scope of Services when and as required and without delay. All persons (whether Wellpath employees or Wellpath contractors) providing services under this Agreement shall submit to a background investigation as directed by the Sheriff.

- B. All employees of Wellpath shall have such knowledge and experience as will enable them to perform the duties assigned to them. Any employee of Wellpath who, in the reasonable opinion of County, is incompetent or by his conduct becomes detrimental to the project shall, upon request of County, be immediately removed from association with the project.
- C. Wellpath shall recruit, interview, hire, train and administratively supervise all medical, technical and support personnel as necessary for providing health care services to inmates at the Facility, in accordance with the Staffing Matrix, included in the attached Exhibit A (page 2 of Revised Budget Table and Staffing Matrix dated July 15, 2024) pursuant to RFP 25-001. Wellpath represents, such representation being essential to this Agreement, that this agreed upon Staffing Matrix is sufficient to provide appropriate and necessary health care services that complies with the requirements of the TEXAS COMMISSION ON JAIL STANDARDS for an inmate population with an **Average Daily Population of 900**. Wellpath agrees to fill any staffing vacancies that may occur promptly.
- D. All Wellpath employees and contractors will wear Identification badges at all times in a visible manner. Wellpath shall return all identification badges and/or visitor passes immediately after an employee, contractor, or any agent or representative of Wellpath's resignation, removal, termination, or re-assignment.
- E. All personnel provided or made available by Wellpath to provide services hereunder shall be licensed, certified or registered, as appropriate, in their respective areas of expertise as required by all applicable law.

Section 3. Medical Records and Reports

- A. Wellpath shall maintain complete and accurate electronic medical records (hereinafter "EMR") for every inmate regarding medical, dental, or mental health services received as a result of the inmate screening process and for services rendered following the inmate's assignment to a housing area. For purposes of this Agreement, an EMR is a real-time transaction processing database of medical information. Records will be kept in a professional and legally compliant manner consistent with the accepted practices of the professional medical community. These records shall be kept separate from the jail confinement records of the inmate. Records retention, expunction, and destruction will be coordinated with the County in accordance to all records retention laws.
- B. Wellpath shall utilize the EMR software chosen by the Sheriff, which is currently, CorEMR. The cost to integrate Wellpath's system with CorEMR and any applicable usage fees shall be Wellpath's initial responsibility. However, the County acknowledges and agrees that any WELLPATH costs, expenses, and usage fees associated with CorEMR/Wellpath system integration shall be budgeted, reconciled, and reimbursed to Wellpath as further detailed in this Agreement. Wellpath shall manage the system beginning on the Effective Date of this Agreement and shall ensure that the most updated software for system is installed.
- C. Wellpath acknowledges compliance with and understanding of all applicable HIPAA and state law medical privacy requirements. Wellpath shall develop and implement policies, standards and procedure to protect the confidentiality and security of all records and ensure that all employees are trained to adhere to security requirements. The retention

of all records shall comply with applicable State and Federal laws and it is the responsibility of Wellpath to ensure compliance. Any penalty incurred by County, which is attributable to the negligent conduct of Wellpath, for a violation of HIPAA, shall be reimbursed by Wellpath in accordance with this Agreement.

- D. In any case where medical care is at issue, or in any criminal or civil litigation where the physical or mental condition of an inmate is at issue, Wellpath shall make all records accessible to the Sheriff, Jail Commander, Contract Administrator, District Attorney, or County Attorney; such disclosure being authorized by 45 C.F.R. §164.512(k)(5) including but not limited to: the administration and maintenance of the safety, security, and good order of the Fort Bend County Jail.
- E. Wellpath shall prepare health summaries to be sent with inmates transferred to the Texas Department of Corrections. Wellpath will ensure that inmates and health summaries are appropriately prepared for transfer within 24 hours of receiving the list of inmates being transferred, or as necessary.
- F. If an inmate medical record cannot be located within twenty-four (24) hours of a discovered loss, the Contract Administrator shall be immediately notified.
- G. Fort Bend County shall be the absolute and unqualified owner of all inmate medical records. Wellpath shall ensure that inmate health information is available to meet the needs of continued patient care, legal requirements, research, education, and other legitimate uses. For purposes of subpoenas, Wellpath shall be the custodian of records.

Section 4. Compensation, Payment, and Periodic Reconciliation of Actual Costs and Expenses.

- A. For services provided in the Agreement beginning October 1, 2024 through September 30, 2025, the Maximum Compensation for the performance of Services within the Scope of Services described in Exhibit A is Ten Million One Hundred Thousand Two Hundred Fifty-five and no/100 dollars (\$10,100,255.00).
- B. County shall also reimburse Wellpath for its agreed upon and approved actual costs and expenses associated with providing services in accordance with the operational budget shown in Exhibit A (Revised Budget Table and Staffing Matrix dated July 15, 2024) with no additional fee, cost, or expense to be added. Should Wellpath's actual costs and expenses exceed the budgeted amounts set forth in Exhibit A (Revised Budget Table and Staffing Matrix dated July 15, 2024), the County shall reimburse Wellpath for those additional actual costs and expenses with no penalty, fee, or cost imposed to reduce said reimbursement, but subject to the County's right to retrospectively audit. Wellpath shall provide notice to the County as soon as reasonably practical when such additional costs and expenses (for budgeted amounts) are reasonably anticipated to, or are known to, have exceeded the amount set forth in budget in Exhibit A (Revised Budget Table and Staffing Matrix dated July 15, 2024). Alternatively, Wellpath must receive confirmation that the County Auditor has certified additional funds before incurring amounts (a) in excess of the maximum sum identified in Section 5 or (b) amounts that are outside the scope of this Agreement.

- C. At the request of the County, Wellpath will allow an independent audit firm selected and paid for solely by County to audit Wellpath's County related books and records (in whatever form kept) to verify the utilization of agreed-upon procedures and fees for medical billings. Wellpath shall maintain such records in accordance with recognized accounting practices. This audit right will survive for the one (1) year period following expiration or termination of this or any renewal agreement. Prompt adjustments shall be made by Wellpath to compensate for any substantiated errors or omissions disclosed by such review or examination.

Section 5. Limit of Appropriation

- A. Wellpath clearly understands and agrees, such understanding and agreement being of the absolute essence of this Agreement, that County shall have available the total maximum sum of Ten Million One Hundred Thousand Two Hundred Fifty-five and no/100 dollars (\$10,100,255.00) certified as available by the County Auditor specifically allocated to fully discharge any and all liabilities County may incur.
- B. It is expressly understood and agreed that County has available Ten Million One Hundred Thousand Two Hundred Fifty-five and no/100 dollars (\$10,100,255.00) which represents the total maximum sum of certified as available by the County Auditor for the purpose of satisfying County's obligations under the terms and provisions of this Agreement; that notwithstanding anything to the contrary, or that may be construed to the contrary, the liability of County as to payment under the terms and provisions of this Agreement is limited to this sum, plus additional amounts of funds from time to time certified available pursuant to Sections 111.061 through 111.073 of the Local Government Code, as amended, for the purpose of satisfying County's obligations under the terms and provisions of this Agreement; and that when and if all the funds so certified are expended for the purpose of satisfying County's obligations under the terms and provisions of this Agreement, the sole and exclusive remedy of Wellpath is to terminate this Agreement.
- C. Wellpath does further understand and agree, said understanding and agreement also being of the absolute essence of this Agreement, that the total maximum compensation that Wellpath may become entitled to and the total maximum sum that County may become liable to pay to Wellpath shall not under any conditions, circumstances, or interpretations thereof exceed Ten Million One Hundred Thousand Two Hundred Fifty-five and no/100 dollars (\$10,100,255.00), the maximum sum certified as available by the County Auditor.

Section 6. Term

This Agreement shall commence on at 12:00 a.m. on October 1, 2024, and end at 11:59:59 p.m. on September 30, 2027 (the "Term"). Fort Bend County may request to renew/extend this original Agreement. Each renewal/extension, if any, shall be subject to the mutual written concurrence of the Parties.

Section 7. Termination

- A. Termination for Convenience: This contract may be terminated by either Party for any reason by giving (90) days written notice of intent to terminate.
- B. Termination for Default
 - 1. County may terminate the whole or any part of this Agreement for cause in the following circumstances:
 - a. If Wellpath fails to perform services within the time specified in the Scope of Services or any extension thereof granted by the County in writing;
 - b. If Wellpath materially breaches any of the covenants or terms and conditions set forth in this Agreement or fails to perform any of the other provisions of this Agreement or so fails to make progress as to endanger performance of this Agreement in accordance with its terms, and in any of these circumstances does not cure such breach or failure to County's reasonable satisfaction within a period of thirty (30) calendar days after receipt of notice from County specifying such breach or failure.
 - 2. If, after termination, it is determined by County that for any reason whatsoever that Wellpath was not in default, or that the default was excusable, services may continue in accordance with the terms and conditions of this Agreement or the rights and obligations of the parties shall be the same as if the termination had been issued for the convenience of the County in accordance with Section 7A above.
- C. Upon termination of this Agreement, County shall compensate Wellpath in accordance with Section 4, above, for those services which were provided under this Agreement prior to its termination, and which have not been previously invoiced to County. Wellpath's final invoice for said services will be presented to and paid by County in the same manner set forth in Section 4 above.
- D. If County terminates this Agreement as provided in this Section, no fees of any type, other than fees which have been earned and costs/expenses appropriate for reimbursement following reconciliation shall be paid to Wellpath in the ordinary course, notwithstanding the fact that such payments would occur after termination.

Section 8. Modifications and Waivers

- A. The parties may not amend or waive this Agreement, except by a written agreement executed by both parties.
- B. No failure or delay in exercising any right or remedy or requiring the satisfaction of any condition under this Agreement, and no course of dealing between the parties, operates as a waiver or estoppel of any right, remedy, or condition.

- C. The rights and remedies of the parties set forth in this Agreement are not exclusive of, but are cumulative to, any rights or remedies now or subsequently existing at law, in equity, or by statute.

Section 9. Property Disposition Upon Termination

Wellpath shall be allowed to remove its property from the Facility including its proprietary Policies and Procedures, Manuals, Training Material, and Forms. Nothing herein shall be construed to require Wellpath to provide copies of policies, procedures, manuals, training materials and/or forms to County or any successor provider, it being understood that such materials are proprietary to Wellpath. Additionally, because the County is obligated to pay for all medications and medical supplies, upon termination said items shall remain on-site as title vests with the County.

Section 10. Inspection of Books and Records

Wellpath will permit County, or any duly authorized agent of County, to inspect and examine the books and records of Wellpath (relative to the County) for the purpose of verifying the amount of work performed under the Scope of Services. County's right to inspect survives the termination of this Agreement for a period of four (4) years.

Section 11. Insurance

- A. Prior to commencement of the Services, Wellpath shall furnish County with properly executed certificates of insurance which shall evidence all insurance required. Insurance shall not be canceled, except on 30 days' prior written notice from Wellpath to County. Wellpath shall provide blanket insurance endorsements if requested by County. Wellpath shall maintain such insurance coverage from the time Services commence until Services are completed and provide replacement certificates, and endorsements for any such insurance expiring prior to completion of Services. Wellpath shall obtain such insurance written on an Occurrence or Claims Made form from such companies having Bests rating of A-/VIII or better, licensed or approved to transact business in the State of Texas, and shall obtain such insurance of the following types and minimum limits:
1. Workers' Compensation insurance. Substitutes to genuine Workers' Compensation Insurance will not be allowed.
 2. Employers' Liability insurance with limits of not less than \$1,000,000 per injury by accident, \$1,000,000 per injury by disease, and \$1,000,000 per bodily injury by disease.
 3. Commercial general liability insurance with a limit of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate. Policy shall cover liability for bodily injury, personal injury, and

property damage and products/completed operations arising out of the business operations of the policyholder. The Commercial General Liability Blanket Additional Insured endorsement including on-going and completed operations coverage will be submitted with the Certificates of Insurance. For Commercial General Liability, the County shall be named as an Additional Insured on a Primary & Non-Contributory basis for legal liability from the negligence of Wellpath. In the event of a claim alleging legal liability caused by the negligence or wrongful conduct of both Contractor and County, County shall look to its own insurance as “primary” and shall defend itself through its own insurance.

4. Business Automobile Liability coverage with a combined Bodily Injury/Property Damage limit of not less than \$1,000,000 each accident. The policy shall cover liability arising from the operation of licensed vehicles by policyholder.
 5. Professional Liability (Medical Malpractice) Insurance with limits of not less than \$1,000,000 each occurrence, \$3,000,000 aggregate. Such insurance will cover all professional services rendered by or on behalf of Contractor and its subcontractors under this Agreement. Renewal policies written on a claims-made basis will maintain the same retroactive date as in effect at the inception of this Agreement. If coverage is written on a claims made basis, Contractor agrees to purchase an Extended Reporting Period Endorsement, effective for three (3) full years after the expiration or cancellation of the policy or renew a policy with the original retroactive date. No professional liability policy written on an occurrence form will include a sunset or similar clause that limits coverage unless such clause provides coverage for at least three (3) years after the expiration or cancellation of this Agreement.
- B. County and the members of Commissioners Court shall be named as additional insured to all required coverage except for Workers’ Compensation and Professional Liability (if required). All Liability policies written on behalf of Wellpath shall contain a waiver of subrogation in favor of County and members of Commissioners Court. For Commercial General Liability and Medical Professional Liability, the County shall be named as an Additional Insured on a Primary & Non-Contributory basis for legal liability caused by the negligence of Wellpath.
- C. If required coverage is written on a claims-made basis, Wellpath warrants that any retroactive date applicable to coverage under the policy precedes the effective date of the Contract and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of 3 years beginning from the time the work under this Contract is completed.

- D. Wellpath shall not commence any portion of the work under this Contract until it has obtained the insurance required herein and certificates of such insurance have been filed with and approved by Fort Bend County.
- E. No cancellation of the policies, may be made without thirty (30) days prior, written notification to Fort Bend County by Wellpath.
- F. Approval of the insurance by Fort Bend County shall not relieve or decrease the liability of Wellpath.

Section 12. Indemnity

WELLPATH SHALL DEFEND AND INDEMNIFY COUNTY AGAINST ALL LOSSES, LIABILITIES, CLAIMS, CAUSES OF ACTION, AND OTHER EXPENSES, INCLUDING REASONABLE ATTORNEYS FEES, ARISING FROM ACTIVITIES THAT RESULT FROM THE NEGLIGENT ACT, ERROR, OR OMISSION IN WHOLE OR IN PART OF WELLPATH, ITS AGENTS, SERVANTS OR EMPLOYEES, PERFORMED UNDER THIS AGREEMENT EXCEPT THAT NEITHER WELLPATH NOR ANY OF ITS SUBCONTRACTORS, EMPLOYEES, AGENTS, OR SERVANTS SHALL BE LIABLE FOR ANY INJURY OR DAMAGE CAUSED BY OR RESULTING FROM THE NEGLIGENT ACT, ERROR, OR OMISSION OF COUNTY, OR THEIR OFFICERS, AGENTS, AND EMPLOYEES. THE PARTIES AGREE THAT THIS INDEMNIFICATION PROVISION SHALL APPLY DURING THE PERFORMANCE OF SERVICES AS WELL AS DURING THE PERFORMANCE OF ANY CONTINUING OBLIGATIONS THAT MAY EXIST (IF ANY) AFTER THE EXPIRATION OF THIS AGREEMENT. WHERE WELLPATH HAS A DUTY TO DEFEND AND INDEMNIFY, WELLPATH SHALL OBTAIN A GLOBAL RELEASE OF LIABILITY FOR THE COUNTY TO INCLUDE ITS' ELECTED/APPOINTED OFFICIALS AND ITS' EMPLOYEES/VOLUNTEERS.

Section 13. Confidential and Proprietary Information

- A. Wellpath acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire information that is confidential to County. Any and all information of any form obtained by Wellpath or its employees or agents from County in the performance of this Agreement shall be deemed to be confidential information of County ("Confidential Information"). Any reports or other documents or items (including software) that result from the use of the Confidential Information by Wellpath shall be treated with respect to confidentiality in the same manner as the Confidential Information. Confidential Information shall be deemed not to include information that (a) is or becomes (other than by disclosure by Wellpath) publicly known or is contained in a publicly available document; (b) is rightfully in Wellpath's possession without the obligation of nondisclosure prior to the time of its disclosure under this Agreement; or (c) is independently developed by employees or agents of Wellpath who can be shown to have had no access to the Confidential Information.
- B. Wellpath agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Wellpath uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use

Confidential Information for any purposes whatsoever other than the provision of Services to County hereunder, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential. Wellpath shall use its best efforts to assist County in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limitation of the foregoing, Wellpath shall advise County immediately in the event Wellpath learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Agreement and Wellpath will at its expense cooperate with County in seeking injunctive or other equitable relief in the name of County or Wellpath against any such person. Wellpath agrees that, except as directed by County, Wellpath will not at any time during or after the term of this Agreement disclose, directly or indirectly, any Confidential Information to any person, and that upon termination of this Agreement or at County's request, Wellpath will promptly turn over to County all documents, papers, and other matter in Wellpath's possession which embody Confidential Information.

- C. Wellpath acknowledges that a breach of this Section, including disclosure of any Confidential Information, or disclosure of other information that, at law or in equity, ought to remain confidential, will give rise to irreparable injury to County that is inadequately compensable in damages. Accordingly, County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Wellpath acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interest of County and are reasonable in scope and content.
- D. Wellpath in providing all services hereunder agrees to abide by the provisions of any applicable Federal or State Data Privacy Act.
- E. Wellpath expressly acknowledges that County is subject to the Texas Public Information Act, TEX. GOV'T CODE ANN. §§ 552.001 et seq., as amended, and notwithstanding any provision in the Agreement to the contrary, County will make any information related to the Agreement, or otherwise, available to third parties in accordance with the Texas Public Information Act. Any proprietary or confidential information marked as such provided to County by Wellpath shall not be disclosed to any third party, except as directed by the Texas Attorney General in response to a request for such under the Texas Public Information Act, which provides for notice to the owner of such marked information and the opportunity for the owner of such information to notify the Attorney General of the reasons why such information should not be disclosed. The terms and conditions of this Agreement are not proprietary or confidential information.

Section 14. Independent Contractor

- A. In the performance of work or services hereunder, Wellpath shall be deemed an independent contractor, and any of its agents, employees, officers, or volunteers performing work required hereunder shall be deemed solely as employees of Wellpath or, where permitted, of its subcontractor.

- B. Wellpath and its agents, employees, officers, or volunteers shall not, by performing work pursuant to this Agreement, be deemed to be employees, agents, or servants of County and shall not be entitled to any of the privileges or benefits of County employment.
- C. Wellpath may engage certain healthcare professionals as independent contractors rather than as employees. The County or its designated representative(s) shall conduct a background investigation and reasonably approve such professionals. Wellpath shall exercise administrative supervision over such professionals necessary to ensure the strict fulfillment of the obligations contained in this Agreement.

Section 15. Notices

- A. Each party giving any notice or making any request, demand, or other communication (each, a "Notice") pursuant to this Agreement shall do so in writing and shall use one of the following methods of delivery, each of which, for purposes of this Agreement, is a writing: personal delivery, registered or certified mail (in each case, return receipt requested and postage prepaid), or nationally recognized overnight courier (with all fees prepaid).
- B. Each party giving a Notice shall address the Notice to the receiving party at the address listed below or to another address designated by a party in a Notice pursuant to this Section:

County: Fort Bend County
Attn: County Judge
401 Jackson, 1st Floor
Richmond, Texas 77469

With a copy to: Fort Bend County
Attn: Sheriff
1840 Richmond Pkwy
Richmond, TX 77469

Fort Bend County
Attn: Purchasing Agent
301 Jackson, Ste. 201
Richmond, Texas 77469

Provider: Wellpath LLC
Attn: Division President – Local Government
3340 Perimeter Hill Drive
Nashville, TN 37211

With a copy to: Legal Department
Attn: Chief Legal Officer
3340 Perimeter Hill Drive
Nashville, TN 37211

- C. Notice is effective only if the party giving or making the Notice has complied with subsections 15(A) and 15(B) and if the addressee has received the Notice. A Notice is deemed received as follows:
1. If the Notice is delivered in person or sent by registered or certified mail or a nationally recognized overnight courier, upon receipt as indicated by the date on the signed receipt.
 2. If the addressee rejects or otherwise refuses to accept the Notice, or if the Notice cannot be delivered because of a change in address for which no Notice was given, then upon the rejection, refusal, or inability to deliver.

Section 16. Compliance with Laws

Wellpath shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of this Agreement, including, without limitation, Worker's Compensation laws, minimum and maximum salary and wage statutes and regulations, licensing laws and regulations. When required by County, Wellpath shall furnish County with certification of compliance with said laws, statutes, ordinances, rules, regulations, orders, and decrees above specified.

Section 17. Performance Warranty

Wellpath warrants to County that Wellpath has the skill and knowledge ordinarily possessed by well-informed members of its trade or profession practicing in the greater Houston metropolitan area and Wellpath will apply that skill and knowledge with care and diligence to ensure that the Services provided hereunder will be performed and delivered in accordance with the highest professional standards.

Section 18. Assignment and Delegation

- A. Neither party may assign any of its rights under this Agreement, except with the prior written consent of the other party. That party shall not unreasonably withhold its consent. All assignments of rights by Wellpath are prohibited under this subsection,

whether they are voluntarily or involuntarily, without first obtaining written consent from County.

- B. Neither party may delegate any performance under this Agreement.
- C. Any purported assignment of rights or delegation of performance in violation of this Section is void.

Section 19. Applicable Law

The laws of the State of Texas govern all disputes arising out of or relating to this Agreement. The parties hereto acknowledge that venue is proper in Fort Bend County, Texas, for all legal actions or proceedings arising out of or relating to this Agreement and waive the right to sue or be sued elsewhere. Nothing in the Agreement shall be construed to waive the County's sovereign immunity.

Section 20. Successors and Assigns

County and Wellpath bind themselves and their successors, executors, administrators and assigns to the other party of this Agreement and to the successors, executors, administrators and assigns of the other party, in respect to all covenants of this Agreement.

Section 21. Third Party Beneficiaries

This Agreement does not confer any enforceable rights or remedies upon any person other than the parties.

Section 22. Severability

If any provision of this Agreement is determined to be invalid, illegal, or unenforceable, the remaining provisions remain in full force, if the essential terms and conditions of this Agreement for each party remain valid, binding, and enforceable.

Section 23. Publicity

Contact with citizens of Fort Bend County, media outlets, or governmental agencies shall be the sole responsibility of County. Under no circumstances whatsoever shall Wellpath release any material or information developed or received in the performance of the Services hereunder without the express written permission of County, except where required to do so by law.

Section 24. Captions

The section captions used in this Agreement are for convenience of reference only and do not affect the interpretation or construction of this Agreement.

Section 25. Conflict

In the event of a conflict between the body of the Agreement and any of its exhibits, the parties shall work cooperatively and expeditiously to resolve the matter. It is the intent of the parties that the Agreement and its exhibits shall be read as one harmonious document. However, the only exceptions to the latter rule shall be to give deference first to pricing and then to the scope and nature of Wellpath's services enumerated within Exhibit A if there is a conflict between those documents and any other document.

Section 26. Certain State Law Requirements for Contracts

For purposes of section 2252.152, 2271.002, and 2274.002, Texas Government Code, as amended, Wellpath hereby verifies that Wellpath and any parent company, wholly owned subsidiary, majority-owned subsidiary, and affiliate:

- A. Unless affirmatively declared by the United States government to be excluded from its federal sanctions regime relating to Sudan or Iran or any federal sanctions regime relating to a foreign terrorist organization, is not identified on a list prepared and maintained by the Texas Comptroller of Public Accounts under Section 806.051, 807.051, or 2252.153 of the Texas Government Code.
- B. If employing ten (10) or more full-time employees and this Agreement has a value of \$100,000.00 or more, Wellpath does not boycott Israel and is authorized to agree in such contracts not to boycott Israel during the term of such contracts. "Boycott Israel" has the meaning provided in section 808.001 of the Texas Government Code.
- C. If employing ten (10) or more full-time employees and this Agreement has a value of \$100,000.00 or more, Wellpath does not boycott energy companies and is authorized to agree in such contracts not to boycott energy companies during the term of such contracts. "Boycott energy company" has the meaning provided in section 809.001 of the Texas Government Code.
- D. If employing ten (10) or more full-time employees and this Agreement has a value of \$100,000.00 or more, Wellpath does not have a practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association and is authorized to agree in such contracts not to discriminate against a firearm entity or firearm trade association during the term of such contracts. "Discriminate against a firearm entity or firearm trade association" has the meaning provided in section 2274.001(3) of the Texas Government Code. "Firearm entity" and "firearm trade association" have the meanings provided in section 2274.001(6) and (7) of the Texas Government Code.

Section 27. Human Trafficking

BY ACCEPTANCE OF CONTRACT, WELLPATH ACKNOWLEDGES THAT FORT BEND COUNTY IS OPPOSED TO HUMAN TRAFFICKING AND THAT NO COUNTY FUNDS WILL BE USED IN SUPPORT OF SERVICES OR ACTIVITIES THAT VIOLATE HUMAN TRAFFICKING LAWS.

Section 28. Entire Agreement

This executed instrument is understood and intended to be the final expression of the parties' agreement and is a complete and exclusive statement of the terms and conditions with respect thereto, superseding all prior agreements or representations, oral or written, and all other communication between the parties relating to the subject matter of this agreement. Any oral representations or modifications concerning this instrument shall be of no force or effect excepting a subsequent modification in writing signed by all the parties hereto.

Section 29. Material Changes in Scope or Circumstances, or Emergency Circumstances.

- A. If at any time during the Term of this Agreement, County requests a change in the scope, volume or quality/degree to be provided by Wellpath, or the scope of services set out herein must materially be changed as a result of any of the following, any of which would result in an increase to the cost of providing the services or which Wellpath notifies the County affects Wellpath's ability to provide the requested scope of services under the circumstances (a "Material Change Circumstance"), including, but not limited to any of the following:
1. There is or are new, amended, and/or repealed law(s) or regulation(s) (including statutes, codes, Agency orders/memoranda and/or case law), or changes to the County's policies, procedures, practices, or circumstances, any or all of which render performance under the Agreement partially or completely impracticable or impossible under the Agreement's existing terms;
 2. The United States Food and Drug Administration ("FDA") or another regulatory body approves (or issues an emergency use authorization for) a new therapy/ies or treatment modality/ies, there are changes to legal/regulatory requirements concerning the treatment of County's patients, and/or changes to the applicable standard of care that materially impact Wellpath's ability to provide services and/or costs under the Agreement;
 3. Wellpath's performance hereunder is impacted by any event related to a Public Health Emergency (PHE) declared pursuant to Section 319 of the Public Health Service Act, a Disaster declaration pursuant to the Stafford Act (2 U.S.C. §§ 5121-5207), or any similar announcement or proclamation made by the Federal Government or any Federal Agency, any Federally recognized Native American Tribe, or any State, County/Parish or Local Government pursuant to an analogous provision of Federal or non-Federal law or rule (each, an "Emergency Circumstance").
- B. The parties shall follow the procedures outlined below:

In the event of the occurrence any **Material Change Circumstance**, upon notice from a Party, the Parties shall meet and in good faith re-negotiate the terms of this Agreement. Neither Party shall unreasonably delay or withhold consent to such negotiations, or the proposed modifications resulting from such negotiations. In the event the Parties are not able to reach mutually acceptable changes to the Agreement after thirty (30) days, either Party may thereafter terminate the Agreement without cause upon providing ninety (90) days' notice thereafter.

IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the 1st day of October 2024.

FORT BEND COUNTY

KP George County Judge

Date

ATTEST:

Laura Richard, County Clerk

APPROVED:


Sheriff Eric Fagan,
Fort Bend County

WELLPATH LLC
DocuSigned by:

8F977CFDE751492...

Authorized Agent- Signature

Stefan Cange

Authorized Agent- Printed Name

Assistant Corporate Secretary

Title

9/16/2024

Date

AUDITOR’S CERTIFICATE

I hereby certify that funds are available in the amount of _____ to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Ed Sturdivant, County Auditor

Exhibit A: Technical and Price Proposal dated May 14, 2024 in response to RFP 25-001 and Revised Budget Table and Staffing Matrix dated July 15, 2024

i:\agreements\2025 agreements\purchasing\sheriff's office\wellpath llc (25-so-100031)\track changes - agmt for inmate medical svcs (tcc - 8.16.2024) kcj cao 8.20.2024.docx

EXHIBIT A

Wellpath's Technical and Price Proposal dated May 14, 2024 in response to RFP 25-001
and
Revised Budget Table and Staffing Matrix dated July 15, 2024

Fort Bend County

Richmond, Texas

RFP 25-001

Term Contract for Inmate Medical Services

Technical and Price Proposal

May 14, 2024

2:00 PM CT



Respectfully Submitted to:

Fort Bend County
Purchasing Department
Travis Annex
301 Jackson Street, Suite 201
Richmond, Texas 77469

Submitted by:

WELLPATH®
3340 Perimeter Hill Drive
Nashville, TN 37211
800-592-2974
Tax ID# 83-1316669

Points of Contact:

John Roth
Director of Partnership Services
817-996-2663
jroth@wellpath.us

Justin Searle
President of Local Government
858-205-6628
jsearle@wellpath.us

This submission includes the following required copies:

Technical and Price Proposal – one (1) original, six (6) copies, and one (1) electronic response

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Title Page

RFP 25-001 - Term Contract for Inmate Medical Services

Company Information	
Legal Company Name	Wellpath LLC
Federal ID Number	83-1316669
Telephone Number	800-592-2974
Fax Number	615-324-5798
Mailing Address	3340 Perimeter Hill Drive Nashville, TN 37211
Authorized Representative and Title	Justin Searle, President of Local Government
Authorized Representative's Email Address	jsearle@wellpath.us

The undersigned hereby acknowledges and has read and understands all requirements and specifications of RFP 25-001 – Term Contract for Inmate Medical Services including all attachments and amendments. This proposal is submitted in response to the above-mentioned RFP. Justin Searle is the designated official contact for Fort Bend County.

Authorized Signature: _____


Justin Searle

President of Local Government

Phone: 858-205-6628

jsearle@wellpath.us



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Transmittal Letter

Dear Ms. Krejci, Sheriff Fagan, Chief Provost, Major Webb, Captain Chesser and members of the evaluation committee:

Wellpath is proud to have served the medical and mental health needs of patients within the custody of the Fort Bend County Jail (Facility) since October 1, 2013, with a brief departure between October 1, 2022 through July 31, 2023, before being asked by the County to resume services.

We are glad to be back and thank you for the opportunity to present this proposal in response to RFP 25-001 for Inmate Medical Services. More than any other bidder, we realize the needs and the complexities of the health care program in the Fort Bend County Jail, and we appreciate your commitment to advancing the program. We are passionate about what we do, and we value the clients and patients we serve.

Wellpath stands alone among its competitors. No other company can come close to matching our experience and expertise in providing inmate healthcare. It is easy for a company to make promises, but the proof of a successful program is based on performance. Wellpath will deliver on our promises.

Our program at the Fort Bend County Jail meets or exceeds NCCHC, ACA, and Texas Jail Standards. Wellpath has never failed to obtain nor lost medical accreditation status at any of our facilities. We currently have 54 NCCHC and 112 ACA accredited sites, as well as 23 sites accredited by ACA, NCCHC, and CALEA, making them "Triple Crowns". Only about 50 organizations nationally have this level of accreditation success.

Our program is managed by Health Services Administrator (HSA), Durelle Cardiff RN, BSN, CCHP-RN. Durelle is a proven leader, and we plan on her continuing in this position. Durelle is directly supported by Regional Director of Operations Greg Roberts BSME, RN, CCHP-RN.

Here are just a few reasons why Wellpath continues to be a good fit to serve Fort Bend County:

- **Strong Partnership:** We have worked closely with your staff to identify improvement opportunities and ensure we are providing high-quality care to our patients. We look forward to continuing and building upon our partnership.
 - **Cost Plus Management Fee contracts:** Wellpath is the industry leader in promoting and utilizing the management fee contract model. The significant difference with Wellpath is that we have a proven history of success with this model. Wellpath currently has several clients nationally with whom we contract under this model. Unlike our competitors, there is no learning curve for us to adapt to this method of business.
 - **Mental Health:** Wellpath's Mental Health Program emphasizes identification, referral, and treatment. Our program is based on established policies, procedures, and protocols that provide consistency of care for each patient. These policies and procedures address the provision of mental health services, including patient assessment and evaluation, suicide prevention, special needs treatment programming, referrals for care, ongoing care, and discharge planning.
Wellpath has worked closely with Fort Bend County to institute a process to initiate court-ordered medications for patients on the State Hospital competency restoration list. This can abbreviate the stay or even eliminate the need for a transfer to the hospital.
-

- **The Wellpath Healthcare Cloud:** The Wellpath Healthcare Cloud is a comprehensive solution that empowers a more effective on-site healthcare program. We developed the Wellpath Healthcare Cloud to deliver health-related services and information that enhance the quality and efficiency of patient care, administrative activities, and health education. The Wellpath Healthcare Cloud provides key benefits that improve clinical quality, patient and staff safety, time to expert emergent and specialty care, decision-making for off-site visits, care standardization, adherence to clinical best practices, and risk reduction. The benefits are:
 - Significantly reduced time to see a provider
 - Reduced ER trips and less officer time off-site
 - Savings in off-site provider and custody costs
- **Wellpath Offers Zero Transition Risk.** Transition carries challenges, uncertainty, and risk. Selecting Wellpath eliminates the need to transition, removes the inevitable challenges that any new contractor would experience as you have recently experienced, and reduces your risk significantly. With Durelle Cardiff as your HSA and Wellpath as your continued provider, there will be no interruption of services, and you can expect full continuity of your well-run medical services program, pharmacy program, and electronic medical records solution.

We truly appreciate the ability to serve Fort Bend County, the Sheriff's Office, and the Facility. If you have any questions regarding this proposal, please contact John Roth at your convenience. We look forward to continuing our strong partnership into the future.

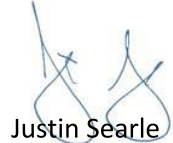
Throughout this proposal, you will notice the icon to the right of this paragraph. This icon is a way for us to highlight innovative solutions and other differentiators that are **unique to a partnership with Wellpath.**



You will also encounter the icon to the right of this paragraph, which clearly identifies areas within our proposal where **cost savings advantages** are to be gained by partnering with Wellpath.



Sincerely,



Justin Searle
President of Local Government
858-205-6628
jsearle@wellpath.us



John Roth
Director of Partnership Services
817-996-2663
jroth@Wellpath.us

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Litigation History **CONFIDENTIAL AND PROPRIETARY** F

New Hire Welcome Video (USB drive) * Front Pocket of Original Binder
Suicide Prevention Video (USB drive) * Front Pocket of Original Binder
Financial Statements * Back Binder Pocket

***CONFIDENTIAL AND PROPRIETARY ATTACHMENTS**

In accordance with State of Texas Uniform Trade Secrets Act (Tex. Civ. Prac. & Rem. Code § 134A et seq.) and the United States Defend Trade Secrets Act (18 U.S.C. § 1836 et seq.) concerning trade secret protection and confidential commercial information protection, Wellpath respectfully requests that the attachments labeled CONFIDENTIAL be redacted them from any distribution of this proposal pursuant to requests under the Public Information Act, statutes, or for any other reason.

In accordance with the RFP, this proposal remains valid for 90 days following the proposal due date.

1. Price

Wellpath acknowledges the information and directives provided in RFP 25-001 regarding the County's preference for a Management Fee Contract where all healthcare program costs are tracked, reported and reimbursed by the County. Wellpath is the industry leader in promoting and using the Cost-Plus Management Fee contract model for our clients. Wellpath understands the true advantages of this model and we have successfully used it to help our clients provide better care at a lower cost.

Staffing and Services Overview

Staffing and Services Overview for Fort Bend County	
Professional Staffing	FTE
Total Full-Time Equivalent Employees (FTEs)	49.35
Professional On-site Services	Included
Medical Services Management	✓
On-Call 24/7	✓
Policies and Procedures	✓
Laboratory Services Management	✓
X-Ray Services Management	✓
Disposable Medical Supplies	✓
Medical Waste Disposal	✓
Basic Medical Training - Jail Staff	✓
Comprehensive Medical Malpractice Insurance	✓
Corporate Management and Oversight	✓
CorEMR Electronic Medical Records and Care Management	✓
Wellpath Healthcare Cloud	✓
Professional Off-site Services	
Ambulance Services Management	✓
Hospitalization Management	✓
Laboratory Services Management	✓
X-Ray Services Management	✓
Dental Services Management	✓
Specialty Services Management	✓
Pharmacy Services	
Complete Pharmaceutical Management	✓
Pharmaceuticals: Over-the-Counter	✓
Pharmaceuticals: Prescriptions	✓
Pharmaceuticals: Mental Health/Psychotropic	✓
Pharmaceuticals: HIV/Aids, Hepatitis, Biologicals	✓

Direct Expense (Pass-through) Budget

Direct expense items in our budget include all costs for personnel, off-site and on-site contracted services, pharmacy, medical supplies, professional and legal fees, laboratory, insurance, on-site administrative supplies, office furniture, new employee orientation costs, payroll fees, and travel expenses for required site visits. Our budget's three largest direct cost components are Staffing, Off-Site Services, and Pharmacy. Unlike other medical vendors, we have historical actual expenses from our time at Fort Bend and used that information to budget appropriately. With a direct expense model, we will reconcile and compare actual costs to budgeted costs. Wellpath shall issue a credit to the County for aggregate costs below the operating budget and will issue an invoice to the County for aggregate costs exceeding the operating budget.

You will receive a monthly invoice and attachments summarizing costs incurred for the care of Fort Bend's patients and the monthly Wellpath management fee.

Your detailed reconciliation will include:

- Adjudicated invoice reports from off-site and specialty provider expenditures
- Staffing wages and benefits and any recruiting bonuses that were used
- Costs of the pharmaceuticals prescribed at the jail (which are obtained at Wellpath cost, using the negotiating power of Wellpath's industry footprint)
- Professional fees, insurance, and civil commitment fees
- On-site medical costs
- Medical, administrative, and equipment costs

This option provides Fort Bend County with *actual cost information* for all aspects of the healthcare program while allowing the County to receive all savings realized by having Wellpath manage the program. This includes staffing cost savings and any savings derived from Wellpath-negotiated vendor contracts. This model also offers transparent cost reporting that keeps us operationally accountable and fiscally responsible while allowing the County to easily justify operational expense decisions with informed confidence.

RFP Attachment 7 – Detail Expense Statement

Fort Bend County Annual Budget for fiscal year 2025,2026, and 2027			
	FY 2025	FY 2026	FY 2027
Salaries/ Wages/ Benefits	\$6,386,636	\$6,674,035	\$6,974,367
Professional Fees	\$33,161	\$34,653	\$36,212
Pharmaceuticals	\$734,847	\$767,915	\$802,471
Off-Site	\$945,783	\$988,343	\$1,032,818
Laboratory/ Other On-Site	\$302,431	\$316,040	\$330,262
Medical Supplies	\$66,093	\$69,067	\$72,175
Insurances	\$34,611	\$36,169	\$37,797
Administrative Supplies and Cost	\$60,280	\$62,993	\$65,828
Equipment/ Other Facility	\$50,626	\$52,904	\$55,285
Travel/ Site Visits	\$3,562	\$3,722	\$3,889
CorEMR	\$13,770	\$14,390	\$15,038
Civil Commitment Center Fees	\$47,344	\$49,474	\$51,700
Direct Expense	\$8,679,144	\$9,069,705	\$9,477,842
Management Fee	\$1,597,040	\$1,668,907	\$1,744,008
Total Annual Budget	\$10,276,184	\$ 10,738,612	\$11,221,850

The Wellpath management team will continue to be accountable for the on-site health care program and provide direction, training, and guidance for all staff members. These services will include the time and availability of our entire executive staff, corporate office, and operational management team. The management fee considers the following:

1. The services of our Regional Management team are included in the Wellpath Management Fee, and you will never be charged for their time while Wellpath is contracted with Fort Bend County.
2. Health Care employees working on-site will be employed by Wellpath. The Wellpath Talent Acquisition Team will be accountable for recruitment efforts and assisting on-site personnel with all recruitment and retention needs.
3. Wellpath's Network Development team has significant negotiating leverage with our vendors, which creates cost savings for Fort Bend County. Fort Bend County will have complete access to all services through Wellpath's negotiated contracts, including pharmacy, medical supplies, dialysis services, dental supplies, and lab services.
4. Fort Bend County will be able to take advantage of the strong Wellpath malpractice history, which will help limit malpractice expenses on a go-forward basis.
5. Wellpath will continue to provide appropriate reports, including detailed invoices, and financial information to assist Fort Bend County in managing current and future costs. These reports will include both budgeted and actual costs as well as accrual logs for claims incurred but not yet processed. Wellpath will provide benchmarking of other similar correctional populations, as

needed, to assist the County in comparing program costs with other facilities. We commit to operating your program with continued transparency and accountability.

6. Wellpath will continue to maintain a cost-effective network of outside providers to handle patient services that cannot be provided on-site.
7. Wellpath will aggressively manage all care provided on-site (i.e., formulary control) and will provide utilization management for all off-site care. With our Care Management system, real time reports will be available to Fort Bend County for tracking off-site patients and their care. Wellpath will also ensure proper communication with other agencies as it relates to off-site approvals so no additional financial liability will be incurred by Fort Bend County.
8. Finally, the Wellpath management fee is designed to help cover the overhead expenses associated with providing all contracted health services while also providing Wellpath a modest profit.

Technology Capital Assets

Peripheral technology purchases (monitors, docking stations, keyboards, signature pads, etc.) can be procured by Wellpath and passed forward to Fort Bend County should our contractual agreement end. Wellpath, however, has purchase agreements with technology vendors that preclude the pass-through of IT assets. We are happy to discuss this further with Fort Bend and are confident we can come to an equitable agreement for all. For the purposes of discussion, assets would be defined as:

- Capitalized assets (over \$1,000)
- Containing non-volatile memory and/or compliance requirements
- Applicable to subscription or management services

Changes in Scope of Work

The proposed prices reflect the scope of care as outlined in our technical proposal, in the RFP requirements, and based on the current community standard of care regarding correctional healthcare services. Should there be any change in or modification of the local, national, or community standards of care or scope of services, court rulings or interpretation, state or federal law or statute, or interpretation thereof that results in sustained and material increase in costs, coverage of costs related to such changes are not included in this proposal and may need to be negotiated with the County. The opening of newly constructed housing would also constitute a change in scope.

2. Technical

A continued partnership with Wellpath ensures the following objectives and requirements from your RFP are met:

- Quality health services for inmates in custody and control of the Sheriff
- A health care plan with clear objectives, policies and procedures, and with a process of documenting ongoing achievement of contract obligations
- Operation of a health services program, 24 hours a day, 7 days a week, at full staffing, using only licensed, certified, and professionally trained personnel
- Administrative leadership that provides for both cost accountability and responsiveness to the contract administrator
- Assurance that required federal, state, and local requirements and standards of care are met
- Continuing education for staff
- A health care system that is respectful of inmate rights to basic health care
- Compliance with the standards established by the National Commission on Correctional Health Care for health care services in jails as well as the American Correctional Association standards for medical services.

2.1. Company Overview

Wellpath is the premier provider of localized, high-quality, compassionate care to vulnerable patients in challenging clinical environments. Our resources and experience as a leading public health company provide Fort Bend County (the County) with the best and most cost-effective services available.

