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THIS AGREEMENT is made and 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 CORRECT CARE SOLUTIONS, LLC, hereinafter referred to as "CCS," a Kansas limited liability company authorized to conduct business in the State of Texas.

WHEREAS, County is charged by Texas law, by and through the County Sheriff, (hereinafter referred to as "Sheriff") with the responsibility of providing reasonably necessary medical care for inmates at the Fort Bend County Jail (hereinafter referred to as "Facility") which is under the supervision and control of the Sheriff or his designees; and,

WHEREAS, County issued a Request for Proposals No. 13-049 (hereinafter referred to as “RFP”) and CCS submitted a proposal in response to the RFP; and

WHEREAS, CCS is qualified to provide correctional health care services and CCS is interested in contracting with County for these services.

SECTION I INMATE HEALTH CARE SERVICES

Inmate Health Services Agreement
Correct Care Solutions, LLC - "CCS" – RFP 13-049
Page 1 of 118

Commission on Jail Standards (TCJS), The National Commission on Correctional Health Care (NCCHC), and American Correctional Association (ACA).

- 1.02 Scope of General Services. CCS shall perform services for the Facility as identified in County's RFP 13-049, as amended and incorporated by reference as if set forth herein verbatim for all purposes, and the proposal submitted by CCS in response to County's RFP 13-049, including any amendments submitted by CCS, all of which are incorporated by reference into this Agreement as if set forth herein verbatim for all purposes. County's RFP 13-049 identifies the scope and requirements of the portion of the services to be provided and performed at the Facility under this Agreement. Any ambiguity or conflict among these documents shall be resolved by applying the following Order of Preference: (1) This Agreement, including all schedules and amendments; (2) CCS's response to RFP 13-049, including all attachments and exhibits, partially included as Exhibit B; and (3) County's RFP 13-049, including all amendments and addenda thereto. This Order of Preference notwithstanding, the mere omission of any matter from a higher-order document shall not, as to that matter, negate or modify the provisions of a lower-order document.
- 1.03 The responsibility of CCS for medical care of an inmate commences with the legal commitment of the inmate into custody of the Sheriff (i.e. booking) and ends with the discharge of the inmate. CCS shall provide first responder health care services for all persons upon arrival at the Facility. CCS shall provide all professional medical, dental, psychiatric (excluding in-patient psychiatric hospitalization), and psychological, services, treat optical injuries and/or diseases (excluding 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 (TCJS), The National Commission on Correctional Health Care (NCCHC), and American Correctional Association (ACA), including but not limited to:
- A. Health screening of each inmate upon arrival at the Facility, including TB;
 - B. Dental screening and services;
 - C. Mental health evaluation and clinical services;
 - D. On-site emergency care;
 - E. Pharmacy services and management;
 - F. Sick Call: CCS shall provide inmate health services that are accessible and available through a sick call system, including referral to medical, dental, and mental health specialties. CCS shall conduct nurse sick call seven days a week, including all holidays. A physician shall be on-call 24 hours a day, seven days a week. Sick call requests shall be evaluated within 24 hours; if determined by CCS that the request is valid, inmates shall be seen at sick call within 48 hours of submission.
 - G. Dialysis treatment;
 - H. Medical Health Assessment for any inmate detained longer than 14 days; assessment to be conducted on or before 14th day of detainment.
 - I. Medical records management;
 - J. Infection control, including prevention, techniques, treatment and reporting of infections in accordance with local, state and federal laws, OSHA, and governing statutes.
 - K. Administrative support services; and

- L. Other services, all as more specifically described in this Agreement, the RFP and CCS's proposal.
 - M. CCS shall be responsible for TB skin tests for all (prospective) jail employees and annual TB skin testing of Facility employees, in accordance with local, state and federal guidelines.
 - N. CCS shall treat Facility employees and visitors for injuries and/or illnesses only in an emergency and upon request of the Sheriff/Designated Representative(s). CCS shall not provide prescription medication to Facility employees unless in conjunction with emergency treatment.
 - O. Subject to the requirements of Section 1.05, CCS shall arrange and bear the cost of hospitalization for all inmates at the Facility, who, in the opinion of CCS's treating physician and/or chief medical officer, requires hospitalization.
- 1.04 Specialty Services. In addition to providing the General Services described above in Section 1.03, CCS shall, at its own cost, provide to inmates at the Facility, special diagnostic medical services, including but not limited to, radiology, laboratory and EKG services to the extent such are determined to be medically necessary by CCS. Where other non-emergency specialty care is required and cannot be provided at the Facility by CCS, CCS shall make arrangements with the Facility Commander, or his designee, for the transportation of the inmate(s) in accordance with Section 1.05 of this Agreement.
- 1.05 Off-site Medical Care. County and CCS's goal is to provide the best possible health care for inmates at the Facility. CCS shall monitor all inmates sent off-site for medical care and shall ensure that appropriate care is rendered in a timely manner.
- A. Off-site costs are defined to mean all medical and dental services performed away from the Facility, including but not limited to hospitalization, emergency room visits, ambulance transportation expenses (including Life Flight type transportation) outpatient surgeries, outpatient physician consultations, specialist fees, dialysis and diagnostic services performed offsite for County inmates.
- 1.06 Exceptions to Treatment.
- A. 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.
 - B. CCS 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 CCS 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." CCS shall safeguard against payment of any invoices for "fit-for-jails" that are not authorized by County.
 - C. CCS 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.
 - D. CCS shall not be responsible for medical costs associated with the medical care of any infants born to inmates. CCS shall provide health care services to pregnant

inmates; however, health care services provided to an infant following birth will not be the responsibility of CCS. CCS shall not be responsible for the costs or furnishing any abortions, unless medically necessary as determined by CCS's treating physician and/or chief medical officer.

- E. CCS 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.
 - F. **Elective Medical Care.** CCS shall not be responsible for providing 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 CCS's medical director, cause the inmate's health to deteriorate or cause definite harm to the inmates well being. Such decisions concerning medical care shall be consistent with general NCCHC and ACA standards.
 - G. **Transportation Services.** To the extent any inmate requires off-site non-emergency health care treatment, the Sheriff/Designated Representative(s), shall, upon prior request from CCS, its agents, employees or contractors, provide transportation as reasonably available, provided that such transportation is scheduled in advance. With the exception of emergency ambulance services, County shall be financially responsible for all transportation costs.
- 1.07 **Third Party Reimbursement.** CCS shall seek and obtain from any inmate information concerning any sources of reimbursement including health insurance an inmate might have that will cover services provided by CCS hereunder. All third party remuneration that is recovered or credited because of any inmate third party source or entity, including without limitation, workers compensation insurance, commercial medical insurance, or local health care benefits or programs, will be credited to the County. CCS shall provide the County with monthly reports when such credits are to be applied.
- 1.08 **Affordable Care Act Coverage.** The Affordable Care Act will significantly change Medicaid eligibility criteria effective January 1, 2015. CCS will cooperate with County to have in place the mechanisms to access all provisions of the Act including access to matches and the enrollment of eligible inmates. The parties acknowledge and agree that CCS shall not be deemed to be an insurance company or other federally defined "payor" notwithstanding any provision herein.
- 1.09 **Medical Waste.** CCS shall arrange and bear the cost of removing and properly disposing of all medical waste generated under this Agreement in accordance with applicable state laws and OSHA standards.
- 1.10 **Accreditation.** CCS's services shall be designed to meet the standards promulgated/developed by the Texas Commission on Jail Standards (TCJS), The National Commission on Correctional Health Care (NCCHC), and American Correctional Association (ACA). CCS will cooperate fully with County in all efforts to maintain or obtain formal accreditation of the Facility's health care program. Any deficiency in CCS's performance of health care services under this Agreement resulting in notice from any regulatory or accrediting organization may constitute a material breach of this Agreement and shall be rectified immediately, provided that such breach is directly attributable to CCS, including CCS employees, agents, and subcontractors. Failure to rectify any such deficiency within a thirty (30) day cure period after written notice may

result in causing the Sheriff, in his sole discretion, to terminate this Agreement. This obligation of CCS shall include an audit of County's operation on an annual basis to determine areas of non-compliance with the above standards, providing written reports, on-site reviews, preparation of forms and applications and attendance at meetings as required for accreditation. CCS shall not be responsible for any requirements not under CCS's direct control or within the scope of CCS services pursuant to this Agreement.

- 1.11 Inmate and Staff Education. CCS 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. CCS 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. CCS will also work with the Sheriff to provide correctional staff with health care training as desired by the Sheriff and as CCS is able to accommodate without jeopardizing the quality of inmate care.
- 1.12 Medical Services Staff Education. CCS will require that its medical professional and para-professional staff receive all necessary and requisite legal and statutorily mandated in-service, annual or proficiency training and other such professional or para-professional education and training programs needed to provide current proficiency particular to medical discipline or specialty.
- 1.13 Inmate Grievances & Complaints. Inmate complaints or grievances regarding services under this Agreement shall be forwarded to CCS's Medical Director or designee who shall promptly review the complaint or grievance, gather all information concerning the complaint or grievance, and take appropriate action in accordance with the Sheriff's grievance procedures. CCS shall respond to all inmate complaints or grievances concerning services provided under this Agreement within seventy-two (72) hours of CCS's receipt of such complaint or grievance.
- 1.14 Utilization Review. CCS shall implement and operate a Utilization Review Program for the Sheriff, including but not limited to attempts to obtain status updates at least twice daily by CCS for any inmate who is hospitalized.
- 1.15 Comprehensive Quality Improvement. CCS 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 CCS 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 CCS and County, as those individuals are identified in Section II below, 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.
- 1.16 Medical Master Plan. Subject to the approval by the Sheriff, CCS shall maintain procedures for the delivery of medical services in the event of a disaster, including but not limited to fire, tornado, hurricane, epidemic, riot, strike or mass arrests. Such procedures

shall be maintained, modified and updated by CCS's Medical Director working closely with the Sheriff/Designated Representative(s).

- 1.17 Cooperation During Transition. CCS 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. Upon execution of this Agreement, CCS shall assemble a dedicated Transition Team to begin work identifying all tasks required to successfully execute a seamless changeover of services from a prior provider. CCS shall work within the time frame as determined by the Sheriff and will keep Sheriff's Designated Representative(s) updated on the progress of any transition through and beyond the term commencement until the transition is completed to ensure that contract requirements are met.

SECTION II PERSONNEL

- 2.01 Sheriff, Troy E. Nehls, designates Captain Jule Brownfield and Lt. Daniel Quam as "Designated Representative(s)" of the County with regard to the services performed under this Agreement. County will notify CCS in writing of any changes in Designated Representatives.
- 2.02 CCS hereby appoints Chris Bove, as "Designated Representative(s)" for County with regard to the services to be performed under this Agreement. CCS will notify County in writing of any changes in Designated Representatives.
- 2.03 Staffing. CCS 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 as described in and as required under this Agreement. The chart attached as Exhibit C includes the agreed upon staffing plan necessary and required by County to provide health care services required by the Facility for an inmate population of up to 1000. All persons (whether CCS employees or CCS contractors) providing services under this Agreement shall submit to a background investigation conducted by the Sheriff or Designated Representative(s). CCS shall provide information to County for all of CCS's prospective personnel at the Facility using the form attached as Exhibit D.
- 2.04 All CCS employees and contractors will wear identification badges at all times in a visible manner. CCS shall return all identification badges and/or visitor passes immediately after an employee, contractor, or any agent or representative of CCS's resignation, removal, termination, or re-assignment.
- 2.05 The staffing plan included as Exhibit C is based on the assumption that there will be an average of 1000 inmates on any day ("ADP"). In the event a sustained increase occurs for more than 30 days, County hereby agrees to compensate CCS for the additional services as detailed in Section 7.05 below.
- 2.06 In the event the ADP decreases to less than 750 inmates for a period of three (3) consecutive months, CCS shall propose a decrease in staffing.
- 2.07 Licensure, Certification and Registration of Personnel. All personnel provided or made available by CCS to provide services hereunder shall be licensed, certified or registered, as appropriate, in their respective areas of expertise as required by applicable Texas law.
- 2.08 Sheriff/Designated Representative(s) Satisfaction with CCS Personnel. In the event the Sheriff/Designated Representative(s) becomes dissatisfied with any health care personnel provided by CCS hereunder, or by any independent contractor, subcontractor or assignee of CCS, in recognition of the sensitive nature and security risk of correctional services, CCS, following receipt of written notice from the Sheriff/Designated Representative(s) of the grounds for such dissatisfaction and in consideration of the reasons for dissatisfaction,

- shall exercise its best efforts to resolve the dissatisfaction. In the event the remedy proposed by CCS is not satisfactory to the Sheriff/Designated Representative(s), CCS shall remove for cause any employee, independent contractor, subcontractor, or assignee from the Facility. In the event any CCS employee is determined to be acting with deliberate indifference to an inmate's health care needs or acting in any way that compromises the security of the Facility, said employee of CCS shall be immediately removed from the Facility and shall no longer be allowed at the Facility.
- 2.09 Use of Inmates in the Provision of Health Care Services. Inmates shall not be employed or otherwise engaged by either CCS or the Sheriff/Designated Representative(s) in the direct rendering of any health care services. Upon written approval of the Sheriff/Designated Representative(s), inmates may be used in positions not involving the rendering of health care services directly to inmates.
- 2.10 Subcontracting and Delegation. In order to discharge its obligations hereunder, CCS may engage certain health care professionals as independent contractors rather than as employees. The Sheriff/Designated Representative(s) shall conduct a background investigation and approve such professionals. Subject to the approval described herein, County consents to such subcontracting or delegation. However, CCS will not exercise control over the manner or means by which these independent contractors perform their professional medical duties. However, CCS shall exercise administrative supervision over such professionals necessary to ensure the strict fulfillment of the obligations contained in this Agreement.
- 2.11 CCS will require such independent contractors providing health care services to comply with the provisions of Section III below. CCS shall also require that such independent contractors agree to execute any supplemental agreement regarding the confidentiality or security of Protected Health Information (hereinafter "PHI") as required to comply or support County's compliance with applicable state or federal laws, rules, and/or regulations, including HIPAA.
- 2.12 For each agent and subcontractor, including all medical professionals, physicians, dentists and nurses performing duties as agents or independent contractors of CCS under this Agreement, CCS shall provide the Sheriff/Designated Representative(s) proof that there is in effect a professional liability or medical malpractice insurance policy, as applicable, in the amount of at least \$1,000,000 per occurrence and \$3,000,000 general aggregate.
- 2.13 Discrimination. During the performance of this Agreement, CCS and County, its employees, agents, subcontractors, and assignees agree as follows:
- A. None will discriminate against any applicant, candidate or employee on the basis of race, religion, color, gender or national origin, except where religion, gender or national origin is a bona fide occupational qualification reasonably necessary to the normal operation of the Facility. CCS and County shall post in conspicuous places, available to all employees and applicants, notices setting forth the provisions of this nondiscrimination clause.
 - B. In all solicitations and/or advertisements for employees or contractors of CCS for services at the Facility, all will state that CCS and County are an equal opportunity employer.
 - C. Notices, advertisements and solicitations placed in accordance with federal law, rule or regulation shall be deemed sufficient for the purposes of meeting the requirements of this section.

SECTION III REPORTS AND RECORDS

- 3.01 Electronic Medical Record. Included in CCS's base compensation as stated in Section 7.01, CCS shall maintain complete and accurate electronic medical records (hereinafter "EMR") for each inmate who receives health services at the Facility. For purposes of this Agreement, an EMR is a real-time transaction processing database of inmate medical information that includes, but is not limited to: (1) a clinical data repository, (2) clinical decision support, (3) controlled medical vocabulary, (4) order entry, (5) pharmacy, and (6) clinical documentation applications. The EMR shall be utilized by County and CCS to document, monitor, and manage health care delivery at the Facility. EMRs shall be maintained in accordance with applicable laws, NCCHC standards and County's policies and procedures. All data included in the EMR shall be the property of County and CCS shall be the custodian of data during the term of this Agreement; however, County shall have full access to all EMRs at all times. EMRs shall be kept separate from the inmate's confinement records and shall be kept confidential.
- 3.02 HIPAA Compliance. CCS acknowledges that the services provided under this Agreement are subject to state and federal laws, rules and regulations relating to, among other subjects, the confidentiality or security of patient/inmate information, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations hereunder as may be amended from time to time. CCS will at all times comply and require that any subcontractor comply with all applicable provisions of such laws, regulations and policies.
- A. CCS acknowledges that the County may be a "covered entity" as that term is defined in HIPAA since it is a correctional institution. In order to comply with HIPAA, County and CCS agree to execute any supplemental agreement regarding confidentiality or security of Protected Health Information ("PHI"), as required to comply or support County's compliance with state or federal laws, rules or regulations. For purposes of this Agreement, PHI shall mean individually identifiable information as defined by the Standards for Privacy of Individually Identifiable Health Information, 45 CFR §§160 and 164.
- 3.03 At no cost to County, CCS shall continue the current utilization of CorEMR at the Facility, including the existing software, hardware and technology interface with the Facility management system.
- 3.04 Upon termination of this Agreement, CCS shall provide County with all data and information contained in all EMRs for past and current inmates in a mutually agreeable format. CCS shall be allotted thirty (30) business days to provide the information to County in the format requested by County.
- 3.05 Regular Reports by CCS. CCS shall provide to the Sheriff/Designated Representative(s) on a date and in the form mutually acceptable to CCS and the Sheriff/Designated Representative(s), monthly and annual reports included in Section 31.1.5 of RFP 13-049, as well as monthly and annual staffing reports and pharmacy utilization reports. CCS shall also provide customized reports, as requested by County.