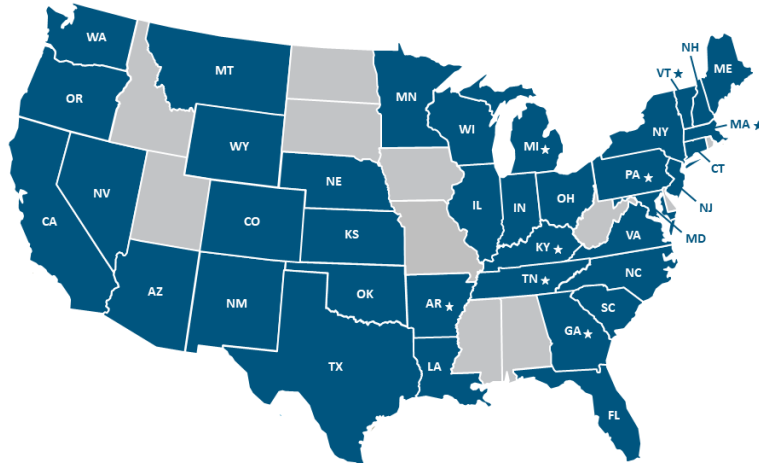
Wellpath is specifically organized to provide comprehensive correctional healthcare services to facilities similar to the Fort Bend County Jail (Facility), where we have provided medical, dental, and mental health programs for individuals in custody since October 1, 2013, with a brief departure between October 1, 2022 through July 31, 2023, before being asked by the County to resume services.

During this time, we have demonstrated the necessary capabilities and resources that make us the most qualified and willing partner for the County. You will continue to receive the excellent level of service you have come to expect from us.

Wellpath at a Glance

- 40 years in the industry
- Privately owned—We answer to our clients, not shareholders
- More than 16,000 Wellpath employees provide healthcare services for more than 300,000 patients in 37 states
- More than 8,000,000 patient encounters each year
- Clients include state and federal prison systems, county/regional jails, detention centers, and juvenile facilities
- Annual sales = \$2.25 billion
- 100% success in our accreditation efforts

Today, more than 16,000 Wellpath employees care for more than 300,000 patients in 37 states, with more than 8,000,000 patient encounters each year. The knowledge we gain from the patients we treat throughout our client base leads to improved care at each site.

**Home Office****Nashville, Tennessee***Arkansas Regional Office***Pine Bluff, Arkansas***Kentucky Regional Office***Louisville, Kentucky***Pennsylvania Regional Office***Lemoyne, Pennsylvania***Massachusetts Regional Office***Foxboro, Massachusetts***Georgia Regional Office***Atlanta, Georgia***Michigan Regional Office***Lansing, Michigan***Vermont Regional Office***Waterbury, Vermont*

**The Wellpath Home Office is responsible for supporting this contract.*

Our Mission

Our mission is to provide quality care to every patient with compassion, collaboration, and innovation. We are a true solutions provider in the healthcare industry and in the communities we serve. With a constant focus on patient care, we deliver innovative solutions to meet your program objectives and local, state, and national standards of care.

Our Vision

Our vision is to transform healthcare by delivering hope and healing through public health partnerships. Wellpath was born from the joining of two great companies that shared the importance of putting patients first and providing high-quality care to an often-overlooked population. We believe in transforming public health by delivering hope and healing to those who need it most. We treat our patients with dignity and compassion because we care about them as human beings. We are the right people, striving to do the right thing while creating healthier communities—one patient at a time.

“When you think about our patients, they tend to be the most underserved, and I think there is no greater calling than to work with and to care for those people who have historically been left out and received the least healthcare.”

Jorge Dominicus
Co-Chairman of the Board

Our Focus

Our philosophy is simple: we listen to our clients, we assess the situation, and we offer targeted implementable solutions. Wellpath concentrates on establishing partnerships with county, state, and federal agencies experiencing challenges meeting their healthcare delivery needs in a fiscally responsible way. We focus on creating and maintaining successful partnerships with our clients and we create value in our partnerships through long-term cost savings and improved patient care. Our focus is best summarized by what we call *The Five Ps: Patients, People, Partners, Processes, and Performance.*


Our Values

Wellpath recruits and retains only the best personnel in the industry. We strive to hire individuals who possess the qualities that we value most in ourselves, our employees, and in others. These attributes are known by the Wellpath family as *The Five Hs: Humility, Honesty, Hunger, Hard Work, and Humor*.


Our focus **THE FIVE Ps**

-  **PATIENTS**
We consider patients' needs and outcomes FIRST in all decisions we make.
-  **PEOPLE**
We value our patients, patients' families, staff and all stakeholders.
-  **PARTNERS**
We strive to meet all deliverables as contracted and provide our partners with the best services.
-  **PROCESSES**
We believe that constant adherence to best practices leads to successful outcomes.
-  **PERFORMANCE**
We strive to perform above expectations in all areas of our business.

Our values **THE FIVE Hs**

-  **HUMILITY**
A mindset that ensures we never lose sight of our identity and our loyalty to those we serve and support.
-  **HONESTY**
A commitment to the highest level of personal and professional integrity with our partners and our patients.
-  **HUNGER**
A desire for all personnel to learn, teach and grow in a team-supported environment.
-  **HARD WORK**
A fundamental willingness to work harder and smarter in the interest of providing better service to our partners and patients.
-  **HUMOR**
A stress reliever that is essential for maintaining a positive, passionate attitude and a superior quality of life at work.

Always Do the Right Thing!






Always Do the Right Thing!



Our Services

Wellpath provides a wide range of healthcare services and ancillary services for our clients, including:

 Comprehensive Medical Services	 Mental & Behavioral Health Services	 Administrative & Operational Services
<ul style="list-style-type: none"> Assessments & Appraisals <i>Receiving screenings; health assessments</i> Access to Care <i>Triage & sick call; on-site clinics; telehealth; eConsults</i> Off-site Coordination <i>Emergency & hospitalization arrangements; case management</i> Education <i>Patient health education programs; correctional staff training programs</i> National Contracts <i>Pharmacy; laboratory; radiology</i> Substance Use Disorder Treatment <i>Medically supervised withdrawal management; Medication-assisted treatment (MAT)</i> Medically Necessary Diet Programs Dental Care Optical Care 	<ul style="list-style-type: none"> Screening, Assessment & Evaluation Treatment Planning Consultation & Education Multidisciplinary Treatment Teams Group & Individual Therapy Clinical Supervision On-site & Virtual Psychiatry Suicide Prevention & Intervention Jail-Based Competency Treatment Re-entry and Discharge Planning Community Outreach <i>Continuity of care & discharge planning; collaboration with community agencies</i> 	<ul style="list-style-type: none"> Claims Management <i>Third-party billing; cost recovery programs; catastrophic re-insurance coverage</i> Utilization Management <i>Web-based Care Management system</i> Electronic Record Management Application (ERMA®) <i>EMR & eMAR technology built for corrections</i> Network Development <i>Established networks of specialty providers & hospitals; negotiating agreements for clients</i> Accreditation <i>NCCHC; ACA; CALEA; state-specific</i> Clinical Quality Assurance <i>Continuous Quality Improvement (CQI) & Medical Administration Committee (MAC) programs</i> Reporting & Accountability <i>Automated reports; compliance tracking</i>

Our Core Competencies

Wellpath will continue to maintain a mutually beneficial partnership with Fort Bend County based on continued communication that creates cost savings and helps you meet your program objectives.

Hands-on Approach

The Wellpath Executive Team is closely involved with the delivery of services for our clients. Continuous communication helps minimize surprises and ensures a mutual understanding of decisions and protocols.

"I have found that EVERYONE at Wellpath has been amazing to work with, and as a company Wellpath is second to none. The last 22+ months has been challenging for all of us; however, the Napa Wellpath Team...has stood strong and has been a great partner and advocate for patient care. I have heard the term 'we'll get through this together' on more than one occasion. But it was more than just words uttered; it was the actions taken by everyone that gave the term actual meaning to get us through these last months. I'm grateful for the collaboration, and I look forward to the future of working with the organization."

Dina Jose, Director
Napa County Department of Corrections, CA

Employee Advocates

Our employees are our most valued assets, and we equip them with the tools to succeed. We provide our site leaders with management training to foster the proper culture for working and succeeding in a challenging environment.

The Wellpath Healthcare Cloud

The Wellpath Healthcare Cloud is a revolutionary and proprietary telehealth platform specifically designed to provide specialized clinical expertise in the shortest amount of time possible. Available across the country in a variety of challenging environments, including jails, prisons, hospitals, and residential treatment facilities, the Wellpath Healthcare Cloud provides real-time emergent and specialty care through a technologically sophisticated telehealth platform.



Proven Success Managing Chronic Care

Wellpath has established many on-site programs and specialty care clinics for the County. Our continued focus on the identification, referral, and treatment of patients with chronic conditions allows us to manage patient needs before they can escalate and require off-site consultation, or result in grievances or litigation.

Advanced Utilization Management

The Wellpath Care Management system is a browser-based web application that allows us to track off-site care, ensure a timely return to the facility, manage claims, and provide reports to assist with cost containment and budget preparation. Our Care Management system functions alongside your Jail Management System (JMS), Tiburon, to create added clinical control and cost efficiencies for on-site and off-site medical, dental, and mental health activities.



Cost Containment

Our objective is to uncover all areas of savings for our clients without sacrificing quality. Wellpath negotiates contracts for goods and services and seeks efficiencies in staffing, pharmacy, and off-site costs. Our national vendor contracts offer economies of scale that create savings we can pass on to our clients. Because we provide healthcare for more than 330,000 patients nationwide, we have significant buying and negotiating power, which allows us to secure the best possible rates with on-site and off-site providers.



Community Connection

A successful medical program has a positive community impact, and Wellpath's established relationships benefit Fort Bend County in many ways. We have partnered with local organizations to maximize continuity of care for each patient and work with local agencies to develop training programs for nursing students and new security staff. We work with local charities to identify opportunities that allow us to give back to the community. Wellpath extends continuity of care by helping connect patients with community resources, which can help reduce recidivism.

Our partnerships go beyond the walls of the facilities in which our dedicated caregivers work. On any given day, in cities and towns across the country, our team members can be found in the community volunteering their time to those in need, including children, the homeless, and the elderly. We have developed a true **culture of caring** that extends deep into the communities we serve. The employees in our facilities are often active members of their communities.

2.2. Scope of Work

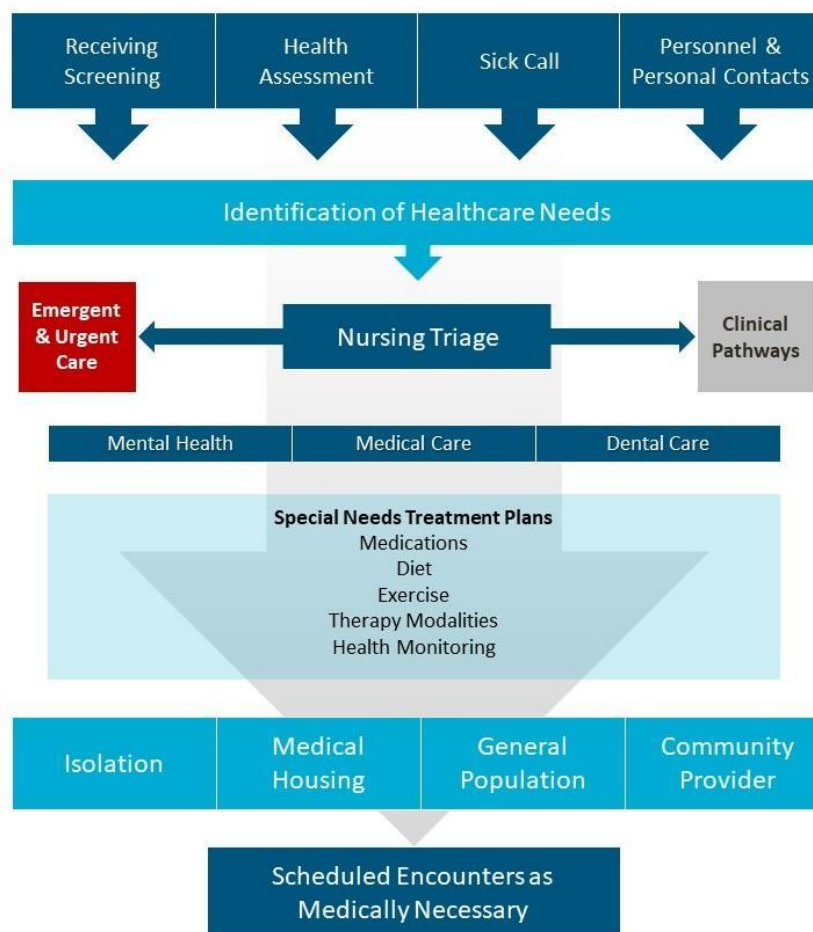
2.2.1. Access to Care

NCCHC Standard J-A-01

Wellpath will continue to ensure that patients have timely access to care to meet their serious medical, dental, and mental health needs. The Health Services Administrator (HSA), Durelle Cardiff, is responsible for identifying and eliminating any unreasonable barriers, intentional or unintentional, to patients receiving care. Patients have unimpeded access to routine and emergency care at all times regardless of their location, custody level, or status. If a patient is unable to visit the clinic due to custody status (e.g., restricted housing) or as a result of physical condition, Wellpath staff conduct cell-side services.

Intake staff advise arrestees of their right to access care and the process for requesting healthcare services. We communicate this information verbally and in writing in a language the arrestee understands. We ensure that arrestees who do not speak English understand how to obtain healthcare. Wellpath staff are responsible for identifying patient healthcare needs and scheduling appropriate treatment, as well as coordinating emergency and nonemergency on-site and off-site medical services. We will continue to provide a healthcare delivery system specifically tailored to the County's requirements. Our managed care system promotes efficiency and reduce costs by eliminating unnecessary services and **encouraging preventive health measures**.

The Wellpath Healthcare Delivery Process



2.2.2. Receiving Screening

NCCHC Standards J-B-07, J-E-02

Wellpath staff screen arrestees on their arrival at the Facility for emergent or urgent health needs. The Wellpath receiving screening emphasizes the identification, referral, and treatment of individuals with acute and chronic healthcare conditions, behavioral health disorders, suicide risk, withdrawal risk, and dental issues. We also assess the need for medication, isolation, or close observation. The receiving screening sets the course for the patient's medical care throughout confinement. Early identification of problems using a systematic intake evaluation prevents more serious and costly problems from developing later.

Wellpath understands the importance of a timely and proper booking and admission screening process to promote individual and facility well-being. We provide staffing to ensure timely evaluation of intake orders and stabilize patients with health issues as quickly as possible and initiate needed medications. We will continue to allocate properly trained and authorized healthcare staff to conduct receiving screenings 24 hours a day, 7 days a week, including holidays.

Wellpath receiving screenings meet NCCHC and ACA standards and minimally include:

Direct visual observation:

- Abnormal appearance (e.g., sweating, tremors, anxiety, disheveled, signs of trauma or abuse)
- Restricted or compromised movement (e.g., body deformities, physical abnormality, unsteady gait, cast or splint)
- Abnormal breathing or persistent cough
- Skin conditions, including obvious lesions or wounds, lice, jaundice, rash, bruises, edema, scars, tattoos, and needle marks
- Characteristics of being at risk for victimization (e.g., age, small build, femininity, first-time offender, passive or timid appearance)

Clinical screening for current illnesses, health problems, and conditions:

- Illnesses and special health needs, including allergies
- Current medications
- History of hospitalization
- Dental conditions or complaints
- History of tuberculosis or other infectious diseases (or symptoms such as persistent cough, shortness of breath, loss of appetite, fatigue, coughing up blood, night sweats, or unexplained weight loss)
- Medical dietary needs
- Drug and alcohol use, including types, methods, date and time of last use, problems associated with ceasing use, and history of treatment for substance use
- Tobacco use
- For women, current or recent pregnancy, birth control use, date of last menstrual cycle, current gynecological problems, and methadone use
- Current pain
- Notation of personal physician and known medical risks

Testing and initial assessments:

- Record of vital signs
- Oral screening
- Initial mental health screening
- STD testing for syphilis, gonorrhea, chlamydia, and HIV as indicated
- Pregnancy testing as indicated

Mental health screening:

- History of or present suicidal and/or self-destructive behavior or thoughts
- Mental health problems, including suicidal ideation and psychosis
- Current psychotropic medications
- History of hospitalization and/or outpatient mental health treatment
- Current mental health status

Information sharing and education:

- Explain right to healthcare
- How to access medical, dental, and mental health services verbally and in writing in a language the individual understands
- Oral health and hygiene education
- PREA screening and education regarding sexual assault
- Explain grievance process
- Document informed consent

Verification and referrals:

- Examine medications brought into the facility
- Verify current medications; a clinician may be notified to assess the need for non-formulary medications, which may be provided for up to 30 days until an expedited physical exam can be completed
- Verify medically necessary special diets
- Ask about current health insurance
- Refer for mental health evaluation as indicated
- Refer for emergency, specialty, or dental care as indicated
- Refer for placement/housing (e.g., general population, medical observation, mental health observation, suicide watch, etc.)
- Refer disabled individuals to the physician to determine treatment

Wellpath staff notify security staff of patients needing special oversight, treatment, or management of those with critical conditions, including but not limited to:

- Need of emergency room referral
- Urgent need for medication
- Suicidal thoughts or behavior
- Potential for withdrawal
- Diabetes
- Heart condition
- Seizures
- New or recent injuries
- Mental conditions or personality disorders (potential for violence)
- Contagious illness or disease considered an immediate threat to the patient population or security staff
- Any other urgent or emergent concerns

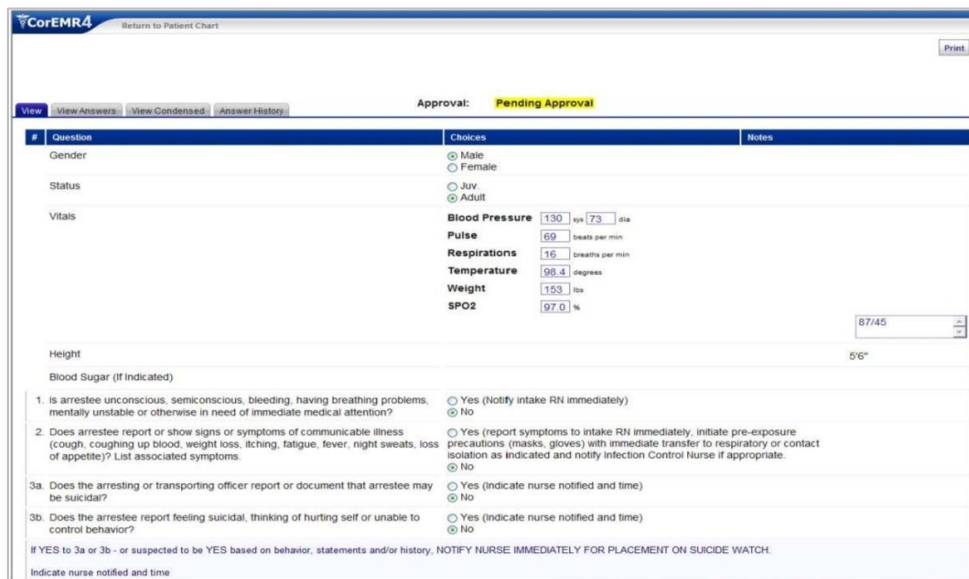
Receiving Screening Tool

NCCHC Standard J-E-02

Wellpath's standardized, physician-approved receiving screening form guides the assessment, treatment, and referral of individuals admitted with healthcare needs. Wellpath nurses use the screening results to determine the appropriate intervention. Healthcare staff are trained by the responsible physician or designee in the early recognition of medical or mental health conditions

requiring clinical attention. Training includes how to complete the receiving screening form and when to contact medical staff to determine disposition.

CorEMR Intake Screen Form



The screenshot shows the CorEMR4 Intake Screen Form. At the top, it says "Return to Patient Chart" and "Print". Below the header, there are tabs: "View", "View Answers", "View Condensed", and "Answer History". The "Approval" status is "Pending Approval".

#	Question	Choices	Notes
	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
	Status	<input type="radio"/> Juv. <input checked="" type="radio"/> Adult	
	Vitals	Blood Pressure: 130 / 73 mmHg Pulse: 69 beats per min Respirations: 16 breaths per min Temperature: 98.4 degrees Weight: 153 lbs SPO2: 97.9 %	
	Height	5'6"	
	Blood Sugar (If Indicated)		
1.	Is arrestee unconscious, semiconscious, bleeding, having breathing problems, mentally unstable or otherwise in need of immediate medical attention?	<input type="radio"/> Yes (Notify intake RN immediately) <input checked="" type="radio"/> No	
2.	Does arrestee report or show signs or symptoms of communicable illness (cough, coughing up blood, weight loss, itching, fatigue, fever, night sweats, loss of appetite)? List associated symptoms.	<input type="radio"/> Yes (report symptoms to intake RN immediately, initiate pre-exposure precautions (masks, gloves) with immediate transfer to respiratory or contact isolation as indicated and notify infection control nurse if appropriate. <input checked="" type="radio"/> No	
3a.	Does the arresting or transporting officer report or document that arrestee may be suicidal?	<input type="radio"/> Yes (Indicate nurse notified and time) <input checked="" type="radio"/> No	
3b.	Does the arrestee report feeling suicidal, thinking of hurting self or unable to control behavior?	<input type="radio"/> Yes (Indicate nurse notified and time) <input checked="" type="radio"/> No	

If YES to 3a or 3b - or suspected to be YES based on behavior, statements and/or history, NOTIFY NURSE IMMEDIATELY FOR PLACEMENT ON SUICIDE WATCH.

Indicate nurse notified and time

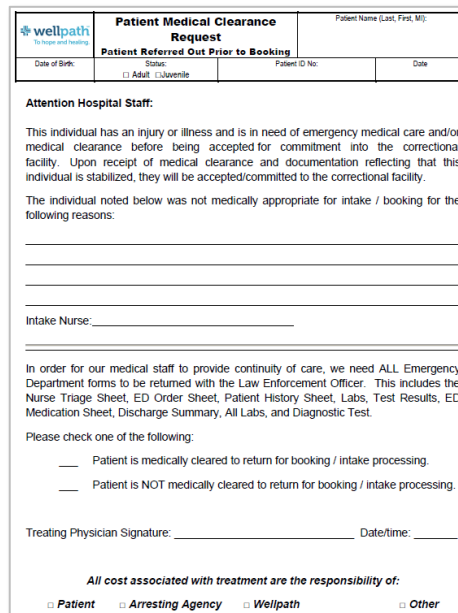
Admission Deferrals

NCCHC Standard J-E-02

Admission to the Facility requires clearance for serious, urgent, or emergent injuries or medical problems. Intake staff may identify arrestees whose clinical status requires urgent or emergent health services not available on site. In this case, the intake nurse refers the arrestee to a local emergency room or approved hospital for care. The arrestee's subsequent admission to the Facility requires written medical clearance from the hospital.

Reasons for admission deferrals include:

- Trauma/injury upon arrest
- Excessive bleeding
- Chest pain
- Unconscious, semiconscious, or severe confusion
- Active convulsions
- Respiratory distress
- Active labor



The form is titled "Patient Medical Clearance Request" and "Patient Referred Out Prior to Booking". It includes fields for Date of Birth, Status (Adult/Juvenile), Patient ID No., and Date. The Patient Name (Last, First, MI) is also provided.

Attention Hospital Staff:

This individual has an injury or illness and is in need of emergency medical care and/or medical clearance before being accepted for commitment into the correctional facility. Upon receipt of medical clearance and documentation reflecting that this individual is stabilized, they will be accepted/committed to the correctional facility.

The individual noted below was not medically appropriate for intake / booking for the following reasons:

Intake Nurse: _____

In order for our medical staff to provide continuity of care, we need ALL Emergency Department forms to be returned with the Law Enforcement Officer. This includes the Nurse Triage Sheet, ED Order Sheet, Patient History Sheet, Labs, Test Results, ED Medication Sheet, Discharge Summary, All Labs, and Diagnostic Test.

Please check one of the following:

☐ Patient is medically cleared to return for booking / intake processing.

☐ Patient is NOT medically cleared to return for booking / intake processing.

Treating Physician Signature: _____ Date/time: _____

All cost associated with treatment are the responsibility of:

☐ Patient ☐ Arresting Agency ☐ Wellpath ☐ Other

2.2.3. Initial Health Assessment

NCCHC Standard J-E-04

Wellpath will continue to conduct an initial health assessment, including a complete medical history and physical examination, for all patients admitted to the Facility. The health assessment takes place as soon as possible, within 14 calendar days of admission, in accordance with NCCHC and ACA standards. This allows us to identify medical needs or conditions not disclosed by the patient during intake, and to initiate timely and appropriate treatment in an effort to avoid a later need for emergent treatment or hospitalization. The responsible physician determines the components of the initial health assessment, which minimally includes:

- Review of intake/receiving screening results
- Collection of additional data to complete the medical, dental, and mental health histories, including any follow-up from abnormal findings obtained during the receiving screening and any subsequent encounters
- A health history, including information on the patient's participation in risky behavior, including sexual activity
- Review of immunization history and initiation of needed immunizations
- Recording of vital signs (including pulse, blood pressure, and temperature), height, and weight
- Physical examination (as indicated by the patient's gender, age, and risk factors)
- Laboratory and/or diagnostic tests as indicated
- PPD test for tuberculosis (if not previously administered)
- Vision screening
- Oral screening and hygiene education
- Completion of other clinically indicated tests and examinations

A Qualified Healthcare Professional (QHP) as defined under NCCHC standards (physician, mid-level provider, or properly trained RN) completes the hands-on portion of the health assessment. The QHP records the assessment findings on an approved form, which includes the date and time of the assessment and the QHP's title and signature. The health assessment is documented electronically and becomes part of the patient's permanent medical record. The QHP also documents patients who refuse the health assessment and their reasons for refusal. The Wellpath physician reviews any abnormal findings for disposition, documents specific problems in an initial problem list, and develops diagnostic and therapeutic plans for each problem as clinically indicated.

A medical provider reviews, signs, and dates assessments completed by an RN. Before performing health assessments, RNs must complete physical exam training provided or approved by the responsible physician or designee. The RN also must pass a written test and successfully demonstrate an exam for the physician, who will sign off on the RN's competency to complete assessments. The training is documented in the RN's training record and repeated annually.

Medical History & Physical Assessment with Behavioral Health

wellpath To hope and healing.		Medical History and Physical Assessment with Behavioral Health		Patient Name (Last, First, MI):	
Date of Birth:	Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Date of Birth:	Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Date of Birth:	Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile
<input type="checkbox"/> Receiving Screening reviewed <input type="checkbox"/> Per site policy, no Medical History and Physical Assessment <input type="checkbox"/> No change in health status <input type="checkbox"/> Date of previous exam: _____ <input type="checkbox"/> Patient refused Medical History and Physical Assessment <input type="checkbox"/> Unable to complete Medical History and Physical Assessment <input type="checkbox"/> Patient unavailable due to Patient <input type="checkbox"/> House Arrest <input type="checkbox"/> Out of Court		PREA Questions time. 1. Has the patient ever been a victim of sexual abuse? 2. Does the patient feel vulnerable? 3. Has the patient ever been arrested for a sex offense against an adult or a child? 4. Does the patient identify or be perceived as gay, lesbian, bisexual, transgender? 5. Is the patient detained for any civil immigration purposes? 6. Does the patient have a physical disability or developmental delay/disability? 7. Is this the patient's first time being arrested? 8. Is the patient of small stature or small physical build? If any "yes" answers, notify classifications and re-referred for evaluation?		Current Mental Status (✓ All that apply) Orientation Alert, Oriented, Disoriented Affect Appropriate, Flat, Inappropriate Mood Appropriate, Depressed, Irritable, Anxious Speech Appropriate, Slurred, Stuttered, Loud	
Problems Anemia, Adenitis, Asthma, Balance/Dizziness, Bloodshot, Bladder Infection, Blood, Cough/Sputum, Diabetes, False Teeth, Cold/Flu, Gonorrhea, Hay Fever, Headache, Hearing, Heart, Hiccups, HIV/AIDS, Hypertension, Joint Problem, Kidney Disease, Lice or Scabies, Liver, Muscle Problem, Nausea/Vomiting, Nervous Disorder, Old Pain/Discomfort, Pneumonia, Recent Injury, Seizures, Stomach Pain, Syphilis, Teeth, Throat, Trouble Voiding, Tuberculosis, Ulcer, Other		Psychiatric Screening 1. History of or current psychiatric medication? YES NO List: _____ 2. History of psychiatric hospitalization? When? Where? YES NO 3. History of outpatient mental health treatment? YES NO 4. History of substance abuse / treatment? (include therapy and/or medications) YES NO 5. History of sex offenses? YES NO 6. History of victimization? YES NO 7. History of violent behavior? YES NO 8. History of cerebral trauma or seizures? YES NO		Summary No mental health problems Mental health problems requiring routine follow-up Chronic mental health problem Mental illness Developmental disability Other Acute mental health problem Psychosis Suicidal Other Potential withdrawal from substance abuse	
Immunization Status Date of last tetanus: _____ Other: _____ Immunizations up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No Previous Treatment with Meds: <input type="checkbox"/> Yes <input type="checkbox"/> No Was treatment completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Positive PPD: _____ Where diagnosed: _____ <input type="checkbox"/> No history of past positive <input type="checkbox"/> Unexplained weight loss <input type="checkbox"/> Fever or Chills <input type="checkbox"/> Night sweats <input type="checkbox"/> Chronic cough - lasting 3 weeks or longer / Bloody sputum Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Never		Disposition No mental health referral Approved for General Population Routine mental health referral Approved for General Population Mental Health Referral ASAP Special Housing Mental Health Referral ASAP Suicide Prevention Procedure Medical Monitoring for Potential Withdrawal		9. Family Situation (check) Single, Married, Divorced, Separated, Widowed Family/Sig Other Supportive? YES NO 10. History of special education? YES NO 11. Education (highest grade completed) 12. Level of Cognitive Functioning (check) Above Average, Average, Below Average 13. I/M concerned with ability to cope? YES NO COMMENTS (Comment on all "YES" responses)	
Vision (Snellen Chart) RT _____ w/ glasses _____ LT _____ w/ glasses _____ Both _____ w/ glasses _____ Breast Exam <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Deferred Rectal Exam <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Deferred Testicular Exam <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Deferred Educational Materials Provided <input type="checkbox"/> Yes <input type="checkbox"/> No Oral Hygiene Instructions Provided <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Screening done <input type="checkbox"/> Yes <input type="checkbox"/> No Allergies:		Examiner's Signature / Title _____ Date _____ Referred for Evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Screened by: _____ Date: _____ Time: _____ Reviewed by: _____ Date: _____ Time: _____	

2.2.4. Nonemergency Healthcare Requests and Services

NCCHC Standard J-E-07

Intake staff advise arrestees of their right to access care and the process for requesting healthcare services. We communicate this information verbally and in writing in a language the arrestee understands. We ensure that arrestees who do not speak English understand how to obtain healthcare.

Patients have immediate access to electronic sick call request forms that meet all standards and guidelines. Security staff can also refer patients if they have concerns for their health status. We record all medical complaints, along with a recommended intervention and referral as appropriate.

Patients have unimpeded access to routine and emergency care at all times regardless of their location, custody level, or status. If a patient is unable to attend a sick call session due to custody status (e.g., restrictive housing) or as a result of physical condition, we conduct sick call services at the patient's cell.

Healthcare services comply with state and federal privacy mandates. We understand the importance of decentralized services for minimizing inmate movement, so we conduct sick call services and nursing encounters in housing units to the fullest extent possible.



The form is titled "HEALTHCARE REQUEST" and "SOLICITUD DE SERVICIO DE SALUD". It includes a "RECEIVED" stamp with fields for Date, Initials, and Time. The form contains fields for Name (Nombre), DOB (Fecha de nacimiento), ID # (Nº de identificación), and Living Unit (Unidad). There are checkboxes for Medical (Medico), Behavioral Health (Salud Mental), Dental (Dental), and Other. A section for "Nature of problem or Request (be specific)" is followed by a line for "Naturaleza del problema o solicitud (sea específico)". A consent statement is provided in English and Spanish. The Patient Signature (Firma del Paciente) and Date (Fecha) fields are present. A section for "DO NOT WRITE BELOW THIS LINE" is followed by a "TRIAGE" section with checkboxes for Emergent, Urgent, and Routine, and a "Triage Date" field. Below this is an "INITIAL" section with checkboxes for Sick Call, Nurse, HCP, Dentist, Behavioral Health, Eye Doctor, and Other. A section for "TO BE COMPLETED BY HEALTHCARE STAFF" includes checkboxes for Patient seen, Response sent, Patient outside facility, Patient refused, Patient released, and Fee Charge. The "RESPONSE TO PATIENT / COMMENTS" section is at the bottom, followed by a "NOTE" and fields for Staff Signature and Date.

2.2.5. Triage and Sick Call

A responsible triage and sick call program is one of several critical operating systems for ensuring appropriate and timely care of patients with onset of acute or semi-chronic symptoms, other than those requiring emergency care. The Wellpath sick call process ensures that patients have access to medically necessary healthcare services. A combination of nurses, mid-level providers, and physicians provide sick call services as defined within their scope of practice. We will continue to allocate sufficient healthcare staff for the sick call process to allow patients to be seen in a timely manner according to NCCHC and ACA standards.

Nurse Triage and Follow-up

Qualified nurses conduct sick call triage seven days a week, including holidays. Following the collection of healthcare request forms each day, a nurse reviews and prioritizes sick call requests. Patients receive a face-to-face consultation at the next scheduled nurse sick call, which also takes place seven days a week per NCCHC standards.

The sick call nurse assigns each sick call request a disposition of emergent, urgent, or routine to ensure that patients are seen within the appropriate timeframe. Those with emergent requests receive immediate attention and those with urgent requests are scheduled for the next provider sick call clinic. Should the need arise outside the scheduled sick call clinic, Wellpath arranges for patients requiring urgent or emergent medical attention to be seen the same day.

During triage, the nurse initiates referrals for patients needing consultation with the medical provider. If the patient needs to see more than one provider, the nurse initiates multiple referrals. The nurse documents the referral(s) on the request form.

Provider Clinics

A physician or mid-level provider sees referred patients during the next scheduled provider clinic. Wellpath schedules provider clinics with a frequency and duration sufficient to meet the health needs of the Facility's patient population. A physician or mid-level provider is also on call 24/7 for emergencies.

The medical provider assesses the patient and provides the appropriate treatment and follow-up. Wellpath practitioners use evidence-based practices to make clinical decisions regarding patient treatment. We have developed clinical monographs that represent best practices our practitioners should use when treating both episodic and chronic medical needs. Wellpath practitioners also receive training from the Wellpath clinical department on clinical decision-making in the correctional environment.

CorEMR allows providers to begin sick call directly from the schedule view. CorEMR uses the standard SOAPE (subjective, objective, assessment, plan, education) format to guide the examiner. Scanned documents and electronic files can be stored directly into SOAPE notes. During sick call, CorEMR displays summary information, such as the patient's current medical problems and medication compliance.

CorEMR's sick call module allows users access to all parts of SOAPE notes, meaning that doctors can record actions for later note off, or complete the planning actions themselves. Actions available in the module include completing interview or exam forms, scheduling future appointments, ordering lab work, ordering medications, and more.

2.2.6. Nursing Assessment Protocols and Procedures

NCCHC Standard J-E-08

Wellpath nurses conduct sick call using Professional Nursing Protocols (PNPs). Our physicians developed the PNPs to assist nurses with treatment recommendations and promote consistent caregiving. These protocols provide a **consistent structure for patient care, justification for actions, and a set of interventions specific to the patient's presenting condition**. Their purpose is to give nurses information regarding specific health conditions or complaints so they can reach logical conclusions from their observations, then provide appropriate intervention and follow-up.

In its simplest form, a Professional Nursing Protocol is a decision-tree process for nurses to follow, which also improves ease of training and **optimizes practitioners' time**. All Wellpath nurses are trained to use the protocols, which cover topics such as:

- Abdominal pain
- Allergic reaction (emergent)
- Altered mental status
- Behavioral health complaint
- Chest pain
- Cold/allergy symptoms
- Conditions not requiring medical treatment
- Dental complaints/pain
- Ear complaints
- Hypoglycemia
- Male-specific complaints
- Musculoskeletal complaints
- Neurological impairment
- Nosebleeds
- Pregnancy, 20 weeks or more
- Pregnancy less than 20 weeks
- Respiratory complaints
- Self-injurious behavior

- Eye complaints
- Female-specific complaints
- Fever
- Gastrointestinal complaints
- Headache
- Heat-related illness
- Hyperglycemia
- Hypertension
- Skin problems
- Trauma
- Urinary complaints
- Use of force
- Withdrawal, alcohol and benzodiazepine
- Withdrawal, opiate
- Wounds

The PNP manual is subject to the continued approval of Captain Tim Chesser or designee. The site Medical Director reviews the manual annually and the Wellpath Nursing Department makes any necessary updates. The HSA and/or the DON instructs the nursing staff on revisions, as applicable.

Nurses access electronic versions of the protocols through CorEMR and document findings directly in the patient's medical record. The electronic PNPs include a health education component; the nurse is prompted to educate the patient on symptoms to look for and when to notify medical staff about their symptoms. For example, a nurse seeing a patient for a headache might tell the patient to notify staff if the pain persists for more than four hours, if the patient experiences auras or visual changes, or if the patient has changes in balance/equilibrium. The education is provided verbally and the nurse can print a handout for the patient to keep. The electronic PNPs have a checkbox for the nurse to indicate that education has been provided; **this documentation is a compliance measure for NCCHC.**

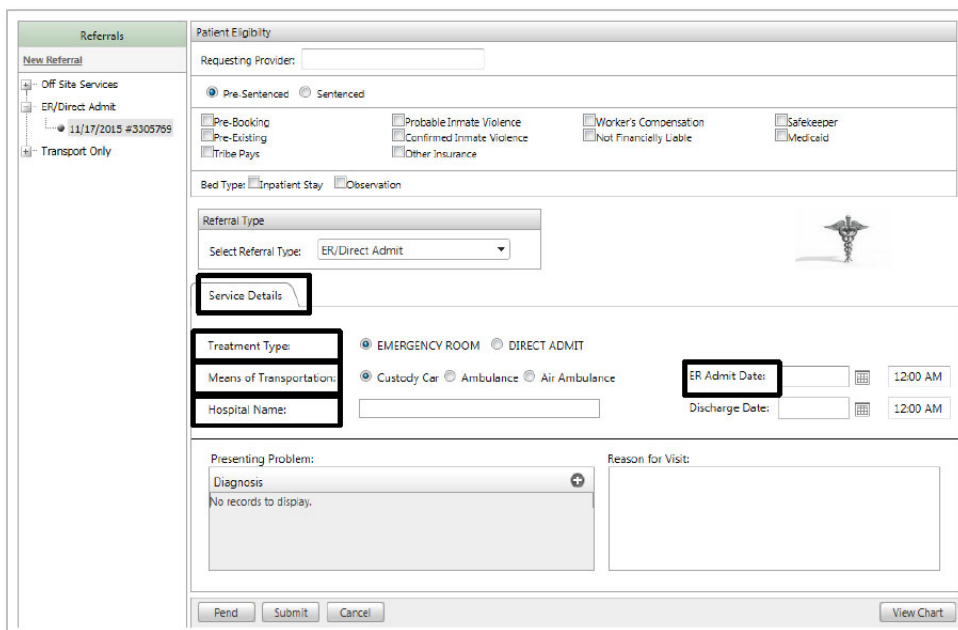


2.2.7. Hospital Care

NCCHC Standard J-D-08

Wellpath will continue to authorize, schedule, and coordinate inpatient services when a patient requires hospitalization. We work with local hospitals, Oak Bend Medical Center and Methodist Sugar Land, when an acute care setting is required, communicating frequently with hospital administrations. Healthcare staff make referrals for inpatient care through our Care Management system. The site Medical Director must authorize hospitalizations.

Emergency Room and Inpatient Referral Form – Care Management System



Referrals

New Referral

- Off Site Services
 - ER/Direct Admit
 - 11/17/2015 #3305795
 - Transport Only

Patient Eligibility

Requesting Provider:

☒ Pre-Sentenced ☐ Sentenced

☐ Pre-Booking ☐ Probable Inmate Violence ☐ Worker's Compensation ☐ Safekeeper
☐ Pre-Existing ☐ Confirmed Inmate Violence ☐ Not Financially Liable ☐ Medicaid
☐ Tribe Pays ☐ Other Insurance

Bed Type: ☐ Inpatient Stay ☐ Observation

Referral Type

Select Referral Type: ER/Direct Admit

Service Details

Treatment Type: ☒ EMERGENCY ROOM ☐ DIRECT ADMIT

Means of Transportation: ☒ Custody Car ☐ Ambulance ☐ Air Ambulance

Hospital Name:

ER Admit Date: 12:00 AM

Discharge Date: 12:00 AM

Presenting Problem:


Diagnosis

No records to display.

Reason for Visit:

Wellpath will continue to communicate frequently with the County to provide the most complete evaluation and treatment of the patient population. When inmates are hospitalized, we provide the Captain or designee with a daily inpatient census report, which can also be accessed directly through the Care Management system.

Inpatient Census Report – Care Management System



Inpatient Census Report

Patient Types: N-None, S-State, FED-Federal, CMP-Interstate Compact, ICE-ICE/INS, SMCP, USMS

Report Description: This report displays all inpatients between the Start Date and End Date and reflects the inpatient days for the date range chosen.

Site Name	Site Department	Patient Name	Patient Type	Patient Number	Booking Number	DOB	Auth Code	Reg Create Date	Custody Date	Days From Custody	Admit Date	Dischg Date	Hospital Name	Diagnosis	Total IP Days	IP Day Range
							12044103	3/2/2020	2/26/2020	3	2/29/2020	3/5/2020		E13.10 Oth diabetes mellitus with ketonacidosis without coma; True; N17.9 Acute kidney failure unspecified; True; F10.231 Alcohol dependence with withdrawal delirium; True; F15.121 Other alcohol abuse with intoxication delirium; True	5	4
							12171312	3/18/2020	3/6/2020	11	3/17/2020	3/18/2020		K40.91 Unilateral inguinal hernia w/o obstr or gangrene recurrent; True	1	1
							12171277	3/18/2020	3/15/2020	2	3/17/2020	3/23/2020		J90 Pleural effusion not elsewhere classified; True	6	6
							12171293	3/18/2020	8/5/2019	225	3/17/2020	4/1/2020		T81.4x03 Infection following a procedure subsequent encounter; True; S82.815A Nondisplaced osteochondral fracture of left patella ant; True	15	15

Prospective Review (Prior Authorization)

Wellpath requires prior review and authorization of non-urgent or non-emergent care. Our clinicians follow NCCHC standards and correctional guidelines to review and approve services. The site Medical Director initiates a second review if standards are not clearly met. Alternative treatment is at the discretion and direction of a physician.

Emergency Services

Wellpath does not require prior authorization for emergent services. Medical personnel may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need. Off-site medical services exceeding the scope of the initial emergent episode are not covered. Unrelated, non-emergent diagnostic services or treatment initiated in conjunction with an emergent event require prior authorization.

Length of Stay Management

The Regional Care Manager will continue to manage all off-site, inpatient care on a daily basis through contact with the hospital. Our Care Management team is notified of inpatient admissions at the time of admission. The Regional Care Manager and Regional Medical Director review inpatient services daily based on InterQual Criteria, correctional guidelines, and NCCHC standards.

Concurrent Review

Wellpath's Medical Director of Care Management conducts telephonic clinical rounds twice weekly to ensure inpatient stays are appropriate and meet national guidelines, such as InterQual Criteria, for continued inpatient stay. InterQual Criteria are evidence-based clinical decision support guidelines used to determine the appropriate care setting based on severity of illness and level of care required.

The site Medical Director, Regional Medical Director, and Regional Care Manager attend clinical rounds discussions. This multidisciplinary approach ensures inpatient stays are well-managed, and appropriate transitions of care are completed with improved accuracy.

Retrospective Review

The Wellpath Care Management Department and site leaders retrospectively review emergency care to resolve claims issues, determine appropriateness of care post-delivery, and perform focused reviews. The Care Management Department can also perform focused reviews at the request of the provider.

Discharge Planning

Wellpath manages a robust hospital discharge planning process that begins at inpatient admission. Our Regional Care Manager works collaboratively with our on-site staff and hospital staff to ensure appropriate transitions of care. This partnership helps us ensure that excellent care continues from hospital discharge through return to the facility.