SECTION IV SECURITY

- 4.01 General. CCS understands and agrees that the highest level of security is necessary for the safety of the agents, employees, contractors and subcontractors of CCS, as well as for the security of inmates and the Facility personnel. The Sheriff/Designated Representative(s) shall provide security sufficient to enable CCS to safely and adequately provide the health care services described in this Agreement. Nothing herein shall be construed to make the Sheriff/Designated Representative(s), his deputies or employees, or

County, a guarantor of the safety CCS's employees, agents, contractors, and subcontractors, including their employees. CCS and County shall develop procedures and shall provide a monthly report to Sheriff's Designated Representative whereby all medical supplies and equipment utilized at the Facility are tracked and inventoried to guard against any security breaches at the Facility.

- 4.02 Loss of Equipment and Supplies. Neither County nor the Sheriff/Designated Representative(s) shall be responsible for any loss or damage to any equipment or supplies of CCS, its agents, employees or subcontractors, unless such loss or damage is caused by the negligence of the Sheriff/Designated Representative(s) or his employees. CCS shall immediately report any and all lost items to the Sheriff/ Designated Representative(s).
- 4.03 Security During Transportation Off-Site. The Sheriff/Designated Representative(s) shall provide security as necessary and appropriate in connection with the transportation of any inmate between the Facility and any other location for off-site services.

SECTION V OFFICE SPACE, EQUIPMENT, INVENTORY AND SUPPLIES

- 5.01 General. The Sheriff/Designated Representative(s) agrees to provide CCS with usage of the office space, office furniture, medical facilities and equipment at the Facility at the time this Agreement is executed. County shall also provide all utilities at the Facility (including local and long distance telephone calls.) The Sheriff/Designated Representative(s) will provide necessary maintenance and housekeeping of the office space and facilities. CCS agrees it has inspected the Facility, medical office space, facilities and equipment and that such space, office furniture and facilities are sufficient for its agents, employees and subcontractors to perform all of the obligations required under this Agreement. Copier/paper and toner shall be the responsibility of CCS. The Sheriff/Designated Representative(s) shall inspect all office furniture and equipment CCS desires to provide at the Facility to ensure it complies with all safety and security protocols. All office furniture and equipment supplied by CCS and not purchased in accordance with Section 5.02 below will remain the property of CCS.
- 5.02 Medical Supplies/Equipment. CCS shall be responsible for the cost of all medical supplies required to provide services under this Agreement. CCS shall maintain all equipment, whether owned by CCS or County, necessary for the performance of this Agreement by CCS in working order during the term of this Agreement. Based on input from CCS, the Sheriff will submit an annual budget for capital equipment items with a value in excess of \$5000, necessary to provide health care services at the Facility. CCS, at its sole expense, shall purchase medical and office equipment needed to perform services pursuant to this Agreement with an individual item cost of \$5000 or less. Upon termination of this Agreement, after expiration of the initial term, all equipment purchased by CCS shall become the property of County. CCS warrants and represents that the quality and quantity of supplies at the Facility will be sufficient to enable CCS to perform its obligations hereunder, barring a significant deviation from standard usage (e.g. riot).
- 5.03 Delivery of Possession. County shall provide CCS possession and control of all supplies, medical equipment and office equipment in place at the Facility's health care unit. At termination of this Agreement, CCS will return to County possession and control of all supplies, medical equipment, in working order, reasonable wear and tear excepted, which are in place at the Facility during the term of this Agreement. Upon termination of this

Agreement, CCS shall be allotted thirty (30) calendar days to retrieve all office supplies, furniture and equipment that CCS brought into the Facility.

SECTION VI TERM AND TERMINATION

- 6.01 Term. This Agreement shall commence on at 12:00 a.m. on October 1, 2013. The initial term of this Agreement shall be for twenty-four (24) months, ending at 11:59 p.m. on September 30, 2015, and may be extended for four (4) one (1) year renewal periods, upon mutual agreement of the parties.
- 6.02 Termination. This Agreement may be terminated as otherwise provided in this Agreement or as follows:
- A. Termination by Agreement. In the event that each party mutually agrees in writing, this Agreement may be terminated on the terms and date stipulated therein.
 - B. Termination With or Without Cause. This Agreement may be terminated, with or without cause, by either party upon ninety (90) days' prior written notice in accordance with the notice provisions of Section IX of this Agreement. If terminated for breach of any material obligations of this Agreement, the party alleging the default shall provide thirty (30) days written notice to the other party, stating in detail the nature of the default and what is needed to cure the default. The defaulting party shall have thirty (30) days from the date of receipt of written notice of default to cure. If the default is not cured within that period, the Party alleging the default may proceed to exercise its rights to terminate.
 - C. Annual Appropriations and Funding. This Agreement may be subject to the annual appropriation of funds by the Fort Bend County Commissioners Court. Notwithstanding any provision herein to the contrary, if funds are not appropriated for this Agreement, County and CCS shall be entitled to immediately terminate this Agreement without penalty or liability.
- 6.03 Responsibility for Inmate Health Care. Upon termination of this Agreement, all responsibility for providing health care services to all inmates, including inmates receiving health care services at sites outside the Facility will be transferred from CCS to the Sheriff.
- 6.04 Owner of Documents upon Termination. Upon termination of this Agreement, all finished or unfinished documents, studies, reports, correspondence, or other products prepared by CCS specifically for County shall become the exclusive property of County.

SECTION VII COMPENSATION

- 7.01 Base Compensation: October 1, 2013 to September 30, 2014. For services provided in the Agreement, County shall pay CCS the base price sum of \$280,060.66 per month until 11:59 p.m. on September 30, 2014, which includes both an operating budget and management fee to be paid to CCS consistent with Exhibit E.
- 7.02 Base Compensation: October 1, 2014 to September 30, 2015. For services provided in the Agreement, County shall pay CCS the base price sum of \$286,814.25 per month,

commencing 12:00 a.m. on October 1, 2014 until 11:59 p.m. on September 30, 2015, which includes both an operating budget and management fee to be paid to CCS consistent with Exhibit E.

- 7.03 CCS shall invoice County on the 1st day of the month of the month in which services are to be provided and County agrees to pay CCS within thirty (30) days of receipt of such invoice from CCS. In the event this Agreement shall commence or terminate on a date other than the first or last day of any calendar month, compensation to CCS shall be prorated accordingly for the modified month.
- A. Pharmacy Program. CCS shall provide monitoring of pharmacy usage. Except as provided below, CCS shall bear the cost of all prescription and non-prescription over-the-counter medications prescribed by a CCS physician for the inmate population. Prescribing, dispensing and administering of medication shall comply with all state and federal laws and regulations and all medication shall be dispensed under the supervision of a duly authorized, appropriately licensed or certified health care provider
- 7.04 Annually, a reconciliation will occur comparing actual costs to budgeted costs as detailed on Exhibit E. Any costs below or above the annual budget will be split equally (50-50) between the County and CCS up to \$120,000. Should actual costs vary by more than \$120,000 versus the budget, CCS will issue a debit or credit to the County within 120 days of the contract year ending. CCS will provide monthly financials which detail all expenditures and provide a comparison to budgeted amounts.
- 7.05 Increase in Inmate Population. The parties agree that the annual base price is calculated based on an average daily inmate population of up to 1000. In the event there is an increase for the duration of thirty (30) days or more, CCS and County hereby agree to renegotiate the contract price due to CCS in order to allow CCS to continue to provide services to the increased number of inmates while maintaining the quality of care.
- 7.06 Change in Standard of Care or Scope of Services. The compensation under this Agreement reflects the Scope of Services outlined collectively in this Agreement, the RFP, CCS's proposal and the current community standard of care with regard to health care services. In the event of any change or modification in the standards of care (i.e. change in HIV/AIDS therapy, Hepatitis B therapy, etc.) or the Scope of Services, either party may request renegotiation of the costs related to such change or modification. If the parties are unable to reach a mutual agreement within thirty (30) calendar days for either party's written request to negotiate, either party may terminate this Agreement by providing the party with notice to cancel as set forth in Section VI.
- 7.07 Inmates from other Jurisdictions. Medical care rendered within the Facility to inmates from other jurisdictions housed at the Facility pursuant to agreements between County and other jurisdictions shall be the responsibility of CCS. Medical care that cannot be provided at the Facility will be arranged by CCS; however CCS shall have no financial responsibility for such services off-site from the Facility.
- 7.08 Failure to Perform/Reimbursement.
- A. For any services required by CCS under this Agreement that are not performed within time specified herein, CCS shall incur a penalty as provided below, the amount of which shall be deducted from the monthly payment due to CCS under Section 7.01:

Category	Time limit	Penalty	Accrual
Intake screening, including TB, and mental health	6 hours of booking	\$100	Per inmate/per occurrence
Health Assessment, including mental health assessment and oral screening	14 days from booking	\$100	Per inmate/per occurrence
Sick Call Triage	24 hours	\$100	Per inmate/per occurrence
Sick Call Clinic	48 hours of referral	\$100	Per inmate/per occurrence
TB Follow-up	7 days from booking	\$100	Per inmate/per occurrence
Periodic Health Assessment	12 months from booking	\$100	Per inmate/per occurrence
Chronic Care Clinic	90 days from booking	\$100	Per inmate/per occurrence
Inmate complaint/grievance	72 hours	\$100	Per inmate/per occurrence
Accreditation Status	Loss of or Failure to obtain	\$10,000	Per occurrence

- B. In the event CCS incurs no recurring penalties, defined as penalties from the same category in any consecutive month within the first six (6) months of this Agreement, the penalties identified in Section 7.08A above shall be reduced by half. In the event CCS incurs no recurring penalties after the first twelve (12) months of this Agreement, the penalties identified in this Section 7.08A shall be eliminated and shall not be applied thereafter.
- C. No penalty shall be assessed until County and CCS have had the opportunity to discuss the deficiency in service(s). In the event CCS is able to substantiate that the deficiency is outside of CCS's control, no penalty shall be assessed.
- D. No penalties will be enforced in the first month of this Agreement although such will be tracked and reported to the County.

SECTION VIII LIABILITY AND RISK MANAGEMENT

- 8.01 Insurance. CCS shall obtain and maintain, throughout the term of the Agreement, insurance of the types and in the minimum amounts set forth below.
- 8.02 CCS shall furnish certificates of insurance to County evidencing compliance with the insurance requirements hereof. Certificates shall indicate name of CCS, name of insurance company, policy number, and term of coverage and limits of coverage. Contractor shall obtain such insurance from such companies having Bests rating of A- 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:
 - A. Workers' Compensation in accordance with the laws of the State of Texas. Substitutes to genuine Workers' Compensation Insurance will not be allowed.
 - B. Commercial sgeneral 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.

- C. Business Automobile Liability insurance with a combined Bodily Injury/Property Damage limit of not less than \$100,000 each accident and \$300,000 in the annual aggregate. The policy shall cover liability arising from the operation of licensed vehicles by policyholder.
 - D. Professional Liability insurance with limits not less than \$1,000,000.
 - E. 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.
- 8.03 All Liability insurance policies shall name Fort Bend County as an additional insured. Furthermore, the Workers' Compensation and Liability Insurance carriers shall grant a waiver of subrogation in Fort Bend County's favor.
- 8.04 If required coverage is written on a claims-made basis, CCS warrants that any retroactive date applicable to coverage under the policy precedes the effective date of this Agreement and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning from the time the work under this Agreement is completed.
- 8.05 CCS 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 County.
- 8.06 Approval of the insurance by County shall not relieve or decrease the liability of the Contractor.
- 8.07 Lawsuits Against County, Sheriff or Designated Representative(s). In the event any lawsuit is filed against either the Sheriff, Designated Representative(s) or County, its elected officials, employees and/or agents based on or containing allegations concerning medical care of inmates or on the performance of CCS's employees, agents, contractors, subcontractors or assignees, the parties agree that CCS, its employees, agents, contractors, subcontractors, assignees or independent contractors, as the case may be, may be joined as defendants in any such lawsuit and shall be responsible for their own defense and any judgments rendered against them. Nothing herein shall prohibit any of the parties to this Agreement from joining the remaining parties hereto as defendants in lawsuits filed by third parties.
- 8.08 Hold Harmless and Indemnification. CCS agrees to hold harmless County, its agents and employees from any and all claims, actions, lawsuits, damages, judgments or liabilities of any kind whatsoever arising out of the operation and maintenance of the aforesaid program of health care services as conducted by CCS, its employees or agents, it being the express understanding of the parties hereto that CCS shall provide the actual health care services, and have complete responsibility for such health care services provided by its employees and agents and any lawsuit arising solely out of such delivery of healthcare. The Sheriff/Designated Representative(s) shall immediately notify CCS of any incident, claim or lawsuit of which the Sheriff/Designated Representative(s) becomes aware and shall fully cooperate in the defense of such claim; however, CCS shall retain sole control of the defense while the action is pending.

SECTION IX
NOTICE

- 9.01 Any notice required to be given under the provisions of this Agreement shall be in writing and shall be duly served when it shall have been deposited, enclosed in a wrapper with the proper postage prepaid thereon, and duly registered or certified, return receipt requested, in a United States Post Office, addressed to County or CCS at the addresses set forth below.
- 9.02 If mailed, any notice or communication shall be deemed to be received three days after the date of deposit in the United States Mail.
- 9.03 Unless otherwise provided in this Agreement, all notices shall be delivered to the following addresses:
- A. If to CCS:

Patrick Cumiskey
Executive Vice President
Correct Care Solutions, LLC
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217

- B. If to County:

Sheriff Troy E. Nehls
1410 Williams Way Blvd.
Richmond, Texas 77469

Fort Bend County Purchasing Department
Gilbert D. Jalomo, Jr., CPPB
301 Jackson
Richmond, Texas 77469

- 9.04 Either party may designate a different address by giving the other party ten (10) days' written notice.

SECTION X
PUBLIC CONTACT

Under no circumstances, whatsoever, shall CCS release any material or information developed or received in the performance of its services hereunder without the express written permission of County, except where required to do so by law.

SECTION XI
MODIFICATIONS

This instrument contains the entire Agreement between the parties relating to the rights herein granted and obligations herein assumed. Any oral or written representations or modifications concerning this instrument shall be of no force and effect excepting a subsequent written modification signed by both parties hereto.

SECTION XII
MISCELLANEOUS

- 12.01 Independent Contractor Status. The parties acknowledge that CCS is an independent contractor. Nothing in this Agreement is intended, nor shall be construed to create an agency relationship, an employer/employee relationship, or a joint venture relationship among the parties.
- 12.02 Assignments and Subcontracting. Except as provided in Section 2.11, CCS shall not assign this Agreement or any of its rights or obligations under this Agreement to any other entity without the express written consent of County.
- 12.03 Governing Law. This Agreement and the rights and obligations of the parties hereto shall be governed by and construed according to the laws of the State of Texas.
- 12.04 Waiver of Breach. The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach of the same or other provision hereof.
- 12.05 Other Contracts and Third Party Beneficiaries. The parties agree that they have not entered into this Agreement for the benefit of any third person or persons, and that it is their express intention that the Agreement is intended to be for their respective benefit only and not for the benefit of any non-party who might otherwise claim to be deemed to constitute third party beneficiaries hereof.
- 12.06 Severability. In the event any provision of this Agreement is held to be unenforceable for any reason, the unenforceability thereof shall not affect the remainder of the Agreement, which shall remain in full force and effect.
- 12.07 Force Majeure. Neither party shall be held responsible for any delay or failure in performance, other than payment obligations, to the extent that such delay or failure is caused by fire, riot, flood, explosion, war, strike, embargo, government regulation, civil or military authority, act of God, acts or omissions of carriers or other similar causes beyond the party's control.
- 12.08 Effect of this Agreement. This Agreement, including all attachments, schedules and exhibits, constitutes the complete understanding between the parties with respect to the terms and conditions set forth herein and supersede all previous written or oral agreements and representations, if any. This Agreement may only be modified in a writing that expressly references this Agreement and is executed by both parties hereto.
- 12.09 Survival. The provisions of this Agreement pertaining to obligations to pay for services rendered pursuant to this Agreement, including CCS's obligation to refund and/or credit County, shall survive termination of this Agreement.
- 12.10 Confidentiality. It is understood that in the course of the engagement established under this Agreement, each party may learn of or obtain copies of confidential or proprietary software, systems, manuals, documents, protocols, procedures, or other materials developed by or belonging to the other party, and not generally available to the public (hereinafter referred to as "Confidential Information.") All Confidential Information shall be and remain the property of the party originally having ownership thereof. Neither party will, without the express written consent of the other party, use the Confidential Information of the other party, except as expressly contemplated by this Agreement and the receiving party shall cease all use of the other party's Confidential Information upon

termination or expiration of this Agreement. Except as required by law or legal process, each party shall maintain the confidentiality of the Confidential Information provided hereunder, and shall not disclose such information to third parties. This provision shall survive the termination or expiration of this Agreement.

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SECTION XIII
EXECUTION

IN TESTIMONY AND WITNESS OF WHICH this Agreement has been executed in duplicate originals as follows:

FORT BEND COUNTY:

Robert E. Hebert
Robert E. Hebert, County Judge

7-23-13
Date

Attest:

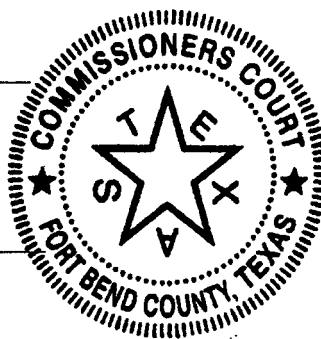
Dianne Wilson
Dianne Wilson, County Clerk

Approved:

Troy E. Nehls
Troy E. Nehls, Fort Bend County Sheriff

Correct Care Solutions, LLC
Correct Care Solutions, LLC

Robert Commission
Robert Commission



7-23-13
Date

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$3,420,728.00 per year to pay the obligation of Fort Bend County under this Agreement.

Ed Sturdivant
Ed Sturdivant, County Auditor

Attachments:

- Exhibit A: Sections 24.0 – 31.7 of County's RFP 13-049
- Exhibit B: CCS's Response to RFP 13-049, including all amendments and addenda thereto (complete response not included as Exhibit B);
- Exhibit C: Staffing Plan;
- Exhibit D: County's Criminal/Drive History Consent Form
- Exhibit E: Budget

Exhibit A
Sections 24.0 – 31.7 of County's RFP 13-049

Fort Bend County RFP 13-049

- 23.5 The provision by Respondent of insurance shall not limit the liability of Respondent under an agreement.
- 23.6 Respondent shall cause all subrespondents who may have a contract to perform services under this request, to agree to indemnify Fort Bend County and to hold it harmless from all claims for bodily injury and property damage that arise may from said Respondent's operations. Such provisions shall be in form satisfactory to Fort Bend County.
- 23.7 Loss Deduction Clause - Fort Bend County shall be exempt from, and in no way liable for, any sums of money which may represent a deductible in any insurance policy. The payment of deductibles shall be the sole responsibility of Respondent and/or trade respondent providing such insurance.

24.0 SCOPE OF WORK:

Respondent shall be the sole supplier and coordinator of the health care delivery system at the Fort Bend County Sheriff's Office. Respondent shall be responsible for all medical care of all adult inmates including Work Release inmates. The term "Medical Care" includes but is not limited to "Mental Health Services" and "Dental Care." This responsibility of Respondent for the medical care of an inmate commences with the commitment of the inmate to the custody of the Facility and ends with the release of the inmate. For the purposes of this RFP the Average Daily Population (ADP) is 900.

25.0 OBJECTIVES:

- 25.1 To provide data necessary for the evaluation of competitive proposals submitted by qualified firms.
- 25.2 To provide a fair method for analyzing submitted proposals.
- 25.3 To result in a contract between the successful Respondent (unless all proposals are rejected) and County that will provide:
 - 25.3.1 Quality health services for inmates in custody and control of the Sheriff.
 - 25.3.2 Development and implementation of a health care plan with clear objectives, policies and procedures, and with a process of documenting ongoing achievement of contract obligations.
 - 25.3.3 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.
 - 25.3.4 Administrative leadership that provides for both cost accountability and responsiveness to the contract administrator.

***Amended 04/01/13**

- 25.3.5 Assurance that required federal, state and local requirements and standards of care are met.
- 25.3.6 Continuing education for staff.
- 25.3.7 A health care system that is operated in such a way that is respectful of inmate rights to basic health care.
- 25.3.8 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

***26.0 BACKGROUND:**

The Facility is located in Richmond, Texas at 1410 Williams Way, Richmond, Texas. The Facility opened in 1994 with a design capacity of 763 beds. Since that time we have increased the rated capacity to 1771 beds, with the addition of a 1008 bed Direct Supervision facility opened in July 2009. The 1994 facility is best described as a podular, remote surveillance facility. The original facility consists of one 7 story tower and an attached one story building. Current 20 beds occupied for Work Release program (Weekenders). The new 9 story tower increased Weekender beds to 72. Medical care for Work Release inmates is generally limited to emergency care while the inmates are on site. The current Average Daily Population (ADP) is *892

27.0 EXISTING MEDICAL UNIT:

The existing Medical Unit contains 38 inmate cells with sink and toilet, 4 of which are equipped as a reverse air flow room. The remaining space is allocated as follows:

- 1 Health Services Administrator office
- 1 Secretarial office with records storage
- 3 Exam Rooms
- 1 Dental
- 2 Nursing work station
- 1 Mental health staff office
- 1 Tub shower bathroom for inmates in infirmary area
- 3 Showers in special needs 24 bed dorm
- 4 Showers in negative pressure rooms
- 2 Staff toilet
- 1 Pharmacy
- 1 physician's office
- 1 Nurse's Office
- 1 Staff break room
- 1 staff locker room

28.0 STATISTICAL DATA:

See Attachments 1 – 6

29.0 MINIMUM QUALIFICATIONS:

To be considered for award of this contract, the Respondent must meet the following minimum qualifications:

- 29.1 The Respondent must be organized for the sole purpose of providing health care services, and have previous experience with proven effectiveness in administering correctional health care programs.
- 29.2 The Respondent must have at least five (5) continuous years of corporate experience in providing health care services at correctional facilities and have at least three (3) current contracts with separate agencies with correctional facilities of similar size or layout to the Facility. Emphasis will be placed on those referenced correctional facilities in the State of Texas.
- 29.3 The Respondent must operate in accordance with National Commission on Correctional Health Care (NCCHC) standards, American Correctional Association (ACA) standards and Texas Commission on Jail Standards.
- 29.4 The Respondent must demonstrate its ability to provide a health care system specifically for the Facility. It must demonstrate that it has the ability for a thirty (30) day start-up, that it has a proven system of recruiting staff, and that it has an adequate support staff in its central office capable of competently supervising and monitoring its operations in the County.
- 29.5 The proposal must include a company history, current corporate structure and resumes of the following executive positions, including any relevant executive positions of affiliated companies.
 - 29.5.1 Chief Executive and Chief Operating Officer.
 - 29.5.2 Executive Vice President.
 - 29.5.3 Area Vice President and/or Regional Manager/Supervisor with direct responsibility for contractual oversight and supervision of site Health Services Administrator.
 - 29.5.4 Corporate Medical Director and/or Regional Medical Director with direct clinical oversight of the site Medical Director/site providers.

- 29.5.5 Site Medical Director (Exact on-site staff may not be known at time of proposal submittal and actual candidates will require pre-approval by the County).
- 29.5.6 Utilization Manager Case Manager UM contractor assigned to the site.
- 29.5.7 Site Health Service Administrator (H.S.A). Exact on-site staff may not be known at time of proposal submittal and actual candidates will require pre-approval by the County.
- 29.6 The proposal must include the following contractual and legal action history for the past two (2) years, including history of any affiliated companies.
 - 29.6.1 List and explain in detail all contracts that have been terminated or cancelled prior to contract expiration, and include the reason for each.
 - 29.6.2 List and explain in detail all litigation claims for payments not made for off-site hospital care, whether open, closed and/or settled.
 - 29.6.3 List and explain in detail all lawsuits involving inmates that were settled and/or in which judgment was made against the proposing company or affiliated companies.

30.0 MANDATORY REQUIREMENTS:

Proposals need not be in any particular form. All proposals, however, must contain the following specific information:

- 30.1 All proposals must contain sufficient information concerning the programs for the County to evaluate whether the Respondent meets "minimum qualifications" for all Respondents.
- 30.2 All proposals must demonstrate that the Respondent has the willingness and ability to comply with the scope of contract, mandatory requirements, specifications and program requirements, and in particular, the most current Standards for Health services in Jails, established by the National Commission on Correctional Health Care, American Correctional Association and Texas Commission on Jail Standards.
- 30.3 Additionally:
 - 30.3.1 All proposals must list by name, address, phone and Contract Administrator of all correctional institutions where Respondent is providing medical care and the length of time that each contract has been in effect.
 - 30.3.2 All proposals must list by name, address, phone and Contract Administrator

for each correctional institution where proposer has obtained/retained an accreditation of the National Commission on Correctional Health Care or other recognized body

- 30.3.3 All proposals must list by name, address, phone and Contract Administrator all correctional institutions where proposer has terminated services, been terminated or lost a re-bid as the incumbent
- 30.4 All proposals must contain a letter of intent from an insurance company authorized to do business in the State of Texas stating its willingness to insure the Respondent pursuant to the terms of the contract.

31.0 SPECIFICATIONS AND PROGRAM REQUIREMENTS:

31.1 Administrative Requirements:

- 31.1.1 A singular designated Site Medical Director with responsibility for assuring the appropriateness and adequacy of inmate health. The proposal should address what the Site Medical Director's responsibilities will be in regards to: In Service Training, Quality Assurance and Recruitment. The proposal should also address what part of on-site time provided by the Site Medical Director will be committed to Administrative Duties, Direct Care, and Involvement in Quality Assurance
- 31.1.2 A full-time on-site Health Services Administrator shall be provided who shall have the general responsibility for the successful delivery of health care pursuant to this solicitation and final contract. The Respondent shall indicate the qualifications of as well as the range and scope of the responsibilities and activities of this position.
- 31.1.3 The Respondent shall, upon request, provide to the County proof of licenses and/or certificates for all professional staff. In addition, malpractice insurance must be on file for all physicians and Nurse Practitioners/Physician Assistants, and other employees, if applicable.
- 31.1.4 Copies of staffing schedules encompassing all health care staff are to be submitted to the head nurse at the Facility, hereinafter referred to as "Contract Administrator" on the fifteenth of each month for the upcoming month. Daily Updates should be supplied if there are changes.
- 31.1.5 Monthly and daily statistics will be required as follows:
 - 31.1.5.1 A statistical report with narrative on noteworthy accomplishments or events will be due on the fifth calendar day of each month to the Contract Administrator that

includes, but is not limited to, the following

Inmates seen at sick call
Inmates seen by physician
Inmates seen by dentist
Inmates seen by psychiatrist
Medical specialty consultation referrals
Off-site hospital admissions
Emergency Room visits
Infirmiry admissions, patient days, average length of stay
Intake medical screening
Fourteen (14) day physicals
Lab Work
MHMR active care list

- 31.1.5.2 A report of the previous twenty-four (24) hours that captures but is not limited to, the following data. This report shall be submitted to the Contract Administrator on a daily basis.

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 jail infirmary
Submit completed medical incident report copies

- 31.1.5.3 Utilization tracking, analysis and reporting

Volume trends (visits by Week/Month)
Volume by visit Type (primary and urgent Care)
Inmate visit distribution by gender and age group
Referrals by type (diagnostic, specialty)
Top 10 medical services by CPT, ICD9 and prescribed medications

- 31.1.6 Grievances shall be monitored to detect areas of concern. Inmate grievances shall be documented on a log and a response shall be prepared within three working days of receipt. Completed responses will be returned to the inmate through the Contract Administrator.
- 31.1.7 The establishment of a comprehensive quality improvement activity that will monitor the health services provided.
- 31.1.8 The establishment of an infection control activity that monitors the incidence of infectious and communicable diseases, seeks to prevent their incidence and

spread, and provides for the care and treatment of inmates so infected. *Texas Notifiable Conditions* (reportable infectious diseases – confirmed and suspected) must be reported to Fort Bend County Health & Human Services at: 281-342-6414; Fax: 281-342-7371; emailreporting@co.fort-bend.tx.us, after hours or emergency page: 281-434-6494

31.1.9 The Respondent shall, in times of emergency or threat thereof, whether accidental, natural or man-made, provide medical assistance to the County Sheriff's Office to the extent or degree required by County Sheriff's Office policies and procedures.

31.2 Personnel requirements:

31.2.1 Adequate health care personnel required to provide those services listed in this RFP must be provided. Proposals must show a complete and detailed staffing arrangement, by degree of competency, which shall provide adequate support for the operation of the health care program. Staffing plans are to include showing the total number of employees full-time (40 hours per week on site) and part-time; position titles and license certification; total number and positions per shift and on holidays. Proposal must include adequate health care personnel for twenty-four (24) hours, seven (7) days per week inmate health services. No more than 10% of Nursing Staff may be outsourced by Respondent. Respondent will make every effort to give existing onsite employees full consideration for employment in order to provide a continuity of care to utilize their experience and knowledge of our facility and operations.

31.2.2 Physician services must be sufficient to provide the required needs of the inmates and assure medical evaluation follow up within twenty four (24) hours of post nursing triage referral (including weekends and holidays). In addition, twenty-four (24) hour physician on-call services with the availability for consultation and the ability to meet the on-site needs are required. A pager service shall be utilized and specified. Telemedicine is an option.

31.2.3 Nursing services must be available to provide for the following:

- 31.2.3.1 Medical unit coverage at all times including medication round time periods;
- 31.2.3.2 24 hour intake screening including medical history forms on all inmates at the time of admission;
- 31.2.3.3 Health Assessments on all inmates within fourteen (14) days after booking;

- 31.2.3.4 Medications as prescribed
- 31.2.3.5 Sick call triage and follow-up on a daily basis to include weekends and holidays;
- 31.2.3.6 Appropriate and timely response to medical needs and emergencies; and
- 31.2.3.7 Physician support services
- 31.2.4 The Respondent shall provide sufficient clerical staff to support the medical contract
- 31.2.5 The County Sheriff or his designee may request replacement of any Respondent personnel believed unable to carry out the responsibilities of the contract. The County Sheriff or his designee shall approve all appointments to the position of the Health Services Administrator and Site Medical Director.
- 31.2.6 Written job description and protocols to define specific duties and responsibilities for all assignments must be provided to the Contract Administrator
- 31.2.7 The Respondent shall provide for pharmaceutical services to assure the availability of prescribed medications within eight (8) hours of the order of issue being written for all formulary approved medications and twenty-four (24) hours for all non-formulary medications except where such medications are not readily available in the local community. Pharmaceutical services shall be consistent with State and Federal regulations, and must be monitored by a licensed qualified pharmacist
- 31.2.8 The Respondent shall provide for the purchasing, dispensing, administering and storage of all pharmaceuticals by qualified personnel and for the proper storage of psychotropic medications as prescribed to inmates.
- 31.2.9 The Respondent shall provide for the recording of the administration of medications in a manner and on a form approved by the health care authority to include documentation of the fact that inmates are receiving and ingesting their prescribed medications. Documentation will also be required when an inmate's ordered medication was not administered and the reason given.
- 31.2.10 The Respondent shall provide routine and emergency dental care for each inmate under the direct supervision of a licensed dentist and shall establish a defined scope of available dental services including emergency dental care which includes the following.