Documentation and Follow-up

NCCHC Standards J-A-08, J-D-06, J-D-08, J-E-09

A medical provider (physician or mid-level) sees patients returning from a hospital stay for timely follow-up during the next provider sick call clinic, documenting the follow-up in the patient's medical record. Wellpath maintains a daily inpatient census report to facilitate this process. All information and documentation returned with the patient becomes part of the patient's medical record. This typically includes a detailed discharge summary and a disposition and instruction sheet that describes findings from consults, actions taken, treatments performed, and orders written. The in-house treatment plan is shared with the patient.

2.2.8. Emergency Services

NCCHC Standards J-D-07, J-D-08

Wellpath will continue to provide emergency medical services 24/7 at the Facility. Upon notification of an emergency, healthcare staff respond to the area of the emergency with the necessary equipment and supplies. Once the patient is stabilized, healthcare staff use their training and established guidelines to determine if the patient needs to be transported off site for further care, notifying the on-call physician as soon as possible. By training our nurses in emergency response and offering on-call physician services, we can often reduce off-site/ER trips and hospital stays.

Wellpath staff coordinate with security staff and local hospitals, including Oak Bend Medical Center and Methodist Sugar Land, when emergency transport is needed. We will continue to provide the Captain or designee with monthly reports of ER visits with data including the patient's name and identification number, the date of emergency service, the patient's disposition, and the emergency treatment received. The site Medical Director conducts retrospective reviews of ER referrals to assess their appropriateness and identify any additional training needs.

ER Trips Report – Care Management System

Event Detail Report											
Page 1 of 2											
Date of Service	Discharge	Provider	Dept	Facility	Patient Number	Patient Last Name	Patient First Name	Pre-Book	Pre-Exist	No Chrg	Eligibility Description
AMBULANCE # EVENT(S)											
Jails											
10/03/2019	10/04/2019	VALLEY CARE	6001					Y		Y	Medicaid
10/03/2019	10/03/2019	HIGHLAND HOSPITAL	6001							Y	Not Financially Liable
10/18/2019	12/09/2019	VALLEY CARE	6001							Y	Medicaid
10/18/2019	10/18/2019	VALLEYCARE	6001								
10/18/2019	10/18/2019	HOSPITAL	6001							Y	Not Financially Liable
10/19/2019	10/20/2019	HIGHLAND	6001								
10/20/2019	11/03/2019	EDEN HOSPITAL	6001							Y	Medicaid
10/21/2019	10/25/2019	VALLEY CARE ROOM 2902	6001								Medicaid
10/21/2019	11/03/2019	JOHN GEORGE	6001							Y	Not Financially Liable
10/22/2019	10/23/2019	HIGHLAND HOSPITAL	6001								
10/23/2019	10/23/2019	VALLEY CARE ER	6001								
10/23/2019	10/23/2019	VALLEY	6001					Y		Y	Not Financially Liable

Retrospective Review Form for Emergency Services – Care Management System

Name: Bruce Wayne
Inmate#: 951
SSN: 547896320
DOB: 2/12/1958
Site: Oz Correctiona...
Sex: M
Custody: 4/1/2010
Housing: N/A
Type: None

Common Referral Items

☐ Infirmary Housed ☐ Workers Comp ☐ Confirmed Inmate Violence ☐ Probable Inmate Violence

☐ Not Financially Liable

☐ Other Insurance

☐ Inpatient Stay ☐ Prebooking Event

Discharge Date:

Requesting Provider:

Referral Type

☐ Outpatient ☒ ER/Inpatient ☐ Formulary Exception

Service

Category of Service: ☐ Emergency Room ☒ Direct Admit Patient

Means of Transportation: ☒ custody car ☐ ambulance ☐ air ambulance

Hospital Name:

Date of Service / Admission:

Diagnosis:

Reason for ER Visit:

Referrals

- Outpatient
 - ER/Inpatient
 - 1/1/1900 #
 - 12/3/2008 #41912
 - 9/29/2009 #70005
 - 11/23/2009 #83695
 - 11/23/2009 #83531
 - 12/1/2009 #85063
- Medical
 - Chronic Care
 - Formulary Exception
 - Sick Call
 - Dental
 - Mental Health

Emergency Treatment for Staff or Visitors

Wellpath will provide emergency medical treatment and first aid to stabilize staff, visitors, employees, or subcontractors who become ill or injured and require emergency care while on the premises. Once the individual's condition is stabilized, healthcare staff will direct the individual to a personal physician or local hospital as appropriate and document the services provided.

Emergency Equipment and Training

Wellpath will continue to maintain adequate emergency equipment and supplies on site. The Wellpath Emergency Preparedness Plan ensures the presence and proper use of emergency equipment and supplies, including crash cart equipment and disaster bag/mobile equipment, as well as a disaster kit for needs encompassing the entire facility.

Wellpath staff use an Emergency Response Bag Contents List and Verification Log to ensure the constant availability of emergency response bag supplies. If unopened, the tags/locks on the emergency response bag are checked daily. The bag is also checked and restocked when opened. The emergency response bag contains doses of Narcan for known or suspected opioid overdose.

Wellpath trains healthcare staff to respond to emergencies within four minutes of notification. Emergency response training includes the proper use of emergency equipment and supplies. We conduct periodic proficiency training using established core competency checklists. We assess core competency annually or more frequently depending on an individual's needs or responsibilities.

2.2.9. Emergency Response Plan

Wellpath has an effective emergency plan with detailed procedures to ensure continuity of care during unexpected events, disruptions, and natural or man-made disasters. Our emergency preparedness plan for the Facility defines the roles of healthcare staff in a disaster. It also ensures proper staff recall and allocation, patient movement to designated safe areas, and availability of emergency equipment and supplies. Our plan covers the four phases of emergency preparedness management—**Mitigation, Preparedness, Response, and Recovery**—as illustrated in the following figure.



The Wellpath emergency preparedness plan for the Facility follows NCCHC and ACA standards. It is outlined in our Policies and Procedures manual, which has been reviewed and approved by the County. We will continue to work collaboratively with the Captain or designee to align our plan with the overall emergency procedures for the Facility. Our emergency preparedness plan includes:

- Continuity of care and safety of patients
- Prevention of interruption in medication
- Pharmacy and medical supplies contingency plan
- Establishment of a command post
- Healthcare staff's responsibilities during an emergency
- Establishment of primary and secondary triage areas and sites for care
- Triage procedures
- Training modules
- Use of emergency equipment and supplies
- Disaster bag/mobile equipment contents, breakaway seal system
- Crash cart equipment
- Contact list for recall of key healthcare staff and community emergency response system
- Protection and accessibility of patient care data at predetermined locations
- Evacuation procedures in coordination with security personnel
- Evacuation routes and means of transport out of the institution for injured, ill, disabled, or restrained individuals
- Emergency treatment documentation
- Medical staff participation in facility emergency procedure drills
- Procedure for conducting man-down and emergency drills
- Backup assignments for each contingency element

Wellpath trains healthcare staff on the emergency preparedness plan, which includes “man down” incidents, fires, and hostage situations. We train new employees on the health aspects of the plan during orientation, and we require healthcare staff to review the plan annually. A health emergency “man down” drill is practiced annually on each shift where healthcare staff are regularly assigned. We participate in disaster drill planning programs as requested and perform an annual critique of the drills.

Wellpath uses the **Simple Triage and Rapid Treatment (START)** system, developed by Hoag Hospital and the Newport Beach Fire Department in California, to manage multi-casualty situations. The triage portion of START, which is the focus of Wellpath’s training program, allows for rapid assessment of every patient, identifying those with life-threatening injuries and assigning each patient to one of four categories: minor, deceased, immediate, or delayed. This allows first responders to focus on patients with the best chance of surviving.

START Triage	
Assess, Treat, (use bystanders)	
When you have a color, STOP - TAG - MOVE ON	
M I N O R	-- Move Walking Wounded
	-- No RESPIRATIONS after head tilt
	-- Breathing but UNCONSCIOUS
	-- Respirations - over 30
	-- Perfusion Capillary refill > 2 or NO RADIAL PULSE
D E C E A S E D	Control bleeding
	-- Mental Status Unable to follow simple commands
I M M E D I A T E	-- Otherwise
D E L A Y E D	
REMEMBER:	
Respirations - 30	
Perfusion - 2	
Mental Status - Can Do	

2.2.10. Specialty Care

NCCHC Standard J-D-08

Wellpath ensures appropriate and timely access to specialty care and schedules referrals for specialty care providers according to clinical priority. We provide specialty services with urgent priorities as quickly as possible within 7 days of referral, and routine specialty services as soon as possible within 30 days of referral. If services do not occur within these timeframes, the medical practitioner re-evaluates the patient to determine and document the level of need.

Wellpath staff schedule appointments for specialty services through our powerful Care Management system, which allows staff to prioritize and track specialty appointments to ensure they take place within the required timeframe. If a patient needs specialty services that are not available on-site, Wellpath staff authorize, schedule, and coordinate the provision of services with local providers.

On-Site Specialty Services

NCCHC Standard J-D-08

Wellpath will continue to provide as many on-site medical services as possible to limit the number of patients requiring off-site transport, while ensuring that patients receive medically necessary healthcare services in the most appropriate setting. We understand our role as a steward of the taxpayers' dollars and continually work to reduce unnecessary costs and community risk associated with off-site care when appropriate.

Wellpath has successfully established many on-site programs and specialty care clinics across the country and at the Facility. We will continue to evaluate statistics regarding off-site specialist consultations to determine what services could be more cost-effectively provided on site. Services brought on-site typically result in cost savings as a result of clinic (rather than per patient) rates and decreased officer transportation expenditures.

Wellpath continuously evaluates the potential benefits of establishing the following on-site clinics and will implement them as appropriate:

- Dialysis
- OB/GYN
- Orthopedics
- Optometry/Ophthalmology
- Oral Surgery
- Physical Therapy
- Podiatry
- General Surgery
- Other services as needed

In addition to maximizing on-site medical services, Wellpath prevents the unnecessary use of outpatient/off-site care and inpatient hospitalizations by using our advanced utilization management techniques. Our Care Management system creates more clinical control and cost efficiencies for both on- and off-site healthcare services.

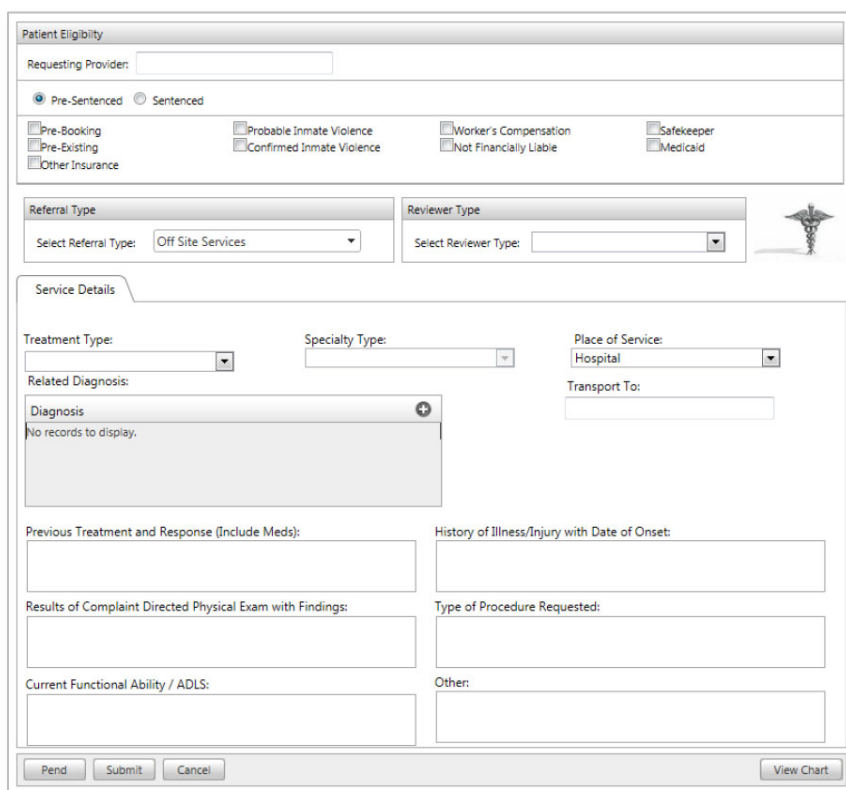
Off-site Specialty Services

NCCHC Standards J-D-06, J-D-08

Wellpath arranges with local providers and hospitals to treat patients with healthcare needs beyond the scope of care provided on site. We authorize, schedule, and coordinate off-site services, such as outpatient surgery, diagnostic testing (e.g., MRI, CT scan, etc.), and ER ambulance services.

Wellpath staff initiate referrals for off-site treatment through our Care Management system. Referrals are limited to the chief complaint(s) indicated through a referral form and/or medical consultation. Approvals are based on appropriateness and necessity. The following screenshots show the form used to refer patients for off-site treatment and a view of submitted requests.

Off-site Service Referral Form – Care Management System

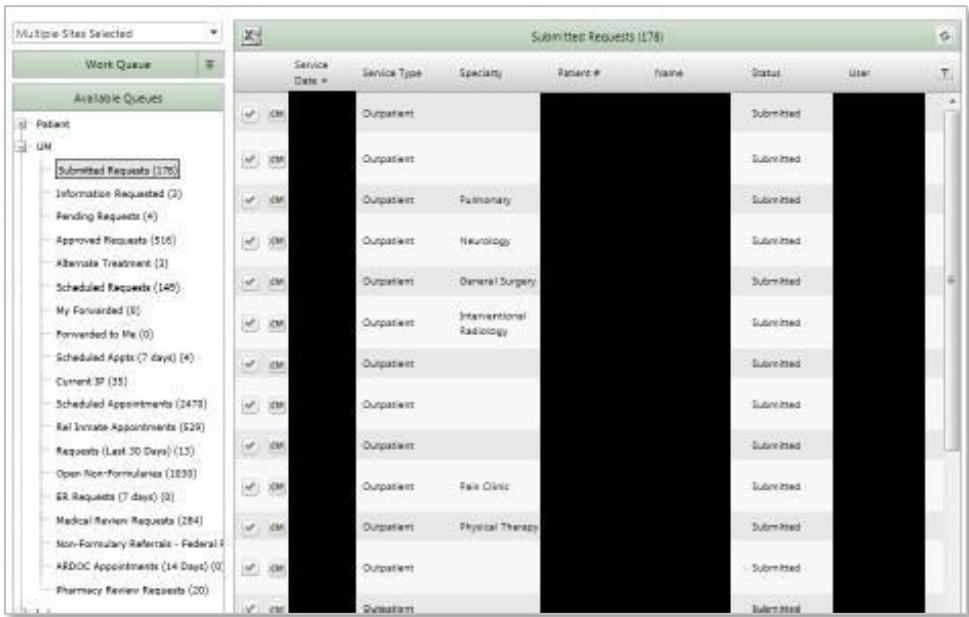


The screenshot displays a web-based form titled "Off-site Service Referral Form – Care Management System". The form is organized into several sections:

- Patient Eligibility:** Includes a "Requesting Provider" text field, radio buttons for "Pre-Sentenced" (selected) and "Sentenced", and checkboxes for "Pre-Booking", "Pre-Existing", "Other Insurance", "Probable Inmate Violence", "Confirmed Inmate Violence", "Worker's Compensation", "Not Financially Liable", "Safekeeper", and "Medicaid".
- Referral Type:** A dropdown menu labeled "Select Referral Type" with "Off Site Services" selected.
- Reviewer Type:** A dropdown menu labeled "Select Reviewer Type".
- Service Details:** Contains dropdowns for "Treatment Type", "Specialty Type", and "Place of Service" (set to "Hospital"). It also has a "Transport To:" text field and a "Related Diagnosis:" section with a "Diagnosis" list box showing "No records to display."
- Previous Treatment and Response (Include Meds):** A text area.
- History of Illness/Injury with Date of Onset:** A text area.
- Results of Complaint Directed Physical Exam with Findings:** A text area.
- Type of Procedure Requested:** A text area.
- Current Functional Ability / ADLS:** A text area.
- Other:** A text area.

At the bottom of the form are buttons for "Pend", "Submit", "Cancel", and "View Chart".

Submitted Requests View – Care Management System



Service Date	Service Type	Specialty	Patient #	Name	Status	User
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient	Pulmonary			Submitted	
1/1/2025	Outpatient	Neurology			Submitted	
1/1/2025	Outpatient	General Surgery			Submitted	
1/1/2025	Outpatient	Interventional Radiology			Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient	Pain Clinic			Submitted	
1/1/2025	Outpatient	Physical Therapy			Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient				Submitted	

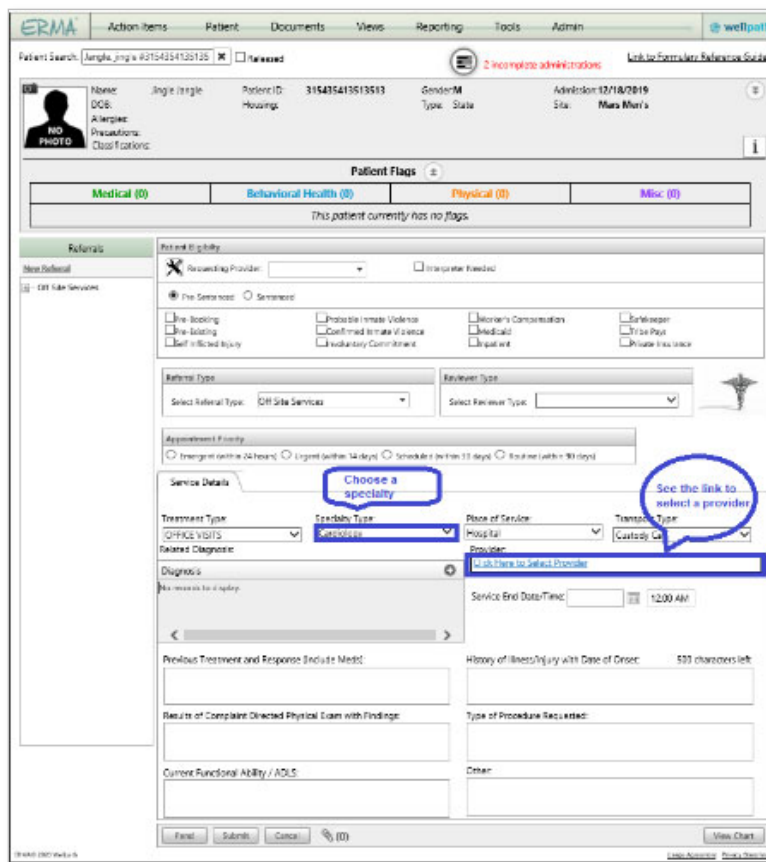
Preferred Provider Steerage

When a user creates an off-site referral in the Care Management system for an office visit or office visit with a procedure and selects a specialty, the user is prompted to click a link to select a provider from a list of preferred providers. This enables Wellpath to **contain off-site costs** and ensure that patients are seen by specialists who are established within our preferred provider network.



Wellpath’s tiered provider system ensures that appointments are secured with the most appropriate specialist:

- Tier 1 = Preferred
- Tier 2 = In-network
- Tier 3 = Out of network



Provider Name Search Search

[PRF \(Provider Request Form\) in WOW](#)

Tier	Name	Phone	Address	City	State	Specialty	Zip	Fax	Mileage
1 - Preferred	Rocky Mountain Radiologists	303-425-2015	1873 South Bellaire St Ste 420	Denver	Colorado	Cardiology	80222		11
1 - Preferred	Rocky Mountain Radiologists	303-425-2090	1873 S Bellaire St Ste 420	Denver	Colorado	Cardiology	80222		11
1 - Preferred	Cu Medicine	720-848-0000	12005 E 15th Ave	Aurora	Colorado	Cardiology	80045		16
1 - Preferred	Cu Medicine	720-848-0000	13199 E Montview Ave	Aurora	Colorado	Cardiology	80045		16
1 - Preferred	University Physicians Inc	720-848-0000	1635 Aurora Ct	Aurora	Colorado	Cardiology	80045		16
1 - Preferred	University Physicians Inc	720-848-0000	12605 E 15th Ave	Aurora	Colorado	Cardiology	80045		16
1 - Preferred	University Physicians Inc	720-494-3132	13123 E 15th Ave	Aurora	Colorado	Cardiology	80045	720-494-3100	16

Appointment Scheduling

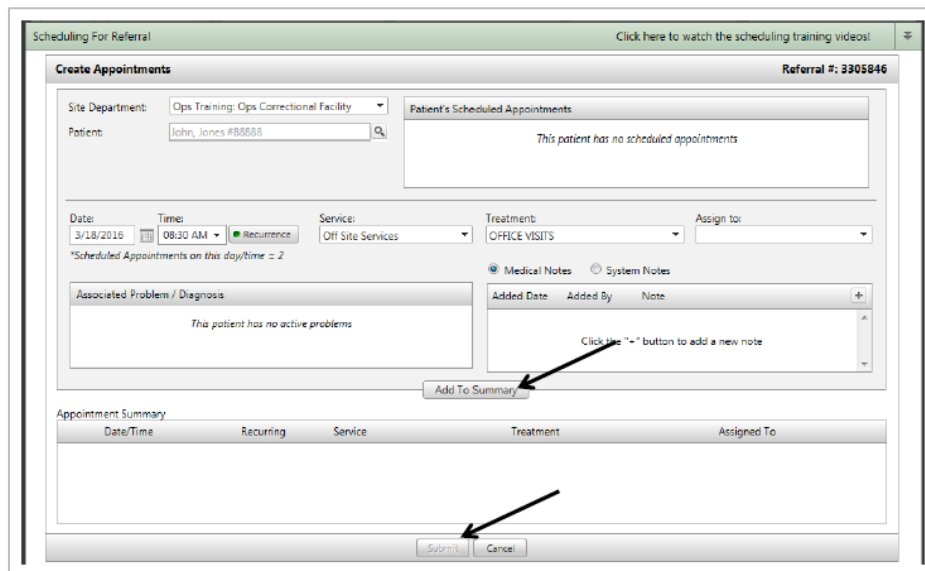
Once the referral is approved, Wellpath staff schedule an appointment through the Care Management system. The Care Management system is a valuable tool for healthcare staff when prioritizing specialty appointments. This powerful scheduling function makes our Care Management system an integral tool in the provision of care. Features include:

- Recurring appointments (ideal for chronic care patients)
- Cancellation of appointments for patients who have been released

- Rescheduling of pending appointments for patients who are re-admitted to the facility
- Easy-to-view daily/weekly/monthly calendars for staff review
- Shows missed appointments (due to security, court appearances, etc.) and allow for rescheduling

The following screenshots show various views of the appointment process in the Care Management system.

Appointment Scheduling – Care Management System



Scheduling For Referral Click here to watch the scheduling training videos!

Create Appointments Referral #: 3305846

Site Department: Ops Training: Ops Correctional Facility Patient: John, Jones #88888

Date: 3/18/2016 Time: 08:30 AM Recurrence: On Service: Off Site Services Treatment: OFFICE VISITS Assign to: [Dropdown]

*Scheduled Appointments on this day/time = 2

Associated Problem / Diagnosis: This patient has no active problems

Medical Notes: Added Date Added By Note

Click the "+" button to add a new note

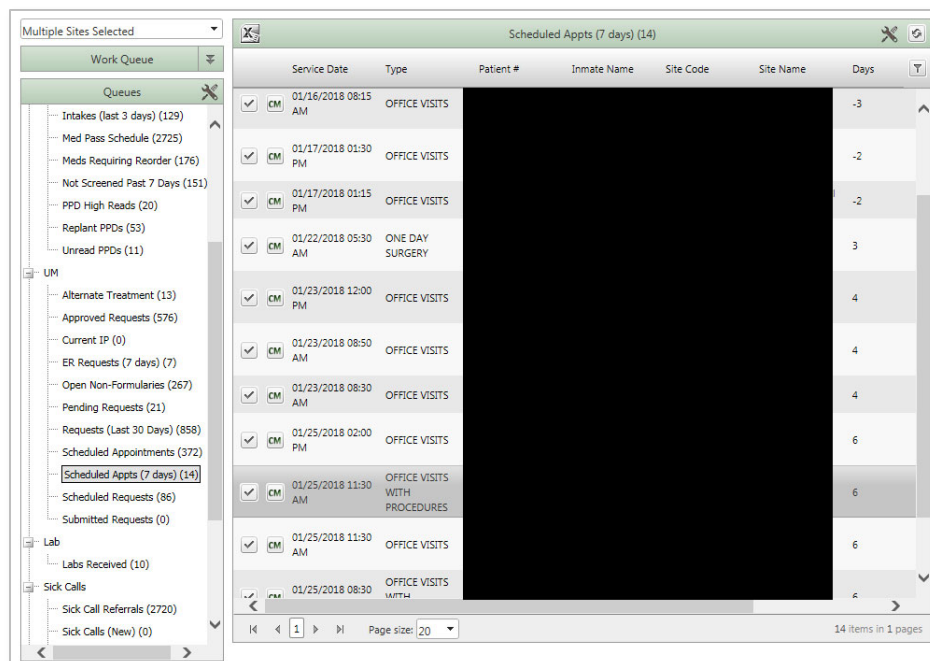
Add To Summary

Appointment Summary

Date/Time	Recurring	Service	Treatment	Assigned To

Submit Cancel

Sample Scheduled Appointments List (Off-Site)



Multiple Sites Selected

Work Queue

Queues

- Intakes (last 3 days) (129)
- Med Pass Schedule (2725)
- Meds Requiring Reorder (176)
- Not Screened Past 7 Days (151)
- PPD High Reads (20)
- Replant PPDs (53)
- Unread PPDs (11)
- UM
 - Alternate Treatment (13)
 - Approved Requests (576)
 - Current IP (0)
 - ER Requests (7 days) (7)
 - Open Non-Formularies (267)
 - Pending Requests (21)
 - Requests (Last 30 Days) (858)
 - Scheduled Appointments (372)
 - Scheduled Appts (7 days) (14)
 - Scheduled Requests (86)
 - Submitted Requests (0)
- Lab
 - Labs Received (10)
- Sick Calls
 - Sick Call Referrals (2720)
 - Sick Calls (New) (0)

Scheduled Appts (7 days) (14)

Service	Date	Type	Patient #	Inmate Name	Site Code	Site Name	Days
CM	01/16/2018 08:15 AM	OFFICE VISITS					-3
CM	01/17/2018 01:30 PM	OFFICE VISITS					-2
CM	01/17/2018 01:15 PM	OFFICE VISITS					-2
CM	01/22/2018 05:30 AM	ONE DAY SURGERY					3
CM	01/23/2018 12:00 PM	OFFICE VISITS					4
CM	01/23/2018 08:50 AM	OFFICE VISITS					4
CM	01/23/2018 08:30 AM	OFFICE VISITS					4
CM	01/25/2018 02:00 PM	OFFICE VISITS					6
CM	01/25/2018 11:30 AM	OFFICE VISITS WITH PROCEDURES					6
CM	01/25/2018 11:30 AM	OFFICE VISITS					6
CM	01/25/2018 08:30 AM	OFFICE VISITS WITH					6

Page size: 20 14 items in 1 pages

Transportation and Security

Wellpath will continue to coordinate transportation and security with security staff for all off-site services. Healthcare staff work cooperatively with security staff to ensure safe and timely transportation. Patients are not informed of scheduled appointment dates, times, or the location of outside providers.

Wellpath staff provide security staff with advanced written notice of scheduled appointments. We try to consolidate the scheduling of off-site appointments with hospitals and other healthcare providers to minimize the impact on transportation personnel and available vehicles. Currently an electronic appointment calendar is maintained and viewed by appropriate security staff.

Transfer of Medical Information

NCCHC Standard J-A-08

Wellpath staff prepare medical information to accompany patients traveling to an off-site specialty appointment, hospital or emergency room, or another detention facility. Patients traveling to another facility travel with a medical transfer containing all necessary information required for the continuation of treatment.

Medical records being sent to the receiving treatment provider are placed in a sealed envelope labeled "Confidential." Additionally, another envelope marked "Confidential" is placed inside the first envelope to ensure that returning medical information remains confidential to the patient. Confidential patient information is given to custody and returned immediately to the medical unit upon completion of the off-site medical appointment.

Documentation and Follow-up

NCCHC Standard J-E-09

All information and documentation returned with the patient from an outside provider becomes part of the patient's medical record. This typically includes a disposition and instruction sheet that describes actions taken, orders written, findings from consults, treatments performed, and a detailed discharge summary for those returning from inpatient hospitalization.

Patients returning from off-site appointments are seen by the on-site provider in a timely manner. When patients return from an off-site appointment or hospital stay, a medical provider sees them during the next provider sick call clinic and documents the follow-up in the patient's medical record. Wellpath maintains an active log of off-site care to facilitate this process.

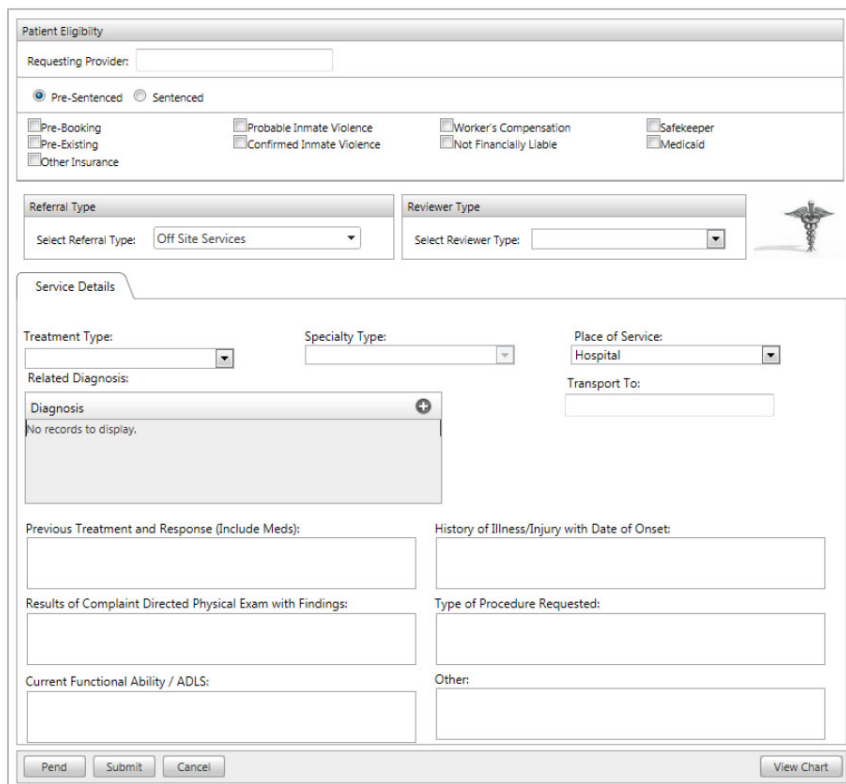
Off-site Specialty Services

NCCHC Standards J-D-06, J-D-08

Wellpath will continue to work with local providers and hospitals to treat patients with healthcare needs beyond the scope of care provided on site. We authorize, schedule, and coordinate off-site services, such as specialist appointments, outpatient surgery, and diagnostic testing (e.g., MRI, CT scan, etc.).

Wellpath staff initiate referrals for off-site treatment through our Care Management system. Referrals are limited to the chief complaint(s) indicated through a referral form and/or medical consultation. Approvals are based on appropriateness and necessity. The following screenshots show the form used to refer patients for off-site treatment and a view of submitted requests.

Off-site Service Referral Form – Care Management System

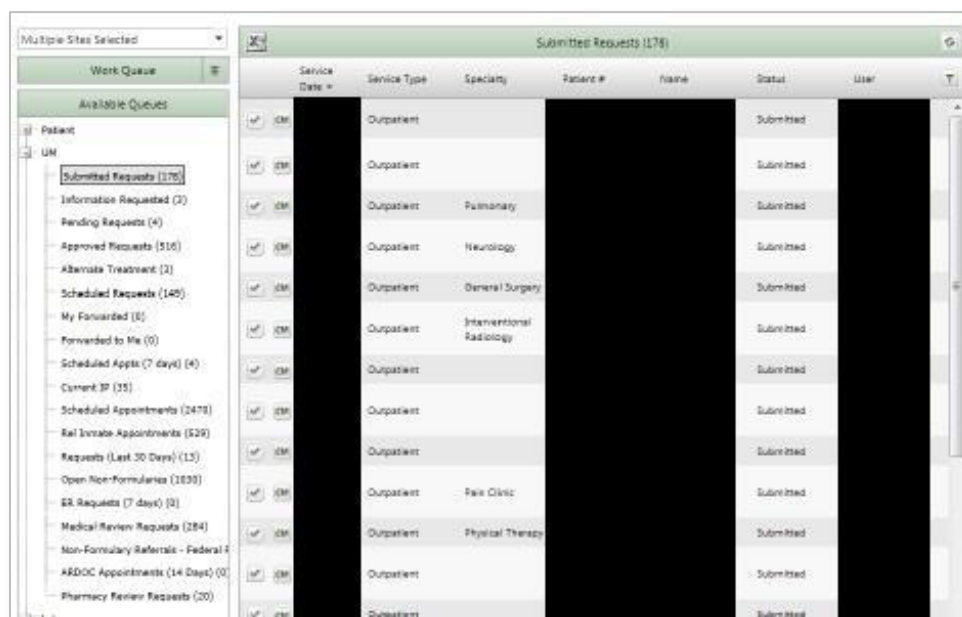


The screenshot displays the 'Off-site Service Referral Form' within the Care Management System. The form is organized into several sections:

- Patient Eligibility:** Includes a 'Requesting Provider' field, radio buttons for 'Pre-Sentenced' (selected) and 'Sentenced', and checkboxes for 'Pre-Booking', 'Pre-Existing', 'Other Insurance', 'Probable Inmate Violence', 'Confirmed Inmate Violence', 'Worker's Compensation', 'Not Financially Liable', 'Safekeeper', and 'Medicaid'.
- Referral Type:** A dropdown menu with 'Off Site Services' selected.
- Reviewer Type:** A dropdown menu.
- Service Details:** Contains fields for 'Treatment Type', 'Specialty Type', 'Place of Service' (set to 'Hospital'), 'Transport To', and 'Related Diagnosis'. A 'Diagnosis' window is open, showing 'No records to display.'.
- Previous Treatment and Response (Include Meds):** A text area.
- History of Illness/Injury with Date of Onset:** A text area.
- Results of Complaint Directed Physical Exam with Findings:** A text area.
- Type of Procedure Requested:** A text area.
- Current Functional Ability / ADLs:** A text area.
- Other:** A text area.

At the bottom, there are buttons for 'Pend', 'Submit', 'Cancel', and 'View Chart'.

Submitted Requests View – Care Management System



Multiple Sites Selected

Work Queue

Available Queues

- Patient
- UM
- Submitted Requests (178)
- Information Requested (2)
- Pending Requests (4)
- Approved Requests (516)
- Alternate Treatment (2)
- Scheduled Requests (140)
- My Forwarded (0)
- Forwarded to Me (0)
- Scheduled Appts (7 days) (4)
- Current IP (35)
- Scheduled Appointments (2478)
- Real Inmate Appointments (529)
- Requests (Last 30 Days) (13)
- Open Non-Formularies (1838)
- ER Requests (7 days) (0)
- Medical Review Requests (284)
- Non-Formulary Referrals - Federal (0)
- ARDOC Appointments (14 Days) (0)
- Pharmacy Review Requests (20)

Service Date	Service Type	Specialty	Patient #	Name	Status	User
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient	Pulmonary			Submitted	
1/1/2025	Outpatient	Neurology			Submitted	
1/1/2025	Outpatient	General Surgery			Submitted	
1/1/2025	Outpatient	Interventional Radiology			Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient	Pain Clinic			Submitted	
1/1/2025	Outpatient	Physical Therapy			Submitted	
1/1/2025	Outpatient				Submitted	
1/1/2025	Outpatient				Submitted	

Appointment Scheduling

Once the referral is approved, Wellpath staff schedule an appointment through the Care Management system. The Care Management system is a valuable tool for healthcare staff when prioritizing specialty appointments. This powerful scheduling function makes our Care Management system an integral tool in the provision of care. Features include:

- Recurring appointments (ideal for chronic care patients)
- Cancellation of appointments for patients who have been released
- Rescheduling of pending appointments for patients who are re-admitted to the facility
- Easy-to-view daily/weekly/monthly calendars for staff review
- Shows missed appointments (due to security, court appearances, etc.) and allow for rescheduling

The following screenshots show various views of the appointment process in the Care Management system.

Appointment Scheduling – Care Management System

Scheduling For Referral Click here to watch the scheduling training videos!

Create Appointments Referral #: 3305846

Site Department: Ops Training: Ops Correctional Facility

Patient: John, Jones #88888

Patient's Scheduled Appointments
This patient has no scheduled appointments

Date: 3/18/2016 Time: 08:30 AM Recurrence: ☒ Recurrence Service: Off Site Services Treatment: OFFICE VISITS Assign to:

*Scheduled Appointments on this day/time = 2

Associated Problem / Diagnosis
This patient has no active problems

Medical Notes System Notes

Added Date	Added By	Note
Click the "+" button to add a new note		

Add To Summary

Appointment Summary

Date/Time	Recurring	Service	Treatment	Assigned To
-----------	-----------	---------	-----------	-------------

Submit Cancel

Sample Scheduled Appointments List (On-Site)

Scheduling For Site Departments Click here to watch the scheduling training videos!

Site Department: Multiple Departments Selected

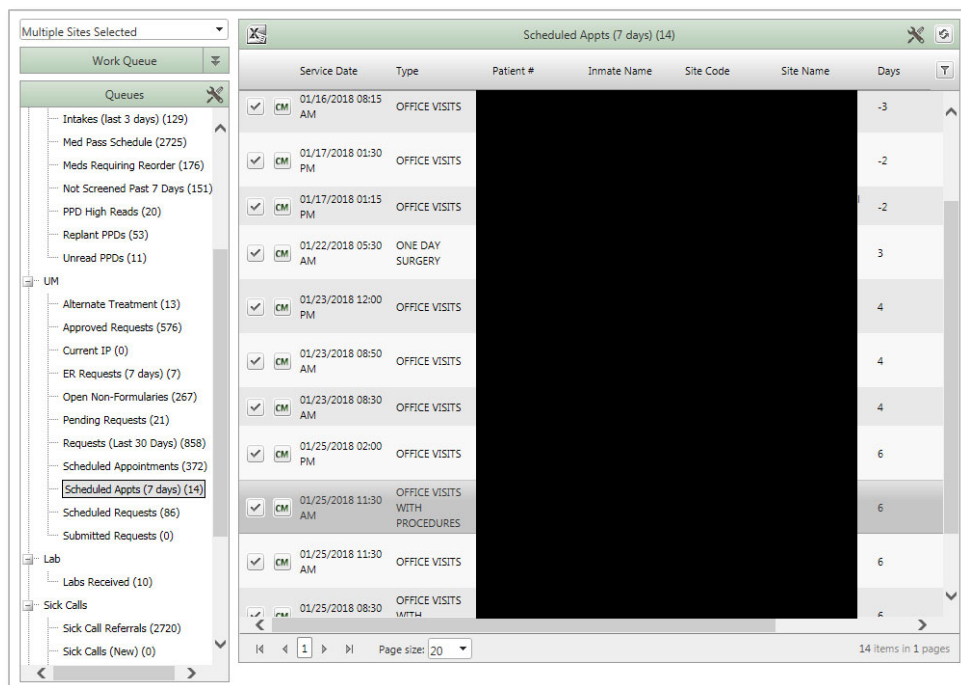
Appointments: Today or 8/4/2014 to 10/2/2014

View	Off Site	Date	Site Department	First Name	Last Name	Patient #	Booking #	Location	Service	Status
									Chronic C	Scheduled
									Outpatient	Scheduled
									Outpatient	Rescheduled
									Mental H	Rescheduled
									Outpatient	Scheduled
									Outpatient	Scheduled
									Medical	Scheduled
									Chronic C	Scheduled
									Medical	Scheduled
									Sick Call	Scheduled
									Medical	Scheduled
									On Site S	Scheduled
									On Site S	Scheduled
									On Site S	Scheduled

1 2 21 appointments on 2 page(s)

Scheduling Change Password Logout

Sample Scheduled Appointments List (Off-Site)



Service Date	Type	Patient #	Inmate Name	Site Code	Site Name	Days
01/16/2018 08:15 AM	OFFICE VISITS					-3
01/17/2018 01:30 PM	OFFICE VISITS					-2
01/17/2018 01:15 PM	OFFICE VISITS					-2
01/22/2018 05:30 AM	ONE DAY SURGERY					3
01/23/2018 12:00 PM	OFFICE VISITS					4
01/23/2018 08:50 AM	OFFICE VISITS					4
01/23/2018 08:30 AM	OFFICE VISITS					4
01/25/2018 02:00 PM	OFFICE VISITS					6
01/25/2018 11:30 AM	OFFICE VISITS WITH PROCEDURES					6
01/25/2018 11:30 AM	OFFICE VISITS					6
01/25/2018 08:30 AM	OFFICE VISITS WITH					6

Preferred Provider Steerage

When a user creates an off-site referral in the Care Management system for an office visit or office visit with a procedure and selects a specialty, the user is prompted to click a link to select a provider from a list of preferred providers. This enables Wellpath to **contain off-site costs** and ensure that patients are seen by specialists who are established within our preferred provider network.



Wellpath's tiered provider system ensures that appointments are secured with the most appropriate specialist:

- Tier 1 = Preferred
- Tier 2 = In-network
- Tier 3 = Out of network

ERMA | Action Items | Patient | Documents | Views | Reporting | Tools | Admin | wellpath

Patient Search: ☐ Released 2 incomplete administrations [Link to Formulary Reference Guide](#)

Patient Information:
 Name: Jangle, Jangle | Patient ID: 3154354135135 | Gender: M | Admission: 12/18/2019
 DOB: | Housing: | Type: State | Site: Mesa Mesa's
 Allergies: | Precautions: | Classifications:

Patient Flags:
 Medical (0) | Behavioral Health (0) | Physical (0) | Misc (0)
 This patient currently has no flags.

Referrals
 Most Referral: Off Site Services

Referral Eligibility:
☒ Requesting Provider: ☐ Interpreter Needed
☒ Pre-Screened: ☐ Screened
☐ Live Booking | ☐ Probable Inmate Violence | ☐ Inmate's Consent | ☐ Self-Inflicted Injury | ☐ Confirmed Inmate Violence | ☐ Medical | ☐ Transfer | ☐ Private Insurance

Referral Type: Select Referral Type: Off Site Services | **Referral Type:** Select Referral Type:

Appointment Priority:
☐ Emergent (within 24 hours) | ☐ Urgent (within 14 days) | ☐ Schedule (within 15 days) | ☐ Routine (within 30 days)

Service Details:
 Treatment Type: OFFICE VISITS | **Specialty Type:** **Place of Service:** Hospital | **Transfer Type:** Custody Care
 Related Diagnosis: **Provider:** [Click Here to Select Provider](#)
 Diagnosis: Service End Date/Time: 12:00 AM

Previous Treatment and Response Include Meds:
History of Illness/Injury with Date of Onset: 500 characters left
Results of Complaint Directed Physical Exam with Findings:
Type of Procedure Requested:
Current Functional Ability / ADLs:
Other:

Provider Details

Provider Name Search: [PRF \(Provider Request Form\) in WOW](#)

Tier	Name	Phone	Address	City	State	Specialty	Zip	Fax	Mileage
1 - Preferred	Rocky Mountain Radiologists	303-425-2015	1873 South Bellaire St Ste 420	Denver	Colorado	Cardiology	80222		11
1 - Preferred	Rocky Mountain Radiologists	303-425-2090	1873 S Bellaire St Ste 420	Denver	Colorado	Cardiology	80222		11
1 - Preferred	Cu Medicine	720-848-0000	12605 E 15th Ave	Aurora	Colorado	Cardiology	80045		16
1 - Preferred	Cu Medicine	720-848-0000	13199 E Montview Ave	Aurora	Colorado	Cardiology	80045		16
1 - Preferred	University Physicians Inc	720-848-0000	1635 Aurora Ct	Aurora	Colorado	Cardiology	80045		16
1 - Preferred	University Physicians Inc	720-848-0000	12605 E 15th Ave	Aurora	Colorado	Cardiology	80045		16
1 - Preferred	University Physicians Inc	720-494-3132	13123 E 15th Ave	Aurora	Colorado	Cardiology	80045	720-494-310	16

2.2.11. Utilization Management

NCCHC Standard J-D-08

Wellpath has the **strongest utilization management program** in the industry for managing patient care. Our Care Management program uses evidence-based guidelines to determine medical necessity as part of our approval process.