- 31.2.10.1 A dental screening conducted within 14 days of admission, unless completed within the last six months, conducted on initial intake with instructions on dental hygiene.
 - 31.2.10.2 A dental examination by a dentist within 12 months of admission, supported by diagnostic x-rays, if necessary.
 - 31.2.10.3 A treatment plan with x-rays for those inmates who request care with more than 12 months detention.
 - 31.2.10.4 A defined charting system that identifies the oral health condition and specifies the priorities for treatment by category.
 - 31.2.10.5 Development of an individualized treatment plan for each inmate receiving dental care.
 - 31.2.10.6 Consultation and referral to dental specialist, including oral surgery, when necessary.
- 31.2.11 Respondent employees will be required to attend training on Basic Jail Orientation, radio procedures, interpersonal communication skills and other security topics made available several times each year by the Sheriff's Office. The total classroom time for these subjects is approximately ten hours per FTE and the Respondent shall be responsible for employee wages and/or overtime necessary to fulfill this requirement.
- 31.2.12 Respondent personnel should be aware that they might, from time to time, be subpoenaed to testify in court regarding medical treatment. Overtime associated with this obligation will be the responsibility of the Respondent.
- 31.2.13 Respondent will be required to comply with all Sheriff's Office policies, procedures, protocols and post orders.
- 31.3 Care and Treatment Requirements:
- 31.3.1 The Respondent shall provide for twenty-four (24) hour a day emergency health care services to include on-site emergencies and acute hospital services with one physician or more health care providers.
 - 31.3.2 In addition to twenty-four (24) hour a day emergency services coverage, the hours for routine nurse sick call shall be at levels which allow for all inmates needing medical services to be seen within twenty-four (24) hours from the time of the request for such services.
 - 31.3.3 A written manual of standardized policies and defined procedures, approved

by the Site Medical Director and the Facility, must be reviewed at least annually and revised as necessary under the direction of the health care authority and with the approval of the Facility

- 31.3.4 The Respondent shall provide for necessary laboratory and x-ray services. All abnormal laboratory and x-ray results are to be reviewed and signed by a physician with a follow up plan of care outlined as needed.
- 31.3.5 The Respondent shall provide for mental health services which shall include as a minimum:
 - 31.3.5.1 Screening for mental health problems on intake as provided in NCCHC and ACA standards
 - 31.3.5.2 Referral to the Respondent's psychiatrist for the detection, diagnosis, and treatment of mental illness
 - 31.3.5.3 Crisis intervention and management of acute psychiatric episodes.
 - 31.3.5.4 Stabilization of the mentally ill and the prevention of psychiatric deterioration in the correctional setting.
 - 31.3.5.5 Assist in the referral and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility
 - 31.3.5.6 Obtaining and documenting informed consent
- 31.3.6 The Respondent shall ensure inmates referred for mental health treatment receive a comprehensive evaluation by a licensed mental health professional. The evaluation shall be completed within 14 days of the referral request date.
- 31.3.7 The Respondent shall provide a program for meeting the special needs of the female population; e.g., pregnancy.
- 31.3.8 The Respondent shall provide documented inmate health screening with history forms immediately upon arrival at the Facility based on structured inquiry and observation and performed by qualified health care personnel, twenty-four (24) hours a day, seven (7) days a week. This will ensure that anyone taken into custody receives the necessary medical attention prior to admission into our system. At a minimum, the screening must include inquiry into:

- 31.3.8.1 Current illness and health problems including medical, dental, and communicable diseases.
 - 31.3.8.2 Medications taken and special health requirements.
 - 31.3.8.3 Use of alcohol and drugs, including the types, methods, amounts, frequency, and date time of last use and history of problems related to withdrawal
 - 31.3.8.4 For females, a gynecological history, including pregnancies
 - 31.3.8.5 Observations of behavior, including the state of consciousness, mental status, appearance, conduct, tremors and sweating.
 - 31.3.8.6 Notation of body deformities, trauma markings, ease of movement, bruises and jaundice.
 - 31.3.8.7 Condition of skin and body orifices, including rashes and infestations, needle marks or other indications of drug abuse.
- 31.3.9 The Respondent will provide inmate transportation for emergency ambulance care, the County provides all other transportation relating to the provision of health services
- 31.3.10 The Respondent shall provide a total pharmaceutical system for the Facility beginning with the Physician's prescribing, the administration of medication, and the necessary record keeping. The system shall include prescription medications and over-the-counter medications. All prescription medications shall be prescribed by the responsible physician or psychiatrist and shall be administered and dispensed by a licensed nurse. The Respondent shall be responsible for the costs of all drugs administered
- 31.3.11 All controlled substances, syringes, needles and surgical instruments will be stored under security conditions acceptable to the Facility
- 31.3.12 Inmates will not be allowed to provide any health care services, including record keeping.
- 31.4 Medical Records Requirements:
- 31.4.1 A medical record consistent with state regulations and community standards of practice shall be maintained on each inmate held beyond the first appearance in court. These records shall be kept separate from the jail confinement records of the inmate.

- 31.4.2 Individual inmate health care records will be initiated and maintained 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.
- 31.4.3 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, the Respondent shall make all records accessible to the Sheriff, Jail Commander, Contract Administrator, District Attorney, or County Attorney. The Respondent additionally acknowledges compliance with and understanding of all applicable HIPAA requirements.
- 31.4.4 Included in the inmate population are inmates incarcerated on behalf of the Texas Department of Corrections and various municipalities. The Respondent shall promptly notify Contract Administrator of the need for other than routine care for such inmates and shall provide documentation of required treatment to the Department of Corrections or the applicable municipality, as requested. The Respondent shall submit all related bills to the Contract Administrator to ensure reimbursement to the County of all outside medical expenses and cost of pharmaceuticals incurred on behalf of such inmates. All such reimbursements shall be returned to the County General Fund.
- 31.4.5 The Respondent shall prepare health summaries to be sent with inmates transferred to the Texas Department of Corrections. The Respondent 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.
- 31.4.6 The Respondent 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.
- 31.4.7 If an inmate medical record cannot be located within twenty-four (24) hours of a discovered loss, the Contract Administrator shall be immediately notified.
- 31.4.8 Inactive medical records will be maintained in accordance with the laws of the State of Texas and the American Medical Association. Inactive files shall be prepared for imaging by the Respondent. This shall include removing duplicate documentation and staples and placing all paperwork in chronological order. The County Sheriff's Office will be responsible for the imaging of inactive files. Inactive files will be defined as files on persons

who have not been in custody in the County Detention Facility during the past twelve (12) months.

31.4.9 Fort Bend County shall be the absolute and unqualified owner of all inmate medical records. Respondent shall ensure that inmate health information is available to meet the needs of continued patient care, legal requirements, research, education, and other legitimate uses. Respondents shall include in their proposal recommendations for the electronic housing of inmate medical records at the Facility.

31.5 Supplies and Office Equipment

31.5.1 The Respondent should be prepared to provide whatever stock supplies are required to perform under the contract. Respondent will also supply at its expense, all other supplies required to carry out its performance. Said supplies will include, but not be limited to, forms, books, manuals, medical record folders, alpha indexes and forms, pharmaceuticals, laboratory fees, prosthetics, hand instruments, needles and sharps, special medical items, testing devices, containers and clinical waste receptacles, inmate information brochures, individual and group materials, gloves and coverings, and disinfectants. All equipment noted in Attachment A (Equipment Inventory) owned by the Facility may be used in conjunction with that furnished by the contract provider.

31.5.2 All equipment purchased under the contract shall be the property of the County and shall remain on site at the termination of the contract. All supplies purchased for use in the performance of the contract, shall be the property of the County and shall remain on site at the termination of the contract.

31.5.3 The Respondent shall do a site and equipment review of all medical and office equipment currently owned by the County and shall be responsible to replace and furnish all required equipment to maintain the level of care required in this contract and industry standard practices.

31.6 Medical Equipment Inventory

The following is a general overview of basic equipment currently owned by the Facility and which will be available for use by the Respondent

<i>Diagnostics Lab:</i>	<i>Pulse-oximeter</i>
	<i>Otoscope</i>
	<i>Ophthalmic Tele-bimocular</i>
<i>Furnishings:</i>	<i>Medication Carts (4)</i>
	<i>Infirmarv Beds</i>

	<i>Autoclave</i>
	<i>Dental Chair</i>
	<i>Exam Table</i>
	<i>Wall Mounted Exam Lights</i>
	<i>Wheelchairs</i>
<i>Emergency</i>	<i>Thermometer</i>
	<i>Gurneys</i>
	<i>O2 Tanks</i>
	<i>EKG Machine</i>
	<i>AED (1)</i>
<i>Small Equipment:</i>	<i>Blood Pressure Cuffs</i>
	<i>Stethoscopes</i>
	<i>Glucometers</i>
	<i>Cast Cutter</i>
	<i>Scales</i>
	<i>Digital Oral Thermometers</i>
<i>Office Equipment:</i>	<i>Desks</i>
	<i>Chairs</i>
	<i>Filing Cabinets</i>

31.7 Services to Staff

31.7.1 Emergency services including first aid, assessment, stabilization and the coordination of transport of employees or visitors who become ill or injured in the Facility and provide appropriate incident report.

31.7.2 The Respondent shall provide health education for security staff not to exceed fifty (50) hours of instruction per year in such areas as:

Airborne Pathogens
Bloodborne Pathogens
Recognizing and responding to Suicide
Recognizing and responding to Mental Health Concerns
Emergency Procedures

31.7.3 The Respondent shall provide management of the Hepatitis B vaccination program and TB screen for all Facility staff. County will bear the cost of the vaccine.

32.0 GENERAL INFORMATION:

32.1 The County shall have the right to reject the employment by the Respondent of any

person or firm, and to require the removal of any person or firm employed or engaged by the Respondent, when it deems such action to be in its best interest and in the best interest of attaining successful implementation of its correctional health care services program. It is further noted that the right of entrance by any person to the Facility is under the sole jurisdiction of the County Sheriff's Office.

- 32.2 All Respondent personnel, including the personnel of its subrespondent and agents, will be subject to security background checks and clearances by the Sheriff's Office prior to being granted admittance to the Facility. In each instance, the individual and the Respondent will provide such cooperation as may be reasonably required to complete the security check. The County Sheriff agrees to perform such security checks in a timely manner and not unduly delay such checks.
- 32.3 Provision shall be made for meetings between the Respondent's staff and Facility administration, including their documentation, to facilitate good communications and good rapport between security and health services.
- 32.4 All permits and licenses required by federal, state or local laws, rules and regulations necessary for the implementation of the work undertaken by the Respondent pursuant to the contract shall be secured and paid for by the Respondent. This shall include fees associated with NCCHC accreditation and periodic accreditation reviews.
- 32.5 The Respondent shall be responsible for contracting for the disposal of all general waste, including infectious or hazardous waste. The material must be removed from the facility and disposed of as regulated by federal, state and local laws. All costs related to the removal and disposal shall be at the expense of the Respondent.
- 32.6 The Respondent shall propose provision of a complete pharmaceutical system for inmates housed at the Facility.
- 32.7 The County shall have the unfettered right to monitor the Respondent's work in every respect. In this regard, the Respondent shall provide its full cooperation, and ensure the cooperation of its employees, agents, and subrespondents. Further, the Respondent shall make available for inspection and/or copying when requested, original time sheets, invoices, charge slips, credentialing statements, continuing education and training records, and any other data, records and accounts relating to the Respondent's work and performance under the contract. In the event the Respondent does not hold such material in its original form, a true copy shall be provided.

33.0 EVALUATION FACTORS:

Contract award will be made to the Respondent whose proposal is determined to be the best evaluated offer resulting from negotiations, taking into consideration the relative importance of service, price and other evaluation factors set forth in this RFP and in accordance with The County

Exhibit B
CCS's Response to RFP 13-049

Fort Bend County, Texas

Inmate Medical Services

RFP 13-049

Richmond, Texas

Technical and Price Proposal

April 18, 2013



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



Submitted by:
Correct Care Solutions, LLC
1283 Murfreesboro Road
Suite 500
Nashville, TN 37217
800-592-2974 X5777

Tax ID# 32-0092573

Point of Contact:
Patrick Cumiskey
Executive Vice President
(615) 324-5777 (Office)
(615) 324-5731 (Fax)
Patrick@ccsks.com



1 Cover Letter

April 18, 2013

Dear Mr. Jalomo, Lieutenant Quam and members of the Fort Bend Sheriff's Office (FBSO) Evaluation Committee:

Correct Care Solutions (CCS) is pleased to submit our proposal to provide comprehensive inmate medical services for the Fort Bend County Jail (FBCJ) in response to RFP 13-049. We appreciate the time and effort spent by your team in providing thorough information, answers to questions and the informative tours by Lieutenant Quam assisted by Sergeant Leach.

Our proposal specifically addresses your objective to find a capable and cooperative partner for Fort Bend County. CCS has the relevant experience and the resources required to be your successful partner. We have developed our proposal with a focus on improving clinical results and cost efficiencies in the FBCJ program.

Six primary reasons why CCS is the right partner for Fort Bend County:

1. Cost Plus Management Fee Model Experience and Success
2. Accountability through Transparent Reporting
3. Texas Jail/NCCHC ACA Standards and Accreditation Experience
4. Unparalleled Utilization Management
5. People Development and Retention Programs
6. A presence in Texas, an understanding of the County Indigent Health Care Program (CIHCP) and Community Connection
7. Significant experience transition from your incumbent provider

1. *Cost Plus Management Fee Model*

We are the industry leader in promoting and utilizing the management fee contract model. CCS understands the true advantages of this model for our partner clients and we have successfully used it to provide better care at a lower cost. The significant difference with CCS is that we have a proven history of success with this model. We have significant experience with management fee contracted clients, including:

- | | |
|-----------------------------------|--|
| • Monmouth County, NJ (ADP 1,400) | • Vermont DOC* (ADP 1,600) |
| • Lake County, IL (ADP 800) | • Maine DOC (ADP 3,000) |
| • Minnehaha County, SD (ADP 300) | • Shelby County Jail, TN (ADP of 3,000 per contract)** |
| • Macomb County, MI (ADP 1,200) | • Shelby County DOC, TN (ADP of 3,000 per contract)** |
| • Oakland County, MI (ADP 1,520) | |

*Combined State and Jail system

**Operated as cost plus for 5 years then transitioned to shared risk in 2010

Correct Care Solutions
Nashville, TN

April 18, 2013

5



Three examples of how CCS has successfully provided service for three of our management fee clients include:

Oakland County, MI	Saved \$1,253,780 year one of contract.
Monmouth County, NJ	Saved \$900,000 year one of contract.
Macomb County, MI.	Saved \$426,000 year one of contract.

CCS has never been over budget on a management fee contract with any of our county jail contracts.

In addition to saving these clients money, we also

- Improved quality of care
- Decreased grievances
- Significantly reduced off-site trips
- Improved hospital discounts
- Decreased employee turnover

We understand how to successfully operate a management fee contract and we will use this experience to benefit the FBSO.

2. Transparent Reporting

Our custom financial reporting package is a key program feature that each of our partner clients find very informative and useful. It follows our philosophy of "trust but verify". We want you to trust us but we also give you the reports to validate our results. We will also customize a report package that best meets the needs of FBSO. Collaborative honest communication is a key CCS difference. We are confident no other vendor can provide the thoroughness of the CCS reporting package.

3. NCCHC/ACA Accreditation Experience

It is important to you and it is very important to us that the NCCHC level of care is not the exception in any of our programs but the rule of care in ALL of our programs. We have never lost or failed to acquire NCCHC accreditation for any client.

4. Utilization Management

Combining the CCS Care Management component of our Electronic Record Management Application program (ERMA-CM) with your current CorEMR will improve efficiencies and accuracy of patient care from intake to discharge. Adding a robust utilization management feature will promote efficiencies and cost savings for the program. We will work with Ms. Jana Endicott and her OakBend team to maximize time and money for necessary in-patient and out-patient services.



5. *People Development and Retention*

Even more important than the NCCHC program standard we design and innovative technology we use will be the development of the on-site team to carry out the program. All of the technology and well-designed processes will not be truly effective without a well-trained and motivated professional staff. A strong CCS difference is our company commitment and focus on our people and the developmental and support programs we practice. Focusing on our people has resulted in a significant reduction in employee turnover, improved patient care, and created a motivated workforce across the entire company.

6. *Community Connection*

We believe being part of a community solution is a key to sustainable success. By working with community resources to improve the continuity of care for the FBCJ patient group will help reduce recidivism and promote future savings. We will coordinate our programs with the Texana Center new project "Behavioral Healthcare Crisis Center" as part of the Region 3 RHP Plan. According to the recent data, 20% of FBCJ inmates have a serious mental illness and will now have an option other than jail. This initiative will improve appropriate care and save jail future budget dollars. CCS will work with Veronica Yazigi, Rocky Frame and the Texana Center team to raise quality of service and reduce cost.

We have included letters of commitment from Texana Center Director Shena Timberlake and OakBend Medical Center Vice President Susan McCarty for your review. This is solid first step to develop a community network of care to improve clinical outcomes and reduce cost.

7. *Transition Experience*

Since our inception, CCS has transitioned 14 of our contracts from the bidders present at your pre-bid conference, including four (4) from your current provider. On the other side of the board, no bidder at the pre-bid conference can say they have even ONE client that they have transitioned from CCS.

Quote from our Client

"During this first year of our relationship CCS has done an admirable job. During this initial year, there have been way too many successes to mention here, and too few failures to cloud the view. Your support of the Sheriff's Department as well as the County has been handled at all times with professionalism and competency. It truly was impressive. So, Thank You, and your wonderful CCS staff!"

Scott Fitch
Contract Monitor
Lake County, IL
(Transitioned from CHC)

In today's economic environment, county jurisdictions are obligated to use funds wisely to get the best possible value for their investment and must be able to account for their decisions. We believe Correct Care Solutions is the most capable partner and the best value for Fort Bend

Correct Care Solutions
Nashville, TN

April 18, 2013
7

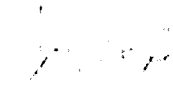


County. Our proposal response discusses the details of the program we have designed for the FBSO and we look forward to future discussions to refine the details of a successful partnership.

Thank you for considering CCS as a professional partner to provide comprehensive inmate medical services for the Fort Bend County Sheriff's Office. We believe our relevant experience in both large jails and maximizing the County benefits using the management fee model makes us uniquely qualified as your healthcare partner. Combined with our focus on our people, our use of innovative technology and commitment to a NCCHC caliber program, CCS is prepared to provide superior results for Fort Bend County.

We are capable and willing to commit the necessary resources to efficiently deliver high quality, sustainable programs for Fort Bend County. We look forward to discussing the details of our program with you and we look forward to a long-term partnership.