Care Management

Wellpath provides clients with complete access to our easy-to-use Care Management system, including real-time utilization reporting. We are fully transparent in our Care Management process, assuring our clients that only necessary off-site trips are made.

The Wellpath Care Management program is clinically overseen by Medical Director of Care Management Donald Rhodes, MD, and is operationally managed by Vice President of Care Management Pablo Viteri, MS, MHP. Dr. Rhodes and the Care Management team will continue to work with Regional Medical Director, Dr. Medrano, and on-site medical personnel to **ensure patients receive medically necessary healthcare services in the most appropriate setting.**

Wellpath Care Management System

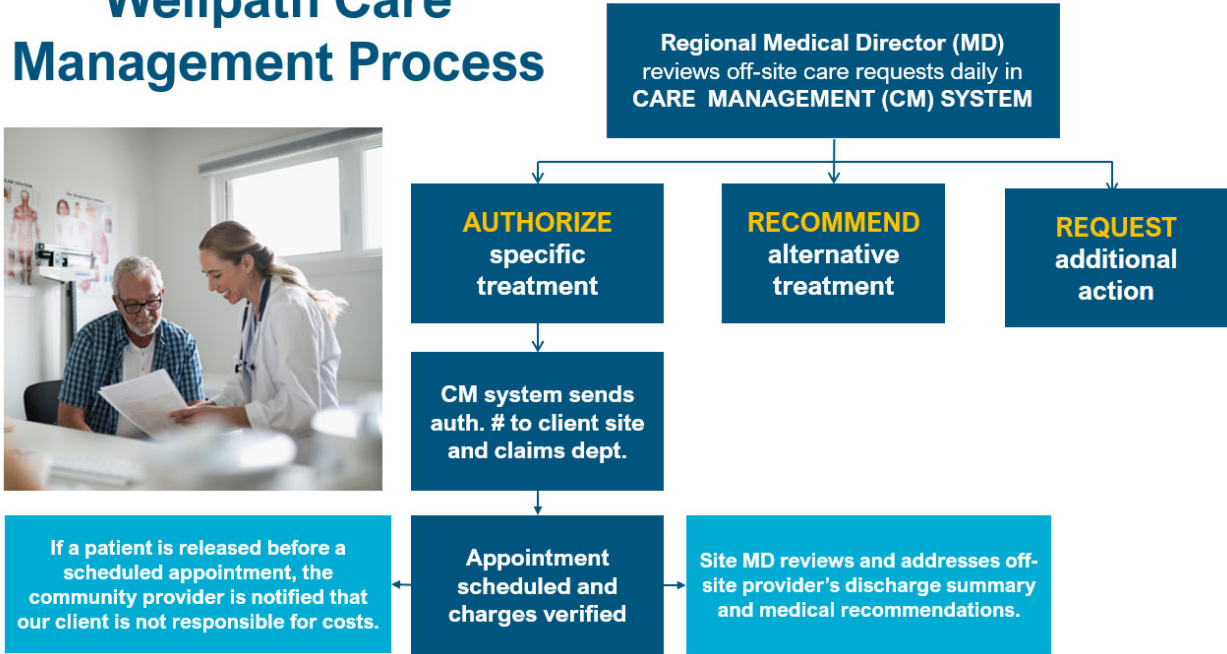
Wellpath's web-based Care Management system is in place at the Facility. This system enhances clinical control and cost efficiencies for off-site care by allowing us to track off-site services, ensure timely return from off-site visits, manage claims, and provide reports that assist the County with cost containment and budget preparation.



The Care Management system functions alongside the Facility's Jail Management System (JMS), Tiburon, to ensure accurate reporting. The Captain or designee has access to the Care Management system to view management information and monitor off-site scheduling and inpatient status. With our robust Care Management system, **Wellpath offers a level of automation and accuracy in reporting that no competitor can match.**

Wellpath will continue to coordinate, validate, and track off-site care and invoicing through the Care Management system. Our established review process ensures that off-site referrals are medically necessary and payments are appropriate. The following diagram illustrates the Wellpath Care Management process.

Wellpath Care Management Process




Utilization Review

The Wellpath Care Management system generates reports that allow us to analyze the utilization of off-site services on behalf of the County. We use this data to assess the need for additional on-site and off-site services, as well as the potential impact that systems such as telehealth may have. We continuously evaluate the number of cases and the costs associated with transporting patients to determine which clinics are held on site. Constant evaluation of specialty services ensures the most cost-effective solution for clinics.

Following is an example of Wellpath’s Event Detail Report, which provides a snapshot of off-site visits.

Sample Event Detail Report



Event Detail Report

Page 1 of 2

489 Day(s)				INPATIENT HOSPITALIZATION Totals								
489 Day(s)				INPATIENT HOSPITALIZATION Totals								
OBSERVATION 4 EVENT(S)												
Jails												
10/03/2019	10/04/2019		6001						Y		Y	Medicaid
11/30/2019	12/02/2019		6001									
11/30/2019	12/02/2019		6001									
12/05/2019	12/06/2019		6001									
4				OBSERVATION Totals								
4				OBSERVATION Totals								
OFFICE VISITS 32 EVENT(S)												
Jails												
10/08/2019			6001									
10/09/2019		CARDIOLOGY	6001									
10/10/2019		ORAL AND MAXILLOFACIAL SURGERY	6001									
10/21/2019		ORAL AND MAXILLOFACIAL SURGERY	6001									
11/15/2019		OPHTHALMOLOGY	6001									
11/15/2019		UROLOGY	6001								Y	Not Financially Liable
11/18/2019		ORAL AND MAXILLOFACIAL SURGERY	6001							Y		Pre-Existing
11/20/2019		OBSTETRICS	6001								Y	Not Financially Liable

Wellpath offers numerous reports to help clients track and manage off-site services. The most important is the Event and Expense Detail Report, which itemizes each off-site referral entered into the Care Management system and tracks important cost data. Each Wellpath site is required to review the Event and Expense Detail Report at least monthly and confirm the report is correct by the third business day of each month. This report is used to establish the monthly off-site cost accrual in the facility's financial statements. Wellpath staff are trained to review this report for accuracy on a weekly basis to ensure:

- Events are showing up on the report (compared to any internal tracking process)
- Dates of service are accurate, especially ER dates
- All provider information is showing up on the report
- No duplicate records
- All referrals are in the correct category (e.g., ambulance, off-site, dialysis, radiology)
- Inmate type is correct (e.g., State, Federal, ICE)



REDACTED																		
REDACTED County Detention Facility																		
Date of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Charge	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
03/02/2020				7660					S				11850602	17299616	\$85.53	\$87.13	\$85.53	0
03/03/2020				7660					S				11903820	17346704	\$85.53	\$139.49	\$139.49	0
03/25/2020				7660					S				12140453	17655742	\$85.53	\$0.00	\$85.53	0
03/27/2020				7660					S				12209614	17733131	\$85.53	\$0.00	\$85.53	0
OFFICE VISITS Totals															\$1,197.42	\$658.52	\$1,377.95	
OFFICE VISITS Totals															\$1,197.42	\$658.52	\$1,377.95	
OFFICE VISITS Totals															\$1,197.42	\$658.52	\$1,377.95	
OFFICE VISITS Totals															\$1,197.42	\$658.52	\$1,377.95	
OFFICE VISITS WITH PROCEDURES				5 EVENT(S)														
Jails																		
REDACTED County																		
REDACTED County Detention Facility																		
Date of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Charge	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
03/06/2020				7660					S				11950215	17356836	\$161.99	\$0.00	\$161.99	0
03/30/2020				7660					S				12108193	17596270	\$161.99	\$0.00	\$161.99	0
OFFICE VISITS WITH PROCEDURES Totals															\$647.96	\$0.00	\$647.96	
OFFICE VISITS WITH PROCEDURES Totals															\$647.96	\$0.00	\$647.96	
OFFICE VISITS WITH PROCEDURES Totals															\$647.96	\$0.00	\$647.96	
OFFICE VISITS WITH PROCEDURES Totals															\$647.96	\$0.00	\$647.96	
RADIOLOGY				3 EVENT(S)														
Jails																		
REDACTED County																		
REDACTED County Detention Facility																		

Sample Event & Expense Detail Report – YTD Summary



Event & Expense Detail Report

Regions: Jails

RECAP BY DEPARTMENT: REDACTED Detention Facility		Event Count	Standard Cost	Paid To Date	Expense
AMBULANCE		22	\$1,882.98	\$1,595.96	\$2,794.22
EMERGENCY ROOM		122	\$19,693.50	\$7,262.86	\$21,594.13
OBSERVATION		1	\$0.00	\$0.00	\$0.00
INPATIENT HOSPITALIZATION 45 Day(s)		9	\$968.00	\$0.00	\$968.00
OFFICE VISITS		14	\$1,197.42	\$658.52	\$1,377.95
OFFICE VISITS WITH PROCEDURES		5	\$647.96	\$0.00	\$647.96
RADIOLOGY		3	\$806.79	\$2,434.09	\$2,703.02
45 Day(s)		176	\$25,196.65	\$11,951.43	\$30,085.28

RECAP: Totals		Event Count	Standard Cost	Paid To Date	Expense
AMBULANCE		22	\$1,882.98	\$1,595.96	\$2,794.22
EMERGENCY ROOM		122	\$19,693.50	\$7,262.86	\$21,594.13
OBSERVATION		1	\$0.00	\$0.00	\$0.00
INPATIENT HOSPITALIZATION 45 Day(s)		9	\$968.00	\$0.00	\$968.00
OFFICE VISITS		14	\$1,197.42	\$658.52	\$1,377.95
OFFICE VISITS WITH PROCEDURES		5	\$647.96	\$0.00	\$647.96
RADIOLOGY		3	\$806.79	\$2,434.09	\$2,703.02
45 Day(s)		176	\$25,196.65	\$11,951.43	\$30,085.28

RECAP: By Month		Standard Cost	Paid To Date	Est. Outstanding	Expense
February		\$0.00	\$0.00	\$0.00	\$0.00
March		\$25,196.65	\$11,951.43	\$18,133.85	\$30,085.28
		\$25,196.65	\$11,951.43	\$18,133.85	\$30,085.28



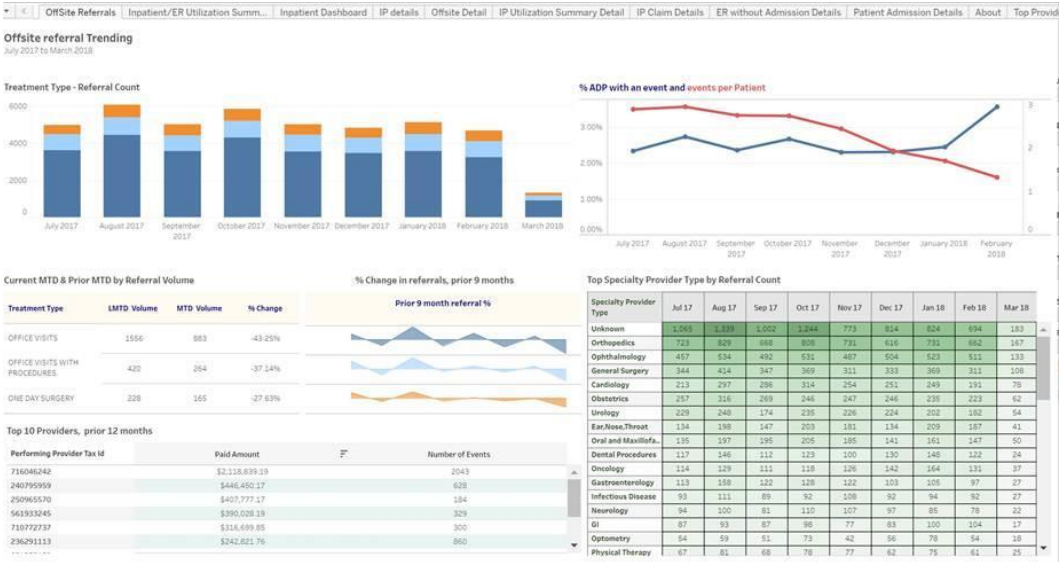
Utilization Statistics

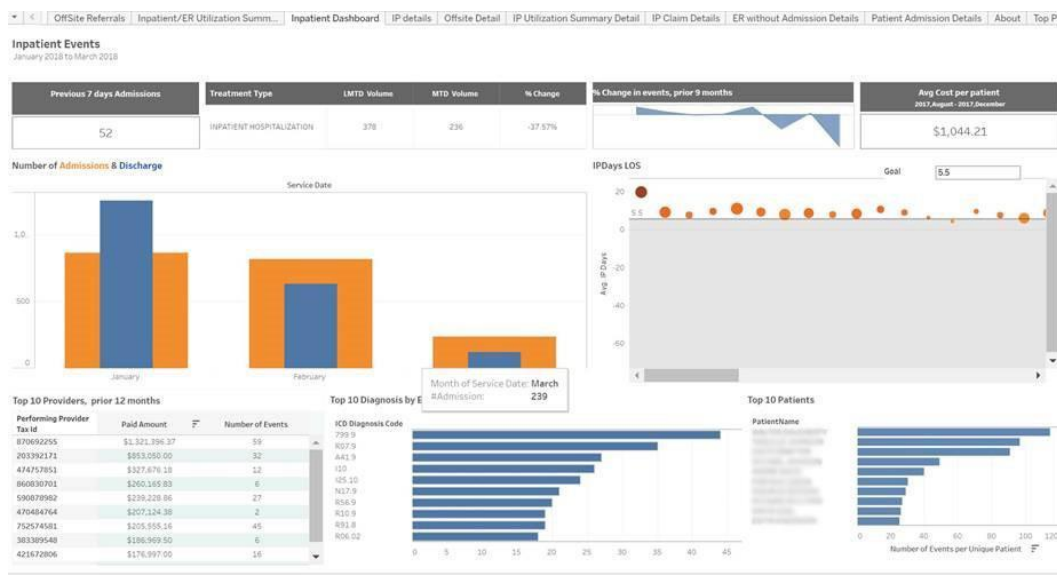
Our Care Management system produces reports for the County containing detailed data for cost analysis and containment. These reports include information on all medical, dental, and mental health services and associated costs, including laboratory, radiology, and other ancillary services; specialty services; pharmaceuticals; and medical supplies. We analyze utilization statistics and continuously evaluate the potential benefits of establishing on-site clinics.

Wellpath has successfully reduced off-site medical and security costs for the County by providing cost-effective, medically necessary healthcare services at the Facility. The Care Management system is a powerful tool for tracking and analyzing utilization data. The system’s visual dashboards allow for the comparison of historical data and patient care trends. Operational and outcome trending can be provided on:

- Admits per 100/1000
 - Admits by diagnosis
 - Re-admission rates
 - ER visits per 100/1000
 - ER visits by diagnosis
 - ER conversion rates
- Infection rates
 - Non-formulary utilization trends
 - Non-formulary lab trends
 - Prior authorization turnaround times
 - Prior authorization outcome rates
 - Standard vs. expedited authorization requests

Sample Care Management Dashboards – Off-site Referrals & Inpatient Events





2.2.12. On-Site Diagnostic Services

NCCHC Standard J-D-04

Wellpath will continue to authorize, schedule, and coordinate necessary diagnostic services, including phlebotomy, X-ray, EKG, and ultrasound services. Healthcare staff make referrals for diagnostic services and prioritize tasks for appointment scheduling through our Care Management system. Wellpath provides follow-up care for health problems identified by any health screenings or diagnostic tests.

Consistent with the Wellpath care philosophy, we provide diagnostic services on site when possible. We will continue to provide the necessary staff and supplies for on-site care and treatment of our patients, including medical, radiology, laboratory, dental, and other supplies.

Radiology Services



Wellpath has in place the most cost-effective and comprehensive radiology program available for the Facility. We deliver on-site radiology services through our national contract



with MobilexUSA (a division of TridentCare). Mobilex is the country's leading provider of mobile X-ray and ultrasound services, serving more than 6,000 facilities nationwide. We will continue to work with Mobilex and the County to maintain a routine schedule for on-site radiology services, including:

- Mobile X-ray services
- Ultrasounds
- Sonograms
- Doppler studies

Results can be received electronically, via fax, or on paper. Wellpath staff log the type and number of X-rays completed and the results received. Medical personnel review the log daily to ensure timely reporting.

A board-certified radiologist reads X-rays and radiology special studies and provides a typed and/or automated report within 24 hours. The radiologist calls the Facility for immediate intervention if needed. If notified of abnormal results, the site Medical Director or physician/mid-level designee reviews, initials, and dates X-ray reports within five working days.

Wellpath staff document and store digital images and radiology reports in the patient's electronic medical record. The site Medical Director or physician/mid-level designee meets with the patient to discuss results and establish a plan of care, documenting this follow up in the patient's medical record.

2.2.13. Laboratory Services

Wellpath will continue to provide on-site laboratory services in accordance with the Clinical Laboratories Inspection Act (CLIA) and the Clinical Laboratory Improvement Amendments of 1988. The laboratory program for the Facility also complies with standards set forth by the American College of Pathology and state requirements for medical pathology, specimen handling, testing, and reporting. Our laboratory program includes supplies, timely pickup and delivery, and accurate reporting within 24 hours on most labs.



Wellpath provides diagnostic laboratory services through our national contract with Laboratory Corporation of America (LabCorp). With more than 35 years of experience serving physicians and their patients, LabCorp operates a sophisticated laboratory network, performing more than one million tests on more than 370,000 specimens daily.



Wellpath trains on-site staff on laboratory policies and provides them with a diagnostic procedure manual that includes reporting on STAT and critical values. We ensure that qualified healthcare personnel are trained to collect and prepare laboratory specimens. All point-of-care lab services are processed on site, including but not limited to:


- Dipstick urinalysis
- Finger-stick blood glucose
- Pregnancy testing
- Stool blood testing

Wellpath staff document diagnostic laboratory reports and follow-up care in the patient's medical record. A medical provider reviews and signs off on laboratory results. If test results indicate a critical value, the lab alerts the provider by telephone. The provider reviews laboratory results within 24-48 hours (72 hours for weekends and holidays), or immediately for STAT lab reports and any abnormal test results. Preliminary results, when available, receive a medical review.

Lab Interface with CorEMR

Lab results may be viewed using the Diagnostic tab of the patient's chart. Abnormal results are flagged to alert medical staff that expedited review is necessary. The medical provider is notified immediately to review all lab results via the Provider Approvals section of the CorEMR Dashboard. If test results indicate a critical value, the provider also receives a telephonic alert.

Sample Lab Results Screen in CorEMR

Labs Radiology			
Lab Results 			
Instructions: 1. Click on the lab name to graph all entries for that lab. 2. Click on the column header to view that entire lab result. 3. Click on an individual value to view that specific value. (Double-click for tablet/iPad).			
Test Name	02/04/2021 0407 LabCorp	02/08/2019 0728 BioReference	
REAGIN AB		Non-Reactive Titer	
CHLAMYDIA TRACHOMATIS+NEISSERIA GONORRHOEAE RRNA		ALT. TEST PERFORMED	
C trach rRNA Ur QI N		Not Detected	
N gonorrhoea rRNA U		Not Detected	
Chlamydia trachomatis, NAA	Negative		
Neisseria gonorrhoeae, NAA	Negative		

Lab Formulary

Wellpath has established a lab formulary to manage laboratory costs at the Facility. The lab formulary includes the most commonly required tests, which allows us to expedite the ordering process by easily selecting the appropriate tests. We receive discounted pricing for lab tests that we renegotiate regularly to ensure savings for our clients.



Non-formulary requests require pre-approval through our Care Management system. The Regional Medical Director reviews non-formulary requests and approves them or suggests an alternative plan.

2.2.14. Dental Care

NCCHC Standard J-E-06

Wellpath will continue to provide basic dental care at the Facility following NCCHC and ACA standards. Consistent with the Wellpath care philosophy, we provide services on site to the extent possible. Dental services, including but not limited to exams and treatment (e.g., emergency fillings and extractions), are provided by dental personnel licensed to practice in Texas. The Wellpath proposed staffing plan includes a Dental Assistant to assist the Dentist, manage the treatment schedule and care requests, and properly maintain and sterilize equipment.

Oral Screening and Examination

NCCHC Standards J-E-02, J-E-04, J-E-06

Wellpath staff conduct an initial oral screening at intake to identify complaints needing a referral. A more in-depth oral screening takes place during the initial health assessment to identify additional dental needs or required referrals. This screening includes visual observation of the teeth and gums, notation of any obvious or gross abnormalities requiring immediate referral to a Dentist, and instruction in oral hygiene and preventive oral education. Qualified Healthcare Professionals (QHPs) receive documented training from or approved by a Dentist on performing oral screenings, including questions to ask and what to look for.

Unless an emergent need is identified during the oral screening, a Dentist performs an oral examination within 12 months of admission per NCCHC standards. The examination includes:

- Taking or reviewing the patient's oral history
- An extraoral head and neck examination
- Charting of teeth
- Periodontal assessment
- Examination of the hard and soft tissue of the oral cavity

Patients have access to the preventive benefits of fluorides in a form determined by the Dentist to be appropriate for the individual's needs.

Treatment Priorities

NCCHC Standards J-D-07, J-E-06, J-E-07

Wellpath takes patients' dental needs seriously, as poor dental health can compromise a patient's overall physical health. Neglect of dental needs can lead to serious infection, negatively impacting the patient's health and the cost of treatment. Oral treatment, not limited to extractions, is provided when a Dentist determines that the patient's health would otherwise be adversely affected. The Dentist uses a defined charting system to identify the oral health condition and specify the priorities for treatment by category. Wellpath uses a system of established priorities for care, as follows:

- Priority One – To be treated as an emergency
 - Patients having severe pain affecting regular activity
 - Fractured mandibles
 - Avulsed teeth
 - Abscessed tooth/teeth with signs of swelling
 - Cellulitis
 - Suspected neoplasms
 - Other emergent needs as determined by the Dentist
- Priority Two
 - Oral conditions that, left untreated, may cause pain in the immediate future
 - Non-painful lesions

- Periodontal disease of an advanced nature
- Prosthodontic patients in need of appliance for proper mastication
- Other serious dental issues as determined by the Dentist

Medical staff evaluate patients needing emergency oral treatment and provide appropriate intervention until the patient can be seen by a dental practitioner or transferred for emergency care.

Wellpath develops an individualized treatment plan for each patient receiving dental care. For patients with less than 12 months' detention, treatment plans include treatment of dental pain, sedative fillings, extractions of non-restorable teeth, gross debridement of symptomatic areas, and repair of partials and dentures. For patients with more than 12 months' detention, treatment plans also include X-rays.

Quality Assurance

NCCHC Standards J-A-06, J-B-02, J-B-08, J-B-09, J-E-06

Wellpath completes regular dental audits to ensure the provision of appropriate services at the Facility. Dental audits are designed to ensure, at a minimum:

- Proper PPE is worn when treating patients
- Patients are wearing protective eyewear when receiving treatment
- Instruments are properly sterilized
- Instrument counts are logged properly
- Weekly spore counts are conducted regularly
- Completed dental screening training and competency assessment for nursing staff
- Proper maintenance of equipment logs
- Current certifications for anyone taking dental X-rays
- Sharps counts are conducted and logged properly
- Peer reviews are current on the Dentist

2.2.15. Pharmaceutical Operations

NCCHC Standard J-D-01

Wellpath will continue to provide pharmaceutical services in accordance with all applicable laws, guidelines, policies and procedures, and accepted community standards. Our pharmaceutical management program includes formulary and non-formulary oversight; prescribing, filling, and administering of medications; record keeping; appropriate licensure; Drug Enforcement Agency (DEA) management; and the secure and proper storage of all medications.

Pharmacy Provider



Wellpath partners with Diamond Pharmacy Services to provide pharmaceutical services at the Facility. Diamond works with Wellpath to provide reliable delivery of all prescription, non-prescription, and intravenous medications as ordered. Their industry-leading pharmacy program management includes accurate reporting, enhanced clinical services, and innovative technology solutions for the County. As our pharmacy vendor, Diamond maintains necessary pharmaceutical licenses in accordance with state and federal regulations.

Diamond currently serves the medication dispensing and pharmacy program management needs of nearly 700,000 inmate lives in over 1,700 correctional facilities in 48 states. Their technicians and support personnel establish working relationships with on-site staff. Diamond's 52 years of experience providing institutional care, and 39 years of correctional experience makes them highly qualified to meet the needs of our clientele.

Pharmacy Savings

Wellpath and Diamond work together to deliver medication to tens of thousands of patients in jails, prisons, and detention facilities nationwide. **As Diamond's largest client, Wellpath receives the industry's most cost-effective and competitive pricing** for pharmaceutical services. Other bidders may propose using Diamond Pharmacy Services; however, our national buying power allows us to receive the deepest discounts in the industry from Diamond—savings we will continue to pass on to the County.



Formulary Management

NCCHC Standards J-D-01, J-D-02

Wellpath has a customized formulary for the Facility to optimize efficacy and total cost of care. We review the formulary regularly for updates. Immediate formulary changes, with the approval of the site Medical Director and facility administration, are incorporated with the release of new medications, when clinical information identifies new safety concerns, and when generic products become available.



Utilization is important for formulary management and development. Diamond reviews and provides evidence-based literature review articles specific to areas that may affect utilization and the cost-effectiveness of medications. Diamond also monitors pricing fluctuations daily. Diamond pharmacists receive daily price change reports for review, as well as weekly information from their wholesaler when new medications are expected to receive generic approval and pricing. The site Medical Director reviews this information when assessing a medication's formulary status.

Formulary Exceptions

NCCHC Standard J-D-02

Intake staff ask arrestees whether they were undergoing medical, dental, or mental health treatment before arrest. If so, Wellpath staff ask for the names of the arrestee's current medical providers and contact them to obtain information about current treatment and medications to facilitate continuity of care.

Wellpath staff ask individuals who report medication use at intake to complete a Release of Information (ROI) form, allowing the medication verification process to begin. A prescribing clinician (physician or mid-level provider) reviews verified medications and continues them as clinically indicated. We expedite medications for life-threatening or serious chronic diseases by obtaining them from a local backup pharmacy, Deliver It Pharmacy.

Wellpath bridges non-formulary medications for up to 30 days to prevent a break in care and allow the clinician time to review the necessity of the medication. Given the nature of jails as short-stay facilities, we typically continue verified medications (formulary or not) throughout the duration of a patient's stay, unless the patient reports side effects, poor response to the regimen, or a different medication is deemed more clinically appropriate.

To continue a non-formulary medication after the initial bridge order, the prescribing clinician requests continuation of the medication (to include a brief clinical rationale for the medication) through the Wellpath non-formulary medication request process. The Regional Medical Director reviews non-formulary requests daily. The HSA is notified if a non-formulary medication is ordered without the non-formulary request form.

Non-Formulary Reviews

NCCHC Standard J-D-02

Diamond enforces Wellpath formulary compliance by providing pharmacist reviews of non-formulary medication requests. They screen orders for formulary compliance daily and provide consultation on formulary alternatives that best meet our clinical and cost containment goals. The program works as follows:

- The pharmacy receives an electronic order for a non-formulary medication.
- A clinical formulary specialist reviews the patient's profile and determines if formulary alternatives can be substituted without compromising patient care.
- The pharmacist's review is sent to the Wellpath clinician with a recommendation for a formulary alternative, a request for additional information, or a recommendation to submit the non-formulary request in accordance with our policy.

Generics, Narcotics, and Off-Label Use

Wellpath clinicians prescribe generic medications whenever possible, unless they provide justification for a brand name request. We track the percentage of generic versus non-generic use and provide statistical reports on all areas of pharmaceutical management.

Wellpath only administers non-narcotic medications to patients in general population. Patients requiring narcotic medications are housed in the appropriate non-general population for the period the



Formulary Exception Request

Inmate Number: _____
 Sex: _____
 Location: _____ Inmate Type: ☐ Home ☐ State ☐ Inmate Contact ☐ Federal ☐ ICE/HSO
 Patient Name (First) (Middle) (Last)
 Birth date: _____ Social Security # _____
☐ Is Juvenile ☐ Is Inmate ☐ Is Inmate
 Alias: _____ Gender: ☐ Male ☐ Female
 Custody Date: _____ Anticipated Release Date: _____
 Requesting Provider: _____ Provider Signature: _____

Formulary Exception Type: ☐ Bridge the continuity of care (Max 7 day supply) ☐ Routine (Max 30 day supply) ☐ Immediate (Emergency Rx) (Back-up Pharmacy (Max 7 day supply))

Psychotropic Drug: ☐ Yes ☐ No

Request Date: _____ Drug Allergies: ☐ MDA

Diagnosis Requiring this Drug: _____

Drug and dose req / probable duration of therapy: _____ Pertinent history and clinical justification for this drug exception: _____

* If an immediate fill is needed for > 7 days, a Routine Request may be entered for the remainder of prescription of the Non-Formulary medication

Justify the Non-Formulary usage: _____

Verbal Order:
 Taken by: _____ Given by: _____ Date: _____ Time: _____
 Nurse Signature: _____

medications are prescribed for appropriate medical oversight. In keeping with Wellpath policy, providers use sleep and pain medications only when clinically indicated.

Wellpath policy discourages the dispensing of medication (prescription or OTC) for any off-label use.

Pharmacy Reports

NCCHC Standard J-D-01

Wellpath offers the most dynamic and complete reporting capabilities in the correctional industry, including customized pharmaceutical reports for the Facility. Analysis of monthly utilization data, formulary management data, expenditures, clinical metrics, poly-pharmacy prescribing data, and overall prescribing habits of clinicians is crucial for properly managing budgetary dollars, ensuring proper care, and optimizing patient outcomes. Statistical data is accompanied by graphs illustrating usage and trends.

Wellpath offers statistical reports for pharmaceutical management that simplify analysis of monthly usage, expenditures, prescribing habits, and trends. Basic, ad hoc, requested, and customized reports are available if requested.

Ordering of Medications

NCCHC Standard J-D-02

Wellpath documents all prescription orders in the patient's medical record. Healthcare staff can order medications electronically or by phone. Emergency prescriptions can be submitted through Diamond's STAT line, which is staffed and available 24/7/365. Diamond's contacts the backup pharmacy and arranges for the emergency prescription.

Dispensing of Medications

NCCHC Standard J-D-02

A licensed/registered pharmacist (L/R P) oversees dispensing in accordance with state regulations. Wellpath uses a local backup pharmacy, Deliver It Pharmacy, for dispensing medications during evening and weekend hours, with a local L/R P as needed.

The pharmacist screens for interactions, allergies, and other potential issues (such as non-formulary medications) that may need to be addressed with on-site staff before dispensing an order. The pharmacist also screens each patient's medication profile to ensure safe and therapeutic medication administration. The pharmacist contacts the facility before filling expensive prescriptions so on-site staff can consider alternatives or request a smaller supply if a patient is scheduled for release.

Before dispensing an order, the pharmacist checks for the following:

- Duplicate therapy from medications in the same therapeutic class
- Medication interactions and incompatibilities (including drug-drug, drug-order, and drug-age interactions)
- Excessive/sub-therapeutic dosages
- Appropriateness of medication therapy
- Medications refilled too soon, based on facility-specific established parameters
- Medications ordered past the designated stop date
- Clinical abuse or misuse
- Medications that are to be administered as DOT only
- Medications that are to be administered from stock only

The pharmacist alerts healthcare providers before dispensing an order for a prescription with an inappropriate strength, duplicate orders with existing medications on a patient profile, potential drug-drug interactions deemed to be clinically significant and medically justifiable, and any medication that triggers a documented allergy in their pharmacy system.

Packaging and Labeling

Medications are labeled, packaged, and dispensed in compliance with all current local, state, federal and department laws, rules, regulations, and provisions, or in their absence, the best practices of the trade and industry standards. Medications are dispensed in blister card packaging in the quantity ordered. Blister cards provide a specialized filling system for safe, efficient, and cost-effective medication distribution and allow credit for returns of many medications.

Receipt and Availability of Medications

NCCHC Standard J-D-02

Wellpath will continue to provide pharmacy services seven days a week, with scheduled shipment of medications six days a week and local backup pharmacy services available on Sundays, holidays, and in urgent or emergent situations.

Emergency Medications

NCCHC Standard J-D-02

Wellpath does not delay medications for life-threatening conditions, mental illness, or serious chronic conditions. Our list of “no-miss” medications facilitates this process following intake. We make every effort to verify and administer these medications before the next scheduled dose. We obtain and administer other medications within 24 hours.

Wellpath expedites orders for emergency medications. We use a local pharmacy, Deliver It Pharmacy, to supply emergency prescription medications and as a backup for pharmacy services. Diamond has national contracts with most chain pharmacies and negotiates with pharmacies outside their network. If there is an immediate need to initiate medication, we obtain it from the backup pharmacy as quickly as possible.

Over-the-Counter Medications

NCCHC Standard J-D-02

Wellpath has established a protocol to provide over-the-counter (OTC) medications to patients upon consultation with the site Medical Director and facility administration, who jointly approve patient access to non-prescription medications. Approved OTC medications are reviewed annually.

KOP Medications

NCCHC Standard J-D-02

The Keep on Person (KOP) program at the Facility gives patients immediate access to medications for an urgent medical need. It also helps reduce the amount of time healthcare staff spend administering medications. The KOP program includes educating patients about their medications and promote their responsibility for maintaining their state of health.

KOP medications are limited to those that may be safely self-administered with the proper education, such as inhalers, eye drops, ear drops, ointments and creams. The list of allowable KOP medications requires approval by facility administration. We only give KOP medications to patients who need immediate access to them, based on their chronic care treatment plan (e.g., inhalers for those with severe COPD or severe, persistent asthma).

Healthcare staff instruct patients on the proper use of KOP medications. Patients must sign an informed consent statement acknowledging that the medication is only to be used as clinically directed, must be kept on person at all times, and must be presented for inspection to any officer or healthcare employee who requests to see it. Patients found to be using KOP medications improperly or abusing the privilege may have their KOP privileges limited or rescinded, based on a physician's review.

Storage and Security of Medications

NCCHC Standards J-D-02, J-D-03

Wellpath stores medications and pharmaceutical supplies in a secure, locked area approved by facility administration. The medication room and all cabinets are locked at all times when healthcare staff are not present. Patients do not have access to any medication other than those administered by a qualified staff member.

Wellpath stores bulk supplies separately, taking inventory weekly and when they are accessed. We maintain inventory records to ensure adequate control.

Consulting Pharmacist Review

NCCHC Standards J-D-01, J-D-03

A consulting pharmacist reviews the on-site pharmaceutical program regularly according to state regulations. The pharmacist's review is documented and a report is provided to facility administration. The Quality Improvement Committee reviews the report and establishes corrective action plans for any problem areas.

The consulting pharmacist provides the following services:

- On-site audits consistent with NCCHC guidelines
- Quality assurance reviews
- Written reports identifying any areas of concern and/or recommendations for improving pharmacy services
- Inspections of stock medication storage areas
- Assurance that all medications are stored under proper conditions
- Removal and replacement of all compromised or expired medications
- Participate in meetings of the Pharmacy and Therapeutics Committee

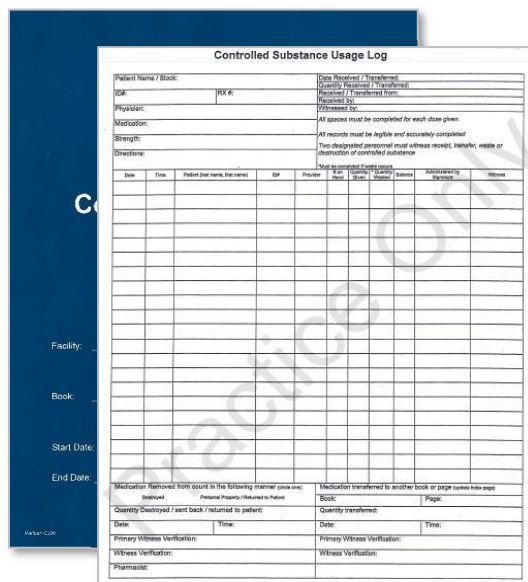
Controlled Substances Accountability

NCCHC Standards J-D-01, J-D-02

Wellpath stores a limited supply of controlled drugs on site under the control of the responsible physician. The HSA or designee monitors and accounts for these medications. Controlled substances must be signed out to the patient at the time they are administered. As an additional level of control, Wellpath treats certain medications that are not controlled, but have the potential for misuse or abuse, as controlled substances.

Wellpath trains nursing staff on the proper procedures for administering, storing, counting, and logging controlled substances. Class II, III, and IV drugs are counted at the end of each shift by one staff member going off duty and one coming on duty. Any count discrepancies must be reported immediately and resolved before the outgoing staff member leaves.

Wellpath maintains a clear “paper trail” to comply with DEA guidelines for accountability and record-keeping. Counts are tracked in a Controlled Substance Log Book with an index and numbered pages to ensure a perpetual inventory and usage record. Controlled Substance Log Books must be retained on site for five years.



The image shows a 'Controlled Substance Usage Log' form. It includes fields for Patient Name / Block, Date, and Quantity. There are sections for 'Attestation' and 'Signature' with checkboxes for 'Attestation' and 'Signature'. A large table with columns for Date, Time, Patient (last name, first name), DOB, Provider, and various counts (Total, Used, Remaining, etc.) is present. The form also has sections for 'Medication removed from stock in the following manner (see page)' and 'Medication transferred to another book or page (see page)'. A large 'DUPLICATE ONLY' watermark is visible across the form.

Disposal of Pharmaceutical Waste

NCCHC Standard J-D-01

Medications that cannot be returned to the pharmacy (e.g., non-unit-dose medications, medications refused by the patient, and/or medications left by discharged patients) are destroyed. Wellpath disposes of pharmaceutical waste in compliance with federal, state, and local laws and regulations.

Wellpath makes every reasonable accommodation to minimize the quantity of pharmaceuticals destroyed. The HSA is responsible for overseeing, monitoring, and ensuring compliance with the pharmaceutical waste disposal policy.

Wellpath staff place pharmaceutical waste in approved collection containers as soon as possible and complete the appropriate disposal form. We provide RX Destroyer containers, which remain locked in the medication room cabinet.

Wellpath staff ensure that pharmaceutical waste is kept in a secure location. Controlled waste is counted until disposal. All controlled substances are stored in a double-locked area with restricted access and continued counts at each shift until they can be destroyed by authorized individuals.



2.2.16. Medication Services

NCCHC Standard J-D-02

Wellpath has established written systems and processes for the delivery and administration of medications based on the Facility's layout and procedures. Medication passes are tailored to ensure the timeliness and accuracy of the process, including coordination with security staffing and mealtimes to ensure accurate and effective medication administration.

Qualified healthcare personnel administer medications within 24 hours of physician's order, with urgent medication provided as required and ordered. Our proposed staffing plan provides nursing coverage for medication pass three times daily in general population and more frequently as needed for patients in medical housing or observation, per physician's orders.

Nursing staff observe patients taking medications, especially when Direct Observation Therapy (DOT) is required by physician's order. We also train staff to provide DOT for medications subject to abuse, psychotropic medications, and those related to the treatment of communicable and infectious diseases.

Wellpath provides orientation training and mandatory continuing education regarding medication administration and preventing medication errors. We do not permit the pre-pouring of medications and we monitor the medication administration process to ensure it does not occur.

Discharge Medications

Wellpath will continue to ensure that patients leaving the Facility have an adequate supply (up to 30 days) of required medications to accommodate the transition of care to a community provider and ensure no lapse in care. Many patients are coping with chronic and/or mental illnesses that require daily medication administration. Before these patients are discharged, Wellpath staff educate them on how to obtain and maintain their medications. We also provide links to community resources for prescription services.

BridgeScript, a benefit provided on behalf of Wellpath and administered by Diamond Pharmacy, gives discharging patients access to a one-time supply of up to 30 days of medication from a local pharmacy. There are two options for using BridgeScript. Both options



ensure that discharged patients have an ample supply of medication upon release, at no cost to them, giving them time to set up an appointment with a community provider to continue their care.

Option 1: With sufficient notice, Diamond fills the patient's discharge prescription and ships the medication to the Facility before the patient's scheduled release date.

Option 2: Upon release from the Facility, the patient receives a voucher for their current prescription, which can be redeemed at one of Diamond's 65,000 in-network pharmacies nationwide. There are several unique advantages to the voucher program. For Wellpath and the County, the voucher program offers ease of process for prescribers and there is no waiting for discharge medication orders to arrive from the pharmacy. The prescription voucher can be processed immediately and the patient can fill the prescription when and where they choose.

The patient listed below is eligible for one-time prescription benefits for specific prescriptions under our program.

Patient: Please take this voucher and the prescriptions provided with this card to the pharmacy of your choice prior to the coverage expiration date listed below. Most pharmacies are contracted to participate in our program.

Patient Name: _____

DOB: _____ Coverage Expiration Date: _____

Group-RELABCDE BIN-017522 PCN- AC PT ID#- FULL DOB

For prescription questions call the Medical Department
 [List Facility Code] at: [Facility Phone]

For billing rejections please call: Diamond Pharmacy Services at
 724.349.1111 x2100

2.2.17. Medication Administration Record

NCCHC Standards J-D-02, J-G-05

Healthcare staff document medication administration and missed doses in a patient-specific Medication Administration Record (MAR). These records become a permanent part of the patient's medical record. All information relative to a patient's prescription is recorded in the MAR, which includes instructions, injection site codes, result codes, and non-administered medication reason codes. If a patient misses or refuses doses on three consecutive days, or if a pattern is noted, healthcare staff document the refusal and refer the patient to the clinician.

Point of Care Companion

When administering medications, Wellpath nurses use an off-network laptop—the Point of Care Companion (POCC) system—with their medication cart, marking and electronically signing off on the administration of medications.

During medication pass, nurses note in the system if a patient does not receive needed medication for any reason. Once the nurse returns to the medical unit, the laptop is docked and the information from the medication pass is synchronized within CorEMR, so administration records are immediately up to date.

This ability to synchronize data provides increased flexibility for nursing staff by allowing them to use the system in facilities where Wi-Fi or mobile internet connectivity is unavailable. This also allows medication passes to continue even if the facility loses internet connectivity. Since the laptop is battery-powered, loss of power does not affect its use.



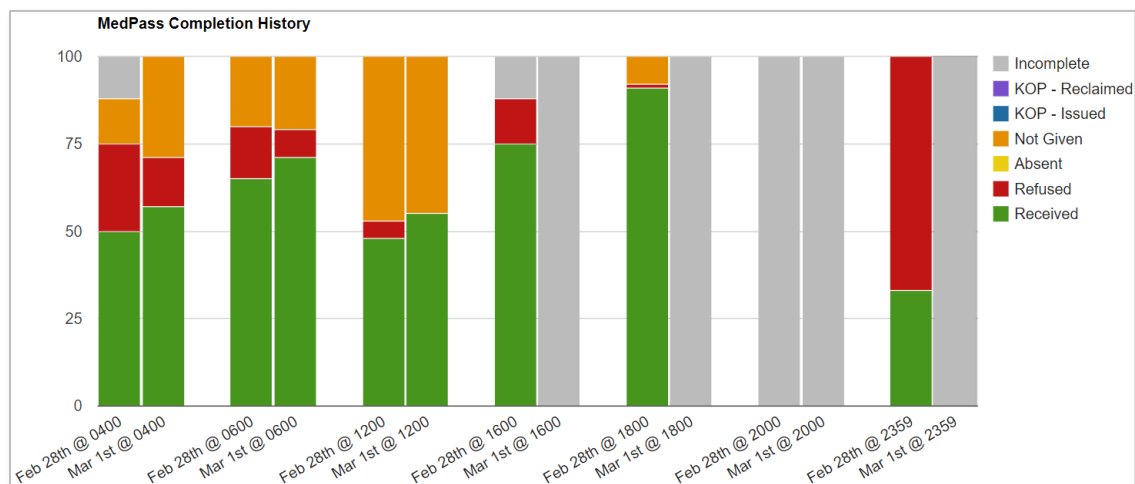
Point of Care Companion

The features and benefits of ordering through this user-friendly software include:

- The ability to order (or reorder) prescriptions or stock orders quickly, through the use of drop-down screens or order refill buttons
- Increased accuracy by reducing transcribing errors and clarity issues that may result from faxed order sheets
- Improved formulary compliance; if a medication is not on the approved list, a non-formulary alert is automatically sent to the prescribing clinician's queue, where the clinician can easily complete the non-formulary request process online; once the non-formulary request is approved, the order is automatically forwarded to the pharmaceutical provider to facilitate expedited ordering
- Over the counter (OTC), stock, and emergency medications are easily initiated and documented as profile medications on the electronic medication administration record
- Time savings through the elimination of paper physician's order sheets, which are no longer needed
- The ability to view patient profiles and determine when a medication was last filled before transmitting the order
- Password-protected access for approved staff to patient profiles, medication orders, and history from any web-based computer located on-site or off-site
- Tracking and documentation of patient allergies and drug interactions
- Immediate notation of exceptions in the patient's medical record, including missed doses, refusals, and complications

Electronic Medication Administration Record

CorEMR has an electronic Medication Administration Record (eMAR) customized for correctional settings. Med pass times are configured by day and generate medication pass prep lists accordingly. Medications may be marked as Received, Refused, Absent, or Not Given within the eMAR. Graphical and detailed MAR reports may be viewed at any time.



Elsa Frost
#zzz
Suicide History, Pregnant, Active Withdrawal
[View Chart](#)

Sex: Female
DOB: 11/15/1800 (Age 220)
Height: 5ft 7in
Weight: 180
Agency: County
Location: Booking

Allergies:
PCN, Peanuts

NOW EARLIER ANYTIME

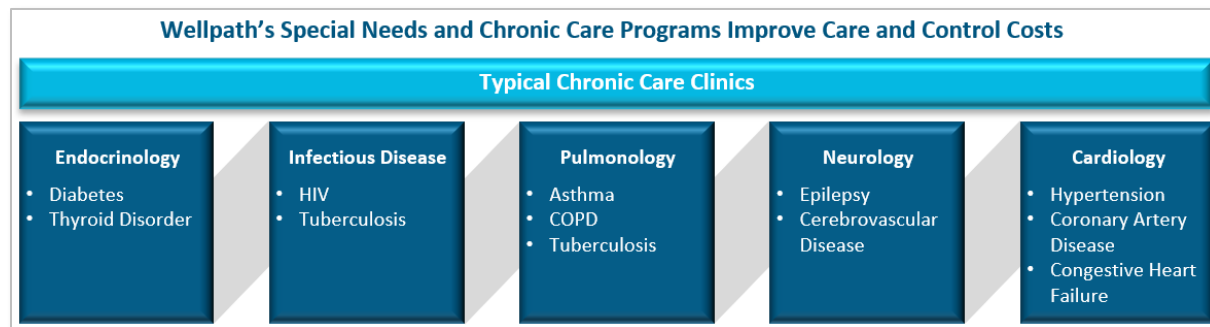
Rec	Ref	Abs	NG	Medication	Doses	Time	End Date
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ACETAMINOPHEN (TYLENOL) 500MG 1 TAB By Mouth BID	1	0700	03/03/2021
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	LISINAPRIL (PRINIVIL-ZESTRIL) 10MG 1 TAB By Mouth QD	1	0700	03/19/2021

Rec	Flow	Time
<input type="radio"/>	Blood Sugar	-

2.2.18. Special Needs and Services

NCCHC Standard J-F-01

Many patients have special healthcare needs requiring ongoing medical supervision and/or multidisciplinary care. Wellpath's Special Needs Program focuses on the identification, referral, and treatment of patients with special needs, including chronic conditions (e.g., diabetes, hypertension, asthma, seizures, etc.) and communicable diseases (e.g., HIV, tuberculosis, etc.). This focus allows us to manage patient needs before they escalate and require off-site consultation, or result in grievances and litigation.



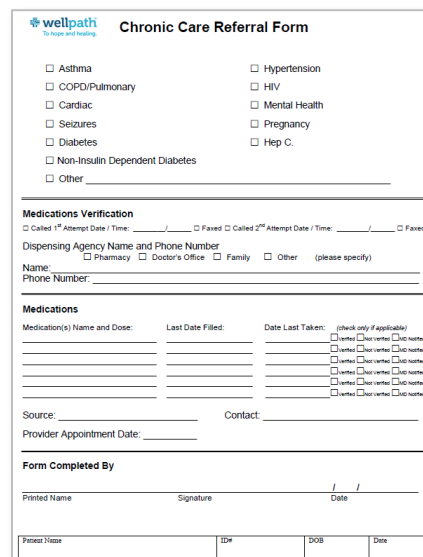
Wellpath considers individuals with long-term healthcare needs related to chronic conditions or acute medical and/or mental health problems to be special needs patients. This includes patients who are mentally ill, developmentally disabled, and/or at high risk for clinical decompensation. We provide these patients with services that **promote health maintenance and health improvement**. Wellpath's Special Needs Program also emphasizes patient education to encourage adherence with treatment plans, both during and after incarceration.

Special Needs Screening

NCCHC Standards J-E-02, J-E-04, J-F-01

Wellpath staff perform a special needs screening during the intake process and again during the initial health assessment. The special needs screening, which is documented in the patient's medical record, addresses housing, monitoring, and follow-up for special needs patients.

If a patient requires ongoing care, Wellpath staff make recommendations regarding specialty services, appropriate housing, work assignments, and program participation. Wellpath staff receive focused training and guidance on interventions based on the results of the special needs screening.



Chronic Care Referral Form

☐ Asthma ☐ Hypertension

☐ COPD/Pulmonary ☐ HIV

☐ Cardiac ☐ Mental Health

☐ Seizures ☐ Pregnancy

☐ Diabetes ☐ Hep C

☐ Non-Insulin Dependent Diabetes

☐ Other _____

Medications Verification

☐ Called 1st Attempt Date / Time: ____/____/____ ☐ Faxed ☐ Called 2nd Attempt Date / Time: ____/____/____ ☐ Faxed

Dispensing Agency Name and Phone Number

☐ Pharmacy ☐ Doctor's Office ☐ Family ☐ Other (please specify) _____

Name: _____

Phone Number: _____

Medications

Medication(s) Name and Dose:	Last Date Filled:	Date Last Taken: (check only if applicable)
_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> correct <input type="checkbox"/> correct
_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> correct <input type="checkbox"/> correct
_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> correct <input type="checkbox"/> correct
_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> correct <input type="checkbox"/> correct
_____	_____	<input type="checkbox"/> correct <input type="checkbox"/> correct <input type="checkbox"/> correct

Source: _____ Contact: _____

Provider Appointment Date: _____

Form Completed By

Printed Name _____ Signature _____ Date ____/____/____

Printed Name _____ ID# _____ DOB _____ Date _____

Patients with special needs can also be identified through self-report, during provider encounters, or by security staff. Self-reported conditions and referrals are entered into the patient's medical record and verified by the medical provider. Referrals from security staff are managed the same as reports made by the patient directly to medical or mental health staff.

Classification and Housing

NCCHC Standards J-B-07, J-F-01

Wellpath's receiving screening guidelines address housing for patients with special healthcare needs, those who require monitoring, and those who may harm themselves or others. Wellpath recommends housing most suitable to the individual's needs. We inform security staff of patients with special needs that affect classification and housing. If the patient requires enhanced monitoring, Wellpath staff notify the HSA or Medical Director.

Individualized Treatment Plans

NCCHC Standard J-F-01

The physician or mid-level designee develops a written individualized treatment plan for patients with special medical conditions requiring close medical supervision, including chronic and convalescent care. The plan is based on medical history and physical examination findings. Special needs treatment plans act as a reference for healthcare personnel involved in the patient's care by providing instructions regarding diet, medication, diagnostic testing, therapeutic interventions, and patient education. When feasible, treatment plans maintain connections between patients and the community agencies that have been or will be serving them.

Treatment plans include short-term and long-term goals and the methods of pursuing them. They include information regarding the patient's disposition, scheduled appointments, housing assignment, ability to function in general population, impact on programming, and frequency of follow-up. They also include medical or mental health instructions to healthcare providers and others involved in the care and supervision of the patient. We will continue to share these plans with the County, as needed, to facilitate housing in the appropriate area of the Facility and ensure proper treatment of patients with long-term and individualized healthcare needs.

Medical special needs patients are typically seen by a physician or mid-level provider every 90 days, or at other intervals when medically indicated. We document this consultation in the patient's medical record and include the date and time of the consultation, the provider's name and title, and new orders for the patient's treatment. Wellpath clinicians determine the frequency of chronic care visits based on the patient's condition(s) and recommendations from the Wellpath Minimum Standards for Care of Chronic Disease.

Chronic Care Management

NCCHC Standard J-F-01

Wellpath will continue to provide a complete chronic disease management program at the Facility that meets NCCHC standards. Our chronic disease management program is designed to reduce the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function. Our multifaceted program includes disease-specific guidelines, clinical decision support tools, and a clinical informatics platform to guide population-based interventions consistent with national clinical practice guidelines for common chronic diseases such as:

- Hypertension
- Diabetes
- Asthma and COPD
- Seizure disorders
- Sickle Cell Anemia
- Substance use disorder
- Mental illness
- Coronary artery disease
- Chronic (non-cancer) pain
- Tuberculosis
- HIV
- Hepatitis
- Renal disease and dialysis

Chronic Care Guidelines

Wellpath practitioners follow disease-specific, evidence-based clinical decision support protocols to ensure continuity of disease management at the initial and follow-up patient encounters. Practitioners also use a set of established minimum standards for the care of chronic disease to guide their treatment decisions.

Wellpath has developed clinical monographs that represent the best practices our practitioners use when treating specific medical conditions. The purpose of the monographs is to reduce variability in the care provided to groups of patients with similar healthcare needs. Topics include:

- Asthma
- Benzodiazepine Use
- Cataracts
- Cirrhosis
- COPD
- Diabetes
- Emergency Contraception
- GERD
- HIV
- Hyperlipidemia
- Hypertension
- Kidney Disease
- Measles
- Seizures
- Sickle Cell Anemia
- Thyroid Disease
- Tuberculosis
- URI
- Withdrawal from Alcohol and Benzodiazepines
- Wound Closure

Adherence to Chronic Care Guidelines

The Wellpath CQI program includes screens such as Continuity of Care – Chronic Disease, Patients with Special Health Needs, and Special Needs Treatment Planning to ensure adherence to appropriate chronic care guidelines.

To ensure we provide optimal patient care, our clinical staff and leadership stay abreast of peer-reviewed research and developments, including emerging therapies, with a focus on their potential use in correctional medicine. We will continue to assess new and emerging therapies and proposed care innovations for feasibility and appropriateness in the correctional setting throughout the term of the contract and in collaboration with the County. All such proposed therapies will be based on recommendations from the Centers for Disease Control and Prevention and/or other recognized authorities on the management of chronic diseases.

Wellpath staff can also access UpToDate, an online resource for evidence-based clinical decision support.

Chronic Care Tracking

Wellpath will continue to track patients with chronic illnesses and report these statistics to the County each month. We provide statistics, such as the number of patients by chronic care diagnosis seen, at monthly Medical Administration Committee (MAC) meetings.

Wellpath staff enter chronic conditions into the patient's problem list in their electronic medical record. Problems are typically identified by nursing staff and are later confirmed by a provider. The problem list is updated and labeled appropriately at chronic care visits.

2.2.19. Female Health Needs

NCCHC Standards J-B-03, J-B-06, J-E-02, J-E-04, J-F-05

Wellpath understands the special healthcare needs of female patients and has established a program that addresses these needs following NCCHC and ACA standards. We train medical staff working with the female population on the specialized aspects of care required. Wellpath's female health program includes:

- Determining menstrual and gynecological problems at intake
- Determining pregnancy status by history and/or pregnancy testing, as appropriate
- Identifying activity capabilities for pregnant and non-pregnant female patients (medical clearance for work as appropriate)
- Screening for sexually transmitted diseases found at a significant frequency in the population
- Pap smear testing following the recommendations of major medical societies, modified to reflect individual patient medical needs
- Breast cancer screening following recommendations of major medical societies, modified to reflect individual patient medical needs (and with consideration to anticipated duration of confinement)
- Providing health education on issues specific to the female population
- Providing contraceptive counseling and/or medication as medically necessary
- Access to obstetrical and gynecological specialists

2.2.20. Mental Health Services

NCCHC Standard J-F-03

Mental health issues are a growing concern for all correctional facilities and a key focus for Wellpath. We take a proactive approach to the mental health needs of our patients, emphasizing identification, referral, and treatment to target specific presenting issues and address recidivism risk factors. The Wellpath Mental Health Program is based on established policies, procedures, and protocols that provide consistency of care for each patient. Our evidence-based mental health programming includes proactive assessment and evaluation, suicide prevention, referrals for care, individualized treatment plans, and discharge planning.

Beginning at intake, Wellpath focuses on identifying patients with mental health issues that may interfere with their ability to safely function in custody. We begin by seeking out community records and verifying psychotropic medication regimens to ensure continuity of care from intake to release. Based on treatment history and/or presenting issues, patients may be referred for psychiatry services, counseling services, special needs program enrollment, and placement in identified mental health units (where available). We work to quickly stabilize individuals who present with acute or chronic mental health conditions and emphasize continued stability throughout incarceration through proactive treatment planning.

Our intake process quickly identifies actively symptomatic conditions, including risk of self-harm, allowing for rapid referral to mental health staff for a more in-depth evaluation. The risk of self-harm is

higher during intake and during episodes of substance withdrawal, which tend to coincide in a correctional environment, but the risk can also fluctuate based on internal and external factors throughout incarceration. Therefore, our mental health program maintains a continuous focus on suicide prevention. If mental health issues cannot be safely addressed in the correctional setting, we recommend referral to a more intensive mental health program.

Staffing and Oversight

NCCHC Standards J-C-07, J-F-03

Wellpath will continue to provide an appropriate number of Qualified Mental Health Professionals (QMHPs) to deliver effective mental health services at the Facility. QMHPs provide on-site assessment and treatment of patients with clinical symptoms. Our mental health staff:

- Provide clinical services and consultation for patients with serious mental illnesses, suicidal ideation, and/or behavioral disturbances
- Provide crisis management and suicide precautions
- Manage mental health intakes, referrals, and sick call requests
- Manage special housing units (i.e., segregation, detox, and mental health housing)
- Coordinate with community resources for continuity of care upon release

Wellpath uses a collegial communication structure when caring for mental health patients. The Wellpath mental health team meets regularly to discuss common issues and develop joint solutions to provide the best possible care, treatment, and services for our patients. We clearly define what is required to trigger a cross-team communication event and hold our team accountable for ensuring this happens whenever necessary.

Our tiered structure ensures that all mental health staff receive supervision and support. Our staffing plan for the Facility includes a Mental Health Coordinator, Whitney Rejcek, LPC-S, who is the first line of contact for supervision of on-site mental health professionals. This leader directs the mental health team and provides oversight of mental health services. The Mental Health Coordinator also provides mental health services to patients and consultation to security staff.

Vice President of Mental Health for Local Government, Dr. Nicole Taylor PHD, JD, CCHP-MH, oversees our mental health program for the County. Whitney Rejcek works directly with the on-site mental health staff to ensure adherence to site-specific policies and applicable standards. This includes on-site visits to assist with chart reviews, training, performance monitoring, and follow-up for any corrective action plans (CAPs).

Mental Health Screening and Evaluation

NCCHC Standards J-E-05, J-F-03

Everyone benefits when a proactive plan of care begins as soon as possible after admission to a correctional facility. This can be an overwhelming and distressing time for incoming patients. Establishing contact and rapport with a mental health provider quickly can help ease concerns and fears

by letting the patient know help is available and to establish and/or maintain stability throughout incarceration.

The early identification process begins at intake to meet emergent, urgent, and routine mental health needs. The mental health component of the receiving screening takes place as individuals enter the facility. Wellpath's receiving screening tool includes specific and structured questions to determine the patient's:

- Risk of suicide
- History of or current psychotropic medication use
- History of psychiatric hospitalization
- History of outpatient mental health treatment
- Current mental status

Individuals screening positive for mental health concerns are referred to a Qualified Mental Health Professional (QMHP) for an initial mental health assessment. Intake staff refer patients displaying acute symptoms (e.g., appearing psychotic or suicidal) or experiencing mental health distress to mental health staff for emergency assessment. We take measures to ensure the patient's safety pending assessment; if the patient exhibits the need for urgent clinical attention beyond the facility's scope, Wellpath staff will refer the patient to an outside facility for acute care.

Effective mental health screening at intake is a critical component of the Wellpath Suicide Prevention Program. Because it is crucial to identify this risk immediately, the Wellpath receiving screening tool contains an enhanced suicide potential screening. Positive screens, which reflect acute symptoms of mental illness or ideation of danger to self or others, trigger an immediate referral to Wellpath mental health staff. Individuals having suicidal ideation or appearing to be in crisis receive an urgent referral to mental health staff.

Upon referral of a potentially suicidal patient, a QMHP completes a Suicide Watch Initial Assessment, which uses the Columbia-Suicide Severity Rating Scale (C-SSRS) to determine whether a patient is at risk for suicide, assess the severity and immediacy of the risk, and gauge the level of support needed. If the patient is identified as being at risk for self-harm or suicide, the QMHP initiates suicide watch protocols.

Patients with non-emergent mental health needs are assessed by a QMHP within the appropriate timeframe. The initial mental health assessment takes place as soon as possible, but no later than 14 calendar days after admission. Wellpath prioritizes mental health assessments for patients with a history of mental illness and/or mental health treatment, including those reporting current/ongoing mental health treatment during the intake screening.

Wellpath's initial mental health assessments, which comply with NCCHC and ACA standards, include a structured interview with inquiries into:

- History of:
 - Psychiatric hospitalization and outpatient treatment
 - Substance use treatment or hospitalization
 - Substance withdrawal seizures or other complications
 - Detoxification and outpatient treatment
 - Suicidal behavior, self-injurious behavior, or self-mutilation
 - Violent behavior
 - Sexual abuse or sexual offenses
 - Cerebral trauma or seizures
 - Exposure to traumatic life events and losses
 - Recent stressors (conflict with family or others, breakup, unstable living conditions, death of friend or family)
- Status of:
 - Psychotropic medications
 - Suicidal ideation
 - Drug or alcohol use
 - Drug or alcohol withdrawal or intoxication
 - Orientation to person, place, and time
- Emotional response or adjustment to incarceration
- Screening for intellectual functioning (i.e., overall developmental functioning, learning disability)

The mental health assessment includes a formal mental status examination to determine whether ongoing evaluation and treatment are required. If so, the QMHP establishes a treatment plan, schedule the patient's next session, and make any needed referrals to a medical and/or psychiatric provider. Patients referred for psychiatric evaluation and/or treatment receive verbal and written information regarding informed consent procedures, including the risks and benefits of participation, alternate treatment options, limits of confidentiality, and right to refuse. If a patient refuses the evaluation or treatment, the refusal is documented in the patient's medical record.

Crisis Management

NCCHC Standards J-B-05, J-F-03

Wellpath identifies individuals demonstrating self-injurious behaviors and increased suicide risk and immediately notifies mental health staff to evaluate the patient and determine an appropriate disposition. We assign patients requiring close monitoring to designated spaces, such as safety cells, as a protective measure.

Mental health staff perform scheduled rounds and evaluations for patients in observation or isolation. They visit patients in crisis regularly to provide support and evaluate their risk, collaborating with the psychiatric provider if a patient's medications need to be adjusted or reassessed. These visits also help Wellpath effectively manage medical services utilization, since individuals in crisis often seek medical attention when they need psychological help.

Mental health staff will continue to collaborate with security staff daily to review the status of patients on continuous suicide watch and staggered suicide watch. A QMHP determines whether the patient needs to stay on suicide watch or return to general population and documents the decision in the

patient's medical record. Only a QMHP can downgrade patients from continuous to staggered suicide watch and subsequently to other housing.

Treatment Planning

NCCHC Standards J-F-01, J-F-03

Once safety and stability issues are addressed, the focus shifts to treatment planning and programming designed to move beyond maintenance and address risk factors for recidivism. Key elements to address include cognitive thinking patterns that support criminal behavior, trauma histories, and lack of adequate community support (e.g., housing and other resources).

Wellpath's individualized approach to treatment planning addresses each patient's needs throughout their incarceration. Treatment plans include clinical summaries of diagnoses and symptoms, treatment goals, and the interventions to be provided. Treatment planning also includes patient education, which is documented in the patient's medical record. Mental health staff educate patients on their conditions, their role in their treatment plan, and the importance of adhering to the plan.

Proactive treatment planning in the correctional setting produces several long-term benefits, including:

- **Fostering patient trust** – Our patients feel important and heard. We provide care with respect and understanding. We familiarize ourselves with each patient's specific situation and needs, including communication with previous care providers to ensure continuity of care while fostering patient trust.
- **Reducing patient emergencies** – We understand our patients and do not wait for an emergency to occur. Instead, we provide proactive treatment that ensures we understand and meet each patient's needs. Proactive treatment planning and care reduces emergencies that can result from a reactive approach to patient care.
- **Identifying relevant trends** – We conduct CQI audits to evaluate our programs and to help us anticipate issues before they occur. We systematically review the quality of our mental health services throughout the year and take actions to improve processes and outcomes based on these reviews.
- **Improving the level of services being offered** – We work closely with facility administration to develop site-specific improvements when needed.

Mental Health Care Requests

NCCHC Standards J-E-07, J-F-03

Patients can request mental health care at any time as part of the sick call process. Intake staff advise arrestees of the process for requesting mental health services. We communicate this information verbally and in writing in a language the arrestee understands.

Wellpath staff triage and document mental health care requests daily. The triage nurse reviews requests for urgency and intervention required, then initiates referrals for patients needing consultation with mental health staff. A QMHP responds to mental health care requests and conducts patient encounters in accordance with their clinical judgement, site policy, and NCCHC standards.

Mental health staff manage urgent referrals without delay and the psychiatric provider follows up as needed. Medical staff address urgent referrals received after hours and contact the on-call psychiatric provider, as needed.

2.2.21. Suicide Prevention

NCCHC Standards J-B-05, J-F-03

Suicide is a leading cause of death in jails, and Wellpath takes suicide awareness and prevention very seriously. Our Suicide Prevention Program is based on policies and procedures that address education, screening, intervention, special needs treatment plans, and ongoing care. The program includes enhanced staff training, assessment using the Columbia-Suicide Severity Rating Scale (C-SSRS), and monitoring of individuals at increased risk for suicide. Mental health staff will support patients who have been affected by suicide and help them cope with the loss.

Enhanced Staff Training

Wellpath training for healthcare staff includes an intense focus on suicide prevention and emphasizes communication and teamwork between healthcare and security staff. We train both healthcare and security staff to recognize when a patient needs emergency mental health care, based on questions asked at intake, identified risk factors, and warning signs of self-harming behavior. **In the front binder pocket of our original proposal, we have included a USB drive containing Wellpath Suicide Prevention Campaign videos for both adults and juveniles. Please note that these videos are confidential and proprietary.**

Ongoing and frequent staff training on suicide prevention is central to the Wellpath Suicide Prevention Program. Suicide prevention training is mandatory during new employee orientation and is reinforced at least twice a year for all Wellpath employees and subcontractors. We use best practices and continuously review the available literature to maximize the effectiveness of the training we provide, treatment resources we use, policy requirements, and associated procedures.

As part of our continual focus on suicide prevention and awareness, Wellpath's Regional Directors of Mental Health meet monthly with their teams to review suicide prevention risk and protective factors. They also conduct regular chart reviews and case reviews.

Identification of Risk

Wellpath uses an integrated approach to mental and behavioral health care that prioritizes suicide risk identification, management, and reduction. Certain times during incarceration pose a higher risk of suicide, such as within the first 14 days of incarceration, after major sentencing, during detoxification and the week following detoxification, and after learning of a significant loss or bad news. Although all suicides cannot be predicted or prevented, we believe that the risk and the prevalence of suicide can be reduced through proper screening, training, management, follow-up, and treatment.

Suicide Risk Factors

Previous attempt(s)
 (self, family member, friend)
 Impulsivity
 Substance abuse/withdrawal
 Negative interactions/bad news
 Mental illness
 Mood/behavior changes
 Hopelessness/helplessness
 Recent or upcoming court date

Suicide Prevention is Everyone's Responsibility

Be intentionally aware
 Encourage communication
 Ask questions
 Make the patient your priority

Effective mental health screening at intake is a critical component of the Wellpath Suicide Prevention Program. Because it is crucial to identify this risk immediately, the Wellpath receiving screening tool contains an enhanced suicide potential screening. Positive screens, which reflect acute symptoms of mental illness or ideation of danger to self or others, trigger an immediate referral to Wellpath mental health staff. Individuals having suicidal ideation or appearing to be in crisis receive an urgent referral to mental health staff. Patients with a history of mental illness and/or mental health treatment also trigger a referral to mental health staff.

Upon referral of a potentially suicidal patient, mental health staff complete a Suicide Watch Initial Assessment. The Wellpath Suicide Watch Initial Assessment uses the C-SSRS to determine whether a patient is at risk for suicide, assess the severity and immediacy of the risk, and gauge the level of support needed. Should mental health staff identify the patient as being at risk for self-harm or suicide, they will initiate suicide watch protocols.

Patients may report suicidal ideation to medical, mental health, or security staff. Security staff and family members also may express concerns. Regardless of the source, Wellpath staff promptly follow up on and document these concerns. Wellpath staff take all self-harm behavior and suicidal comments seriously and act upon them immediately. We place patients believed to be a suicide risk on suicide watch until they can be evaluated by mental health staff and ultimately cleared by a Qualified Mental Health Professional (QMHP).

Sample Suicide Watch Initial Assessment

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To hope and healing.

Suicide Watch Initial Assessment for MH

Name: _____ ID#: _____ DOB: _____
Date/Time: _____ Allergies: _____ Gender: _____

☐ Juvenile ☐ Adult

Type of Watch and Frequency **Date Placed on Watch**
☐ Constant ☐ Staggered 15 minutes ☐ Other: indicate watch frequency
 Number of Days on Watch: _____

Reason for Watch **Changes since last visit/Behaviors of Concern**
☐ Ideation ☐ Plan ☐ Attempt ☐ Self-harmful Behavior ☐ Other: _____

Mental Status Examination:

Appearance: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Disheveled <input type="checkbox"/> Bizarre <input type="checkbox"/> Other: _____	Speech: <input type="checkbox"/> Appropriate <input type="checkbox"/> Expressive <input type="checkbox"/> Loud <input type="checkbox"/> Slowed <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Other: _____	Mood: <input type="checkbox"/> Appropriate <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Irritable <input type="checkbox"/> Other: _____	Affect: <input type="checkbox"/> Appropriate <input type="checkbox"/> Tearful <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Hostile <input type="checkbox"/> Other: _____	Thought Form: <input type="checkbox"/> Coherent <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Loose Assoc. <input type="checkbox"/> Poverty of Thought <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Other: _____	Thought Content: <input type="checkbox"/> Appropriate <input type="checkbox"/> Hallucination <input type="checkbox"/> Comp/Obsess <input type="checkbox"/> Thought Insertion <input type="checkbox"/> Broadcasting <input type="checkbox"/> Delusional <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Other: _____
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Orientation: ☐ Person ☐ Place ☐ Time ☐ Situation

Intelligence: ☐ Above Average ☐ Average ☐ Below Average ☐ Developmentally Disabled

Memory: ☐ Intact ☐ Immediate Impaired ☐ Recent Impaired ☐ Remote Impaired

Insight: ☐ Intact ☐ Good ☐ Fair ☐ Poor

Judgment: ☐ Intact ☐ Good ☐ Fair ☐ Poor

Behavior: ☐ Appropriate ☐ Agitated ☐ Impulsive ☐ Withdrawn ☐ Other: _____

Current Status
Medication Adherent? ☐ Yes ☐ No ☐ Partially ☐ N/A
Current Medications: _____
Approximate Date of Last Self-Harm Incident: ☐ N/A

Current Suicidal Ideations? ☐ Yes ☐ No ☐ Refuses to answer
Current Homicidal Ideations? ☐ Yes ☐ No ☐ Refuses to answer

Patient current on Detox/Monitoring Protocol?
☐ Yes ☐ CWA ☐ COWS ☐ CWA + COWS ☐ Synthetics
☐ No ☐ Completed ☐ No Detox protocol not indicated

Columbia Suicide Severity Rating Scale to be completed at each visit
☐ Check here if patient refuses to answer the Columbia Suicide Severity Rating Scale

Form Folder and Number: Suicide Watch SW03.5 Form Owner: Carin Kottraba Accreditation: All Active / Last Revision Date: September 20, 2022

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To hope and healing.

Suicide Watch Initial Assessment for MH

Name: _____ ID#: _____ DOB: _____
Date/Time: _____ Allergies: _____ Gender: _____

Suicide Ideation Definitions and Prompts **Past month**
 Ask questions that are **BOLDED and UNDERLINED>** Yes No

1) **Have you ever wished you were dead or wished you could go to sleep and not wake up?**
 Wish to be dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

2) **Have you actually had any thoughts of killing yourself?**
 Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide. "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.

3) **Have you been thinking about how you might kill yourself?**
 Suicidal Thoughts with Method (without specific plan or intent to act): Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different from a specific plan with time, place, or method details worked out. "I thought about taking an overdose, but I never made a specific plan as to when, where, or how I would actually do it. I would never go through with it."

4) **Have you had these thoughts and had some intention of acting on them?**
 Suicidal Intent (without specific plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts, but I never made a specific plan as to when, where, or how I would actually do it. I would never go through with it."

5) **Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?**
 Suicidal Intent with specific plan: Thoughts of killing oneself with details of the plan fully or partially worked out and person has some intent to carry it out.

6) **Have you ever done anything, started to do anything, or prepared to do anything to end your life?**
 Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, or actually took pills, tried to shoot yourself, cut yourself, hang yourself etc.
 If YES, How long ago did you do any of these?
☐ Over a year ago ☐ Between 3-12 months ago ☐ Within the last 3 months

Risk Factors

<input type="checkbox"/> Active major depression/manic/hallucinations/delusions <input type="checkbox"/> Age (adolescent, elderly) <input type="checkbox"/> Anniversary/Anniversary of important loss <input type="checkbox"/> Bad news (legal, loss of loved one, privileges revoked, serious illness, recent rejection, or loss) <input type="checkbox"/> Family history of suicide attempts <input type="checkbox"/> First incarceration or arrest <input type="checkbox"/> Gender (male) <input type="checkbox"/> Hopelessness, feelings of guilt/burden/worthlessness/flashbacks, severe anxiety, agitation, overwhelmed <input type="checkbox"/> Intake refusal <input type="checkbox"/> Impulsive <input type="checkbox"/> Lacks social support <input type="checkbox"/> Legal concerns (crime against child, serious charges, high profile, heightened preoccupation with charges)	<input type="checkbox"/> Prior suicide watch placement while incarcerated <input type="checkbox"/> Prior suicide attempts / suicide note found <input type="checkbox"/> Non-adherence to psychotropic medication <input type="checkbox"/> Non-suicidal self-harm <input type="checkbox"/> Psychiatric hospitalization (recently released) <input type="checkbox"/> Restrictive Housing placement <input type="checkbox"/> Sexual assault / humiliating events / rejection <input type="checkbox"/> Substance intoxication or detox (CWA/COWS) <input type="checkbox"/> Terminal/incurable medical illness or pain <input type="checkbox"/> Transgender <input type="checkbox"/> Trauma / abuse experienced <input type="checkbox"/> Veteran (Military) <input type="checkbox"/> Violence / domestic abuse towards others <input type="checkbox"/> Other (describe): _____
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Form Folder and Number: Suicide Watch SW03.5 Form Owner: Carin Kottraba Accreditation: All Active / Last Revision Date: September 20, 2022

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To hope and healing.

Suicide Watch Initial Assessment for MH

Name: _____ ID#: _____ DOB: _____
Date/Time: _____ Allergies: _____ Gender: _____

Protective Factors

<input type="checkbox"/> Children at home <input type="checkbox"/> Collaborative Safety Plan (CSP) and reasons for living identified <input type="checkbox"/> Engaged in work or school, helping others <input type="checkbox"/> Fear of death or dying due to pain and suffering <input type="checkbox"/> Future goals/plans are defined <input type="checkbox"/> Insight into problems/issues	<input type="checkbox"/> Mental health treatment engagement <input type="checkbox"/> Responsibility to family or others, living with family <input type="checkbox"/> Social support (friends) <input type="checkbox"/> Social support (spouse / family) <input type="checkbox"/> Spirituality / immorality of suicide <input type="checkbox"/> Other (describe): _____
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Estimated Current Self-harm/Suicide Risk Level **Collaborative Safety Plan:**
☐ Low ☐ Intermediate ☐ High
☐ Began ☐ Completed ☐ Refused ☐ N/A Reason: _____

Risk Formulation: _____

Collaborative Safety Plan (CSP): This section must be completed at least once each time the patient is on suicide watch. Patients should be given a copy of the CSP if they are not able to write one themselves.
 Personal Warning Signs: _____
 Self-Management Strategies: _____
 Social Support: _____
 Professional/Crisis Support: _____
 Reasons for Living: _____

Form Folder and Number: Suicide Watch SW03.5 Form Owner: Carin Kottraba Accreditation: All Active / Last Revision Date: September 20, 2022

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Suicide Watch Initial Assessment for MH

Name: _____ ID#: _____ DOB: _____
Date/Time: _____ Allergies: _____ Gender: _____

Treatment Objectives/Goals Targeting Current Stressors (Check all that apply):

<input type="checkbox"/> Patient will not engage in self-harm/self-injurious behaviors <input type="checkbox"/> Patient will tell staff if he/she experiences suicidal ideation <input type="checkbox"/> Patient will work with MHP to develop collaborative safety plan including identifying maladaptive coping mechanisms and replacing with healthy coping plans <input type="checkbox"/> Patient will describe and demonstrate at least two (2) additional coping skills. Specify: _____ <input type="checkbox"/> Patient will take medication as prescribed by the Psychiatric provider <input type="checkbox"/> Patient will work on assignments Specify: _____ <input type="checkbox"/> Patient will discuss protective factors and reasons for living Other (describe): _____

Interventions (Check all that apply):

<input type="checkbox"/> MHP meets with patient daily <input type="checkbox"/> Develop Collaborative Safety Plan while on suicide watch <input type="checkbox"/> Consult psychiatric provider regarding medications, address side effects, and evaluate effectiveness <input type="checkbox"/> CBT/DBT Skills <input type="checkbox"/> Other (describe): _____
--

Subjective content from patient as well as Clinician objective observations:

Plan (Check all that apply and note rationale):
☐ Discharge from watch, follow up in accordance with policy or more frequently as clinically indicated
Rationale: _____
☐ Downgrade/Change Watch (identify rationale including stressors, risk/protective factors, active ideation/plan etc.)
Rationale: _____
☐ Continue current suicide watch and follow up daily
 MH Suicide Watch Custody Notification form was completed on _____ (date)

Consultation: ☐ Not Indicated ☐ Indicated (specify reason/with whom): _____
Referral to: ☐ Psychiatry ☐ Medical ☐ Special needs ☐ Other: _____
Recommended Placement: ☐ Appropriate for General Population ☐ Other: _____

QMHP Signature: _____ Date/Time: _____
 QMHP Printed Name/Title: _____

Form Folder and Number: Suicide Watch SW03.5 Form Owner: Carin Kottraba Accreditation: All Active / Last Revision Date: September 20, 2022

Referrals and Monitoring

Patients demonstrating self-harming behaviors, those identified as suicide risks, and those who appear to be in crisis receive an urgent referral to mental health staff for immediate evaluation. Wellpath recommends placing these patients on constant observation until mental health staff can complete the evaluation to determine an appropriate disposition. Wellpath suggests the following levels of observation based on the level of risk:

- **Continuous Watch** – Constant observation of the patient
- **Staggered Watch** – Direct observation of the patient at staggered intervals not to exceed 15 minutes

Mental health staff monitor patients on suicide watch daily and create a treatment plan specifically for follow-up care. When a patient is released from suicide watch by a QMHP, mental health staff follow up based on a clinical algorithm, starting within one day post-suicide watch and consisting of two-to-three follow-up visits. Mental health staff administer the C-SSRS to assist in supporting the clinical decision to discontinue the watch. They also develop a collaborative safety plan addressing suicidal ideation and its re-occurrence and provide additional follow-up care, as needed.

Sample Suicide Watch Daily Assessment/Discharge Assessment for Mental Health

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Suicide Watch Daily Follow-up and Discharge for MH

Name:	ID#:	DOB:
Date/Time:	Allergies:	Gender:

☐ Daily Follow-up ☐ Discharge ☐ Juvenile ☐ Adult

Type of Watch and Frequency <input type="checkbox"/> Constant <input type="checkbox"/> Staggered 15 minutes <input type="checkbox"/> Other: indicate watch frequency	Date Placed on Watch Number of Days on Watch: _____
Reason for Watch <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Attempt <input type="checkbox"/> Self-injurious Behavior <input type="checkbox"/> Other: _____	Changes since last visit/Behaviors of Concern

Mental Status Examination: Appearance: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Mediculous <input type="checkbox"/> Unpleasant <input type="checkbox"/> Unkempt <input type="checkbox"/> Disheveled <input type="checkbox"/> Bizarre <input type="checkbox"/> Other: _____ Speech: <input type="checkbox"/> Appropriate <input type="checkbox"/> Expressive <input type="checkbox"/> Loud <input type="checkbox"/> Blurred <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Other: _____ Mood: <input type="checkbox"/> Appropriate <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Irritable <input type="checkbox"/> Other: _____ Affect: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Tearful <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Hostile <input type="checkbox"/> Other: _____ Thought Form: <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Tangential <input type="checkbox"/> Loose Assoc. <input type="checkbox"/> Poverty of <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Thought <input type="checkbox"/> Other: _____ Thought Content: <input type="checkbox"/> Appropriate <input type="checkbox"/> Hallucination <input type="checkbox"/> Comp/Obsess <input type="checkbox"/> Thought Insertion <input type="checkbox"/> Broadcasting <input type="checkbox"/> Delusional <input type="checkbox"/> Suicidal <input type="checkbox"/> Homicidal <input type="checkbox"/> Other: _____ Orientation: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation Intelligence: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> Developmentally Disabled Memory: <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Recent Impaired <input type="checkbox"/> Remote Impaired Insight: <input type="checkbox"/> Intact <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Judgment: <input type="checkbox"/> Intact <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Behavior: <input type="checkbox"/> Appropriate <input type="checkbox"/> Belligerent <input type="checkbox"/> Agitated <input type="checkbox"/> Impulsive <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other: _____

Current Status Medication Adherent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/> N/A Current Medications: _____ Approximate Date of Last Self-Harm Incident: <input type="checkbox"/> N/A	Current Suicidal Ideations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuses to answer Patient current on Detox/Monitoring Protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CWA <input type="checkbox"/> COWS <input type="checkbox"/> CWA + COWS <input type="checkbox"/> Synthetics <input type="checkbox"/> No Completed _____ days ago <input type="checkbox"/> No Detox protocol not indicated	Current Homicidal Ideations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuses to answer
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Columbia Suicide Severity Rating Scale to be completed at each visit

☐ Check here if patient refuses to answer the Columbia Suicide Severity Rating Scale

Form Folder and Number: Suicide Watch SW02.6	Form Owner: Carm Koltraba	Accreditation: All	Active / Last Revision Date: November 22, 2022
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Suicide Watch Daily Follow-up and Discharge for MH

Name:	ID#:	DOB:
Date/Time:	Allergies:	Gender:

Suicide Ideation Definitions and Prompts Ask questions that are BOLD and UNDERLINED . Ask questions 1 and 2.	Since last visit Yes No
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- Have you ever wished you were dead or wished you could go to sleep and not wake up?**
 Wish to be dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.
- Have you actually had any thoughts of killing yourself?**
 Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide. I've thought about killing myself without general thoughts of ways to kill oneself/associated methods, intent, or plan. If YES to #2, ask questions 3 through 6. If NO to #2, go directly to question 6.
- Have you been thinking about how you might kill yourself?**
 Suicidal Thoughts with Method (without specific plan or intent to act): Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different from a specific plan with time, place, or method details worked out. I thought about taking an overdose, but I never made a specific plan as to when, where, or how I would actually do it. I would never go through with it.
- Have you had these thoughts and had some intention of acting on them?**
 Suicidal intent (without specific plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to I have the thoughts, but I definitely will not do anything about them.
- Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?**
 Suicidal intent with specific plan: Thoughts of killing oneself with details of the plan fully or partially worked out and person has some intent to carry it out.
- Have you ever done anything, started to do anything, or prepared to do anything to end your life?**
 Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, or actually took pills, tried to shoot yourself, cut yourself, hung yourself etc.
☐ YES, most not ago did you to any or these: ☐ Over a year ago ☐ Between 3-12 months ago ☐ Within the last 3 months

Risk Factors <input type="checkbox"/> Active major depression/manic/hallucinations/delusions <input type="checkbox"/> Age (adolescent, elderly) <input type="checkbox"/> Anniversary/Anniversary of important loss <input type="checkbox"/> Bad news (legal, loss of loved one, privileges revoked, serious illness, recent rejection, or loss) <input type="checkbox"/> Family history of suicide attempts <input type="checkbox"/> First incarceration or arrest <input type="checkbox"/> Gender (male) <input type="checkbox"/> Helplessness, feelings of guilt/burden/worthlessness flashbacks, severe anxiety, agitation, overwhelmed <input type="checkbox"/> Inmate refusal <input type="checkbox"/> Impulsive <input type="checkbox"/> Lacks social support <input type="checkbox"/> Legal concerns (crime against child, serious charges, high profile, heightened preoccupation with charges)	<input type="checkbox"/> Prior suicide watch placement while incarcerated <input type="checkbox"/> Prior suicide attempts / suicide note found <input type="checkbox"/> Non-adherence to psychotropic medication <input type="checkbox"/> Non-suicidal self-harm <input type="checkbox"/> Psychiatric hospitalization (recently released) <input type="checkbox"/> Restrictive Housing placement <input type="checkbox"/> Sexual assault / humiliating events / rejection <input type="checkbox"/> Substance intoxication or detox (CIWA/COWS) <input type="checkbox"/> Terminal/incurable medical illness or pain <input type="checkbox"/> Transgender <input type="checkbox"/> Trauma / abuse experienced <input type="checkbox"/> Veteran (Military) <input type="checkbox"/> Violence / domestic abuse towards others <input type="checkbox"/> Other (describe): _____
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Form Folder and Number: Suicide Watch SW02.6	Form Owner: Carm Koltraba	Accreditation: All	Active / Last Revision Date: November 22, 2022
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wellpath
To hope and healing.

Suicide Watch Daily Follow-up and Discharge for MH

Name:	ID#:	DOB:
Date/Time:	Allergies:	Gender:

Protective Factors <input type="checkbox"/> Children at home <input type="checkbox"/> Collaborative Safety Plan (CSP) and reasons for living identified <input type="checkbox"/> Engaged in work or school, helping others <input type="checkbox"/> Fear of death or dying due to pain and suffering <input type="checkbox"/> Future goals/plans are defined <input type="checkbox"/> Insight into problems/issues	<input type="checkbox"/> Mental health treatment engagement <input type="checkbox"/> Responsibility to family or others, living with family <input type="checkbox"/> Social support (friends) <input type="checkbox"/> Social support (spouse / family) <input type="checkbox"/> Spirituality / immorality of suicide <input type="checkbox"/> Other (describe): _____
---	---

Estimated Current Self-harm/Suicide Risk Level <input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High Risk Formulation: _____	Collaborative Safety Plan: <input type="checkbox"/> Began <input type="checkbox"/> Completed <input type="checkbox"/> Refused <input type="checkbox"/> N/A Reason: _____
--	---

Collaborative Safety Plan (CSP): This section must be completed at least once each time the patient is on suicide watch. Patients should be given a copy of the CSP if they are not able to write one themselves.