Sincerely,



Gerard (Jerry) Boyle
President & CEO
615-324-5710 (direct)



3 Scope of Work

CCS will ensure care consistent with an inmate's rights under the U.S. Constitution and State of Texas codes related to health care of incarcerated individuals

- Inmates have a right to access health care services
- Inmates have a right to professional medical judgment.
- An inmate has the right to care that has been ordered

To design a sustainable effective program we follow a simple outline to success. we

- Evaluate the need.
- Define our program goals:
- Plan an effective program:
- Follow "best practices" processes to reach the goal.
- Monitor for process adherence, and
- Refine the process as required to improve results.

The CCS team has carefully studied the requirements of the RFP and analyzed the health services and medical staffing needed to establish and operate a program for the successful provision of medical, behavioral mental health and dental care at the Fort Bend County Jail

Our focus is operating a humane, legally defensible health care program via a written health care plan with clear objectives, site-specific policies and procedures for Fort Bend County. CCS will follow the standards established by Federal, state, and local laws, statutes and ordinances governing health care service delivery for the inmate and work release population. Our extended experience with NCCHC and ACA will benefit the quality program at the Fort Bend County Jail. We have also carefully reviewed the guidelines and directives of the Texas Commission on Jail Standards, including newly changed and implemented standards, and will apply them to our operations at the jail.

In the subsections to follow, we have detailed our CCS approach to the statement of work presented in the RFP, and in compliance with NCCHC, ACA, Texas Commission on Jail Standards and other standards applicable to the inmate populations at the Fort Bend County Jail

3.1 Administrative Requirements

3.1.1 Site Medical Director

CCS will appoint a designated physician who is board-certified and licensed in Texas to act as the Medical Director for CCS, with oversight for the facility's clinical, quality assurance and administrative management as well as direct care of patients. An example of a CCS Medical Director job description has been included in **Tabbed Attachment C**. We will tailor the written description for the specific needs of the FBSO



3.1.2 Health Services Administrator

CCS will appoint a full-time on-site Health Services Administrator (HSA) at the jail. The HSA will have general responsibility for the successful delivery of healthcare on this contract. An example of a CCS HSA job description is included in **Tabbed Attachment C**. It is the CCS practice to give every opportunity to the current staff to become part of our new FBSO Medical Team.

3.1.3 Licenses and Certificates for All Professional Staff

CCS will keep copies of current personnel records on file on-site at the Fort Bend County Jail to include copies of all licenses and credentialing, proof of certifications, DEA numbers, malpractice insurance certificates, evaluations, position responsibilities and disciplinary actions, as appropriate. CCS will make all records available to the Fort Bend County Contract Administrator or designee.

3.1.4 Staffing Schedules

CCS will submit staffing schedules encompassing all healthcare staff to the Contract Administrator on the 15th day of each month for the upcoming month. We will also provide daily updates regarding any scheduling changes, and post copies of staffing schedules in areas designated by the FBSO.

3.1.5 Monthly and Daily Statistics

Accountability for the success of the FBSO medical program is our responsibility. To continually review the effectiveness of our program and to improve overall program quality and efficiencies, CCS provides more clinical and operational reports than any other company in the industry. We will provide monthly and daily 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 FBSO with future budgeting efforts. An example of our standard reports for cost plus contracts can be reviewed in **Tabbed Attachment D**.

Daily Reports

CCS will provide a daily narrative report for the previous 24 hours to the Contract Administrator (Saturday and Sunday reports may be submitted Monday morning). The daily report will include, but is not limited to, the following data:

- Number, name, prognosis and projected length of stay for each inmate admitted to the hospital
- Transfers to off-site hospital emergency departments
- Communicable disease reporting
- Suicide attempts and disposition
- Inmate injuries or other incident reports
- Report of status of inmates in held special jail housing units for medical reasons and basis for continuation



Monthly Reports

CCS will provide a customized monthly report package that best fits the needs of the FBSO. We will submit the report package on the fifth calendar day of each month to the Contract Administrator or designee, and will provide a response to any reporting questions within 10 working days. The customized monthly reports will reflect the previous month term workload with data including but not limited to:

- Inmates seen at scheduled clinics and sick call
- Inmates seen by physician
- Inmates seen by psychiatrist
- Inmates seen by dentist
- Inmates seen by physician extender(s)
- Medical specialty consultation referrals
- St. Hope referrals
- Off-site hospital admissions
- Inmates testing positive for TB or STDs
- Inmate injuries
- Emergency room visits
- Ambulance transports
- Intake screenings
- 14-day health assessments
- Inmate worker physicals
- Ancillary services (e.g. lab, X-ray, and EKG)
- Grievances
- MHMR active care list
- Additional statistics as requested by the FBSO

Utilization Tracking and Reporting

CCS will provide a comprehensive customized utilization and tracking report package that includes at a minimum the following statistics:

- Volume trends (visits by Week/Month)
- Volume by visit Type (primary and urgent Care)
- Inmate visit distribution by gender and age group
- Referrals by type (diagnostic, specialty)
- Top 10 medical services by CPT, ICD9 and prescribed medications

3.1.6 Inmate Grievances

CCS recognizes our first responsibility is to our patients, to allow them access to care and treatment sufficient to meet their medical needs. We train and expect our staff to operate efficiently and appropriately while respecting those needs. Our excellent litigation history and our record of reduced grievances are indicative of the exemplary care CCS team members provide.

The CCS grievance process will be consistent with national standards and with FBSO internal policies. CCS responds to inmate grievances, complaints, and inquiries as soon as is practical. CCS will respond within 72 hours of receipt of each grievance. CCS understands inmates may voice a grievance at any time and that FBSO policy focuses on informal resolution. CCS defines urgent grievances as those complaints that involve an immediate need on the part of the inmate for healthcare services. The CCS Medical Director or his/her designee will resolve urgent grievances.



CCS will establish a mechanism to report on the volume of grievances received, the nature of the grievances, the resolution status, corresponding timeframes, and whether or not the grievance is substantiated. CCS will maintain a daily log of all grievances. CCS will log the name of the person filing the grievance and the date and nature of the complaint. If the grievance process substantiates a grievance, then the HSA or their designee will develop and implement a corrective action plan for that grievance.

CCS will categorize complaints and grievances and will report specifics as a part of the medical services monthly statistical report. CCS will submit the monthly report identifying inmate grievances to the Contract Administrator or designee. This report will contain a description of the grievance or complaint, an explanation of the circumstances surrounding the grievance, and all actions taken to investigate and resolve the grievance. CCS will resolve concerns and grievances in collaboration with the HSA and mental health services, dental, pharmacy, or other appropriate service providers.

The CCS training program includes grievance resolution. CCS trains healthcare personnel to address an inmate's concern at the point of contact prior to the inmate initiating a grievance. All healthcare staff will be available to attend to inmate medical grievances.

The HSA or appropriate designee will work with County personnel in the investigation, follow-up, and resolution of complaints in accordance with FBSO policies. When necessary, CCS will conduct a face-to-face interview with the inmate and participate as a part of the grievance committee. Our Quality Improvement Committee (QIC) and Medical Administration Committee (MAC) will review and categorize grievances to identify potential issues and determine if patterns exist or develop.

3.1.7 Comprehensive Quality Improvement

CCS has an established Continuous Quality Improvement Program (CQIP) falling under the authority of the Chief Medical Officer. The goals of the CQIP are to improve the quality of care provided to patients by intervening where opportunities for improvement exist and to ensure that systems and programs work effectively to make certain that quality healthcare services are provided to patients, as medically indicated.

It is the position of CCS that Continuous Quality Improvement (CQI) is a fundamental activity in healthcare. By studying our essential functions on a routine basis, areas for improvement can be identified and addressed proactively. This allows for streamlined management of processes to promote efficiencies and accuracy, and close examination of outcomes to determine effectiveness of interventions. It is also very important to include front-line staff in CQI activities, as this promotes buy-in to corrective action plans and increases the investment of the staff in providing quality services that also meet accreditation standards. CCS accomplishes this through inclusion of staff in the following types of CQI activities:

- Training and orientation on CQI core principles and activities
- Completion of CQI studies
- Staff meetings where results of studies are discussed
- Highlighting areas of excellence
- Corrective action planning



The CQIP will consist of quarterly meetings including CCS medical, mental health, and dental staff and designees from the FBSO. Routine CQI studies will examine areas where overlap or hand-off occurs, as well as other problem-prone, high frequency/volume, and risk management processes such as: Informed Consent, Receiving Screenings, Screening and Evaluation at Health Assessment, Special Needs, Segregation, Treatment Planning, Suicide Prevention, Discharge Planning, Medication Administration, Initiating Medication at Intake, as well as processes exclusive to the medical observation units.

The CQI Program consists of the following:

CQIP Manual	<p>The CCS CQIP is defined by written policy and defined procedures. CCS will use our CQIP to establish a Quality Improvement (QI) Plan for the FBSO, including the development of the Medical Advisory Committee (MAC). CCS will develop a written site-specific plan for the FBSO within 90 days of contract implementation.</p> <p>The CQI Plan will address healthcare services provided on- and off-site for quality, appropriateness, and continuity. The plan will review and define the scope of care provided within the system. The CQIP will also define the multidisciplinary QI Committee (QIC), meeting format, and the QI review process. The committee will perform QI monitoring activities, discuss the results, and implement corrective actions as indicated.</p>
CQIP Compliance	<p>The CCS CQIP will comply with NCCHC standards and will include audit and medical chart review procedures. A multidisciplinary committee will direct CQIP activities. The on-site CCS Medical Director is the designated CQIP chairperson. Generally, the multi-disciplinary committee will meet once per quarter and consist of the Medical Director, mental health representative, dentist, HSA, QI RN and an appropriate FBSO representative or representatives. The committee will review significant issues and changes and provide feedback for the purpose of correcting any deficiencies or improving processes.</p>
Scope of CQIP	<p>CCS will mark all CQIP activity records CONFIDENTIAL. Discussions, data collection, meeting minutes, problem monitoring, peer judgments, and information collected as a result of the CQIP are not for duplication or outside review.</p> <p>CCS will be responsible for monitoring relevant areas for quality improvement not previously mentioned in the sections above, to include accreditations, credentialing monitoring, environmental inspections, emergency drills, nursing, intake, mental health, medication management, special housing, and ancillary services. The CQIP will also be responsible for conducting an annual process and outcome study.</p>



High Risk Items

The CCS CQIP addresses many forms of risk management including clinical and environmental risk management tools that work to identify and reduce variability, as well as reducing liability when adverse events occur. The QIC will address the following risk management items:

Critical Clinical Event (CCE) and Emergency Drill Reviews

The QIC will monitor, review, and report on the health staff's response to critical incidents and drills. The committee will use the root cause analysis problem solving methodology to review the CCE.

Environmental Inspection Reports

CCS will participate in monthly facility environmental inspections to ensure that inmates live, work, recreate, and eat in a safe and healthy environment.

Resolution Tracking

The QIC will track deficiencies identified during routine environmental inspections through resolution.

Utilization Management

CCS monitors the provision of care to ensure that medically necessary healthcare services are provided in the most appropriate setting.

Grievances

The CCS grievance process will be consistent with national standards and FBSO internal policies. The QIC will review and categorize grievances to identify potential issues and determine if patterns exist or develop. Patient satisfaction surveys will be completed at least once a year on topics relevant to the inmate population.

Pharmacy

CCS will ensure a quality pharmacy program. A consulting pharmacist, licensed in the State of Texas, will perform regularly scheduled on-site inspections. CCS will document inspection reports and maintain them on file. The consultant will report a summary of these discussions and actions to the QIC.

Pharmacy Reports

CCS will use pharmacy reports to identify outliers and trends and will evaluate and address all outliers. The Chief Medical Officer will review pharmacy utilization data on a regular basis.



**High Risk Items
(continued)**

Medication Error Reporting and Prevention

CCS based our medication error reporting and prevention component of the CQIP on the program that the National Coordinating Council for Medication Errors Reporting and Prevention (www.nccmerp.org) established. Significant medication errors are reviewed as CCEs.

Peer Review

CCS requires annual peer review of its Physicians, Psychiatrists, Dentists, Physician Assistants, Advanced Practice Nurses, Psychologists and Masters-Level Mental Health Professionals. The purpose of the peer review is to assure the clinical practice of the practitioner is competent and is congruent with the practice guidelines set forth by CCS and the FBSO. The review also creates an opportunity for the practitioner to receive feedback regarding his/her performance from another practitioner with an understanding of the clinical practice being reviewed in the hope that such feedback will lead to an improvement in the quality and/or efficiency of that clinical practice. Peer review is highly confidential and is not open to distribution or discovery. In most instances, courts have zealously guarded this confidentiality.

The CQI committee, along with the HSA is responsible for ensuring that required peer reviews are carried out. The CCS Peer Review program is in compliance with NCCHC and ACA standards.

Several accrediting agencies require that peer review be completed annually. These agencies, including NCCHC and ACA, do not need to see the actual peer review, but they do need to see evidence that it has been carried out. At each site of practice, CCS maintains Peer Review Signature Sheets assuring the completion of the Peer Review and discussion of findings with the practitioner.

The peer review process includes review of representative health records (types of records reviewed depends upon the nature of the practice), interviews with selected coworkers, including but not necessarily limited to the HSA, regarding the practitioner's performance, an interview with the practitioner regarding his/her perception of his/her performance, and an exit interview during which the reviewer discusses the findings with the practitioner.

When significant opportunities for improvement are identified, the CCS Peer Reviewer will work with the practitioner to develop a Performance Improvement Plan. The Peer Review will then be scheduled for follow-up at a date that is reflective of the magnitude of improvements to be made by the practitioner.



The following table sets out which types of practitioners may perform which types of peer review:

Reviewer	Professional Reviewed
Chief Medical Officer	Site Medical Director
Regional Medical Director	Staff Physician
Site Medical Director	Advanced Practice Nurse
	Physician Assistant
	Staff Physician
Staff Physician	Advanced Practice Nurse
	Physician Assistant
Dentist	Dentist
Advanced Practice Nurse	Advanced Practice Nurse
Physician Assistant	Physician Assistant
Regional Psychiatrist	Director of Psychiatry
Consulting Psychiatrist	Psychiatrist
	Psychiatric APN
Director of Psychiatry	Psychiatrist
Psychiatrist	Psychiatric APN
Psychiatric APN	Psychiatric APN
Director of Mental Health	Psychologist
Psychologist	Master Level Mental Health Professionals

Figure 21: Peer Reviews. This table shows which types of practitioners may perform peer reviews on specific professionals

Medical Audit Committee

CCS Medical Audit Committee (MAC) meetings will occur quarterly on a scheduled basis with distributed agendas. The purpose of the MAC meetings is to evaluate the healthcare program, ensuring that quality services are available to all inmates in all scopes of care (medical, dental, mental health). Attendees will include the HSA DON, Medical Director, Mental Health Representative, Contract Administrator or designee, and others as appropriate. Discussions will include monthly health services statistics by category of care, current status of the healthcare program, costs of services, coordination between security and health services and identified issues and program needs. Our CCS QIMAC Committee will also review and categorize grievances to identify potential issues and determine if patterns exist or develop. Meeting minutes will be documented, distributed to attendees and the Contract Administrator or designee, and maintained for reference.

3.1.8 Infection Control

CCS will implement an Infection Control Program under the direction of the HSA to include at a minimum: committee meetings; concurrent surveillance of patients and staff; prevention techniques training for FBSO staff, inmates, and CCS staff; and treatment and reporting of infections in accordance with guidelines of the Centers for Disease Control (CDC) and Fort Bend County Health and Human Services.

The CCS infection control policies and procedures focus on the prevention, identification, and control of diseases. The infection control program addresses hand washing, housekeeping



decontamination, disinfection and sterilization of equipment and supplies, medical isolation, and infectious waste.

The primary functions of the infection control program include:

- Management of communicable disease surveillance and treatment
- Reporting of communicable diseases and conditions
- Collection, evaluation and reporting of epidemiological data
- The CCS Infection Control program includes an infection control resource manual for on-site personnel. The Infection Control program is specifically designed to:
 - Develop effective systems for identification, prevention and control of communicable diseases
 - Collect data on communicable diseases in a systematic manner for forecasting health and education needs
 - Ensure adequate community follow-up and coordination of care after inmates are released
 - Develop and implement procedures generic to infectious diseases and specific to Tuberculosis and HIV/AIDS

CCS provides infectious communicable disease training, testing, immunizations, including Hepatitis B vaccine and Tuberculosis screens, and any necessary counseling to our employees as a part of the initial hire and orientation process, and Tuberculosis screens annually thereafter. CCS maintains Hepatitis B vaccination and TB testing documentation in each CCS employee health record; these records will be available to the FBSO at all times. CCS will also provide a Hepatitis B vaccination program and TB screening for FBSO employees. All positive readings will be reported as established by policy and regulations.

CCS designs its infection control programs to ensure that a safe and healthy environment is created and maintained for the inmates, staff and visitors in the correctional facility.

A. A typical infection control program includes:

- | | |
|--------------------------------------|--|
| • Universal and Standard Precautions | • Blood-borne Pathogens Control Plan |
| • Transmission Based Precautions | • MRSA- cultures and containment |
| • Environmental Health and Safety | • HIV diagnosis and treatment |
| • Regulated Waste | • Sexually Transmitted Disease screening |
| • Inmate Care | • Ectoparasite Control |
| • Employee Training | • Quality Improvement Monitoring |
| • Reportable Diseases | |
| • Tuberculosis Control | |



- B. Infection Control Coordinator** – CCS assigns a healthcare professional to be the designated “Infection Control Coordinator.” The Infection Control Coordinator is responsible for monitoring and maintaining the effectiveness of the Infection Control Program and interacting with the local health department when indicated.
- C. Infection Control Committee** – The purpose of any infection control program is to provide a safe and healthy environment for employees to work and for inmates to live, recreate and obtain healthcare services. The committee will be tasked with establishing and monitoring environmental and clinical processes as well as the effectiveness of activities related to surveillance, prevention and treatment of communicable and infectious diseases.

The CCS Medical Director chairs the Infection Control Committee. Other members of the Infection Control Committee include:

- Health Service Administrator
- Infection Control Coordinator
- Dentist
- Facility representative
- Other health service staff as deemed appropriate

Meetings: Committee members discuss infection control issues at regularly scheduled meetings at least quarterly and maintain meeting minutes, data collection and other written materials related to infection control on file. CCS considers infection control materials confidential.

D. Program Components

1. Surveillance

- a. Receiving Screening
- b. Health Assessment
- c. Periodic Health Assessments
- d. Sick Call and Referrals
- e. Contact Investigation
- f. Environmental Health and Safety Inspections

2. Identification

Appropriate medical staff evaluates any inmate suspected of having a communicable disease. CCS staff isolates inmates suspected of having dangerous communicable diseases until disease confirmation and the period of communicability is determined.



3. Treatment

- a CCS providers provide care consistent with evidence-based medicine and usual care practices. CCS collaborates with local Public Health Departments when appropriate treatment planning so necessitates.
- b CCS enters complete documentation of the signs, symptoms, diagnostic results, treatment and outcome of care provided to inmates who are suspected or confirmed of having a dangerous communicable disease.

4. Communication

- a Notification of the Public Health Department of all reportable diseases and conditions. This is done by completing appropriate forms, and if necessary, contacting the Public Health Department directly for those situations of multiple spread occurrences.
- b The HSA and the Medical Director are kept informed of any incidence of serious communicable disease.
- c The Detention Commander or designee is apprised of any situation that places inmates, correctional officers, or any other staff members at risk.

5. Continuous Quality Improvement

The CCS Continuous Quality Improvement Committee monitors infection control issues and evaluates infection control processes to ensure effectiveness. The committee collects monthly statistics for surveillance activities, disease identification, and cases treated.

6. Training

CCS provides education related to the components of the infection control program and manual.

7. Data Collection & Reporting

CCS provides guidelines for the systematic collection of data, which assist in the identification of problems, epidemics, or clusters of nosocomial infections.

3.1.9 Disaster Response

CCS has established contingency procedures in the event of an unexpected event, disruption, or man-made or natural disaster. CCS will coordinate the plan with the FBSO Training Unit and security plan, and incorporate it into the FBSO overall emergency plan. CCS shall, in times of emergency or threat thereof, whether accidental, natural or man-made, provide medical assistance to the FBSO to the extent or degree required by the FBSO policies and procedures. All CCS personnel will be aware of and familiar with the disaster plan. A review of the health aspects of the disaster plan will be part of the initial orientation of new personnel and drilled annually with all healthcare staff. CCS will participate in disaster and man-down drills in accordance with applicable standards. CCS will perform a critique of the disaster drill and man-down drills on an annual basis.



CCS prides itself on being a solution-oriented company that looks at all aspects of our clients' needs. We believe in anticipating and recognizing unique problems and situations. Given Fort Bend County's geographic location, we would act quickly throughout and following the transition period to develop a cooperative Emergency Preparedness Plan (EPP) that addresses all aspects of emergencies including floods, tornadoes, hurricanes, fires, "man down" incidents, hostage situations, and other severe weather preparedness.

As the designated Health Authority, the CCS Medical Director and HSA shall assist the FBSO in establishing the required training curriculum in accordance with ACA, NCHC and Texas Commission standards in the area of healthcare and emergency response.

3.2 Personnel Requirements

3.2.1 Staffing Plan

We are prepared to provide full and adequate staffing with qualified, properly credentialed personnel for this contract 24 hours a day and seven (7) days a week. CCS has a successful record of ensuring appropriate staffing levels and maintaining a coordinated health team with minimal turnover. We feel strongly that the financial risk of NOT staffing a position is significant and our malpractice successes validate this approach. CCS maintains a PRN pool to ensure backfill relief coverage is available. Our PRN staff members complete the CCS onboarding program consistent with our full-time team members to ensure training and continuity of services. CCS will comply with the RFP requirement that no more than 10 percent of nurses shall be outsourced.

Once notified of intent to award, we will individually contact all qualified current staff and ideally meet in person with each one. With permission from the FBSO, we will initially set up meetings at the Fort Bend County Jail to meet all current staff members to introduce them to CCS while also explaining the implementation and hiring process. We value the input of the Jail Administration and FBSO staff regarding current employees and we will seek input before discussing employment with any current employees. Our goal is to retain all qualified, properly credentialed individuals who have the attributes to succeed as a part of the FBSO/CCS team. We are prepared to begin recruiting efforts for any vacant positions immediately, both within the community and within CCS through internal postings.



duties and responsibilities so that more time can be spent on clinical duties and program enhancement.

Director of Nursing

CCS envisions the Day Shift RN position to function in more of a supervisory role and to provide support and guidance to the staff

RN coverage seven (7) days a week

The Alternate plan allows for seven (7) day a week RN coverage.

EMT's in Intake 24/7

CCS Conmed is very successfully utilizing EMT's in Texas to conduct intake screening. We have found the training and scope of an EMT is well suited for intake and in actuality may assist in a better assessment in regards to "Fit for Jail". This is of particular importance on the second and third shifts when a Registered Nurse is not available

Increased MHP coverage

The Alternate plan allows for two full-time Mental Health Professionals during the week in addition to weekend coverage

Medication Aides

The alternate plan includes coverage twelve (12) hours per day, seven (7) days per week to assist in medication delivery, medication receipt and pharmacy organization

We welcome the opportunity to discuss the alternate staffing plan and our vision for the FBSO inmate healthcare program.

3.2.2 24-Hour On-Call Physician Services

To assure on-site care needs are met in a timely fashion, CCS utilizes a 24/7 (including holidays) on-call process for physician care, including follow-up within 24 hours following nurse triage referral.

CCS will analyze the need for a telemedicine program at the Fort Bend County Jail. We find that using telemedicine for mental health consults and psychiatric evaluations to be a particularly effective way to complete exams and maximize the utilization of our Mental Health Professionals. Although we cannot yet ascertain whether telemedicine is the best choice medically or economically for FBSO, it is an option we will explore once volumes and needs are better understood. CCS has successfully developed Telepsychiatry and Telehealth clinics for a number of our clients.

3.2.3 Nursing Services

Medical Unit Coverage

Either CCS staffing plan option includes 24-hour nursing and medical unit coverage at all times, 24-hour intake screenings, health assessments within 14 days, daily sick call services, physician



dental/mental health services, clerical support and immediate response to any area of the facility in an emergency situation and upon an officer's request to evaluate the physical or mental health condition of an inmate.

24-Hour Intake Screenings

CCS will provide for the preliminary screening of inmates upon admission to the Jail, 24 hours a day, 7 days a week, including holidays. Evaluations will be conducted by a properly trained medical professional using a county-approved, gender-specific form. Only properly trained and authorized medical professionals will conduct initial health screenings. CCS understands the importance of maintaining a timely and proper booking and admission screening process to ensure the well-being of all inmates and of the overall facility operations. CCS has allocated medical personnel on each shift to manage medical screenings. CCS will also provide a report that tracks the time between a patient's booking and preliminary medical screening. For more information about intake screenings, please see Section 3.3.8.

Health Assessments

In accordance with NCCHC Standard J-E-04, CCS will complete a health assessment on all inmates prior to their being in custody for 14 calendar days. CCS typically targets day 10 for this exam to ensure the 14-day requirement is not exceeded for any reason. We understand that any medical history and physical examination conducted in excess of 14 days after admission will be subject to penalty. A physician, a mid-level provider, or an RN trained by the Medical Director will conduct the physical, to include any court-ordered testing or mandates with appropriate records and interpretations sent to the requesting agency. For more information about the 14-day Health Assessments, please see Section 3.3.9.

Medication Administration

Medications will be administered in a timely manner by trained medical personnel following the ordering of the pharmacotherapy by the responsible clinician. CCS nurses will administer medications on a scheduled basis, seven (7) days a week, utilizing the med pass cart method when possible or cell-to-cell as needed. If there is an immediate need to initiate medication, the medication will be obtained from the back-up pharmacy. Medications for life-threatening or mental illnesses or serious chronic care will not be delayed upon admission. For more information about medication administration, please see Section 3.2.9.

Sick Call

CCS nursing staff will conduct sick call triage at least once daily, seven (7) days a week, including holidays. Timely sick call triage will be conducted within 24 hours of request, and access to sick call consultation will be provided within the next 24 hours following triage. Either the physician or a properly credentialed and experienced mid-level provider will be on-site to conduct provider sick call clinics five (5) days a week. For more information about sick call, please see Section 3.3.2.

Appropriate and Timely Response to Medical Needs and Emergencies

CCS will ensure that nurses are available and prepared to respond to medical needs and emergencies in an appropriate and timely manner. We maintain policies and procedures for healthcare services in the event of an unexpected event or disruption, including natural or man-



made disasters, riots, "man down" incidents, fires, and hostage situations. Medical personnel are educated on the emergency response plan during orientation and through ongoing training and drills. The plan, which will be approved by the FBSO and the responsible health authority, will include:

- Responsibilities of medical personnel
- Procedure for triage
- Predetermination of the site for care
- Telephone numbers and procedures for calling medical personnel the community emergency response system (e.g., hospitals, ambulances)
- Procedures for evacuating patients
- Alternate backups for each of the plan's elements

Physician Support Services

CCS will use a combination of RN, LPN, and CMA hours to support physicians in accordance with their scope of practice

3.2.4 Clerical Staff

CCS agrees to provide adequate clerical support for this contract. Our staffing plan for the FBSO includes the following positions that will provide clerical support for the medical contract

Administrative Assistant (AA)

An AA is responsible for the completion of various office clerical assignments such as telephone calls and messages, mail distribution, and filing. An AA also coordinates personnel and medical reports, and receives and distributes claims

Medical Records Clerk (MRC)

The MRC is a qualified clerical person who is responsible and accountable for the maintenance of health records. In this capacity, the employee organizes and maintains an approved system of records. The MRC's responsibilities include completing forms for release of information, ensuring all medical records are kept up-to-date and confidential, scheduling medical appointments, and other clerical tasks as needed.

3.2.5 Sheriff's Right of Approval of All Appointments

Final hiring of the HSA and Medical Director, as well as other candidate key employees or subcontractors will be subject to the approval of the Fort Bend County Sheriff or designee, as well as replacement of staff. CCS understands that the Sheriff or designee may also request replacement of any staff member who is unable to carry out responsibilities under the contract. All new-hires will be subject to background screening and credentialing verification. All CCS on-site staff will be properly credentialed, qualified for their duties and trained and certified in Basic Life Support/ Cardiopulmonary Resuscitation.



3.2.6 Job Descriptions

CCS will tailor our standardized job descriptions and proven staffing protocols to meet the specific contract needs of the FBSO. A thorough written job description, protocols, policies and procedures will be made available to each staff member as well as the FBSO Contract Administrator. CCS has included job descriptions of the proposed staffing in **Tabbed Attachment C**.

3.2.7 Pharmaceutical Services

CCS will provide pharmacy services seven (7) days a week, with scheduled shipment of medications six (6) days a week and local backup pharmacy services available on Sundays, holidays, and in urgent or emergent situations. All prescription orders will be logged in the inmate's medical record, and medications will be administered in a timely manner by trained medical personnel following the ordering of the pharmacotherapy by the responsible clinician. If there is an immediate need to initiate medication, the medication will be obtained from the backup pharmacy. Medications for life-threatening or mental illnesses or serious chronic care will not be delayed upon admission. CCS has established a list of "no-miss" medications to facilitate this process. CCS makes every effort to verify and dispense these medications within six (6) hours after presentation to the medical staff. In all other instances, CCS will assure the availability of prescribed medications within eight (8) hours of the order of issue being written for all formulary approved medications and twenty-four (24) hours for all non-formulary medications except where such medications are not readily available in the local community.

Consulting Licensed/Registered Pharmacist

CCS will provide pharmaceutical services in accordance with all applicable State and Federal regulations. A consulting pharmacist will review the on-site pharmaceutical program on a quarterly basis. The pharmacist's review will be documented and a report will be provided to the CCS Medical Director and the Contract Administrator or designee. The Quality Improvement Committee (QIC) will review the report and established action plans for identified problem areas. The consulting pharmacist will perform the following duties:

- On-site audits consistent with NCCHC guidelines
- Quality assurance reviews on a quarterly basis
- Written reports identifying any areas of concern and/or recommendations for improving pharmacy services
- Quarterly inspections of stock medication storage areas
- Assure that all medications are stored under proper conditions
- Remove and replace all compromised or expired medications
- Participate in quarterly meetings of the Pharmacy and Therapeutics Committee

Pharmacy and Therapeutics (P&T) Committee

CCS will establish a Pharmacy and Therapeutics (P&T) Committee that will be responsible for monitoring pharmaceutical processes and utilization practices. The P&T Committee will be responsible for managing the CCS formulary and will be chaired by the CCS Medical Director. Throughout the formulary process, the P&T Committee will help balance efficacy, safety, and



cost of certain medications by requiring prior approval. The P&T Committee will be multidisciplinary and will meet on a quarterly basis. Copies of the P&T Committee meetings and related reports will be provided to the Contract Administrator or designee.

340B Program

CCS understands the importance of saving money where possible on pharmaceuticals, especially on HIV and Hepatitis C treatment medications. CCS will continue the FBSO partnership with St



Hope Foundation to further develop a program for the management of Infectious Disease patients that includes access to 340B pricing.

CCS will provide primary care services to all FBCJ patients. However, if a patient requires an infectious disease consult, they will be formally referred to the St. Hope Foundation. CCS will work with the St. Hope Foundation to schedule an appointment for the patient. St. Hope Foundation will be the infectious disease provider for these patients and will manage all acute and chronic care needs. CCS will facilitate ordered laboratory and diagnostic testing and ensure up-to-date information is forwarded to St. Hope with each patient appointment.

CCS will work with the St. Hope Foundation to ensure 340B medications can be delivered to all FBCJ offenders.

3.2.8 Pharmacy Management

CCS plans to subcontract with Diamond Pharmacy Services in order to give the FBSO the benefit of our exclusive pricing leverage. Diamond provides pharmaceutical and institutional pharmacy services to correctional facilities throughout the nation.

CCS will provide pharmaceutical services in accordance with national and Texas state laws and regulations. CCS will ensure a total pharmaceutical management program that includes formulary and non-formulary oversight, prescribing of medications, filling, dispensing, record keeping, appropriate licensure, and DEA management. CCS will provide services seven (7) days per week with scheduled delivery of medications six (6) days a week with back-up pharmacy services available on Sundays, holidays and in an urgent or emergent situation. CCS will store all medications securely and properly (refrigeration, etc.), and will use a system to ensure credit for unused medications.

CCS will prescribe generic medications whenever possible unless the physician provides justification for a brand name request. CCS will track the percentage of generic versus non-generic use at the FBCJ and has the capability to provide reporting on all areas of pharmaceutical management. CCS receives all tablet or capsule medication in packaged blister cards in 7, 14, or 30-day doses.



All controlled substances, syringes, needles and surgical instruments will be stored under secure conditions in accordance with the laws of the State of Texas and in a manner acceptable to the FCBJ

The Pharmacy Management Process provides written systems and processes for the delivery and administration of medications, to include:

Direct Observed Therapy	CCS personnel will be trained to provide direct observed therapy for medications subject to abuse, psychotropic medications, and those related to the treatment of communicable and infectious diseases
Keep on Person "KOP" Program	CCS has established a spectrum of KOP programs intended to promote inmate responsibility for their own continuing state of health and assist in educating them about their medications. CCS will meet with FBSO operational staff and discuss this option if the FBSO desires to develop the current KOP program.
Medication Renewals	CCS will maintain a system for medication renewals to ensure required medications are continuously available for all patients who require them. CCS will review all orders for controlled substances every two weeks.
Medication Renewals for Patients at Risk	The psychiatrist will evaluate patients prior to the renewal of psychotropic medications. The evaluation and re-order will be documented in the patient's health record.
Medication Education	CCS staff will educate patients on prescribed pharmacotherapy at the time the therapy is ordered. The education will be documented in the patient's health record.
Release Planning	CCS processes facilitate release planning to ensure a patient's continuity of care, especially in patients with mental illnesses. CCS works hard to provide as many resources as possible to enable released patients to continue their treatment plans, hopefully enhancing their state of health and reducing the likelihood of recidivism. Upon transfer to another facility, a medical transfer form will accompany the patient. This form provides all necessary information required for the continuation of treatment. CCS staff will provide discharged medication as outlined in FBSO policy and State of Texas regulations.
House Stock Supply	CCS will only use in-house stock medications as appropriate and as allowable within Texas guidelines.