Personal Warning Signs: _____

Self-Management Strategies: _____

Social Support: _____

Professional/Crisis Support: _____

Reasons for Living: _____

Form Folder and Number: Suicide Watch SW02.6	Form Owner: Carm Koltraba	Accreditation: All	Active / Last Revision Date: November 22, 2022
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wellpath
To hope and healing.

Suicide Watch Daily Follow-up and Discharge for MH

Name:	ID#:	DOB:
Date/Time:	Allergies:	Gender:

Treatment Objectives/Goals Targeting Current Stressors (Check all that apply): <input type="checkbox"/> Patient will not engage in self-harm/medication behaviors <input type="checkbox"/> Patient will tell staff if he/she experiences suicidal ideation <input type="checkbox"/> Patient will work with MHP to develop collaborative safety plan including identifying maladaptive coping mechanisms and replacing with healthy coping plans <input type="checkbox"/> Patient will describe and demonstrate at least two (2) additional coping skills. Specify: _____ <input type="checkbox"/> Patient will take medication as prescribed by the Psychiatric provider <input type="checkbox"/> Patient will work on assignments <input type="checkbox"/> Patient will discuss protective factors and reasons for living. Other (describe): _____

Interventions (Check all that apply): <input type="checkbox"/> MHP meets with patient daily <input type="checkbox"/> Develop Collaborative Safety Plan while on suicide watch <input type="checkbox"/> Consult psychiatric provider regarding medications, address side effects, and evaluate effectiveness <input type="checkbox"/> CBT/DBT Skills <input type="checkbox"/> Other (describe): _____
--

Subjective content from patient as well as Clinician objective observations:

Plan (Check all that apply and note rationale): <input type="checkbox"/> Discharge from watch, follow up in accordance with policy or more frequently as clinically indicated Rationale: _____ <input type="checkbox"/> Downgrade/Change Watch (identify rationale including stressors, risk/protective factors, active ideation/plan etc.) Rationale: _____ <input type="checkbox"/> Continue current suicide watch and follow up daily MH Suicide Watch Custody Notification form was completed on _____ (date) Consultation: <input type="checkbox"/> Not Indicated <input type="checkbox"/> Indicated (specify reason/with whom): _____ Referral to: <input type="checkbox"/> Psychiatry <input type="checkbox"/> Medical <input type="checkbox"/> Special needs <input type="checkbox"/> Other: _____ Recommended Placement: <input type="checkbox"/> Appropriate for General Population <input type="checkbox"/> Other: _____
--

QMHP Signature: _____ Date/Time: _____

QMHP Printed Name/Title: _____

Form Folder and Number: Suicide Watch SW02.6	Form Owner: Carm Koltraba	Accreditation: All	Active / Last Revision Date: November 22, 2022
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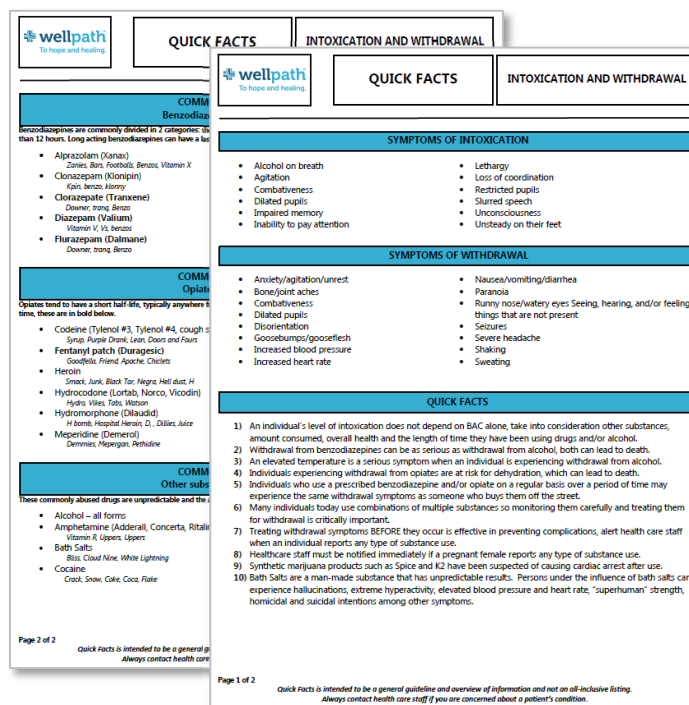
2.2.22. Medically Supervised Withdrawal and Treatment

NCCHC Standard J-F-04

Wellpath will continue to provide medically supervised withdrawal management services on site in accordance with applicable standards of treatment. Patients undergo medical stabilization for withdrawal management to minimize the risk of adverse symptoms and the need for off-site treatment.

Wellpath trains healthcare and security staff to recognize the signs and symptoms of withdrawal and safely manage patients experiencing them. We can also provide security staff with Quick Facts for Intoxication and Withdrawal to help them quickly decide if medical intervention is needed.

Wellpath stocks Narcan (naloxone) in emergency response kits at our client facilities as allowed by state law. We train our nurses to administer Narcan when a patient is suspected of having an opioid overdose. It is our policy that patients found unresponsive with unknown cause, or pulseless or apneic, should be given Narcan as part of the resuscitative process. Wellpath empowers nurses to use Narcan to save lives. Since we started using Narcan in 2015, **our staff have saved more than 1,800 patients from overdosing.**



QUICK FACTS

INTOXICATION AND WITHDRAWAL

SYMPTOMS OF INTOXICATION

- Alcohol on breath
- Agitation
- Combattiveness
- Dilated pupils
- Impaired memory
- Inability to pay attention
- Lethargy
- Loss of coordination
- Restricted pupils
- Slurred speech
- Unconsciousness
- Unsteady on their feet

SYMPTOMS OF WITHDRAWAL

- Anxiety/agitation/unrest
- Bone/joint aches
- Combattiveness
- Dilated pupils
- Disorientation
- Goosebumps/gooseflesh
- Increased blood pressure
- Increased heart rate
- Nausea/vomiting/diarrhea
- Paranoia
- Runny nose/watery eyes
- Seeing, hearing, and/or feeling things that are not present
- Seizures
- Severe headache
- Shaking
- Sweating

QUICK FACTS

- 1) An individual's level of intoxication does not depend on BAC alone, take into consideration other substances, amount consumed, overall health and the length of time they have been using drugs and/or alcohol.
- 2) Withdrawal from benzodiazepines can be as serious as withdrawal from alcohol, both can lead to death.
- 3) An elevated temperature is a serious symptom when an individual is experiencing withdrawal from alcohol.
- 4) Individuals experiencing withdrawal from opiates are at risk for dehydration, which can lead to death.
- 5) Individuals who use a prescribed benzodiazepine and/or opiate on a regular basis over a period of time may experience the same withdrawal symptoms as someone who buys them off the street.
- 6) Many individuals today use combinations of multiple substances so monitoring them carefully and treating them for withdrawal is critically important.
- 7) Treating withdrawal symptoms BEFORE they occur is effective in preventing complications, alert health care staff when an individual reports any type of substance use.
- 8) Healthcare staff must be notified immediately if a pregnant female reports any type of substance use.
- 9) Synthetic marijuana products such as Spice and K2 have been suspected of causing cardiac arrest after use.
- 10) Bath Salts are a man-made substance that has unpredictable results. Persons under the influence of bath salts can experience hallucinations, extreme hyperactivity, elevated blood pressure and heart rate, "superhuman" strength, homicidal and suicidal intentions among other symptoms.

Wellpath's Withdrawal Management Program and Policies incorporate the following:

- **Receiving screening** – Identifying of those at risk
- **Observation and monitoring** – Monitoring and assessment tools to ensure the necessary treatment as quickly as possible
- **Treatment** – Following American Society of Addiction Medicine (ASAM) national practice guidelines

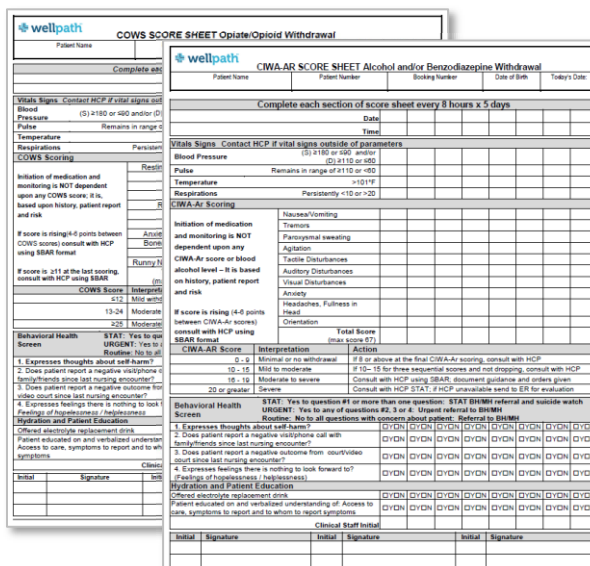
Receiving Screening

Many individuals arrive at intake under the influence of drugs or alcohol requiring some degree of withdrawal. Intake staff ask all arrestees about types of substances used, time of last usage, frequency and amount of usage, length of time using, and side effects experienced during past withdrawals. Our standardized receiving screening form evaluates all arrestees for signs and symptoms of withdrawal or serious intoxication, including:

- Anxiety and agitation
- Disorientation
- Visual and auditory disturbances
- Nausea and headache
- Tremors
- Paroxysmal sweats
- Elevated pulse, respiratory rate, and blood pressure

Individuals who report alcohol and/or drug dependence or identified as being at risk for withdrawal receive a more in-depth assessment. Wellpath staff complete this assessment using the Addiction Research Foundation Clinical Institute Withdrawal Assessment for Alcohol – Revised (CIWA-Ar) and/or the Clinical Opioid Withdrawal Scale (COWS).

These evidence-based tools help nursing staff assess the severity of withdrawal symptoms based on the patient's behavior or responses to questions. Medical providers also use the CIWA-Ar/COWS tools to gauge how patients respond to medications administered to stabilize withdrawal symptoms.



The image displays two clinical assessment forms from Wellpath. The top form is the 'COWS SCORE SHEET Opiate/Opioid Withdrawal', which includes sections for vital signs, COWS scoring (initiation of medication, COWS score, and behavioral health), and a signature line. The bottom form is the 'CIWA-Ar SCORE SHEET Alcohol and/or Benzodiazepine Withdrawal', which includes sections for vital signs, CIWA-Ar scoring (initiation of medication, CIWA-Ar score, and behavioral health), and a signature line. Both forms are designed for nursing staff to use in assessing withdrawal symptoms.

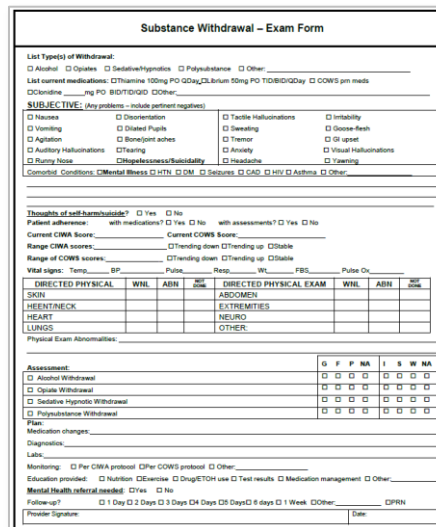
Arrestees who have the potential of withdrawal from alcohol based on frequency, duration of drinking and history, or current experience of symptoms are started on CIWA protocol and receive their first dose of medication within four hours. If an individual is receiving medication-assisted treatment (MAT) in the community, healthcare staff verify treatment and contact the MAT provider for orders. Arrestees who show signs of opioid withdrawal will be started on COWS protocol.

Observation and Monitoring

When a patient is considered a high risk for withdrawal, intake staff contact the physician/mid-level provider on duty or on call to determine whether placement in observation is indicated. Healthcare staff monitor patients at risk for withdrawal throughout the medical stabilization process.

Healthcare staff monitor patients experiencing withdrawal from alcohol, opiates, or benzodiazepines for at least five days, or longer if deemed necessary by the provider. They assess patients undergoing withdrawal monitoring three times daily and when requested by facility staff. Assessments include CIWA/COWS checks to determine the level of withdrawal. Scores are calculated at each assessment to determine appropriate patient intervention, as well as the success of treatment provided.

The assessment also includes a short mental health screen for thoughts of suicidality, hopelessness, or recent bad news. If a patient gives positive answers to any of these questions, healthcare staff immediately notify mental health staff and place the patient on suicide watch. Wellpath takes this proactive approach since withdrawal is a risk factor for suicide and suicide attempts.



Substance Withdrawal - Exam Form

List Type(s) of Withdrawal:
☐ Alcohol ☐ Opiates ☐ Sedative/Hypnotics ☐ Polysubstance ☐ Other _____
 List current medications: ☐ Thiamine 100mg PO QDay ☐ Lorazepam 1mg PO TID/BID/QID ☐ COWS pm meds
 Oxycodone _____ mg PO BID/TID/QID ☐ Other _____

SUBJECTIVE: (Any positives - include pertinent negatives)
☐ Nausea ☐ Disorientation ☐ Tactile Hallucinations ☐ Irritability
☐ Vomiting ☐ Dilated Pupils ☐ Sweating ☐ Goose-flesh
☐ Agitation ☐ Bone/Joint aches ☐ Tremor ☐ GI upset
☐ Auditory Hallucinations ☐ Chills ☐ Anxiety ☐ Visual Hallucinations
☐ Runny Nose ☐ Hopelessness/Suicidality ☐ Headache ☐ Yawning
 Complaints: ☐ Mental Status ☐ HTN ☐ DM ☐ Seizures ☐ CAD ☐ HIV ☐ Asthma ☐ Other _____

Thoughts of self-harm/suicide? ☐ Yes ☐ No
 Patient adherence: with medications? ☐ Yes ☐ No with assessments? ☐ Yes ☐ No
 Current CWA Score: _____ Current COWS Score: _____
 Range CWA scores: _____ ☐ Trending down ☐ Trending up ☐ Stable
 Range of COWS scores: _____ ☐ Trending down ☐ Trending up ☐ Stable

Vital signs: Temp _____ BP _____ Resp _____ Wt _____ FBS _____ Pulse Dx _____

	WNL	ABN	ASS		WNL	ABN	ASS
SKIN				DIRECTED PHYSICAL EXAM			
HEENT/NECK				ABDOMEN			
HEART				EXTREMITIES			
LUNGS				NEURO			
				OTHER			

Physical Exam Abnormalities: _____

Assessment	S	F	P	NA	S	F	P	NA
<input type="checkbox"/> Alcohol Withdrawal								
<input type="checkbox"/> Opiate Withdrawal								
<input type="checkbox"/> Sedative Hypnotic Withdrawal								
<input type="checkbox"/> Polysubstance Withdrawal								

Medication changes: _____
 Disposition: _____
 Labs: _____
 Monitoring: ☐ Per CWA protocol ☐ Other COWS protocol ☐ Other _____
 Education provided: ☐ Nutrition ☐ Exercise ☐ Drug/ETOH use ☐ Test results ☐ Medication management ☐ Other _____
 Mental Health referral needed: ☐ Yes ☐ No
 Follow-up? ☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days ☐ 6 Days ☐ 1 Week ☐ Other: _____ CPRN
 Provider Signature: _____ Date: _____

Treatment

Wellpath has developed an order set for clinicians to use when managing and treating withdrawal symptoms. The order set is based on best practices for determining the medication to be used, starting dose, and dosing frequency. It establishes the minimum amount of medication needed to treat patients going through withdrawal, allowing for real-time use for most patients. If a patient does not respond as expected to the medication, the clinician will develop an individualized treatment plan.

2.2.23. Infectious Disease Prevention and Control

NCCHC Standard J-B-02

Wellpath has a written infection control policy to ensure a safe and healthy environment for patients, staff, and visitors at the Facility. The policy includes recommendations from the Centers for Disease Control (CDC) for infectious disease diagnosis and treatment. Oversight includes medical care, monitoring, and case management of patients with HIV/AIDS, hepatitis C (HCV), and other infectious diseases.

The primary drivers of effective infection control policies, procedures, and guidelines are **Identification**, **Prevention**, **Diagnosis**, and **Treatment**. The Wellpath infection control program aims to effectively control the occurrence and spread of communicable diseases by maintaining compliance with universal precaution procedures. We ensure employees have access to appropriate cleaning and personal protective equipment and we train them on general sanitation issues and preventing the transmission of bloodborne pathogens.

The goals of the Wellpath infection control program are to:

- Identify individuals at risk for infectious diseases
- Monitor and report infectious diseases among patients and staff
- Promote a safe and healthy environment through regular inspections, education, communication, and role modeling
- Survey patients from their entry into the facility
- Provide timely, effective treatment when an infectious disease is identified
- Administer vaccinations to minimize the spread of infectious diseases
- Protect the health and safety of patients and staff through appropriate isolation precautions
- Establish effective decontamination techniques for cleaning of medical equipment and contaminated reusable items
- Provide safe means of disposal for biohazardous waste and used needles and sharps
- Implement standard precautions to minimize the risk of exposure to blood and bodily fluids
- File required reports in a manner consistent with local, state, and federal laws and regulations
- Establish and maintain a good working relationship with the local health department, the community, and the facility in matters related to preventing infectious diseases
- Train staff on all facets of the infection control program
- Monitor the effectiveness of the infection control program through ongoing quality improvement data collection and statistical reporting

We strive to reach these goals through our commitment to early identification from surveillance of potential and actual occurrences of infectious disease. Intake staff ask arrestees about their history related to infectious or communicable diseases and ensure complete clearance before their assignment to general population. Those at risk for spreading a communicable disease are segregated from the general population.

Wellpath uses our Care Management system to provide a monthly report of patients diagnosed with an infectious disease. The report includes the patient's name and identification number, the date of service, the patient's disposition, and the infectious disease diagnosis. Clinic logs and statistical data are maintained by the designated infection control coordinator, HSA Durelle Cardiff, who also schedules and completes appointments using the Care Management system.

The Wellpath clinical team addresses the control of all infectious diseases. For specific diseases, Wellpath staff review current CDC guidelines, as well as the UpToDate® clinical knowledgebase, coordinating with Fort Bend Health and Human Services as needed. We provide training and education to healthcare and security staff on the latest protocols and precautions for handling patients with communicable diseases.

Collaboration and Reporting

Wellpath helps local health departments meet their goals of promoting health and well-being in the community by preventing the spread of disease. As part of our infection control program, we educate patients, identify and treat those infected with or exposed to contagious diseases, and maintain a collaborative relationship with local health departments. We work closely with local health departments on significant emerging public health events impacting the community.



Wellpath will continue to collaborate with Fort Bend Health and Human Services on communicable disease screening, medical surveillance, case management, and patient referral in the community. We immediately report all highly infectious communicable diseases to Fort Bend Health and Human Services, per local regulations. As HSA, Durelle Cardiff is primarily responsible for reporting incidents to public health officials; however, all Wellpath staff are trained on the notification process to ensure timely reporting if Ms. Cardiff is not on site.

Our on-site healthcare team will closely monitor and promptly communicate with facility administration, Fort Bend Health and Human Services, and hospitals or other off-site service providers if a patient that was recently treated or will be treated at their location is diagnosed with a communicable disease. The HSA, will manage, report, and record these incidents and implement appropriate educational programs to prevent future occurrences.

Public Health Events

Wellpath is vigilant in addressing infectious outbreaks and pandemic events, like the COVID-19 pandemic. As in any crisis, we proactively prepare for such events by initiating protocols and developing a plan of action to keep pace with any potential situation as it may evolve. Our primary concern is for our patients, staff, and partners in a crisis. We routinely partner with local health departments to stay abreast of developing crises in our communities.

We understand that, unlike other potential catastrophes, a pandemic outbreak may result in dramatically reduced staffing levels. We will work to ensure that key employees are available to carry out essential functions following appropriate procedures. The Wellpath Regional Medical Director, in consultation with facility administration, will determine guidelines for prioritizing the delivery of healthcare based on the severity of an outbreak and rates of absence.

Sharps and Supplies

NCCHC Standards J-B-02, J-B-09, J-C-05, J-D-03

Wellpath instructs new employees on handling sharp instruments, utensils, and supplies. Needles, syringes, and other high-risk items are secured in locked areas and signed out when used. Sharps are inventoried at each change of shift. Each employee is responsible for ensuring count accuracy and cannot take a coworker’s word when conducting sharps counts. Used sharps are considered biomedical waste and are discarded in a leak-proof, puncture resistant container designed for this purpose.

Example of a Sharps Inventory Sheet

Date	Patient Name	Nurse Signature	Time	Insulin Syringe	TB Syringe	21g Butterfly	23g Butterfly	21g Vacudraw	22g Vacudraw	18g Intracath	20g Intracath	22g Intracath	24g Intracath	Huber Needle	3cc syringe 25g X 5/8"	3cc syringe 22g X 1-1/2"	18g 1" Needle	20g 1" Needle	23g 1"Needle	Razors	#10 Scalpel	#11 Scalpel	#12 Scalpel	Suture Removal Kit	Staple Removal Kit

Biohazardous Waste Removal

NCCHC Standards J-B-02, J-B-09, J-C-05, J-D-03

Biohazardous waste disposal at the Facility is governed by policy and procedure and includes proper containment, housing, and disposal. Wellpath will continue to collect, store, and remove infectious waste and sharps containers following state and federal regulations. Wellpath staff ensure the proper disposal of sharps using designated containers and follow standard precautions to minimize the risk of exposure to blood and other bodily fluids.



Wellpath has a national contract with Stericycle for the disposal of biohazardous and infectious waste. Stericycle is a leader in the medical waste industry and specializes in



biohazardous waste disposal. Through the services of Stericycle, Wellpath provides red biohazard bags for waste disposal and biohazard boxes for bundling and disposal. We will continue to work with Stericycle and the County to maintain a regular pickup schedule, with pickup frequency based on volume and storage space availability. The HSA will continue to maintain pickup tracking forms on site.

2.2.24. Health Records

NCCHC Standard J-A-08

Wellpath will continue to maintain up-to-date medical records consistent with NCCHC and ACA standards, facility policies and procedures, community standards of practice, and federal, state, and local law. Healthcare staff are responsible for entering patient information in the individual medical record.

Following the receiving screening, Wellpath staff initiate a comprehensive medical record that becomes the single source of medical, dental, and mental health information for the patient. Each record provides an accurate account of the patient's health status from admission to discharge, including on-site and off-site care. Medical records minimally contain:

- Identifying information (i.e., name, number, date of birth, sex)
- A problem list containing medical and mental health diagnoses and treatments, as well as known allergies
- Receiving screening and health assessment data
- Progress notes of all significant findings, diagnoses, treatments, and dispositions
- Clinician orders for prescribed medication and medication administration records
- Reports of laboratory, radiology, and diagnostic studies
- Flow sheets
- Consent and refusal forms
- Release of information forms
- Results of specialty consultations and off-site referrals
- Discharge summaries of hospitalizations and other inpatient stays
- Special needs treatment plans, if applicable
- Immunization records, if applicable

- Place, date, and time of each clinical encounter
- Signature and title of each documenter

Confidentiality of Medical Records

Wellpath adheres to laws regarding confidentiality of medical information. We will continue to secure medical records as required by law and other applicable state or federal statutes and regulations. We maintain records in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) amendment to HIPAA. We train all employees on HIPAA and HITECH during orientation and each year thereafter.

Access to Medical Records

Wellpath manages the security and accessibility of patient medical records in compliance with state and federal privacy regulations. As site Medical Director, Eva Prakash, MD approves medical record policies and procedures and defines the format and handling of medical records. As HSA, Durelle Cardiff controls access to medical records to ensure patient confidentiality. Wellpath maintains each patient's medical record separate from the confinement record and gives facility administration access to information needed to determine a patient's security rating, housing assignment, job suitability, etc.

Ownership of Records

Wellpath will continue to maintain medical records for the length of a patient's stay in accordance with HIPAA rules and regulations. Wellpath serves as custodian of medical records; records belong to the County. Upon conclusion of the contract, medical records will remain the property of the County and Wellpath will support a smooth transition of records.

Release of Medical Information

Wellpath treats patient medical information as confidential and does not share it with outside entities, except as permitted by law. During criminal or civil litigation where the patient's physical or mental condition is at issue, Wellpath will provide access to the patient's medical record upon written request.

Lost Records

If a patient's medical record cannot be located within 48 hours of a discovered loss, Wellpath will generate a duplicate record. We will repeat clearance information that cannot be determined. Upon locating the missing record, we will join it with the duplicate record to create a single file.

Records Retention

Wellpath maintains inactive medical records according to state law, NCCHC and ACA standards, and American Medical Association (AMA) requirements. If a patient returns to the correctional system, we access and reactivate the record within a reasonable timeframe.

Electronic Medical Records (CorEMR)

Wellpath uses our vendor-supported EMR system, CorEMR, at the Facility. CorEMR is a web-based application specifically designed to operate as part of the healthcare delivery system inside correctional facilities.



CorEMR interfaces with the Facility's Jail Management System (JMS), Tiburon, to give medical and mental health staff instant access to important healthcare information for each patient. Wellpath uses CorEMR to collect and analyze health statistics on a regular basis, giving us the information needed to effectively manage patient care at the Facility. We have developed customized protocols, templates, and reports for CorEMR that are designed to create operational efficiencies. Wellpath will continue to ensure that the benefits of the CorEMR system are fully realized at the Facility.

The Wellpath IT team has configured CorEMR with accreditation standards in mind. We pride ourselves on enabling standardized configurations in each facility that have been vetted by our internal Steering Committee for best practice. Any additions or changes to the system are presented to the committee, which is comprised of clinicians, HSAs, IT personnel, and Wellpath executives, to ensure continued best practice in all sites companywide. In the event of contractual or county-specific obligations, CorEMR may be customized at the discretion of the committee.

The following table contains product highlights for CorEMR.

CorEMR Features and Benefits	
Feature	Benefit
JMS, Pharmacy, and Lab Integrations	<ul style="list-style-type: none"> Imports patient data from JMS to create an automatic electronic chart with patient's photo and basic demographic information Sends medication orders to your pharmacy provider for shipment or delivery Receives lab results as an optional integration
Technology	<ul style="list-style-type: none"> Simultaneous access by multiple terminals and users within the facility Web-based structure runs on the facility's local network or by a server running at one central location for facilities with multiple locations Wellpath server hosted application within our database
Med Pass	<ul style="list-style-type: none"> CorEMR's eMAR was developed entirely in house and specifically for the correctional market Med pass times are configured by day, and a MedPass Prep List is generated accordingly Patient's acceptance or refusal of each dose is recorded; graphical and detailed MAR reports can be viewed at any time System easily accommodates KOP, PRN, injections, and STAT dosing Optional bar code reader integration finds each patient's chart, record med pass compliance, and synchronize data with the CorEMR server Automatically highlights medication expiration dates and refill notifications Body image shows on MedPass to indicate injection sites MedPass Prep List shows meds scheduled for the day in an easy-to-read view Vital signs and blood sugar results can be entered while on MedPass, even when disconnected from the network

CorEMR Features and Benefits	
Feature	Benefit
Patient Charts	<ul style="list-style-type: none"> Search for a patient's chart by booking number, last name, social security number, or other identifiers Scan and upload patient requests, outside provider visits, or any other non-system documents to the patient's chart Includes a complete historical summary of every action recorded for each patient Flow sheets for vital signs and blood sugar levels can be recorded and logged; other flow sheets include neuro checks, Coumadin log, nebulizer treatments, and more Create "Patient Alerts," such as Suicide Watch or Mental Health Patient
Medical Forms	<ul style="list-style-type: none"> Recreates current applicable medical, mental health, and dental forms to an electronic format Forms can be configured with "triggers" that automatically create actions, such as scheduling a task for the provider with a chronic care condition
Sick Call	<ul style="list-style-type: none"> Uses the standard SOAPE note format for sick call examination Displays patient summary information such as current medical problems and current medication compliance on the sick call module Available actions include completing interview or exam forms, scheduling future appointments, and ordering lab work and medications Receive and store scanned documents and electronic files directly into sick calls
Reports	<ul style="list-style-type: none"> Reports include task reports, prescription (drug by name and patient), prescriptions ordered by date range, medication compliance, refusal, and dosing summary reports, missed doses, infirmity reports, and more
Pharmacy Module	<ul style="list-style-type: none"> Send orders to and receive confirmations from the pharmacy provider Imports the facility's drug list and identifies formulary medication Allows filtering of the drug list by name, analgesic category, form, and other criteria Med Set feature allows users to order a predetermined group of medications rather than individually, such as an alcohol detox protocol
Tasks	<ul style="list-style-type: none"> Includes a robust appointment scheduler that can be filtered by task category (Nurse Sick Call, NP/PA Chart Review, Treatment, etc.), priority, and housing location Tasks and appointments can be viewed by day, week, or month Tasks can be created to recur with a variety of schedules

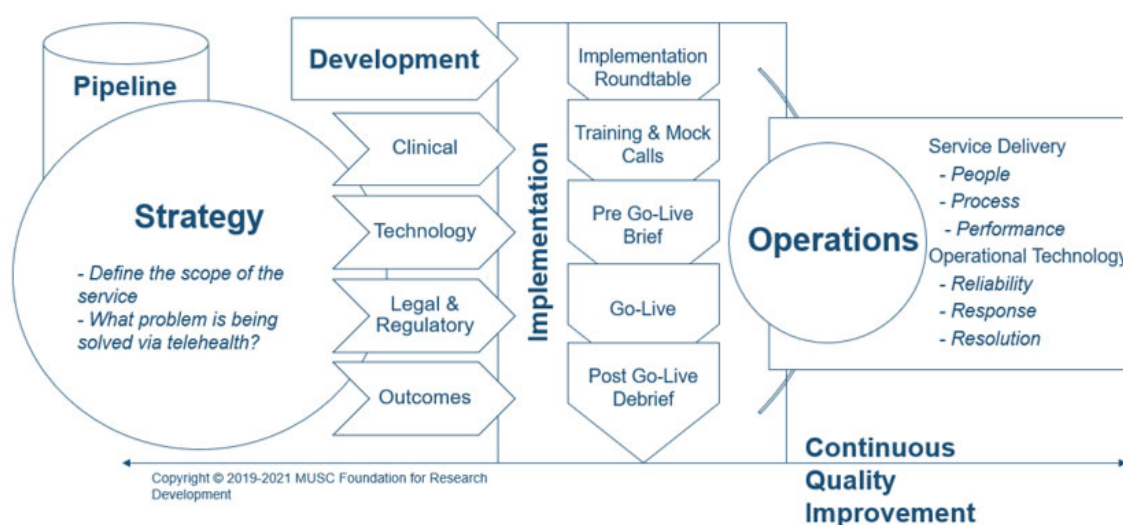
2.2.25. Telehealth/Wellpath Healthcare Cloud

Wellpath strives to provide as many on-site services as possible to limit the number of patients requiring off-site transport, while ensuring patients receive medically necessary healthcare services in the most appropriate setting. While in-person service delivery is our priority, we also recognize the need for comprehensive care delivery options. We have designed a high-quality, cost-effective telehealth program that allows us to provide the community standard of care within correctional facilities, regardless of location.

Wellpath uses telehealth as an effective solution to the nationwide shortage of healthcare professionals. Our telehealth services maintain the same level of clinical excellence as our in-person services, ensuring prompt and effective medical support from Wellpath-trained professionals, even from a distance. Wellpath provides appropriate personnel to facilitate telehealth sessions, which comply with NCCHC standards.

Wellpath's delivery of telehealth services is based on patient volume and need, technological accessibility, and facility workflow. We use TSIM™ (Telehealth Service Implementation Model), a globally published, best practice framework, to support the development, implementation, and sustainability of telehealth services. Our program has been well-received by clients, clinicians, and patients alike. **In 2023, we conducted over half a million telehealth interactions nationwide.**

TSIM™: Telehealth Service Implementation Model



The Wellpath Healthcare Cloud



Wellpath has been delivering reliable, cost-effective, high-quality telehealth services in correctional facilities for many years, meeting community standards of care by using the best people, practices, and technology available. In 2020, we revolutionized correctional healthcare with the launch of the **Wellpath Healthcare Cloud**, a suite of technology-enabled, remote healthcare services designed to enable the delivery of the best care to the most patients in the shortest amount of time. The Wellpath Healthcare Cloud is driving quality and care efficiency improvements across the country through the redesign of correctional healthcare, optimizing on-site care by providing specialized clinical expertise as quickly and efficiently as possible.

The Wellpath Healthcare Cloud is a comprehensive solution that empowers a more effective on-site healthcare program. We developed the Wellpath Healthcare Cloud to deliver health-related services and information that enhance the quality and efficiency of patient care, administrative activities, and health education. This suite of telehealth services strengthens the traditional delivery model where gaps (e.g., provider recruitment challenges) and vulnerabilities (e.g., after-hours coverage) in care delivery open up risk to delayed care, preventable off-site transfers, and avoidable off-site expenditures.



The Wellpath Healthcare Cloud combines videoconferencing with dynamic workflows to deliver real-time emergent care, scheduled care, care management, eConsults, and specialty chronic care through a HIPAA-compliant secure platform. With a simple click of a button, on-site staff have access to expert resources for treatment planning, decision-making, referrals, and long-term care. The Wellpath Healthcare Cloud **reduces total cost of care** (considering costs of medical services, transportation, and public safety), while delivering high-quality clinical care that meets or exceeds community standards.



The Wellpath Healthcare Cloud provides key benefits that improve clinical quality, patient and staff safety, time to expert emergent and specialty care, decision-making for off-site visits, care standardization, adherence to clinical best practices, and risk reduction. Its features and benefits are summarized in the following table.

Features and Benefits of Wellpath Healthcare Cloud	
Feature	Benefit
Mitigate patient movement	<ul style="list-style-type: none">• Eliminates the need for off-site transport to emergency departments and specialist visits• Reduces associated travel risks and costs
Access to Wellpath providers and nurses across the clinical enterprise	<ul style="list-style-type: none">• Increases access to care• Reduces staffing vacancy and absence related costs• Shortens service delivery times• Reduces time to fill telehealth positions• Reduces employee burnout
Available during non-standard hours	<ul style="list-style-type: none">• Shortens service delivery times• Increases timeliness of access to care during urgent situations
Connects to national experts to enhance best practice of care for complex cases	<ul style="list-style-type: none">• Provides timely, impactful specialist coverage• Promotes synchronized staff education on current clinical issues
Supports prompt and accurate diagnoses	<ul style="list-style-type: none">• Maintains equivalent diagnostic and therapeutic outcomes compared to in-person consultations

The Wellpath Healthcare Cloud includes these key services:

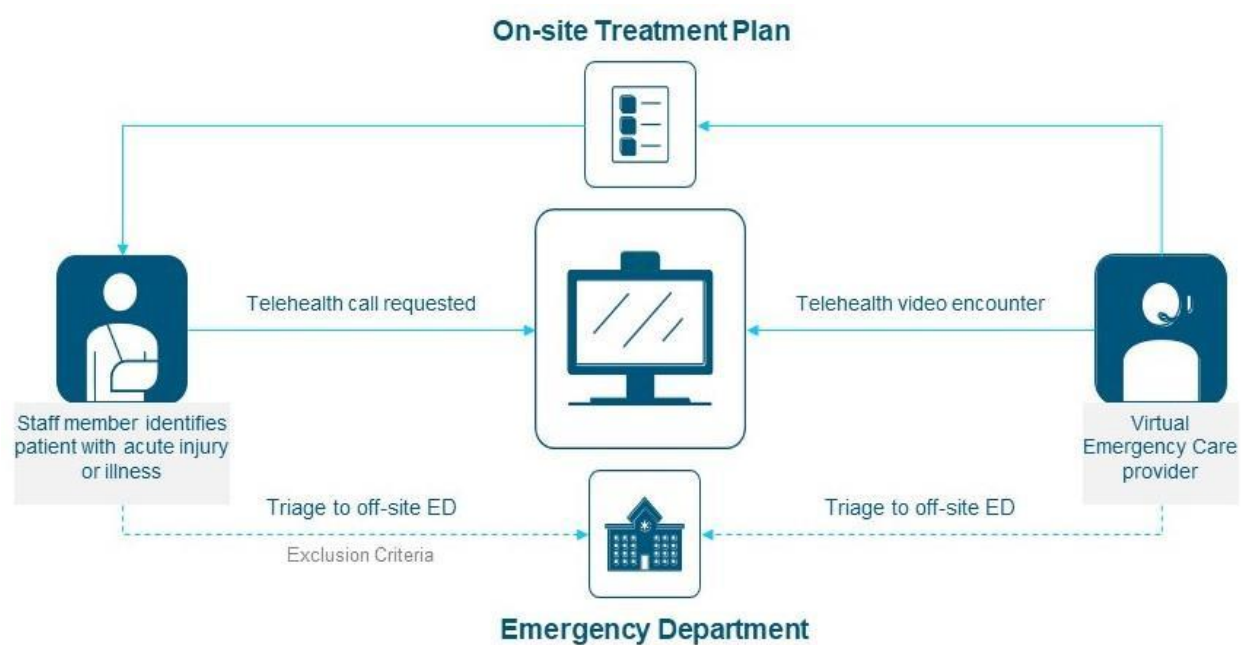
- **Virtual Emergency Care** – Provides 24/7/365 immediate access to emergency medicine expertise to assist on-site staff caring for patients who are experiencing an acute injury or illness
- **Virtual Nursing** – Provides access to experienced nurses to assist on-site staff, address coverage gaps, and improve quality of care
- **Virtual Primary Care** – Provides access to licensed, credentialed physicians and advanced practice providers to deliver primary care services, such as sick call clinics
- **Virtual Mental Health** – Provider access to licensed mental health professionals to remotely deliver mental health and suicide assessments, sick call, follow-up, and counseling
- **Virtual Psychiatry** – Provides access to expert psychiatrists and psychiatric nurse practitioners for scheduled clinics and on-call services after hours

- **Virtual Care Management** – Provides centralized care management services, including access to specialty care consultations that enhance triage and treatment decisions

Virtual Emergency Care



Wellpath's URAC-accredited **Virtual Emergency Care** service brings on-demand clinical expertise directly to the on-site caregiver and patient at the touch of a button. The service is staffed by emergency medicine physicians and advanced practice providers with extensive experience treating patients in correctional facilities. **In just 3-4 minutes on average**, on-site staff are able to connect with one of these providers to evaluate patients with acute, non-life-threatening conditions and assess the need for emergency treatment. By offering immediate video-enabled access to emergency medicine experts, Virtual Emergency Care allows on-site caregivers to reduce their reliance on hospital emergency departments and provide better care on site.



Since the program's inception in 2021, the Virtual Emergency Care provider team has conducted more than 50,000 consultations, with an average of 40-50% of evaluated patients safely managed on site and a **0% mortality rate within 24 hours of on-site treatment through Virtual Emergency Care**. To date, Wellpath has implemented Virtual Emergency Care in more than 300 client facilities across 33 states, with many more to come. Known for its "best in class" user experience, Virtual Emergency Care has steadily achieved a Net Promoter Score of 70 or higher.



"I can't stress enough – the collaboration, the teaching that goes on with the clinicians...the [Virtual Emergency Care] process is easy."

Sharon Lewis, MD – Statewide Medical Director
Georgia Department of Corrections

Virtual Nursing



The national nursing shortage is impacting all aspects of the healthcare continuum and is expected to continue through 2030. Wellpath is at the forefront of innovative solutions to address the challenges presented by the shortage, spearheading the growth of **Virtual Nursing**. Our commitment is reflected in the deployment of cutting-edge telehealth models that harness the power of technology to deliver nursing expertise where it is needed most.

Wellpath's Virtual Nursing solution provides access to experienced nurses to address coverage gaps and assist on-site staff with essential tasks such as receiving screenings and sick calls. This improves compliance with standards and time metrics, resulting in improved clinical outcomes.

Wellpath's Virtual Nursing solution is designed to:

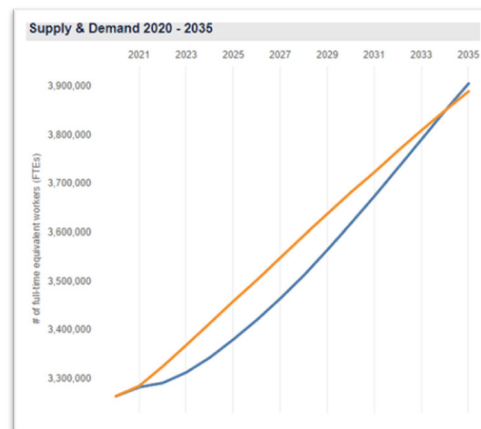
- Improve staffing ratios while decreasing the need for agency and travel nurses
- Enhance the on-site care team who are subject matter experts and focus on adherence to NCCHC standards, Wellpath policies, and nursing protocols
- Improve recruitment and retention through the creation of flexible scheduling and supporting on-site staff with access to experienced correctional nurses
- Significantly reduce missed shifts and backlogs



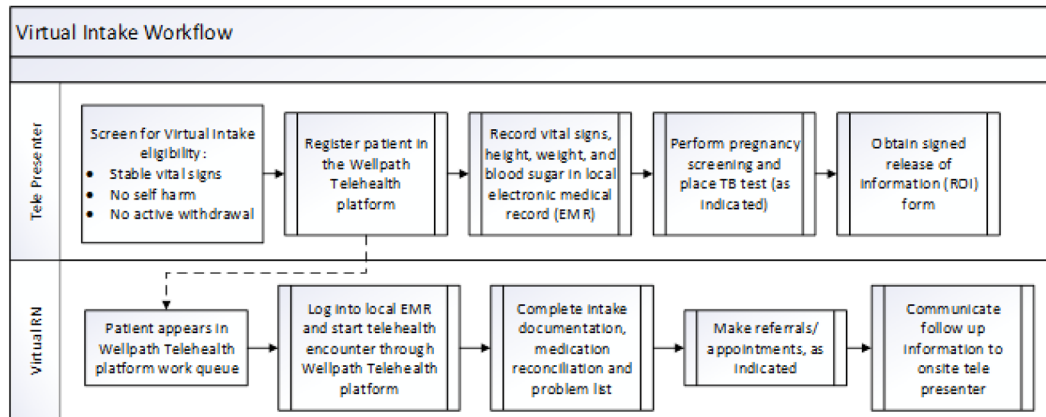
Our client sites using Virtual Nursing have experienced quality improvements such as **the percentage of patients screened at intake doubling, backlogs vanishing, and staffing rates maximized for optimal care delivery**. Wellpath's Virtual Nursing solution has been deployed in more than 100 facilities nationwide, marking a significant shift in correctional healthcare delivery. Our workforce includes approximately 130 virtual nurses with an average of 8 years' correctional healthcare experience and a profound commitment to quality care. These experienced correctional nurses are able to help sites complete specific duties that can be delivered virtually, including:



- **Receiving Screenings** – With the assistance of an on-site tele-presenter, the virtual nurse conducts a real-time, face-to-face video encounter with the patient as soon as possible upon acceptance into custody. The virtual nurse also completes a medication review, initiates and updates the problem list, and makes any needed referrals for acute or chronic care needs. At one of our larger sites, **Virtual Nursing helped more than double the percentage of patients successfully screened within four hours**.



Source: Wells Fargo. Healthcare Staffing Industry Update. December 2022.