Emergency Pharmacy Coordination	CCS contracts with a local pharmacy with 24/7 services for critical needs
Safety and Security	CCS will store controlled substances, syringes, needles, and surgical instruments under secure conditions. Items subject to abuse will be inventoried on a regular schedule and securely stored according to the guidelines of the AMA and NCCHC. Regular audits will be conducted to remove discontinued or expired medications.
Medication Return Policy	<p>Due to inmate turnover, medication changes and the rising cost of medications, CCS realizes the importance of issuing credit for returned medications. To help reduce the amount of waste and cost per inmate per month, CCS will ensure the pharmaceutical program includes credit on full or partial medications returned that:</p> <ul style="list-style-type: none">• Remain in their original sealed blister packs• Have been stored under proper conditions• Are not within three (3) months of expiration• Have not been released to the inmate population• Are not controlled substances• Are permitted by the State Board of Pharmacy and FDA

3.2.9 Medication Administration

Medications will be administered in a timely manner by trained medical personnel following the ordering of the pharmacotherapy by the responsible physician. All prescription orders will be logged into the patient's medical record. If there is an immediate need to initiate medication, the medication will be obtained from the back-up pharmacy. Medications for life-threatening or serious chronic care or mental illnesses will not be delayed upon admission. CCS has established a list of "no-miss" medications to facilitate this process. All efforts will be made to verify and dispense these medications within six (6) hours after presentation to the medical staff. In all other instances, CCS will assure the availability of prescribed medications within eight (8) hours of the order of issue being written for all formulary approved medications and twenty-four (24) hours for all non-formulary medications except where such medications are not readily available in the local community.

CCS plans to administer medications twice daily seven (7) days per week utilizing medication carts in each post. Inmates in lock-down or segregation who cannot be released to report for medication will receive their medications in their cells. Patients who are prescribed medications three or more times daily will receive medications as prescribed.

CCS personnel will document the administration and missed doses on inmate specific medication administration records (MAR). These records will become a permanent part of the inmate's



health record. The MAR includes non-administered medication reason codes as well as instructions, injection site codes and result codes. All information relative to a patient's prescription will be recorded in the MAR. In the event that an inmate misses or refuses doses on three consecutive days the inmate will be referred to the prescribing provider and a medication refusal will be documented.

CCS will manage all pharmaceuticals in accordance with all applicable laws, guidelines, policies and procedures, and accepted community standards. In accordance with FBSO and CCS policy providers will be instructed to limit the use of sleep and pain medications. CCS is aware of and will closely follow NCCHC guidelines and policies developed by law governing emergency use of forced psychotropic medications.

CCS Medication Administration protocols address the following additional areas:

"Off-Label" Use	CCS policy discourages the dispensing of medication (prescription or OTC) for any off-label use.
Medication Refusals	In the event that a patient misses or refuses doses on three consecutive days, the patient will be referred to a prescribing provider and a medication refusal will be documented.
Medication Education	CCS providers are instructed to educate patients on prescribed pharmacotherapy at the time the therapy is ordered. The education will be documented in the patient's health record.
Standards Compliance	CCS does not permit pre-pouring of medications and will monitor the medication delivery process to ensure that this is not occurring. This issue is also a part of the CCS orientation training in addition to a mandatory CEU regarding medication administration and the "prevention of medication errors". The CCS proposed staffing plan is sufficient to ensure no pre-pouring is necessary.
Utilization Review	The CCS pharmacy provider will be required to provide monthly utilization reports for review and analysis by the Pharmacy and Therapeutics Committee (P&T). A portion of the CQI meetings includes a P&T report to review cost issues, prescribing patterns and formulary management.



3.2.10 Dental Care

The CCS program will follow a written dental classification and priority treatment program. The program uses the date of the inmate's incarceration as a basis for placement on the dental treatment lists.

The Classification and Priority Treatment program shall give priority scheduling to:

- Inmates who need emergency dental treatment including but not limited to those with abscessed teeth, trauma, and facial swelling
- Inmates who have chronic medical conditions such as diabetes, heart conditions, immune compromised
- Inmates who do not have sufficient teeth to masticate the food provided by FBSO

Dental personnel licensed to practice in the State of Texas will provide dental services including exams and treatment (emergency fillings and extractions). A dentist will perform dental assessments on inmates who request dental services and will provide services as soon as possible when the health of the inmate would otherwise be adversely affected. The timing of services will be dictated by the severity of the need, and in no case be longer than three months. The CCS Dental Program includes prevention of dental disease, oral hygiene education and dental specialist referrals, if needed.

The CCS Dental Program includes:

Oral screening by a qualified professional within 14 days of admission	<ul style="list-style-type: none">• Prevention of dental disease and oral hygiene education
Dental Examination by a Dentist within 12 Months	<ul style="list-style-type: none">• Charting of decayed, missing and filled teeth• Taking dental history• Keeping a dental record for each patient• Dental specialist referrals, if needed• Provision of all dental prosthetics and lab services as required• Xrays• Provision of maxillofacial surgery services when indicated
Dental Treatment Priority	<ul style="list-style-type: none">• Emergency (care available 24/7)• Limited restorative care• Prophylactic care (long term inmates)• Dental Prosthetics as medically required



3.2.11 Employee Training

CCS agrees that all employees will attend training on Basic Jail Orientation, radio procedures, interpersonal communication skills and other security topics made available several times each year by the Sheriff's Office. CCS shall be responsible for employee wages and/or overtime necessary to fulfill this requirement.

CCS knows that the cornerstone of the organization is our people. Our organization is comprised of dedicated professionals whose mission is to provide compassionate patient care, execute sound ethical business practices, and support each other in all of these endeavors. We also know that to maintain our competitive advantage in the marketplace, especially in an environment like Fort Bend County where there are a variety of opportunities for quality medical professionals, we must effectively engage and retain our people.

The lives and health of our patients depend on the knowledge, practice skills, and competencies of the professionals who care for them. Caring for patients in a correctional setting requires ethical and competent professionals.

CCS provides a comprehensive 3-phase training program designed for new staff (on-boarding) as well as continuing training and annual skills knowledge assessment.

1. On-boarding
2. Performance Enhancement
3. Leadership Development

All CCS staff members are required to participate in each phase of training. The frequency and focus of each training phase will be determined by the position and the capacity of the learner.

Phase 1: On-boarding

Critical to the future success of any new employee is her or his initial experience with the organization. To start the employee off on the right foot and to ensure a smooth transition, CCS offers a three-part on-boarding process: Orientation, On-the-Job Training, and Follow-up.

On-boarding Step 1: Orientation

Each new hire is scheduled to participate in an eight (8) hour learning experience (the physician orientation program has additional requirements) where they are introduced to the CCS culture, policies, and procedures. The program is designed to clearly establish expectations and to involve the new staff in the success of the Company.



Areas discussed will include, but are not limited to:

- Company culture
- Goals
- Benefits
- The correctional environment
- Deliberate indifference
- Correctional healthcare standards
- Governance
- Correctional nursing role
- Forensic information
- Informed consent
- Grievance mechanisms
- Emergency services
- Interacting with inmates
- Safety and security
- Universal and Standard precautions
- Segregation
- Biohazards
- CQI
- Infection control
- Inmate health services
- Mental health assessments
- Client customer service
- The Prison Rape Elimination Act
- Medication administration training and preventing medication errors
- Appropriate medical documentation utilizing the SOAP format
- Suicide prevention and risk assessment
- Emergency procedures
- Compliance with FBSO security regulations, policies and procedures
- FBSO required sign-in and sign-out procedures

We have provided a New Hire Welcome Orientation Package and DVD in the rear binder pocket of this proposal for your reference.

On-boarding Step 2: On-the-Job Training (OJT)

This step is guided by standards, detailed checklists, and a qualified preceptor. While there are time schedules with expected milestones, the preceptors will work with the new employees to ensure that the expected knowledge is transferred. This portion will not be considered complete until the new employee feels capable and comfortable to perform the job and satisfactorily passes the post-test.

On-boarding Step 3: Follow-Up

Follow-up is the last component of the on-boarding process. During this component, the new employee has an opportunity to provide feedback about his or her experience with the Health Services Administrator. During this discussion, the Health Services Administrator also shares information about her or his leadership style and performance expectations.

Phase 2: Performance Enhancement

Performance enhancement training consists of skills labs and webinars. On a scheduled basis the training team will conduct learning labs at a central location for the staff to learn and to practice the skills identified by the Nurse Educator and the Operations leaders. These skills have been determined to be either an annual skills check, an area of deficiency, or a new practice with the



staff. In addition, webinars and DVDs which interface with a variety of Subject Matter Experts (SME) will be offered to the appropriate staff members (attendees are based on covered topics)

Phase 3: Leadership Development

These learning experiences are tailored to the audience. For example, Foundations of Leadership is designed for our emerging leaders, Managing the Operation for our mid-managers, and The Business behind the Business for our top leaders. In addition, we have a Leadership Academy designed to further develop our top performers. Each series is run with the collaboration of our Home and Regional office as well as the site leaders. They vary in delivery and duration.

Training for our Healthcare Professionals will be designed and conducted through the collaborative efforts of our Chief Medical Director, Director of Psychiatry, Vice President of Mental Health, our People Development and CQI team, and the site leaders. They will participate in step one of the orientation (see above). Additionally, our Psychiatrists are mentored by our Director of Psychiatry – providing guidance and sharing expectations

CCS Leadership Development Approach

The continued success of any organization is its leaders' abilities to effectively lead their people, maximize customer and client experience, and make sound business decisions. CCS is committed to enabling its leaders to be the best in their current roles and to preparing them for future opportunities within the Company

CCS Leadership Development combines five (5) leadership competency themes to create a complete leader:

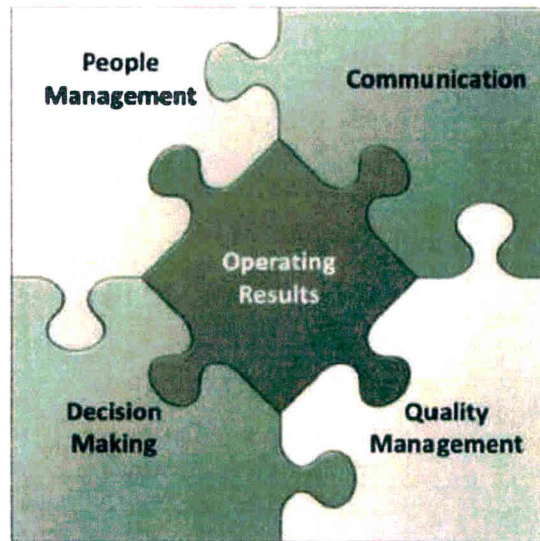


Figure 22: The Five Leadership Competency Themes: The five themes of the CCS Leadership Development Approach guide performance assessment, development initiatives and promotional selection



Educational experiences are designed to strengthen the leadership competencies of all our staff members. These experiences are tailored to the audience. Examples of leadership programing include:

Title of Program	Objective	Target Audience
Foundations of leadership	Multi-venue learning experience designed to introduce high-performer/potential non-leaders to the role of manager	Emerging Leaders
Boot Camp	Home Office learning experience designed to introduce to the Correct Care Solutions way – expectations of a leader, policies, best practices	New Leaders (less than 4 months)
New Leader Transition	Interactive discussion session designed to encourage communication between the new leader and the staff	Leader who joined the staff (less than 6 months)
Exceleration	On line learning experience designed to strengthen leadership skills	All CCS Leaders
Leadership Academy	Multi focus, multi-delivery learning experience designed to enhance the understanding and effectiveness of our leaders	Front line Leaders (Foundation of Leadership) Mid level Leaders
Train the Trainer	Enable trainers to successfully deliver training courses to the highest standard	D.O.N.s/Identified Nurse Trainers

Figure 23: Leadership Training Programs. CCS invests in the growth of its employees to develop and grow leaders from within

CCS Leadership Boot Camp

Boot Camp provides all of our new leaders an opportunity to learn about our values, policies, practices, and culture. To enhance the benefit of the fast-paced Boot Camp learning at the Corporate Home Office (Nashville, Tennessee), CCS sends all new leaders a pre-work instruction e-mail. This is essential in preparing each attendee to benefit fully from the program. The pre-work consists of interactive, customized eLearning programs and paper assignments aimed to educate our leaders in their various responsibilities. Examples of some of the content that would appear in the pre-work as well as in the Boot Camp sessions are: Legal and risk management, setting SMART (specific, measurable, attainable, realistic and timely) goals, interviewing skills, finance, correctional healthcare, employee evaluation improvement meetings, leadership operations, and conflict management.

CCS immerses leaders in multiple formats of learning: PowerPoint presentations, senior staff panel discussions, group debate, and visits to the various department heads for a Q&A session. The Boot Camp program is educational, fun, and participatory. Our goal is to help our RIGHT employees ALWAYS to do the RIGHT things. Our past, present, and future success is because of the investment in our CCS Family. CCS aims Boot Camp to continue that tradition as we grow!

Training for our healthcare providers will be designed and conducted through the collaborative efforts of our Regional Medical Director, our People Development team, the CQI team, and the site leaders. They will actually participate in step one of the orientation. Additionally, our mental



health providers will be mentored by our Regional Mental Health Directors who will provide guidance, insight, and will share expectations

Continuing Education

The CCS continuing education and training program builds on the foundation established in the orientation process and is in accordance with professional and legal standards. The CCS training department establishes self-study continuing education and training programs on a monthly basis. CCS maintains a continuing education provider license that provides nursing personnel with continuing education credits, as an employee benefit. CCS distributes the self-study training programs electronically, and participants who successfully complete the program receive a certificate of completion. Following is a sample copy of a self-study continuing education and training schedule. Continuing professional development serves to improve the quality of service and helps reduce risk and grievances for the FBSO.

Sample CCS Continuing Education Schedule		
MONTH	TITLE	CREDIT
January	Prison Rape Elimination	1.0
February	EPS Training	1.0
March	The Process of Recovery in Depression: From the Initial Treatment to a Successful Outcome	1.0
April	OSHA Update 2012	1.0
May	Preventing Medication Errors	1.0
June	Annual Fit testing and Treatment Decision Making in Patients with Metastatic Cancer	1.0
July	Improving Outcomes in Excessive Sleepiness & Obstructive Sleep Apnea: Early Recognition & Intervention	2.0
August	Annual Protocol Training	1.0
September	Assessing Risks & Enhancing Response in Patients with coronary Artery Disease: The Role of Genetics	1.5
October	Annual Suicide Training	2.0
November	Hepatitis C Infection – Diagnosis in Pediatric & Adult Patients	1.0
December	Harassment in the Workplace	1.0

Figure 24: Sample Self-Study Continuing Education Schedule.

Correct Care Solutions is committed to the development of our team members. As part of this commitment, CCS has also arranged for its members to have access and receive Continuing Education Credit (CNE credits) from Medscape. Medscape is an on-line resource depository of clinical information and education. It includes medical articles, recaps from conferences, research links and CNEs.

While it is the responsibility of each nurse to secure her/his own development, CCS provides tools to further the success of its team members.



The 2013 Medscape continuing education schedule follows:

Sample CCS Continuing Education Schedule		
MONTH	TITLE	CREDIT
January	Enhancing Protection Against Influenza: Fact & Fiction About Vaccines, Adjuvants and the Most Vulnerable Population.	1.5
February	Early Intervention in Multiple Sclerosis	1.0
March	Preventing Surgical Site Infections: Best Practice Equals Safe Practice	1.0
April	Managing Side Effects of Depression Treatment	1.0
May	Improving Patient Outcomes: An Evidence-based Approach to Diagnosis & Treatment of COPD	1.0
June	Adherence to Antipsychotic Medications & Long acting Injectable Antipsychotic	1.5
July	Improving Quality of Life of Patients with GERD: Adequate symptom control	1.25
August	Low Back Pain: Evaluation, Management and Prognosis	1.50
September	Looking Beyond Glucose Control in Type II Diabetes: The Cardiovascular, Cardio protective, and Weight Effects of GLP-1	2.0
October	Hyperuricemia and Gout: Understanding the Drivers of Quality of Care	1.25
November	Preventing Central Line-Associate Bloodstream Infections: Do you Bundle?	1.0
December	Infectious Disease Consult: What's in Your Waiting Room?	1.0

Figure 25: Medscape Continuing Education Schedule.