- **Initial and Ongoing Health Assessments** – With the assistance of an on-site tele-presenter, the virtual nurse conducts a real-time, face-to-face video encounter with the patient to complete an initial health assessment within 14 days of acceptance into custody, which includes a review of the receiving screening results. Periodic health assessments can also be completed using Virtual Nursing.
- **Triage and Sick Call** – The virtual nurse reviews the patient's medical history and current complaint to inform triage to the appropriate clinic within the appropriate timeframe. The virtual nurse also completes any needed referrals. Virtual Nursing helps ensure that sick call requests are triaged within 24 hours of receipt, and has **eliminated backlogs at many of our client sites**. Nurse sick call clinics can also be completed with the assistance of a tele-presenter.
- **Roaming RN and Provider Support** – The on-site nurse sees patients in the housing unit with the support of a telehealth provider, allowing for real-time visits with less patient transport to the clinic. *This service requires widespread internet access.*
- **Patient Education**
 - Medication compliance
 - Chronic care, disease-specific
 - Adherence to treatment plan
- **Clinical Administrative Support**
 - Grievance Review – Review medical grievances and provide follow-up scheduling, documentation, and summary to local leadership
 - Continuous Quality Improvement (CQI) – Perform chart reviews and provide targeted feedback for education and process improvement planning
 - Performance Measures – Perform chart reviews and provide performance feedback
 - Training new healthcare and support staff

When we introduced virtual receiving screenings at the Arapahoe County Detention Facility (1,200 ADP) in Colorado, the jail's intake process immediately became more efficient. In just the first three days of using the new system, intake nurses were able to see as many as 14 patients in 3 hours, allowing more patients to be screened and their healthcare needs addressed more quickly. Our client was extremely pleased with the implementation and ease of transition to this new way of handling intake.

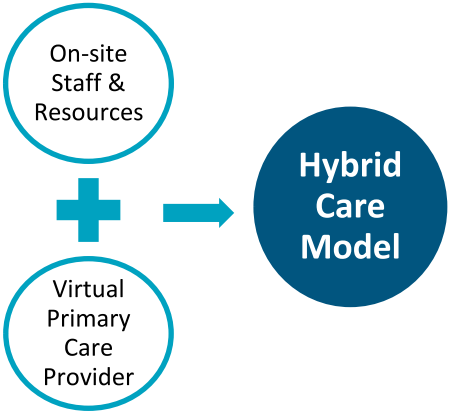
“When an idea comes to fruition, it is an awesome feeling, but when it is launched in a manner that allows for a near seamless transition, it is truly special. Thank you all for your effort here and allowing it to become reality. [Virtual Nursing] will certainly enhance our efficiencies!”

Carl Anderson, Administrative Manager
Arapahoe County, CO

Virtual Primary Care



Wellpath introduced **Virtual Primary Care** to the Healthcare Cloud to ensure patients receive timely access to primary care services. Adding a Virtual Primary Care provider to the existing on-site staff and resources creates a more comprehensive hybrid care model that can help address gaps in provider coverage or periods of high demand for primary care services. Our Virtual Primary Care solution uses licensed, credentialed physicians and advanced practice providers to deliver primary care services, such as sick call and chronic care clinics.



With the assistance of an on-site tele-presenter (e.g., medical assistant), the Virtual Primary Care provider assesses the patient using two-way audio and video through the Wellpath Healthcare Cloud. The tele-presenter uses peripheral telehealth devices (e.g., digital examination cameras, electronic stethoscopes, etc.) to allow the remote provider to view the patient more closely and to auscultate heart and lung sounds. Wellpath delivered more than 2,000 virtual primary care provider hours across 20 sites in 2023. To meet the growing demand for these services, we are expanding our clinical capacity by hiring additional qualified primary care providers.

Wellpath also leverages our Virtual Primary Care telehealth solution to expand access to clinical expertise across a variety of disciplines. Using Virtual Primary Care, we can coordinate scheduled patient visits with a broad variety of primary care providers to remote rural sites for on-call services after hours. This offers a drastic increase in healthcare options, experience, and efficiencies to our patients, partners, and providers.

Virtual Sick Call

Wellpath is launching a groundbreaking **Virtual Sick Call** program in 2024 that will revolutionize healthcare delivery within correctional facilities by directly connecting medical providers with inmates using tablets in their housing units. The program aims to reduce the internal movement of patients and the need for accompanying correctional officers, streamlining the healthcare process while enhancing safety and security within the facility. This first-of-its-kind program, which is currently in its pilot phase, will set new standards in correctional healthcare by bringing the provider to the patient using virtual consultations for sick calls. By integrating technology and patient-centric care, Wellpath’s Virtual Sick Call solution is designed to optimize patient outcomes and operational efficiency.



Virtual Mental Health



In 2023, Wellpath implemented an innovative **Virtual Mental Health** program to address the nationwide shortage of mental health professionals (MHPs). Currently operating at 30 client sites, the program leverages our Healthcare Cloud technology to provide mental health services via telehealth. This groundbreaking initiative signifies a transformative effort in mental health care delivery, underscoring our commitment to confronting the dynamic challenges in the field. Virtual Mental Health plays a crucial role in attracting MHPs by offering flexible options for shifts and work styles. This model not only alleviates the strain caused by labor shortages, but also enhances provider workflows, improves access to care, and optimizes clinical outcomes. The benefits of Virtual Mental Health include:

- Provides additional staffing resources
- Ensures initial and ongoing mental health assessments are completed in a timely manner based on triage protocols and contractual requirements
- Decreases backlog and waiting times for mental health treatment
- Improves retention amongst on-site mental health staff who experience less burn-out because they have assistance in completing tasks

The evidence suggests that virtual care for mental and behavioral health issues is effective. A 2021 mental health survey of U.S. adults conducted by Teladoc found that:

- Mental health support seekers gave nearly identical high ratings to their virtual and in-person mental health care experiences.
- 92% of mental health support seekers reported at least some improvement during the pandemic, with over one-third reporting a "breakthrough."
- 75% of those with anxiety reported improvement after the fourth visit, and 76% of those with depression reported improvement after the third visit (Grensing-Pophal, 2022).

Wellpath offers the following Virtual Mental Health services, all conducted using the Wellpath telehealth platform with the assistance of an on-site tele-presenter:

- **Initial Mental Health Assessment** – A remote MHP conducts a real-time, face-to-face video encounter to complete an initial mental health assessment. This includes a structured interview with inquiries into psychiatric history, substance use history, previous treatment, suicidal behavior, violent behavior, victimization, special education placement, cerebral trauma or seizures, and sex offenses. The assessment also addresses current psychotropic medications, suicidal ideation, drug and alcohol use, orientation, emotional response to incarceration, and screening for intellectual functioning.
- **Follow-Up** – A remote MHP conducts a real-time, face-to-face video encounter to provide follow-up care to individuals with mental illness.
- **Special Needs Assessment** – A remote MHP conducts a real-time, face-to-face video encounter to complete a Special Needs Assessment that provides the foundation for an individualized treatment plan.
- **Special Needs Visit** – A remote MHP conducts a real-time, face-to-face video encounter to provide ongoing mental health treatment in accordance with the patient's treatment plan.

- **Mental Health Sick Call** – A remote MHP conducts a real-time, face-to-face video encounter to respond to mental health sick call requests.
- **Suicide Risk Assessment** – A remote MHP conducts a real-time, face-to-face video encounter to complete a Suicide Risk Assessment that incorporates the Columbia Suicide Severity Rating Scale, mental status, risk factors, protective factors, and a Collaborative Safety Plan.
- **Post-Suicide Watch Follow-Up** – A remote MHP conducts a real-time, face-to-face video encounter to determine the patient's adjustment and risk state after being on suicide watch. These sessions also include interventions, such as revision of the Collaborative Safety Plan.

Virtual Psychiatry



Telepsychiatry has become the preferred method of service delivery in the community at large, with more than half of psychiatry visits occurring via telehealth. Wellpath's **Virtual Psychiatry** solution gives our client sites access to expert psychiatrists and psychiatric nurse practitioners for scheduled and on-call services after hours. The service allows patients access to remote specialists and removes potential barriers to accessing psychiatric services. It can also be used for after-hours consultations to reduce the need for off-site transportation. Wellpath offers a range of Virtual Psychiatry services including but not limited to medication checks, psychiatric evaluations, and referrals for commitment. We welcome the opportunity to supplement the Facility's on-site coverage by using Virtual Psychiatry for assessments and consultations.

Virtual Care Management



Wellpath's **Virtual Care Management** service ensures patients receive the care they need in the right place at the right time. Virtual Care Management enhances care coordination by giving sites access to our centralized team of care management professionals, who provide expert treatment decisions based on established criteria. This allows sites to more effectively manage the utilization of on- and off-site resources. **We have seen a significant reduction in off-site trips where we use Virtual Care Management**, which meets or exceeds quality metrics compared to the traditional care management model.

Virtual Care Management also supports on-site providers by offering expert clinical consultations via eConsults—asynchronous provider-to-provider consultations where medical information is shared with a specialist (e.g., cardiologist) to help craft an appropriate treatment plan. The result is **better and safer care by bringing the expertise of medical specialists to the patient without ever leaving the facility**. Virtual Care Management offers access to a panel of medical specialists in **more than 70 specialties**, many of whom are affiliated with academic and major health systems. All specialists are licensed, board certified, and fully insured practicing physicians with training and experience in telehealth, technology, and corrections. They must undergo rigorous background checks and participate in ongoing quality monitoring. Specialties available through eConsult include (but are not limited to):

- | | | |
|------------------------|----------------------|---------------------------------|
| • Addiction Medication | • Hepatology | • Ophthalmology |
| • Allergy & Immunology | • Hematology | • Orthopedic Surgery |
| • Cardiology | • Infectious Disease | • Palliative Medicine & Hospice |
| • Dermatology | • Internal Medicine | • Pulmonology |
| • Endocrinology | • Nephrology | • Psychiatry |
| • ENT | • Neurology | • Rheumatology |
| • Gastroenterology | • OB/GYN | • Sleep Medicine |

- General Surgery
- Oncology
- Urology

The Wellpath provider can request an eConsult for additional consultation on a patient's need for off-site specialty care. The consulting specialist either affirms the need for off-site referral or recommends on-site management of the patient's condition, including continuing involvement of the specialist. This allows the Wellpath provider to make a more informed decision regarding whether or not to refer the patient to an off-site specialist, which reduces unnecessary off-site referrals while ensuring optimal clinical care. Virtual Care Management integrates eConsults with our Care Management system, so providers can submit the eConsult request and view the specialist's response in one place. The system also includes robust analytics and dashboards that allow our clinical team to analyze referral data and identify opportunities to optimize the delivery of on-site care and further reduce unnecessary off-site trips. At sites using Virtual Care Management, **the percentage of potential off-site specialty referrals able to be managed on site has more than doubled**, resulting in the near elimination of unnecessary off-site specialty consults.

2.2.26. Clinic Space, Equipment, and Supplies

NCCHC Standard J-D-03

Equipment

Wellpath is responsible for all medical, dental, and office equipment required to perform the contracted services. We will continue to work with the County to maintain the equipment requirements for the Facility's medical and dental suites. Materials and equipment comply with American National Standards Institute (ANSI) standards or with the rules of the Food and Drug Administration (FDA) under the Safe Medical Devices Act. As the incumbent provider, we already have the needed medical equipment in place; there will be no additional start-up costs for equipping the medical unit.

Repair and Maintenance

Wellpath will continue to coordinate the timely maintenance, repair, and replacement of necessary equipment due to reasonable and expected wear and tear. We provide general scheduled maintenance and inspections for X-ray and other medical equipment under the manufacturer's suggested maintenance schedule. Should equipment become non-serviceable due to routine use, we will replace it.

Wellpath personnel only use the property and equipment made available under the contract. We train medical personnel to use the equipment before operating it. Wellpath is responsible for loss or damage to any property or equipment resulting from negligence or carelessness by our employees or subcontractors.

Supplies

Wellpath will continue to provide supplies for on-site care and treatment, including laboratory, radiology, medical, and dental supplies. We use strict formulary management for medical supplies. For non-formulary purchases, we use a "three bids and buy" strategy to competitively price the items. Our supplier, McKesson Medical-Surgical, is the nation's largest distributor of wholesale medical supplies and equipment. **Our purchasing volume gives us the best pricing in the industry for goods and services.**

Wellpath has a dedicated Procurement Team working with our vendor partners on a daily basis to ensure we have the right products, at the right time, for the right price available to care for our patients. They analyze each facility's needs based on acuity and ensure competitive pricing on needed items. They also work cross-functionally with the Wellpath Clinical Team to better understand the needs of our patients.

By leveraging Wellpath's size and scale, the Procurement Team constantly evaluates our vendor contracts based on utilization, SKU rationalization, and supply chain optimization. **Wellpath is the largest customer in the government space of both McKesson and LabCorp, and we analyze our spend by looking at price per patient day and on/off-formulary reporting.** In addition to our strong national contracts, we also leverage group purchasing organization (GPO) relationships specifically for branded medical supplies to ensure competitive pricing.



3. Staffing

Wellpath will continue to provide key staff members who possess the qualifications and experience necessary to effectively manage the County medical program. As the current provider for the County and other Texas clients, our local team is already in place. Because these individuals already serve the County, they have a unique understanding of the services required by the contract and the RFP.

The qualifications of our operational and leadership staff responsible for contract oversight, alongside our expertise in providing comprehensive healthcare services for detained populations nationwide, make us uniquely qualified to serve as your medical provider.

The following individuals will continue to support the operation of the County medical program. Each of these team members will ensure that our programming follows the tenets of a new contract between Wellpath and the County, as well as Wellpath protocols and industry standards.

- **Health Services Administrator** – Durelle Cardiff, RN, BSN, CCHP-RN
- **Director of Nursing** – Kellie Moran, RN, BSN
- **Medical Director** – Richard Medrano, MD
- **Psychiatrist** – Joann Munda, MD
- **Dentist** – Steffanie Morgan, DDS
- **Regional Director of Operations** – Greg Roberts
- **Regional Vice President** – Kesha Poland
- **Regional Director of Mental Health** – Nicole Taylor, PHD, JD, CCHP-MH
- **Vice President of Partner Services** – CJ Whitfield, MPH
- **Director of Partner Services** – John Roth

Our experienced Regional Management Team will continue to support our on-site staff, oversee operational workflows, and ensure effective communication with facility administration. This team is already familiar with the County's medical program, as well as Texas-specific standards. They will continue to ensure a compliant program that meets or exceeds your needs and expectations.

Following, is an overview of the qualifications and experience of key leadership staff who will continue to serve the County and our patients in your custody. To further demonstrate the qualifications of our staff, we have provided resumes for management staff who are most closely involved with this contract in **Attachment A**. *Please note that this information is confidential and proprietary.*



Ben Slocum – Chief Executive Officer

Mr. Slocum is an experienced healthcare executive who brings nearly four decades of vast knowledge to Wellpath's comprehensive, patient-centered medical and mental health offerings. He works closely with our division presidents to meet our commitments to our people and partners, achieve our operational goals, and never waiver from our mission to provide quality care to every patient with compassion, collaboration, and innovation. His key areas of focus include leveraging our significant support resources and developing our talent and culture.

***Justin Searle, MBA – President of Local Government***

Mr. Searle oversees operations for our local government contracts nationwide. He joined Wellpath in 2019, moved by the mission to bring hope and healing to underserved populations. A former Naval officer, Mr. Searle transitioned to the private sector in 2010, holding leadership roles across various healthcare environments. Prior to joining Wellpath, he served as a group regional operations director for DaVita Kidney Care, leading a team of more than 500 healthcare administrators, nurses, dietitians, social workers, and patient care technicians serving more than 2,000 patients across the western United States. Mr. Searle earned a Master of Business Administration (MBA) degree with an emphasis in finance, accounting, and entrepreneurship from the University of Chicago Booth School of Business. During his tenure at the United States Naval Academy, he earned a Bachelor of Science degree, with merit, in American politics and law.

***Cole Casey – Senior Vice President of Operations for Local Government (West)***

Mr. Casey joined Wellpath in 2020 as Regional Director of Operations for Colorado. He was quickly promoted to Regional Vice President in 2021, with responsibility for overseeing all Wellpath contracts in the West and Southwest region. Prior to joining Wellpath, Mr. Casey spent eight years with DaVita Kidney Care, where he led operations in eight outpatient dialysis clinics serving more than 500 patients with a combined 90 FTEs across Colorado and Nebraska. He also spent two years on DaVita's operation standardization and optimization team, rolling out nationwide company initiatives, streamlining operations standards, and achieving organizational objectives. Mr. Casey is a Certified Professional Coach and a Certified Professional Behavioral Analyst with a passion for leadership development. He is continually learning and applying new leadership strategies to help teams succeed and achieve their maximum potential.

***Nicole Taylor, PhD, JD, CCHP – Vice President of Mental Health for Local Government (West)***

Dr. Taylor is a licensed clinical psychologist and attorney with extensive experience working with mentally ill offenders. She joined Wellpath in July 2021 as Regional Mental Health Director for the Southwest and was promoted to Vice President of Mental Health for the West in 2022. She has nearly two decades of correctional mental health experience, including her time as Mental Health Director for the Arizona Department of Corrections from 2013 to 2019. She has presented at numerous national conferences on topics relating to correctional mental health care, re-entry, legal ramifications of SMI definitional criteria, and restrictive housing. She has also been an instructor for the National Institute of Correction (NIC) training programs since 2015. Dr. Taylor previously served on the Board of Directors for the Mental Health Network through NIC and on the Board of Directors for the Academy of Correctional Health Professionals. She earned a Doctor of Philosophy degree in clinical psychology from Palo Alto University and a Doctor of Jurisprudence degree from Golden Gate University School of Law.

***Kesha Poland – Regional Vice President***

Ms. Poland joined Wellpath in 2021 as a Regional Director of Operations for Colorado and Nevada. In that role, she proved her ability to meet budgets, manage client relationships, team with HSAs at multiple locations, and take advantage of technological advances to improve patient care. In 2024, she was promoted to Regional Vice President for the West and Southwest region. Before joining Wellpath, Ms. Poland spent nearly six years at DaVita Kidney Care, serving in multiple leadership positions, including Group Facility Administrator. She has also served in behavioral health roles, including as a clinician at Devereux Advanced Behavioral Health in Westminster, Colorado. Ms. Poland earned a master's degree in social work with a certification in trauma studies at the University of Denver, and a bachelor's degree in social work from Bradley University in Peoria, Illinois. She is a licensed clinical social worker.

***Greg Roberts – Regional Director of Operations***

Mr. Roberts is a Registered Nurse with more than 10 years of experience administrating jail medical programs. He has held several positions in corrections and has more than 30 years of experience managing businesses at local and regional levels. Prior to being promoted to Regional Director of Operations, he served as the Health Services Administrator at the Collin County Detention Center. **Mr. Roberts resides in Collin County, Texas.**

***Richard Medrano, MD – Regional Medical Director***

Dr. Medrano joined Wellpath in 2017 as a Regional Medical Director, currently overseeing medical services in the West and Southwest region. He has been certified by the American Board of Family Medicine since 2009 and is licensed in California, Nevada, Arizona, New Mexico, Texas, and Oklahoma. Dr. Medrano has spent the majority of his career in correctional medicine, beginning with the California Department of Corrections and Rehabilitation in 2010. His correctional experience, coupled with his strong family medicine and urgent care skills, make him an ideal fit for Wellpath. Dr. Medrano earned his Doctor of Medicine degree from the University of Southern California Keck School of Medicine and completed his residency in family medicine at the Kaiser Los Angeles Medical Center.

***C.J. Whitfield, MPH – Vice President of Partner Services***

Mr. Whitfield joined Wellpath in 2018 as the company's Telemedicine Manager, overseeing telehealth services at 200+ Wellpath facilities across 32 states. In this role, he reported directly to our Chief Clinical Officer and collaborated with internal and external partners to drive program growth, resulting in 83,000+ synchronous telemedicine patient encounters for 2018. In 2019, Mr. Whitfield moved to the Partner Services team and took on responsibility for retaining Wellpath clients, primarily in California, as Director of Partner Services. He later put his client-facing skills to use pursuing new business as Director of Partnership Development. In 2024, Mr. Whitfield was promoted to Vice President of Partner Services, responsible for the retention of current local government contracts, including overseeing the rebid process and associated contract amendments. He also manages the Partner Services team while working closely with all Home Office departments and local government operations leaders. Mr. Whitfield earned a Master of Public Health degree from the University of Tennessee at Knoxville and a Bachelor of Science degree in exercise science from the University of Tennessee at Martin.

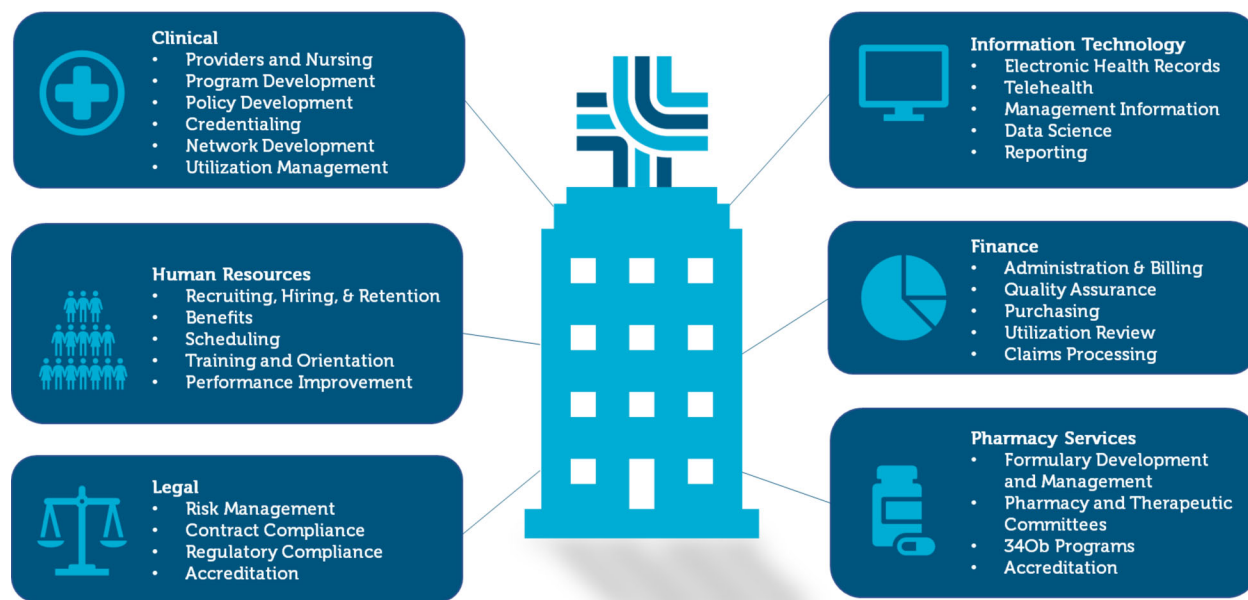
***John Roth – Director of Partner Services***

Mr. Roth has 20 years of experience in government leadership, public affairs, sales, and business development. Before joining Wellpath in 2013, he was an elected County Commissioner in Texas for eight years. Mr. Roth has worked extensively in state, national, and international government relations, non-profits, community affairs, and sales management. He earned his bachelor's degree in business finance from Texas Lutheran University. [Mr. Roth resides in Texas.](#)

Home Office Support

The Wellpath Home Office in Nashville, Tennessee, directly supports our on-site medical and administrative staff at the Facility. Our Home Office support includes a staff of HR professionals to guide all recruiting and hiring, as well as leadership development and clinical education teams to train new and existing staff members. Our finance and accounting teams provide regular and thorough reporting, and our IT department ensures that our technology meets the Facility's needs and requires minimal resources.

ROBUST HOME OFFICE SUPPORT



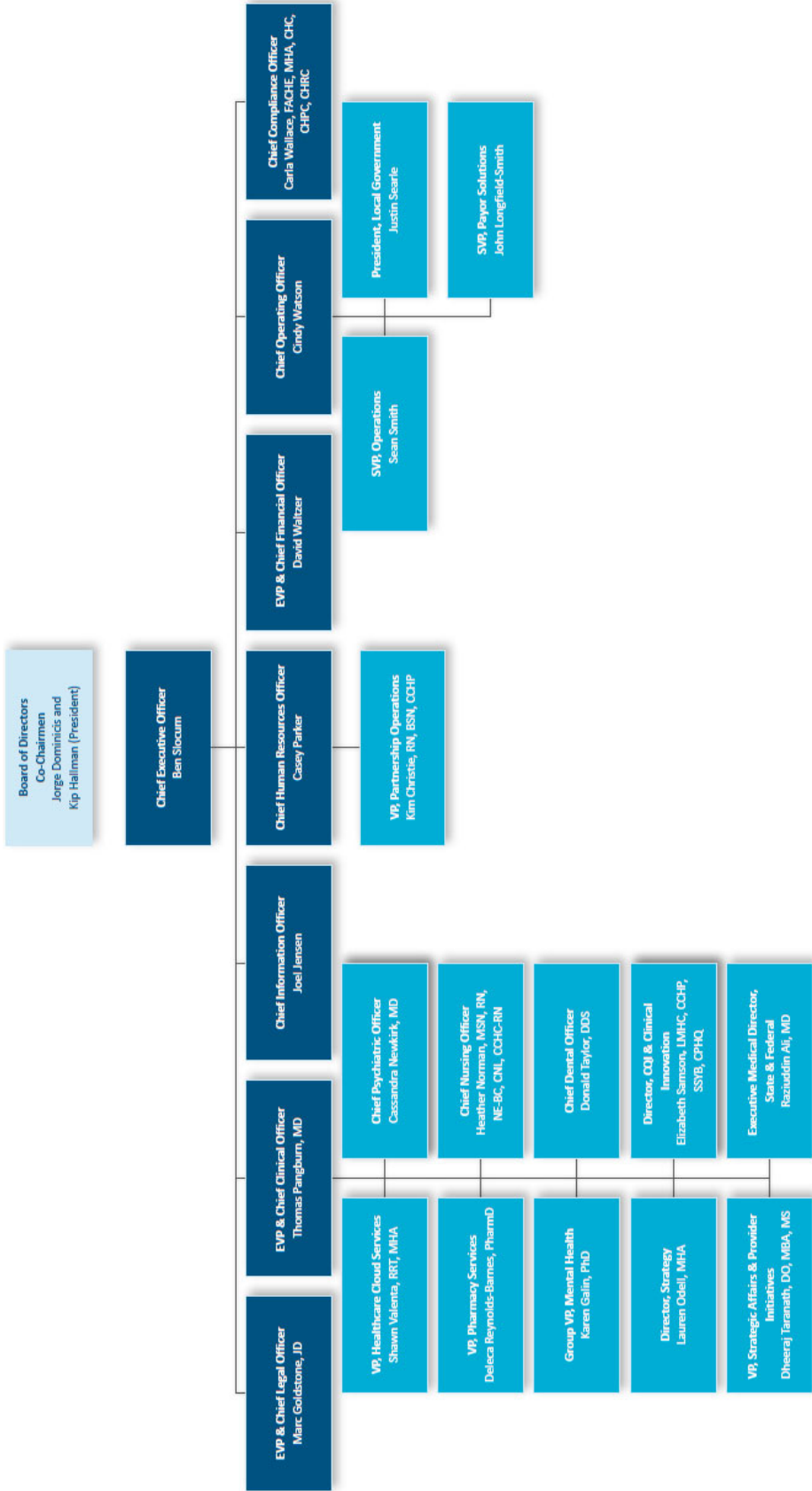
Organizational Structure

Wellpath follows a strategic plan to work efficiently and promote success through enhanced communication. All Wellpath employees 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 every member of our line staff, shares accountability and responsibility for our success. As such, the full extent of our company resources will continue to be available to the County.

Please see the following company organizational chart.

"I believe that we have built a firm foundation based upon communication, teamwork and trust as it relates to patient care. Wellpath's medical team has always been responsive to issues that we have brought forward concerning operational needs for safety and security."

Ignacio Galindo, Deputy Director
Yuma County Juvenile Court, AZ



3.1. Proposed Staffing

Wellpath's proposed staffing takes into consideration the staffing pattern specified in the RFP, specific needs of the inmate population, capabilities of the Facility staff, details of the facility, and a recommended level of providers to efficiently and cost effectively perform all necessary duties and functions.

Since 2013, with a brief seven-month departure, before being asked by the County to resume services, we have been the healthcare provider for those incarcerated at the Fort Bend County Jail. Over the years, with custody, we have improved staffing levels and believe the current staffing is sufficient in the base staffing plan for this proposal with the addition of the RFP stipulated Psychiatry Techs.

The Wellpath staffing plan remains consistent in administration and oversight through the HSA, DON, Medical Director and Mental Health Coordinator. The staffing plan has been enhanced throughout the course of the current contract to maximize resources and meet the needs of the Facility.

- Medical providers will be on-site 7 days a week and on call 24/7.
- Psychiatric providers will be on-site 5 days a week and on-call 24/7. (Psychiatrist is physically on site monthly and also sees patients via tele-psychiatry. Mental health professionals are on-site 7 days a week for 16 hours a day and on call the remainder).
- MHPs will be on-site at all times to ensure timely intake assessments and emergent evaluations are completed face-to-face.
- Nursing services are sufficient to cover the needs of sick call, chronic care, H&P along with medication pass. Nursing hours include that of two staffed assigned to the intake/booking area to ensure smooth processing of pre-booking assessments and initial intake screens for patients accepted into the custody of the facility.
- Dental will continue to be on-site 3 days a week with the dentist assisted by a dental assistant to maximize efficiency and maintaining a sterile environment for patient care.

We look forward to an opportunity to discuss our plan in detail and make any needed adjustments as the program and our understanding of the services available to your inmate population evolves.

Wellpath Proposed Staffing Plan for Fort Bend County									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Day Shift									
H.S.A. (RN)	8	8	8	8	8			40	1.00
Administrative Assistant	8	8	8	8	8			40	1.00
Medical Director	2	2	2	2	2			10	0.25
NP	8	8	8	8	8	8	8	56	1.40
DON	8	8	8	8	8			40	1.00
RN	36	36	36	36	36	36	36	252	6.30
LVN	36	36	36	36	36	36	36	252	6.30
LVN (Transport Nurse)	8	8	8	8	8			40	1.00
LVN Pharmacy Manager	8	8	8	8	8			40	1.00
Medical Records Clerk	8	8	8	8	8			40	1.00
Dentist	8	8	8	8	8			40	1.00
Dental Assistant	8	8	8	8	8			40	1.00
MHP	32	32	32	32	32	16	16	192	4.80
Psych Tech	24	24	24	24	24	24	24	168	4.20
Mental Health Coordinator	8	8	8	8	8			40	1.00
Discharge Case Manager	16	16	16	16	16			80	2.00
Psychiatrist	8	8	8					24	0.60
Psych NP	8	8	8					24	0.60
Total Hours/FTE – Day								1,418	35.45
Evening Shift									
MHP	8	8	8	8	8	6	6	52	1.30
LVN	12	12	12	12	12	12	12	84	2.10
Total Hours/FTE – Evening								136	3.40
Night Shift									
RN	24	24	24	24	24	24	24	168	4.20
LVN	36	36	36	36	36	36	36	252	6.30
Total Hours/FTE – Night								420	10.50
Weekly Total									
Total Hours/FTE per week								1,974	49.35

3.2. Credentials/Licenses

NCCHC Standard J-C-01

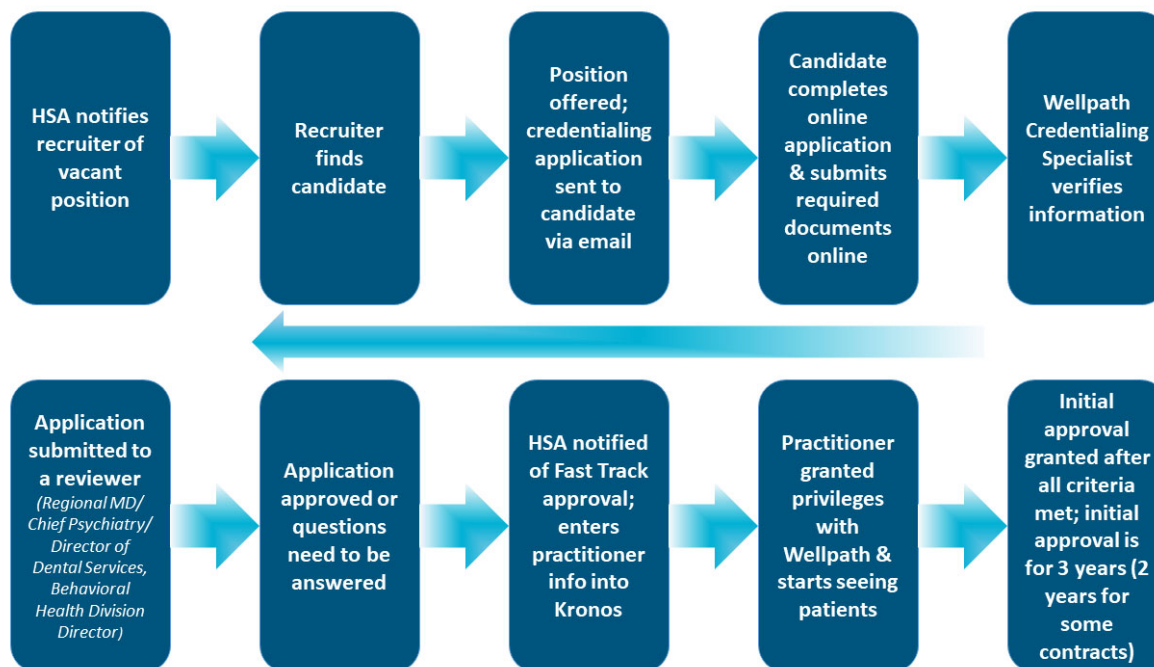
Medical and mental health services are provided by professionals fully qualified and appropriately licensed, certified, or registered in Texas. Wellpath will continue to ensure that employees and contractors are properly licensed or certified for their positions. We also maintain proof of malpractice insurance for applicable employees.

Applicable employees are required to attest to completion of annual training necessary to maintain licenses and/or certifications. Healthcare personnel maintain current first aid and CPR/AED certification and attend appropriate workshops to maintain licensure.

Credentialing and Privileging

Wellpath's credentialing process ensures that medical personnel remain current with state licensure requirements. Medical and mental health providers must complete the Wellpath credentialing process before starting work. The credentialing process (described in the following graphic) begins as soon as we have decided to make an offer of employment to the candidate. The Wellpath credentialing department oversees credentialing activities.

The Wellpath Credentialing Process



Interim Privileges (Fast Track)

Wellpath refers to the process of granting interim privileges as “fast tracking.” To initiate fast tracking, the healthcare practitioner (HCP) must submit the following forms:

- Completed credential application
- Copy of current state license (verified)
- Copy of current malpractice certificate of insurance (if not covered by Wellpath)
- Copy of DEA
- Copy of diploma
- Copy of certifications (if applicable)
- Copy of CPR
- Copy of resume

Wellpath credentialing specialists verify the information listed in the following graphic. Once verifications are completed and files have been submitted, a review committee reviews the HCP’s credentialing file and denies or grants interim privileges. Final initial approval is given after references and other required documentation are submitted and verified. Wellpath requires re-credentialing every two or three years (depending on state and contract requirements) on the anniversary date of the original fast track credentialing.

Credential Verification



Issuing State

Current unrestricted state professional license
Current unrestricted state controlled substance registration

National Practitioner Data Bank

No license revocations or limitations
No malpractice history
No disciplinary action in other states
No convictions or charges for criminal offense
No expulsion or suspension from receipt of Medicare/Medicaid payments
No monitoring or special review

U.S. Drug Enforcement Agency (DEA)

Current unrestricted license

American Medical Association (AMA) Report

Acceptable completion of an accredited residency program
Board certification in a listed specialty, if applicable

Personnel Files

Once on-site personnel are selected, Wellpath provides facility administration with applicable certification and licensing information. Before employment, Wellpath provides copies of background and credentialing information for professional staff, including appropriate licenses, proof of professional certification, Drug Enforcement Administration (DEA) numbers, malpractice insurance coverage, evaluations, position responsibilities, and current resumes.

We will continue to maintain personnel files of Wellpath employees assigned to the Facility on site and at our Home Office. Facility administration have access to these files, which include copies of current registration or verification certificates for licensed practitioners. Wellpath provides updated data and other relevant information on request.

3.3. Recruitment and Retention

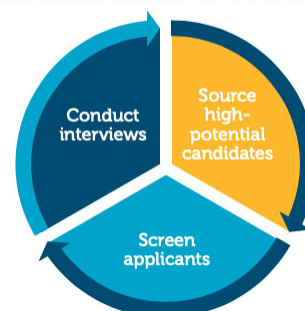
Wellpath uses industry-leading talent acquisition and employee retention techniques to consistently recruit and retain highly qualified employees. Our initiatives include strategic talent acquisition plans, competitive benefits programs, opportunities for professional development, and structured onboarding programs to educate new employees and welcome them to the Wellpath team. Our skilled and responsive Human Resources professionals will continue to facilitate the recruitment, development, and retention of healthcare professionals for the County.

Talent Acquisition

At Wellpath, we have the opportunity every day to improve the health of many of society's most vulnerable and at-risk patient populations. Most healthcare professionals choose this profession to help others and give back to society, and we provide them with one of the most meaningful ways to do just that.

Wellpath's dedicated Talent Acquisition team of physician recruiters, nurse recruiters, managers, and coordinators source high-potential candidates, screen applicants, and conduct interviews. They use competency-based behavioral interview questions and collaborate with our clinical and operational specialists to make informed hiring decisions.

Wellpath has a dedicated talent acquisition team of Physician Recruiters, Nurse Recruiters, Managers, and Coordinators



Wellpath performs primary source verification of credentials and licensure concurrently during the interviewing and screening process. We then select the best candidates based on qualifications and credentials, experience, references, interview results, and other information.

National Recruiting & Sourcing Tools

Wellpath recruiters are vigilant in their search strategies for talent, especially in a time of low unemployment rates for healthcare professionals. We keep our pipeline full by using effective tools to identify and communicate with candidates. We use strategic media partnerships to evaluate and rotate our posting needs daily. A few of those partnerships include TextRecruit; App Feeder; Indeed; and Connect, a Contact Relationship Management (CRM) program for engaging passive talent.

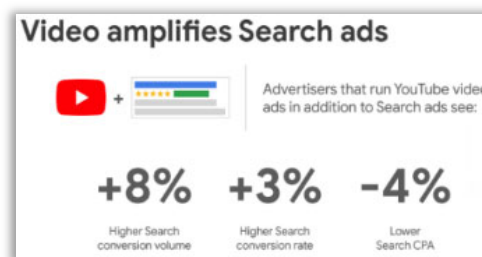
Wellpath also uses resources that share job postings and information across dozens of recruiting databases and job sites through a single source. Our strategic use of various databases ensures a continuous feed of the newest resumes and candidates into an Applicant Tracking System our recruiters use to find the best candidates in the shortest amount of time.

We invest in technology to promote our open positions and provide industry-leading people analytics. This helps us understand the growing needs in staffing, as well as the outcomes of our efforts. Our Talent Acquisition Team has a full candidate marketing plan using a multitude of resources, including:



- **LinkedIn, Facebook, Instagram** – We use the LinkedIn Employer Page and Career Profile Pages on Facebook and Instagram to organically promote events, hiring incentives, and the benefits of becoming a Wellpath team member. We also run sponsored Custom Audience campaigns via Facebook, which enables us to reach a more refined target audience specific to providers. We are constantly optimizing our social channels to further enhance our online presence.
- **Indeed Hiring Events and Targeted Ads** – Indeed Hiring Events and Targeted Ads are some of our most powerful tools for start-up facilities as we see great ROI when running for various audiences.
- **Google and YouTube** – Google and YouTube are the two largest search engines in the world. We advertise with them on a large scale, ensuring that our efforts work together to yield the largest ROI. YouTube ads amplify our Google search performance as shown in this figure.

We implement search campaigns to drive targeted traffic to our career site and display campaigns to raise branding awareness. Google Remarketing is used to re-engage candidates who visited our site but did not apply. We run YouTube campaigns to take advantage of behavioral learning capabilities. A candidate does not have to search for us or our jobs to see our YouTube ad.



- **Text and Radio** – We launch text message campaigns to relevant audience pools to reach candidates on their most used device, their phone. We leverage internet radio via Spotify as opposed to local radio stations, which has proven far more powerful due to machine-learning and tracking capabilities. Spotify has yielded some of our highest performing campaigns.
- **Digital Advertising Tools** – We maintain a large and always-growing Talent Community to keep candidates who have expressed interest engaged with our brand, using the leads to deploy email and text blasts. We currently have nearly 200,000 candidates in our Talent Community. We also direct candidates to landing pages to minimize candidate drop-off. Candidates convert at a 3X higher rate when directed to a short form as opposed to a full career site.

Wellpath Candidate Service Level Agreements

Local, regional, and national recruitment campaigns keep a constant flow of qualified candidates within reach to discuss opportunities. In today’s market, we know that candidates are best retained if they are contacted and screened in the first 48 hours of their application or contact with Wellpath. We use standardized Service Level Agreements (SLAs) to manage our applicant flow and ensure we process candidates and fill positions quickly.



Wellpath uses the iCIMS Applicant Tracking System (ATS) and Contact Relationship Manager (CRM) to maximize talent acquisition. Hiring managers for the Facility work with a dedicated recruiter to advertise open positions in the ATS. The iCIMS ATS leverages mobile, social, and video technologies to manage the talent acquisition lifecycle. It helps us build CRM talent pools and automates our recruitment marketing, applicant screening, and onboarding processes. The iCIMS CRM contains more than 50,000 pipelined candidates, with more than 50% in the nursing industry. Our talent acquisition process is illustrated in the following figure.



Internal Recruiting

Wellpath posts job openings internally and externally, giving internal applicants initial consideration for opportunities to help advance their careers. Wellpath employees in good standing can apply for internal opportunities after completing six months in their current role.

If a team member wishes to transfer to another position or location, he or she must validate they have informed their manager of their interest. The hiring manager or regional leadership typically conducts internal candidate interviews. We also welcome input from our clients during the interview process for key positions.

College and University On-Site Recruiting

Our proactive recruitment model is based on building relationships with resources in the communities we serve. We strive to hire locally since hiring individuals with a vested interest in our healthcare mission better serves our patients. A key part of our recruitment plan includes working with local nursing schools and residency programs to attract healthcare professionals to a career in corrections. By increasing community interest and education regarding corrections, we can attract and recruit healthcare professionals who may have otherwise overlooked a career in correctional healthcare.

Wellpath has implemented **nurse residency programs** at partner facilities and established provider-level residency programs for physicians, psychiatrists, and dentists. Today, we have more than 100 clinical affiliations with nursing schools and more than 50 psychiatric and behavioral health schools. Wellpath leaders regularly engage with academic institutions. Many serve as faculty at schools such as the Morehouse School of Medicine, Mercer University, the Medical University of South Carolina, Florida International University, the University of Maryland, Boston University, Simmons College, and Vanderbilt University.



In 2022, Wellpath introduced a talent initiative for Historically Black Colleges and Universities (HBCUs) to help fill and retain employees in difficult-to-recruit positions and partner with schools that can provide a pipeline and offer summer internships for college students.

Nurse Preceptor Program



In 2021, Wellpath's clinical nursing leaders launched a **Nurse Preceptor Program** to enhance the availability and quality of nurses for our sites. Recognizing the unique challenges of patient care provision in correctional settings, the program offers newly



licensed nurses targeted training and mentorship by experienced correctional nurses. Preceptors supervise and participate directly in the planning, provision, and evaluation of patient care with new nurses. They serve as coach, role model, and educator to guide new nurses' first year in correctional healthcare with a focus on patient advocacy.

Wellpath's Nurse Preceptor Program offers a pathway to leadership and career development by encouraging nurses to become preceptors. Those selected to participate in the program receive e-learning and in-person training designed to advance nursing skills, practices, and knowledge and build an industry-leading nursing workforce. Graduates of the preceptor program receive a handbook that highlights valuable information, including:

- The Wellpath Way (our mission, vision, and values)
- The roles and responsibilities of a preceptor
- Preceptor training policies
- Preceptor training experience
- Tools to guide the effectiveness of preceptors

Preceptors can also access EBSCO's *Dynamic Health™ CDS + Skills*, a web-based reference for best-in-class clinical support that standardizes care and improves patient outcomes. All Wellpath nurses have access to Dynamic Health to ensure clinical excellence at every site.

Equal Employment Opportunities

Wellpath is an Equal Employment Opportunity (EEO) employer with a thorough diversity policy in place to appropriately guide recruiting and hiring processes. We comply with all provisions of federal, state, and local regulations to ensure that no employee or applicant for employment is discriminated against because of race, religion, color, gender, sexual orientation, genetics, gender identity, marital status, age, disability, veteran status, national origin, or other legally protected status.

Salary and Benefits

Wellpath offers competitive salaries and benefits to attract and retain qualified staff for the Facility. We conduct local due diligence and salary surveys to ensure that our proposed rates are competitive within the surrounding area and to ensure that staff recruitment and retention efforts are successful. By showing our employees that they are a valued part of our company, we save the County unnecessary operational expenses and added costs created by turnover.

Our benefits program exceeds industry standards and is designed to attract and retain healthcare staff while recognizing the diverse needs and goals of our workforce. Wellpath also promotes retention through:

- Retention bonuses
- Referral bonuses for hard-to-fill positions
- Incremental increases of benefits like vacation and 401k vesting based on length of employment
- Annual salary increases based on performance and qualifications
- Monetary assistance and time off for CMU/CEU programs related to specific skill sets
- Employer tuition reimbursement program, which can be used for licensure renewal
- Malpractice insurance coverage for practitioners
- Company-sponsored gatherings
- Discounted offerings for theme parks, restaurants, movie theaters, and other activities

Salary and Wage Analytics

Wellpath has invested in economic modeling data that allows us to evaluate each market based on real-time salary and market analytics. We rely on a multidisciplinary team of experts across disciplines—including clinical, compensation, and recruiting—to analyze and agree on our wage rates. This team examines market supply, validates compensation data, and reviews the competition from companies advertising for the same positions in the market. These tools give us better insight to know where people live versus where they work, and how many actual jobs are being filled every month.

Employee Benefits Program

Wellpath offers a comprehensive, flexible benefits program that focuses on health and well-being. New hires, transitioning employees, and current staff can sign up for Wellpath benefits through our online and mobile enrollment system, which streamlines communications, education, forms, and all other benefit-related options. They also have the option of calling our Benefits Service Center to speak with someone who can answer questions and help them enroll.

Wellpath offers three medical plan options with a robust pharmacy program, two dental plan options, vision, and company-paid life insurance, as well as additional insurance options for employees, spouses, and children. We also offer short-term and long-term disability plans to offset income loss in case of an emergency, as well as various supplemental insurance programs that pay staff directly for illness or accidental injury. Additionally, we offer a wellness program that encourages employees to take steps toward healthier lifestyles.

Wellpath's medical plans include a telehealth program offering 24/7 access to a physician via phone, tablet, or computer. Services such as mental health, nutrition, lactation support, and psychiatry are also available with a nominal co-pay.

Affordability is a top priority for all Wellpath benefit programs. We work closely with our vendors to ensure that we provide competitive benefits at affordable rates, and **we subsidize a larger portion of the total cost of healthcare** for staff with lower income. We also offer a health savings account option with an annual employer contribution that allows employees to make pre-tax contributions to pay for doctor's visits, medications, and other health services.

Financial wellness is another important aspect of retention. Wellpath offers a traditional 401k with a discretionary company match, a Roth IRA, and a college tuition reimbursement program.

Wellpath offers a competitive paid-time-off program based on years of service, as well as paid holidays throughout the year.

Employee Retention

Wellpath understands the importance, for continuity of care, of providing full-time staff members. Consistent staffing improves the quality of patient care and minimizes issues that can lead to grievances and lawsuits. We focus on prudent staff deployment to promote high efficiency, fewer mistakes, and improved morale.

Wellpath offers benefit-related incentives to entice those who may be considering a slightly higher rate of pay as per diem staff to commit to full-time employment. attribute our retention success and low turnover at the Facility to maintaining competitive salary and benefits packages, embracing diversity, rewarding superior performance, and providing meaningful work in a friendly environment.

Professional Development and Tuition Assistance

Wellpath has a dedicated Organizational Development Department offering a full range of professional development opportunities. We are dedicated to our employees' continued development and long-term professional satisfaction to create lower turnover, reduced costs of replacement and training, and strengthened team spirit through mutual respect and recognition of each individual's contributions.

Wellpath also offers tuition assistance to employees to advance their skills and their career. Additionally, Wellpath employees and their children who have graduated high school can apply for Wellpath-sponsored college scholarships each year. We awarded four \$2,500 scholarships in 2023 and will award four more in 2024.

Employee Survey Responses

"Working for and with Wellpath has been a great opportunity for me. I enjoy everything the company does for the sites as a whole as well as on an individual basis. They continue to help us grow and develop as a group through effective communication, patience, and understanding."

*"When I started in corrections, I worked for [a competitor]... I know Wellpath has a vested interest in my success and personal well-being. I have the tools needed to do my job, and through CORE and startups I have been able to expand my knowledge and believe my opinion and talents are important. **This is the company I want to retire from.**"*

Nurse Outreach and Support

Wellpath has adopted several outreach techniques for our nursing professionals, including advanced training opportunities and open communication through the Nurse Channel, an online resource for Wellpath nurses. In addition to providing useful information, the Nurse Channel also recognizes Wellpath nurses with a record of outstanding job performance upholding our high standards for patient care.

Employee Recognition

Wellpath attracts and retains skilled and competent personnel through several employee incentives, but incentives alone do not build loyalty. Friendly company culture also affects the long-term satisfaction of our employees. The primary reason for dissatisfaction in the healthcare field is feeling undervalued. At Wellpath, each person is treated with respect, incentivized and rewarded for dedication and performance, and viewed as a valuable asset of our team.

The Wellpath employee recognition program enhances our ability to retain healthcare professionals throughout the life of a contract. Our program encourages positive behavior and builds a sense of pride in each team member. By recognizing our top-performing employees, we can influence employee morale, which positively impacts the quality of care we provide.

Each Wellpath location incorporates employee recognition into its local operations. The primary program is the 5H Award, which represents the values by which Wellpath strives to exist: **H**unger, **H**onesty, **H**ard Work, **H**umility, and **H**umor. We encourage the recognition of employees whose contributions echo these values. Each Wellpath location or territory creates its committee to recognize employees monthly and quarterly.

Wellpath presents monthly and quarterly recognition awards based on attendance, customer service, teamwork, and overall performance. Each year, the leadership team of each Wellpath business unit chooses one individual from each of the quarterly winners to be nominated for the President's Award.

All quarterly award winners and nominees, and President's Award winners, are recognized on the Wellpath website.

Flexible Scheduling

When possible, Wellpath allows flexible scheduling to meet employees' needs. We employ part-time and per diem personnel to provide coverage for scheduled absences and to supplement full-time staffing needs.

Wellness Program

Wellpath appreciates the importance of health and well-being for our employees. We encourage our team members to participate in a Wellpath wellness program that includes exercise programs, healthy eating tips, and other initiatives that promote a healthy lifestyle. Various Wellpath sites offer incentives or contests to encourage employee participation in programs that create a healthier staff, including smoking cessation and weight control programs.

Employee Assistance Program

Managing the everyday concerns of work, home, and family can be difficult. Wellpath offers an Employee Assistance Program (EAP) through New York Life that gives employees and their household dependents access to various counseling services, including legal, financial, and work-life balance assistance. Assistance is available through a confidential phone call and all counseling calls are answered by a Master's or PhD-level counselor. The program also offers resources and tools on topics such as health and wellness, family and relationships, legal questions, investments, and more. Employees can also access a certified well-being coach to address issues such as burnout, time management, and coping with stress.



Dare to Care

Wellpath established the Dare to Care Employee Assistance Fund to support our valued team members when they need it most. Employees and eligible dependents can apply for economic assistance during unexpected economic hardship. Employees may be eligible for assistance if they experience extreme or catastrophic circumstances beyond their control, including loss of property due to natural disaster life-threatening illness or injury, or loss of a family member.



We started Dare to Care in 2010 in response to the flooding that devastated the City of Nashville. Since its inception, **the Dare to Care fund has provided \$1.6 million in financial assistance** to more than 1,400 employees and their families in their time of need. In 2023, Wellpath team members contributed \$299,000 and Wellpath paid out \$81,000 in grants.



Wellpath partners with the Community Foundation of Middle Tennessee to manage all funds and award gifts. The application process is confidential and requests are reviewed by an impartial and experienced third party. Dare to Care is funded through employee donations and matching contributions from Wellpath.

3.4. Orientation for Health Staff

NCCHC Standard J-C-09

Wellpath provides appropriate orientation and training for all healthcare personnel. The lives and health of our patients depend on the knowledge, practical skills, and competencies of the professionals who care for them. We begin with the identification, validation, and recruitment of the very best people, then we orient them to our company culture and operations through an established onboarding process. We also train security staff in medical issues as requested.

Wellpath Orientation

Wellpath provides a thorough orientation program for all healthcare staff. The program includes comprehensive orientation curricula, schedules, appropriate forms, tracking and recordkeeping, and required documentation to support evidence of orientation of personnel. Each new employee has online access to Wellpath's *New Employee Orientation (NEO) Curriculum*, which outlines required onboarding steps for all healthcare staff, as well as additional required onboarding steps for specific positions.

Wellpath provides a comprehensive three-phase training program for new employees. New staff members complete the Wellpath onboarding process, then receive ongoing skills/knowledge assessment through our Performance Enhancement and Leadership Development programs. All new employees participate in each of the three phases. The frequency and focus of each training phase are determined by the position and learning capacity of individual employees.

Phase 1: Onboarding

Critical to the future success of each new employee is his or her initial experience with the organization. To ensure a smooth transition, we offer a three-part onboarding process: orientation, on-the-job training, and follow-up. The primary goal of onboarding is to promote consistency, connections, and confidence.

Onboarding Step 1: Orientation

Each new hire participates in an eight-hour learning experience (the physician orientation program has additional requirements), where they are introduced to our company culture and our policies and procedures. The program establishes clear expectations and involves new employees in the success of the company. **In the front binder pocket of our original proposal, we have included a USB drive containing a Welcome to Wellpath video used during new employee orientation. Please note that this video is confidential and proprietary.**

Onboarding Step 2: On-the-Job Training

On-the-job training is guided by standards, detailed checklists, and a qualified preceptor. While there are time schedules with expected milestones, the preceptors work with the new employees to ensure that the expected knowledge is transferred and competency is documented. This portion is not considered complete until the new employee feels capable of performing the job.

Onboarding Step 3: Follow-up

During this last step of the onboarding process, the new employee can provide feedback about his or her experience with the HSA. The HSA also shares information about his or her leadership style and performance expectations.

Phase 2: Performance Enhancement

Performance enhancement training includes skills labs and webinars. Medical personnel participate in scheduled online training and in-service learning opportunities, such as “lunch and learn” sessions. We also offer webinars with a variety of Subject Matter Experts (SMEs) to staff members as applicable for their roles.

Phase 3: Leadership Development

Leadership development training invests in the continued growth of our employees to develop leaders from within. Each training session varies in delivery and duration and is designed to strengthen the leadership competencies of our employees. Leadership development training is a collaborative effort between Wellpath’s Home Office and leaders at the site.

4. Continuous Quality Improvement and Administrative Oversight Plan

NCCHC Standard J-A-06

Wellpath is dedicated to continuously improving our services and program offerings. Our policies and procedures, based on NCCHC and ACA standards, ensure that patients receive quality services that align with community standards of care. We use proven performance monitoring techniques like our Continuous Quality Improvement (CQI) program, Medical Administration Committee (MAC), and peer reviews to evaluate clinical care delivery at our client sites and identify any areas needing improvement.

4.1. Wellpath CQI Program

The Wellpath CQI program operates under the authority of Chief Clinical Officer, Thomas Pangburn, MD, and Director of CQI, Elizabeth Samson. The program ensures that programming at the Facility meets or exceeds our high expectations, as well as NCCHC and ACA standards.

Wellpath will continue to maintain a site-specific CQI plan based on the scope of care required at the Facility. The CQI plan assesses on-site and off-site healthcare services for quality, appropriateness, and continuity. Our data-driven CQI program includes audits and medical chart reviews to ensure compliance with contract requirements and established performance measures.

Scope of CQI Program

Wellpath will continue to conduct CQI studies to ensure services at the Facility meet established minimum thresholds. We monitor relevant areas for quality improvement, including accreditations, credentialing, environmental inspections, emergency drills, nursing, intake, medication management, special housing, and ancillary services.

Routine CQI Studies

Routine CQI studies examine areas where overlap or hand-off occurs, as well as other problem-prone, high frequency/volume, and risk management processes, including but not limited to receiving screenings, screening and evaluation at health assessment, special needs, segregation, treatment planning, suicide prevention, medication administration, initiating medication at intake, as well as processes exclusive to the facility.

The following sample CQI Calendar shows monthly CQI screens broken out by the responsible party.

Sample CQI Calendar			
Month	Nursing	Site Medical Director	Mental Health
Jan.	<ul style="list-style-type: none">Chronic Care Services		
Feb.	<ul style="list-style-type: none">Site-specific StudyCQI Meeting	<ul style="list-style-type: none">Scheduled & Unscheduled Off-site Care	<ul style="list-style-type: none">Suicide Prevention
March	<ul style="list-style-type: none">Alcohol/Benzodiazepine Withdrawal		

Sample CQI Calendar			
Month	Nursing	Site Medical Director	Mental Health
	<ul style="list-style-type: none"> Opiate Withdrawal 		
April	<ul style="list-style-type: none"> Medication Administration Pregnancy Care 		<ul style="list-style-type: none"> Restrictive Housing
May	<ul style="list-style-type: none"> CQI Meeting Initial Health Assessment MAT 	<ul style="list-style-type: none"> Physician Chart Review 	<ul style="list-style-type: none"> Suicide Prevention II
June	<ul style="list-style-type: none"> Dental Care Dietary Services 		
July	<ul style="list-style-type: none"> Receiving Screen & Med Verification 	<ul style="list-style-type: none"> HIV 	<ul style="list-style-type: none"> Psychiatric Services – HEDIS
Aug.	<ul style="list-style-type: none"> Site-specific Study CQI Meeting 		
Sept.	<ul style="list-style-type: none"> Ancillary Services Emergency Services Diabetes – HEDIS 		<ul style="list-style-type: none"> Suicide Prevention
Oct.	<ul style="list-style-type: none"> Alcohol/Benzodiazepine Withdrawal Sick Call 		<ul style="list-style-type: none"> MH Special Needs & Treatment Planning
Nov.	<ul style="list-style-type: none"> CQI Meeting Patient Safety (review YTD) MAT 	<ul style="list-style-type: none"> Infirmity Level Care 	
Dec.	<ul style="list-style-type: none"> Annual Review of CQI Program 		<ul style="list-style-type: none"> Suicide Prevention II

Site-specific Studies

Wellpath completes monthly CQI screens outlined in the CQI Calendar, plus at least one ad hoc screen each quarter to evaluate a site-specific issue presenting challenges. Examples of ad hoc screens include:

- Missed medication (investigative study)
- TB screening
- Health assessment (periodic)
- Grievances
- Communication with custody
- Initiating essential medications (return from the hospital)
- Prenatal and postpartum care (HEDIS and outcome study)
- Asthma outcome study

Site-specific studies examine a site-specific problem. Examples of how these studies can be accomplished include:

- Completing an existing study in DataTrak Web (DTW) out of order (in a month or quarter when it is not due)
- Modifying the Excel version of a study to meet specific site concerns or issues

- Create a new study to address a novel concern or issue
 - Complete the “Site-Specific Study” in DTW
 - Email or fax the study to your CQI program manager (if the original study is not entered in DTW)

Requirements are adjusted if a site requires more frequent CQI meetings or additional studies.

Quality Improvement Committee

A multidisciplinary Quality Improvement (QI) Committee directs CQI activities at the Facility. As site Medical Director, Eva Prakash, MD leads the QI Committee, which also includes the HSA, site Safety Coordinator, Dentist, designated mental health representative, and appropriate County representative(s). The QI Committee is responsible for performing monitoring activities, discussing the results, and implementing corrective actions if needed.

The QI Committee meets quarterly to review significant issues and changes and discuss plans to improve processes or correct deficiencies. CQI activity records are confidential. Discussions, data collection, meeting minutes, problem monitoring, peer review, and information collected as a result of the CQI program are not for duplication or outside review.

High-Risk Items

NCCHC Standards J-A-06, J-A-09, J-B-08

Wellpath’s CQI program addresses many forms of risk management, including clinical and environmental risk management tools to identify and reduce variability and liability when adverse events occur. The QI Committee addresses the following risk management items:

- **Critical Clinical Event (CCE) Reviews** – The QI Committee monitors, reviews, and reports on the healthcare staff’s response to critical clinical events. The QI Committee uses the root cause analysis problem solving methodology to review the CCE.
- **Emergency Drill Reviews** – The QI Committee monitors, reviews, and reports on the healthcare staff’s response to emergency drills.
- **Environmental Inspection Reports** – Wellpath participates in monthly facility environmental inspections to ensure that inmates live, work, recreate, and eat in a safe and healthy environment.
- **Resolution Tracking** – The QI Committee tracks deficiencies identified during routine environmental inspections through resolution.
- **Utilization Management** – Wellpath monitors the provision of care to ensure that medically necessary healthcare services are provided in the most appropriate setting.
- **Grievances** – The Wellpath grievance process is consistent with national standards and internal client policies. The QI Committee reviews and categorizes grievances to identify potential issues and determine if patterns exist or develop. Patient satisfaction surveys are administered on topics relevant to the patient population.
- **Pharmacy** – Wellpath ensures quality pharmacy programming through regularly scheduled on-site inspections performed by a consulting state-licensed pharmacist. We document inspection

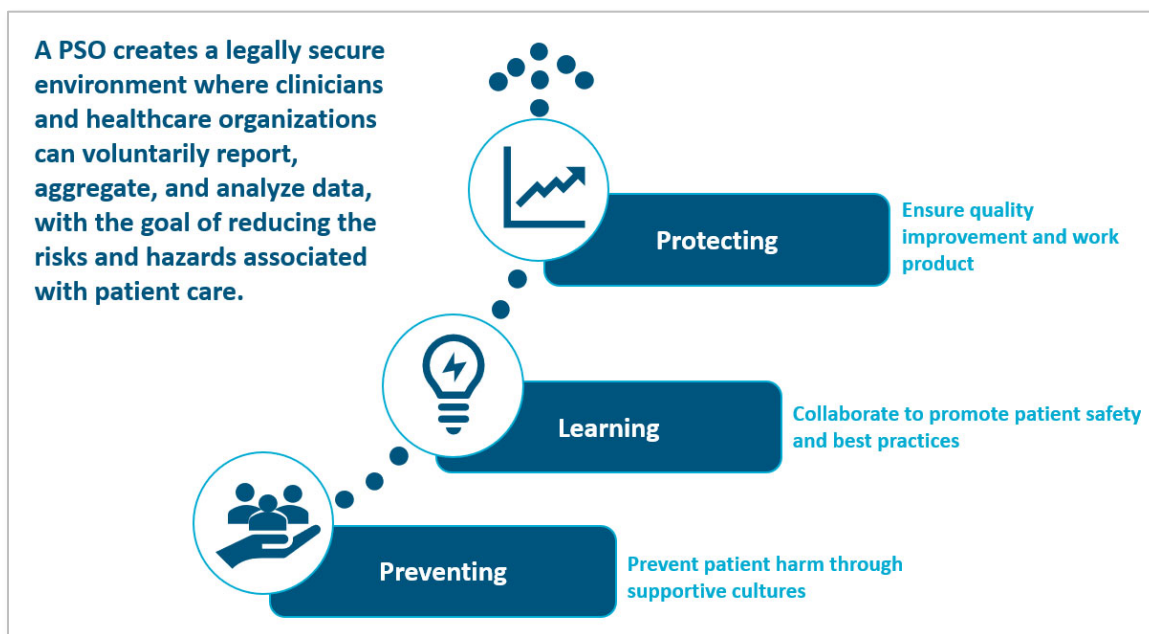
reports and maintain them on file, and the consulting pharmacist provides a summary of these discussions and actions to the QI Committee.

- **Pharmacy Reports** – Wellpath uses pharmacy reports to identify outliers and trends, then evaluate and address any outliers. The Regional Medical Director reviews pharmacy utilization data regularly.

Patient Safety Organization

Wellpath became part of a Patient Safety Organization (PSO) in 2016 as part of our commitment to improved patient care and safety. The Patient Safety and Quality Improvement Act of 2005 established PSOs to create a legally secure environment where clinicians and healthcare organizations can voluntarily report, aggregate, and analyze data to reduce the risks and hazards associated with patient care. To support these efforts, Wellpath has implemented a patient safety evaluation system to collect, manage, and analyze information for quality improvement and patient safety.

Due to our legally binding PSO agreement, such analyses are considered patient safety work products and are reported to the PSO to enhance learning and to prevent adverse events in the future through that learning. This also allows both Wellpath and our clients to maintain the confidentiality of these analyses, while also providing some protection from discovery.



4.2. Medical Administration Committee

NCCHC Standard J-A-04

Wellpath has a Medical Administration Committee (MAC) to oversee healthcare functions at the Facility. The MAC meets quarterly to assess the healthcare program, ensuring the continued availability of high-

quality medical, dental, and mental health services. Wellpath will continue to work closely with County administration to coordinate MAC meetings, which typically include:

- Health Services Administrator (HSA)
- Director of Nursing (DON)
- Medical Director
- Dentist
- Psychiatrist and/or mental health representative
- Designated County representative(s)

Discussions include monthly health services statistics by category of care, the current status of the healthcare program, costs of services, coordination between security and health services, and identified issues and program needs. The MAC also reviews and categorizes grievances to identify potential issues and to determine whether patterns exist or are developing. We document meeting minutes, distribute them to attendees and County administration, and maintain a copy for reference.

Wellpath also provides monthly and quarterly reports on the clinical operation of the healthcare program, following NCCHC and ACA standards. We will continue to communicate frequently with the County on issues deemed appropriate, such as existing procedures and proposed procedural changes.

4.3. Reporting and Accountability

NCCHC Standard J-A-04

Wellpath seeks to provide the best on-site care possible while being fully accountable to the County. We expect to be measured by our performance, including reduced medical grievances; accountability as evidenced by operational and financial reporting; reduced staff turnover; and fewer off-site referrals. These are our goals and we share the details of our performance by providing regular operational and financial reports on these criteria.

“The record keeping by Wellpath staff has always been complete and thorough and responses to questions or concerns are always quick and efficient. The reports generated by their electronic records system (ERMA) are specific to our needs and are highly useful and effective.”

Mark Rockovich, Director
Luzerne County, PA

Wellpath typically provides more clinical and operational reports than any other company in the industry. We offer a full set of operational reports developed with an understanding of the correctional environment and standards. We will continue to deliver detailed monthly statistical reports and daily operational reports to continually review the effectiveness of our program and improve overall program quality and efficiencies.



Wellpath maintains an extensive logging system for collecting data and statistics to analyze trends in the utilization of healthcare services. Demonstrating accountability through transparent reporting is a Wellpath core competency. In all medical operations, but especially in the corrections environment, it is essential to keep detailed accurate records that are readily available and easily accessed.

As stewards of the County, we are responsible and accountable for the success of your program. Wellpath's clinical and operational leadership teams use powerful business intelligence software, such as Tableau®, to ensure efficient delivery of services. Tableau tracks key indicators such as off-site referrals, inpatient/ER utilization, claim details, pharmacy utilization, labs, filled/vacant FTEs, and overtime. These tools allow us to **identify trends as they emerge**.



Daily Reports

Wellpath will continue to provide a daily narrative report to the Captain or designee covering the previous 24 hours (Saturday and Sunday reports may be submitted Monday morning). Daily reports outline important events of day and night shifts, such as:

- Transfers to off-site hospital emergency departments
- Communicable disease reporting
- Suicide data (i.e., attempts and precautions taken)
- Report of status of inmates in local hospitals
- Report of status of inmates in the infirmary
- Staffing roster changes
- Completed medical incident report copies
- Completed medical grievance report copies
- Receiving screenings performed
- Health assessment status report

Monthly Reports

Wellpath will continue to provide monthly statistical reports regarding the operation of the healthcare program, staffing fill rates to demonstrate compliance with the contracted staffing plan, and financial reports to aid the County with future budgeting efforts. Monthly reports delineate the status of the healthcare program, including potential problems and suggested resolutions. We also provide reports on monthly paid and projected costs, as well as monthly aggregate and projected aggregate costs.

Wellpath submits the required reports to the Captain or designee on a mutually agreed-upon day each month. Monthly reports reflect the previous month/term workload, with data such as:

- Patient requests for various services
- Patients seen at sick call
- Patients seen by a physician
- Patients seen by a dentist
- Patients seen by a psychiatrist
- Off-site hospital and emergency room admissions and cost
- Medical specialty consultation referrals and cost
- Receiving/intake screenings
- Health assessments (history and physical)
- Diagnostic studies

- Report of third-party reimbursement, pursuit, and recovery
- Percentage of inmate population administered medication
- Inmates testing positive for TB, STDs, HIV, or HIV antibodies
- Inmate mortality
- Number of hours worked by entire medical staff and compliance with contract staffing levels
- Other data mutually agreed to by Wellpath and the County

4.4. Policies and Procedures

NCCHC Standard J-A-05

Wellpath has in place a site-specific policies and procedures manual with content meeting or exceeding NCCHC and ACA standards. The manual, which is subject to the County's continued approval, is reviewed annually and any time Wellpath and/or County policies are modified.

We have provided a sample Table of Contents from our standard Wellpath Policies and Procedures Manual in **Attachment B**. *Please note that this information is confidential and proprietary.*



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5. Qualifications/References

The Wellpath Executive Team has more than 400 years of combined correctional healthcare experience. We also have several former sheriffs and jail administrators in consulting roles with nearly 175 years of combined law enforcement experience. Our team works together and is fully engaged in the successful operation of programs and services at the Facility.

Years in Business

The Wellpath family of companies was founded in 1983 and has more than 40 years of experience administering correctional healthcare programs.

Experience with Similar Sites

Wellpath is the industry leader in designing and operating medical programs in facilities similar to the Facility. We have a proven history of success in facilities of all sizes, which has helped us refine best practices that inform our program for the County.

Following is a list of several Wellpath local detention clients with Average Daily Populations (ADPs) ranging from 900 to 1,200. Most of these clients are accredited by the NCCHC and/or ACA, and two of these clients—Arapahoe County, CO and Marion County, IN—hold Triple Crown Accreditation (NCCHC, ACA, and CALEA).

- Adams County, CO (ADP 1050)
- Bell County, TX (ADP 906)
- Dane County, WI (ADP 950)
- Guilford County, NC (ADP 1100)
- Hudson County, NJ (ADP 1200)
- Lexington County, SC (ADP 1100)
- Montgomery County, TX (ADP 1150)
- Richland County, SC (ADP 1100)
- Anne Arundel County, MD (ADP 900)
- Collin County, TX (ADP 1012)
- **Fort Bend County, TX (ADP 900)**
- Hampton Roads, VA (ADP 1075)
- Lake County, FL (ADP 1150)
- Monterey County, CA (ADP 947)
- Polk County, IA (ADP 1100)
- Santa Barbara County, CA (ADP 1052)

Local Experience

Wellpath serves clients in 37 states; understanding the regional differences from state to state gives us a competitive edge. We currently provide quality care for over 4,000 patients in 6 counties throughout the State of Texas, including Fort Bend County. With Wellpath employees actively serving our Texas clients, **Wellpath has unmatched local resources** readily available to support the continued success of the County's medical program.

Our Texas clients include:

- Collin County
- **Fort Bend County**
- Kerr County
- Lubbock County
- Ellis County
- Hays County
- Montgomery County

Accreditation Experiencee

Wellpath’s program for the County will continue to meet or exceed community standards of care, as well as standards established by the National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA). Wellpath will continue to ensure that the Facility maintains full compliance with NCCHC and ACA standards. We have extensive experience achieving and maintaining NCCHC and ACA accreditation and will ensure that the County’s medical program maintains NCCHC accreditation for the duration of the contract.

Our accreditation history is well-documented: **Wellpath has neither failed to obtain nor lost medical accreditation at any of our client sites.** We conduct mock accreditation surveys before the actual on-site audit and we discuss our findings and recommendations with the on-site staff. Additionally, our internal quality improvement programs ensure our client facilities meet and maintain the applicable standards.



Client Accreditation Status

Wellpath currently provides healthcare services for approximately **203 facilities** accredited by the NCCHC and/or ACA. The following table summarizes our current accreditation status. We have provided a detailed list of these accredited facilities in **Attachment C. *Please note that this information is confidential and proprietary.***

Wellpath National Accreditations by the Numbers	
Accrediting Agency	Number of Facilities
NCCHC, ACA & CALEA (Triple Crown)	23
NCCHC & ACA	14
NCCHC Only	54
ACA Only	112
TOTAL	203

Unique Accreditation Perspective

Wellpath has strong connections to the NCCHC and ACA. Jay Cowan, MD, our Regional Medical Director for the Pennsylvania Department of Corrections, serves as the National Medical Association liaison for the NCCHC Board of Representatives. Charlene Donovan, PhD, RN, PMHNP-BC, Vice President of Psychiatry and Advanced Practice Program, was on the NCCHC committee that developed the Certified Correctional Health Professional-Mental Health (CCHP-MH) certification exam.

Wellpath has a unique perspective on the accreditation process due to our employees’ participation in the following NCCHC activities:

- Standards development
- Standards interpretation
- On-site accreditation surveys
- Training NCCHC lead surveyors

- Hosting and conducting Certified Correctional Health Professional (CCHP) exams to encourage advancement and professional certification of our employees
- Accreditation Resource Center (ARC)

Wellpath staff members attend the annual NCCHC conference each year for training. Wellpath staff members regularly serve as presenters and educational session leaders at the conference.

Current Clients

To illustrate our extensive experience in the field of correctional healthcare and to give the County the opportunity to review and validate our credentials, we have provided our comprehensive client list with detailed contract information in **Attachment D**. *Please note that this information is confidential and proprietary.*

Client Partner Retention

For each new contract, Wellpath tailors our healthcare delivery system to meet our partner's specific requirements and needs. We staff each site following NCCHC standards and state accreditation standards, as appropriate. We operate all of our programs at an appropriate level of care consistent with national standards for correctional healthcare and within the community. Each contract is overseen by a designated Regional Management Team, supported by Wellpath's Executive Leadership Team and Home Office.

Wellpath works diligently to maintain our current client partnerships by providing the highest quality of healthcare that is evidence-based and uses best practices. As an example of Wellpath's growth and retention, we believe the following best illustrates Wellpath's hands-on experience with our client partners. The following is our retention record for Local, State, and Federal Government contracts as of April 1, 2024:

- **30 + years** - 11 Partners
- **25-30 years** - 10 Partners
- **20-25 years** - 26 Partners
- **15-20 years** - 39 Partners
- **10-15 years** - 35 Partners
- **5-10 years** - 38 Partners

Former Clients

Wellpath has responsibly completed all projects under which we have been contracted. Where a contract exit was made before the original concluding date, we have worked diligently to ensure a transition to the new service provider. We recognize our responsibility to patient care in any such transition, and we faithfully perform to meet that commitment.

In **Attachment E**, we have provided a list of inactive contracts with explanations as to why each contract ended. *Please note that this information is confidential and proprietary.* Some contracts that terminated early were acquired with the purchase of other companies. The reasons for terminations typically and historically have revolved around smaller contracts that we elected to discontinue due to unacceptable risk. In every case, we exited under the contract terms.

5.1. References

Wellpath is dedicated to continuously improving our services and program offerings for the County and for every client we serve. We have selected the following client references that we believe can best communicate our strengths and our ability to continue meeting or exceeding your requirements and expectations for your medical program.

Collin County, TX	
Address	4300 Community Ave. McKinney, TX 75071
Contact Name	Asst. Chief Johnny Jaquess
Phone	972-547-5249
Email	jjaquess@co.collin.tx.us
Period of Performance	10/1/08 – Present
Accreditation	NCCHC
ADP	1012 Adults / 89 Juvenile
Transitioned from	NaphCare

Lubbock County, TX	
Address	3502 N. Holly Ave. Lubbock, TX 79403
Contact Name	Sheriff Kelly Rowe
Phone	806-775-1400
Email	krowe@co.lubbock.tx.us
Period of Performance	10/1/1994 – Present
Accreditation	N/A
ADP	1512 Adults / 128 Juvenile
Transitioned from	Self-Op

San Juan County, New Mexico	
Address	871 Andrea Dr. Farmington, NM 87401
Contact Name	Daniel Webb, Warden
Phone	505-566-4500
Email	dwebb@sjcounty.net
Period of Performance	7/1/17 – Present
Accreditation	N/A
ADP	698 adults; 27 juveniles
Transitioned from	Local provider

5.2. Litigation History and Financial Stability

Litigation History

Wellpath's litigation history is modest given today's litigious environment and the size of our business, which is directly reflective of the high standard of care we provide and the emphasis we place on quality care and effective risk management. Our collaborative and cross-functional team approach proactively identifies areas of risk before they can develop into serious problems, then works to eliminate and minimize those risks. This, coupled with stringent quality assurance and patient safety programs, enables Wellpath and our partner clients to mitigate negative outcomes and costly litigation. We view this as a major differentiator between Wellpath and other companies in our industry.

Wellpath has strong relationships with experienced defense counsel in the jurisdictions where we operate, as well as an in-house team of experienced claims managers, who partner to defend claims related to the provision of healthcare services. **The majority of lawsuits filed against Wellpath are pro se, where the plaintiff is not represented by legal counsel.** Most of these suits are filed by inmates in our prison population, who tend to be incarcerated for longer periods than those incarcerated in jails and detention centers. Nearly all of these cases are ultimately dismissed with no finding of liability against Wellpath. **More than 90% of all cases filed against Wellpath are dismissed with no payment by Wellpath or our partners.**

Bad clinical outcomes unfortunately happen in all healthcare situations and companies. Considering the eight million interactions we have each year with patients who are among the sickest, most fragile in any setting, bad outcomes are rare. Wellpath strives to provide quality care to every patient and invests in hiring, training, planning, and developing processes, policies, and procedures to achieve this important goal. But like any large healthcare system, Wellpath comprises committed, compassionate, well-trained, human beings—more than 16,000 of them—supported by our systems, processes, policies, and procedures. They do difficult work in challenging settings. In this, Wellpath is not alone.

Wellpath's dedicated healthcare providers focus daily on quickly assessing and treating patients under incredibly difficult circumstances. Our robust Continuous Quality Improvement (CQI) program and our membership in a national Patient Safety Organization (PSO) help us reduce and mitigate adverse patient outcomes. Citing the number of lawsuits filed against our company, without providing context as to our size and scope and the number of cases that actually result in a significant recovery, is a misleading indicator of the quality of our work.

Wellpath has no pending judicial or administrative proceedings material to our business or financial condition or our ability to perform the work requested in the RFP.

We have provided the requested litigation history in **Attachment F. Please note that this information is confidential and proprietary.**

Financial Stability

Built on a foundation of proven business practices and backed by a well-funded ownership group, Wellpath is an industry leader able to provide uninterrupted, consistent, and financially responsible programs for our clients. We retain the vast majority of our client agencies on a revenue basis year over year. This results in part from our commitment to patient care, technological innovation, and a continued investment in infrastructure designed to meet or exceed our clients' expectations.

On October 1, 2018, Correct Care Solutions Group Holdings, LLC (CCS) and Correctional Medical Group Companies, Inc. (CMGC) were combined under common ownership of an investment fund management by H.I.G. Capital, LLC to become Wellpath. In 2024, Wellpath expects to generate approximately \$2.25 billion in annualized revenue while generating positive operating cash flows. Wellpath has access to a \$65 million revolving credit facility to provide for ongoing liquidity needs, if necessary.

We have provided our most recent audited financial statements in the back binder pocket. ***Please note that this information is confidential and proprietary.***

6. Required Forms


COUNTY PURCHASING AGENT
Fort Bend County, Texas
Vendor Information

 Jaime Kovar
 Purchasing Agent

Office (281) 341-8640

Legal Company Name (top line of W9)	Wellpath LLC												
Business Name (if different from legal name)	N/A												
Type of Business	<input checked="" type="checkbox"/> Corporation/LLC <input type="checkbox"/> Sole Proprietor/Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt	Age in Business? 39										
Federal ID # or S.S. #	83-1316669	SAM.gov Unique Entity ID # JL99G1YPJKK9											
SAM.gov CAGE / NCAGE	509T5												
Publicly Traded Business	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ticker Symbol _____												
Remittance Address	P.O. Box 842750												
City/State/Zip	Dallas, TX 75284-2750												
Physical Address	3340 Perimeter Hill Drive												
City/State/Zip	Nashville, TN 37211												
Phone Number	800-592-2794												
E-mail	jroth@wellpath.us												
Contact Person	John Roth												
Check all that apply to the company listed above and provide certification number.	DBE-Disadvantaged Business Enterprise <input type="checkbox"/> SBE-Small Business Enterprise <input type="checkbox"/> HUB-Texas Historically Underutilized Business <input type="checkbox"/> WBE-Women's Business Enterprise <input type="checkbox"/>	Certification # _____ Certification # _____ Certification # _____ Certification # _____	<table border="1"> <thead> <tr> <th>Cert Date</th> <th>Exp Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Cert Date	Exp Date								
Cert Date	Exp Date												
Company's gross annual receipts	<\$500,000 _____ \$5,000,000-\$16,999,999 <u>W</u>	\$500,000-\$4,999,999 _____ \$17,000,000-\$22,399,999 _____	>\$22,400,000 _____										
NAICs codes (Please enter all that apply)	N/A												
Signature of Authorized Representative													
Printed Name	Justin Searle												
Title	President of Local Government												
Date	5/10/2024												

THIS FORM MUST BE SUBMITTED WITH THE SOLICITATION RESPONSE



Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Wellpath Holdings, Inc.

2 Business name/disregarded entity name, if different from above

Wellpath, LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

☐ Other (see instructions) ► _____

☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

3340 Perimeter Hill Drive

6 City, state, and ZIP code

Nashville, TN 37211

7 List account number(s) here (optional)

Requester's name and address (optional)

Remit to Address:

P.O. Box 842750

Dallas, Tx 75284-2750

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

8	3	-	1	3	1	6	6	6	9
---	---	---	---	---	---	---	---	---	---

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

8	3	-	1	3	1	6	6	6	9
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ► *[Signature]*

Date ► 1/23/24

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form W-9 (Rev. 10-2018)

Job No.: RFP 25-001

TAX FORM/DEBT/ RESIDENCE CERTIFICATION
(for Advertised Projects)

Taxpayer Identification Number (T.I.N.): 83-1316669

Company Name submitting Bid/Proposal: Wellpath LLC

Mailing Address: 3340 Perimeter Hill Drive, Nashville, TN 37211

Are you registered to do business in the State of Texas? ☒ Yes ☐ No

If you are an individual, list the names and addresses of any partnership of which you are a general partner or any assumed name(s) under which you operate your business

I. **Property:** List all taxable property in Fort Bend County owned by you or above partnerships as well as any d/b/a names. Include real and personal property as well as mineral interest accounts. (Use a second sheet of paper if necessary.)

<u>Fort Bend County Tax Acct. No.*</u>	<u>Property address or location**</u>
<u>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

* This is the property account identification number assigned by the Fort Bend County Appraisal District.

** For real property, specify the property address or legal description. For business personal property, specify the address where the property is located. For example, office equipment will normally be at your office, but inventory may be stored at a warehouse or other location.

II. **Fort Bend County Debt** - Do you owe any debts to Fort Bend County (taxes on properties listed in I above, tickets, fines, tolls, court judgments, etc.)?

Yes ☒ No ☐ If yes, attach a separate page explaining the debt.

III. **Residence Certification** - Pursuant to Texas Government Code §2252.001 *et seq.*, as amended, Fort Bend County requests Residence Certification. §2252.001 *et seq.* of the Government Code provides some restrictions on the awarding of governmental contracts; pertinent provisions of §2252.001 are stated below:

(3) "Nonresident bidder" refers to a person who is not a resident.

(4) "Resident bidder" refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

I certify that _____ is a Resident Bidder of Texas as defined in Government Code
[Company Name]
§2252.001.

☒ I certify that Wellpath LLC is a Nonresident Bidder as defined in Government Code
[Company Name]
§2252.001 and our principal place of business is Nashville, TN
[City and State]

Created 05/12



July 15, 2024

Captain Tim Chesser and Chief Norman Wong
Fort Bend County, Purchasing Department
301 Jackson Street, Suite 201
Richmond, Texas 77469

Wellpath appreciates your consideration of our proposal in response to RFP 25-001 Term Contract for Inmate Medical Services. We have taken our recent conversations regarding the Justice Readiness Initiative into consideration and have revised our budget. The revision represents a 0.3 FTE decrease in the Psychiatric Nurse Practitioner position and a 0.4 FTE increase in the Psychiatrist position. Our revised budget table and staffing matrix are provided below.

Revised Budget Table

Fort Bend County Annual Budget for fiscal year 2025,2026, and 2027			
	FY 2025	FY 2026	FY 2027
Salaries/ Wages/ Benefits	\$6,546,223	\$6,840,803	\$7,148,640
Professional Fees	\$33,161	\$34,653	\$36,212
Pharmaceuticals	\$734,847	\$767,915	\$802,471
Off-Site	\$945,783	\$988,343	\$1,032,818
Laboratory/ Other On-Site	\$302,431	\$316,040	\$330,262
Medical Supplies	\$66,093	\$69,067	\$72,175
Insurances	\$34,611	\$36,169	\$37,797
Administrative Supplies and Cost	\$60,280	\$62,993	\$65,828
Equipment/ Other Facility	\$50,626	\$52,904	\$55,285
Travel/ Site Visits	\$3,562	\$3,722	\$3,889
CorEMR	\$13,770	\$14,390	\$15,038
Civil Commitment Center Fees	\$47,344	\$49,474	\$51,700
Direct Expense	\$8,838,731	\$9,236,473	\$9,652,115
Management Fee	\$1,261,524	\$1,318,293	\$1,377,616
Total Annual Budget	\$10,100,255	\$10,554,766	\$11,029,731



Staffing Matrix

Wellpath Proposed Staffing Plan for Fort Bend County									
Position	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
Day Shift									
H.S.A. (RN)	8	8	8	8	8			40	1.00
Administrative Assistant	8	8	8	8	8			40	1.00
Medical Director	2	2	2	2	2			10	0.25
NP	8	8	8	8	8	8	8	56	1.40
DON	8	8	8	8	8			40	1.00
RN	36	36	36	36	36	36	36	252	6.30
LVN	36	36	36	36	36	36	36	252	6.30
LVN (Transport Nurse)	8	8	8	8	8			40	1.00
LVN Pharmacy Manager	8	8	8	8	8			40	1.00
Medical Records Clerk	8	8	8	8	8			40	1.00
Dentist	8	8	8	8	8			40	1.00
Dental Assistant	8	8	8	8	8			40	1.00
MHP	32	32	32	32	32	16	16	192	4.80
Psych Tech	24	24	24	24	24	24	24	168	4.20
Mental Health Coordinator	8	8	8	8	8			40	1.00
Discharge Case Manager	16	16	16	16	16			80	2.00
Psychiatrist	8	8	8	8	8			40	1.00
Psych NP	6		6					12	0.30
Total Hours/FTE – Day								1,422	35.55
Evening Shift									
MHP	8	8	8	8	8	6	6	52	1.30
LVN	12	12	12	12	12	12	12	84	2.10
Total Hours/FTE – Evening								136	3.40
Night Shift									
RN	24	24	24	24	24	24	24	168	4.20
LVN	36	36	36	36	36	36	36	252	6.30
Total Hours/FTE – Night								420	10.50
Weekly Total									
Total Hours/FTE per week								1,978	49.45

We appreciate the ability to serve Fort Bend County, the Sheriff's Office, and the Fort Bend County Jail and look forward to further discussing our proposal. Thank you for considering your continued partnership with Wellpath.

Sincerely,

Kesha Poland
Regional Vice President, West x Southwest
763-670-5374
kpoland@wellpath.us