Additionally, on-site CCS healthcare personnel will complete in-service training and education programs on topics and issues specific to the FBSO. CCS identifies new topics on an on-going basis through the Quality Improvement Program. CCS maintains a video library and other reference materials that sites can use to facilitate their site-specific training programs. CCS also utilizes community resources when available and appropriate. The CCS Training Department provides technical assistance.

The HSA is responsible for ensuring that healthcare personnel receive, at a minimum, one hour of continuing education per month. Additionally, all healthcare staff will maintain current CPR/AED certification and attend appropriate workshops to maintain their licensure. The HSA maintains documentation of completed training in an individualized training record for each employee.

OneSmart Training

CCS has implemented OneSmart, a web-based training tool for health care practitioners. The platform uses Flash Player to enable participants to login and see the presenter while training is delivered via conference call. Trainees can also participate in polls and take advantage of other



innovative learning tools. We have provided the following training schedule as an example of our 2013 OneSmart conference call sessions

HCP Conference Calls: Chronic Care Series – Mandatory Attendance	
Session	Topic
January	Peer Review
February	Neurological Emergencies
March	Self-Injurious Behavior
April	Bath Salts and Other Designer Drugs
May	Patients with Multiple Somatic Complaints
June	PREA Update
July	Diabetes Management
August	Critical Case Review
September	HIV Update
October	Substance Withdrawal

Additional OneSmart training topics include:

- Management of Labor
- Closed Head Injuries
- Lacerations
- Chest Pain
- Abdominal Pain
- Fractures
- Miscarriage
- Elevated Glucose
- Withdrawal
- Cellulitis
- Hunger Strike
- Asthma Attack
- Tuberculosis
- Kidney Stones
- Pain
- Bleeding
- Dehydration
- Stroke
- Abscesses
- Suicide
- Psychosis
- Falls
- Motor Vehicle Accidents
- Deep Venous Thrombosis

On-Site Reference Library/Educational Resources

CCS will provide an up-to-date medical reference library at the FBCJ accessible at all times by healthcare personnel. Reference materials shall include basic reference texts related to diagnosis and treatment in a primary care setting. CCS also allows access to *UpToDate*, our on-line reference materials.

UpToDate® Online Clinical Knowledge Base and Tools

Always seeking avenues to provide our medical staff with the best and most current evidence-based resources required to provide the best quality care, CCS has incorporated UpToDate®, with online clinical information on over 7,700 topics, into our employee website.



UpToDate covers more than 7,700 topics in 14 medical specialties and includes more than 80,000 pages of text, graphics, links to Medline abstracts, more than 260,000 references, and a drug database. Content is reviewed and edited continuously with an updated version of UpToDate being released every four (4) months.

UpToDate includes treatment recommendations based on the best medical evidence. Recommendations are kept current as new studies are released and practices change.

UpToDate is evidence-based and uses a literature-driven updating system; more than 430 journals are monitored by editors and authors, and anytime something of importance is published, it is incorporated into the program. The key word here is "incorporated." UpToDate is not a journal watch. New studies are not simply added, but rather they are placed in the context of what has already been published in that field.

This instant availability of continuously updated, evidence-based health care information, accessible from inside the patient record, will aid medical staff in providing the highest quality of care. In one study, 90% of UpToDate users reported that UpToDate makes them a better doctor.

Topics available within UpToDate include:

- | | |
|--------------------------|-----------------------|
| • Medical Calculators | • Hematology |
| • Adult Primary Care | • Hepatology |
| • Allergy and Immunology | • Infectious Diseases |
| • Cardiology | • Nephrology |
| • Critical Care | • Neurology |
| • Drug Information | • Oncology |
| • Emergency Medicine | • Pulmonology |
| • Endocrinology | • Rheumatology |
| • Gastroenterology | • Surgery |

CCS is excited about the provider information available in UpToDate but it is equally excited about the Patient Education materials that are available. Patient information is available on multiple topics for the provider to print and discuss with the patient while they are together.

Increased quality of patient care is only one benefit realized through this program, also built into UpToDate is a CME program that allows physicians and nurses to utilize their time in the program for CME/CEU credits toward maintaining their certification. UpToDate is recognized as an official educational tool of multiple medical organizations including:

- Society of General Internal Medicine
- American College of Rheumatology
- American Gastroenterological Association
- American Thoracic Society
- The Endocrine Society and The Hormone Foundation



3.2.12 Testifying in Court

CCS understands that due to the nature of the industry, our staff may occasionally be subpoenaed to make court testimony regarding inmate medical treatment. CCS accepts this duty and responsibility for any employee overtime costs related to such testimony.

3.2.13 Sheriff's Office Policies, Procedures, Protocols and Post Orders

CCS staff will comply with all Sheriff's Office policies, procedures, protocols and post orders.

3.3 Care and Treatment Requirements

CCS has developed a program to provide comprehensive medical services to the FBSO. All CCS programs meet industry and state standards and are compliant with constitutional, correctional law, and community standards. The program that CCS presents complies with American Correctional Association (ACA) and National Commission on Correctional Healthcare (NCHC) standards. The following figure shows the CCS health services delivery and referral process.

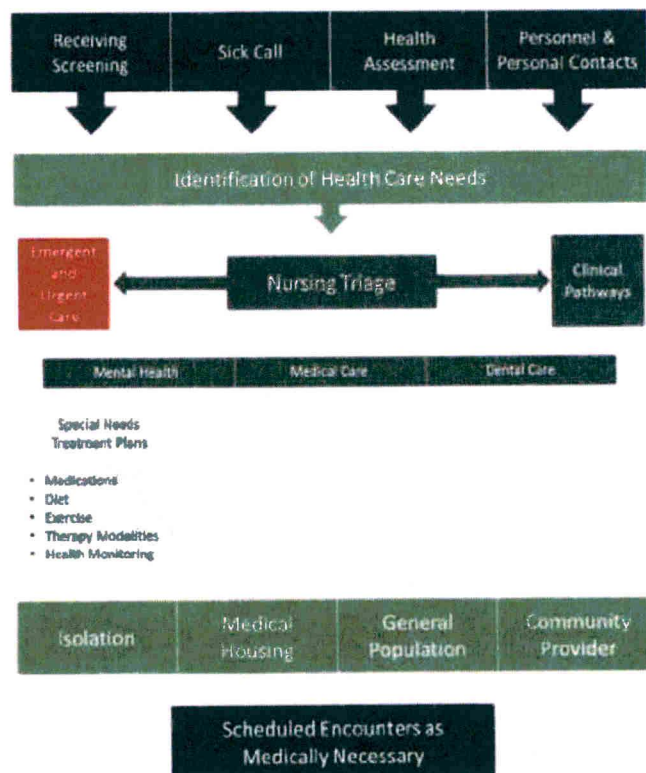


Figure 26: Health Services Delivery Process. The CCS process considers every aspect of a patient's health to ensure that patients receive all medically necessary care.



3.3.1 24-Hour Emergency Healthcare Services

The CCS program for FBSO includes medical personnel on-site 24/7 to manage urgent and emergent issues. CCS staff will follow FBSO policy and procedure regarding emergency transportation for care that cannot be managed in-house. Unless within the best judgment of nursing personnel there is a 911 emergency, the decision to transfer an inmate to an inpatient facility is made only upon consultation with the Medical Director or his designee. The Medical Director, Nurse Practitioner, and Dentist are on call 24/7. CCS conducts a retrospective review of all off-site emergency transfers.

3.3.2 Routine Nurse Sick Call

CCS will provide timely sick call triage by a qualified healthcare professional and access to sick call consultation within 24 hours of patient request. During the intake screening process, CCS advises all inmates of their right to access care and explains the process for requesting healthcare services.

The CCS sick call process will ensure timely access to medically necessary healthcare services, and uses combinations of nurses, mid-level providers, and physicians for sick call services as defined within their scopes of practice. CCS makes sick call request slips available in the housing units for inmates to submit until the kiosk process for requesting care can be established. FBSO staff can also make referrals if they have concerns for an inmate's health status. CCS will collect the sick call slips and will triage them at least once daily seven (7) days a week, including holidays, in accordance with NCCHC standards. CCS will also conduct nurse and/or doctor/midlevel sick call clinics seven (7) days a week. CCS will allocate sufficient healthcare staff to the sick call process to allow all inmates to be seen in a timely manner in an appropriate location.

Should the need arise outside the scheduled sick call, inmates needing urgent or emergent medical services will be seen on the same day as they request such services. When an inmate is unable to attend a sick call session due to custody status or physical condition, CCS will arrange to conduct sick call services at the inmate's cell (e.g., segregation patients). CCS will provide:

- A nurse to triage all non-emergency patient requests for care within 24 hours. Sick call services will be decentralized whenever possible and occur on the floors in the multipurpose program rooms or on the housing units seven (7) days a week including weekends and holidays. The responsible physician will determine the appropriate triage mechanism to be utilized for specific categories of complaints.
- Sick call visits conducted by a nurse seven (7) days a week.
- Doctor sick call will be conducted in medical by a Physician or Nurse Practitioner and will occur five (5) days a week with on-call 24/7 for emergencies.
- A sick call log to track all requests and dispositions to include dates and times.
- All healthcare providers will be properly trained, qualified, credentialed, and licensed to practice in the State of Texas.

The Healthcare Services Program will also include a means for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or



developmental disability treatment at any time during his/her incarceration subsequent to the admission screening.

CCS will conduct sick call services and clinical encounters in a private setting in accordance with appropriate security considerations. When indicated, a chaperone will be present. CCS will schedule timely consultations for inmates requiring a physician, dentist, mental health professional or psychiatrist.

Sick Call in Segregation Units

CCS will arrange to provide the same level of sick call for inmates who are unable to attend a sick call session due to custody status. At the FBCJ, CCS will conduct sick call in segregation housing units and provide appropriate follow-up care for all inmates in special housing. CCS medical or mental health personnel will conduct daily rounds in the segregation unit, and shall record patient vital signs and weight on a weekly basis.

3.3.3 Policies and Procedures Manual

CCS will develop and maintain a site specific Policies and Procedures Manual in accordance with NCCHC, ACA, and FBSO policies, standards and regulations. CCS will submit this manual for approval by the FBSO within 30 days of contract start and it will be available in all medical clinic areas for reference by the CCS staff. The manual will clearly define the management differences pertaining to pre-trial inmates, sentenced inmates, minors, and females.

The CCS HSA, Medical Director, and the Jail Commander will approve and sign off on the CCS policy and procedure manual. CCS will review and update the policies and procedures annually. CCS will submit any additions, changes, or revisions for approval prior to implementation.

3.3.4 Ancillary Services

CCS will use on-site diagnostic services for inmates whenever possible. This includes laboratory and X-ray services. If a patient requires a service not available on-site, CCS will coordinate for the patient to receive those services off-site by a provider approved by the FBSO. CCS shall provide necessary follow-up for health problems identified by any screening tests or laboratory tests.

Laboratory Services

CCS has a national contract with Laboratory Corporation of America (LabCorp), with corporate headquarters in Burlington, North Carolina. LabCorp services meet standards set forth by the American College of Pathology, and meet the State of Texas requirements for medical pathology, as well as specimen handling, testing, and reporting. CCS will subcontract with LabCorp to provide diagnostic laboratory services. LabCorp provides leading-edge medical laboratory tests and services through a national network of primary clinical laboratories and specialized centers. CCS typically also establishes an agreement with a local lab for STAT lab services.





A diagnostic procedure manual that includes reporting on STAT and critical values will guide laboratory services provided on-site. CCS and LabCorp also maintain a lab formulary to direct providers to cost effective ways of bundling testing and prevent ordering costly testing without approval. CCS will train all staff on our laboratory policies. On-site services will be in accordance with the Clinical Laboratories Inspection Act (CLIA) and will comply with the Clinical Laboratory Improvement Amendments of 1988. The laboratory program will comply with all State of Texas requirements for medical pathology and all standards set forth by the American College of Pathology.

CCS will perform the majority of all phlebotomy and lab services on site. At a minimum, laboratory services will include:

- Routine, special chemistry and toxicology analysis
- Provision of laboratory supplies
- Printer or computer interface to provide test results
- Crisis levels will be reported to the physician or his/her designee immediately
- Accurate reporting within a reasonable time frame
- Stat lab services

On-site services will include, but not be limited to:

- Dipstick urinalysis
- Blood chemistry
- Cultures
- Finger stick blood glucose
- Peak flow monitoring
- Pregnancy testing
- Stool blood testing

Laboratory results will be reported via a dedicated printer or will be uploaded into a patient's CorEMR medical record if that option is available. ERMA displays abnormal results highlighted in red to alert the provider. Staff will be notified when results are received into the record, with notation if results indicate critical values. All results imported into ERMA are placed on the on-site provider's action list. The provider will review all results and electronically sign off on them.

X-Ray Services

CCS has a national contract with the current mobile x-ray provider in Fort Bend County. CCS will coordinate to provide on-site radiology services to the FBCJ. CCS will work with the FBSO administration and Mobilex to establish a routine schedule for on-site radiology services at least three times weekly. In addition, urgent or "stat" services will be available in order to prevent the need for emergency room or urgent care transfer.

The CCS Medical Director, or physician designee, will review, initial and date all x-ray reports in a timely manner. A plan of care will be established as appropriate. All x-rays and radiology special studies will be read by a board-certified radiologist, to include a typed and/or automated report. Reports will be provided to the institution as soon as read and no later than 24 hours after the reading. The radiologist will call the institution with any report requiring immediate intervention.



When possible, on-site services will include:

- Mobile x-ray services
- Ultrasounds
- Sonograms
- Doppler Studies
- Mammograms
- Pulmonary Function Tests
- Holter Monitor Studies
- Upper GI x-rays

Dialysis Services

CCS understands there are currently two dialysis chairs at the FBCJ and that the County is currently in negotiations with Davita for on-site services. CCS has secured a Letter of Intent from CharDonnay Dialysis (the CCS preferred provider) to provide a full-range of hemodialysis services for the FBSO contract. However, first and foremost the CCS CharDonnay team would like to assist the FBSO in evaluating the current program and determining what makes the most sense, cost effectively, as it relates to these services. CCS understands that the unpredictability of when dialysis services will be required may result in a situation whereby providing services on-site through a contracted provider may actually be more expensive for the county than an off-site solution. One of the ways CCS has been able to assist some of our clients who were experiencing a similar dilemma, was to offer dialysis services for the inmates contained in neighboring counties. For instance, CCS Conmed manages the inmate medical services in both Galveston and Jefferson Counties which were used as examples due to ease in collecting utilization data. Given the current trending, both Counties may be experiencing enough of a hardship managing this population that they would consider transfer to Fort Bend for services which, in turn, could offset some of the cost of the dialysis services for the Fort Bend inmates.



Figure 27: Potential Cost Savings. Treating dialysis patients from neighboring counties could offset some of the dialysis costs for Fort Bend County Jail



CharDonnay specializes in providing dialysis services to correctional institutions throughout the country. By incorporating the CharDonnay contracted nephrologists, nurses, dialysis technicians, biomedical technicians and administrative support into our team, CCS can provide the most comprehensive dialysis solution for the FBCJ

On-site services will include initial assessment, individual care plans, monthly follow-ups and monthly dialysis review. The individualized care plans will be based on an evaluation of the nature of the inmate's illness, the treatment modality prescribed, and will address an assessment of the following needs:

- Physical
- Medical
- Dietary
- Psychosocial
- Functional
- Rehabilitation

3.3.5 Mental Health Services

The CCS Mental Health Program is fully NCCHC- and ACA-compliant and designed to meet the needs of the incarcerated population. In addition, we are very active in connecting our programs with community efforts. Our Program emphasizes identification, referral, and treatment. The CCS program is based on documented policies and procedures addressing the provision of mental health services to include inmate assessment and evaluation, suicide prevention, special needs treatment plans, referrals for care, on-going care and discharge planning. The CCS Mental Health Program falls under the direction of Charlene Donovan, Ph.D and the on-site Psychiatric Practitioner.

We recognize that Mental Health presents a challenge for most jails. In the current climate in Fort Bend County, the FBCJ and CCS have a great opportunity to make a significant impact on the community. We are very proactive in our approach and our focus to connect our program with community services and resources to make a difference. We applaud the FBSO and are encouraged to have an opportunity to participate in the weekly multidisciplinary meetings developed in an attempt to ensure timely processing, treatment and discharge planning for the mentally ill population.

Under the CCS program, all inmates will receive a mental health screening completed at intake. All referrals generated from these assessments will be provided to mental health staff for necessary follow-up. Unless identified as emergent during the intake assessment, healthcare personnel will wait and perform a more in-depth mental health assessment at the time of the comprehensive health appraisal (within 14 days of booking). If the patient is determined to be in emergent need of care, a psychiatric nurse practitioner or licensed psychiatrist will be available for consultation, and a mental health professional will provide on-site assessments of patients with clinical symptoms. Patients will be referred for care as determined appropriate.



A CCS Turnaround Success – Mental Healthcare in Richland County Jail

Under its previous healthcare provider, the Alvin S. Glenn Detention Center was unaccredited, had no Mental Health screening in place at intake, and had a troubling history of suicides and other sentinel events.

Within two years of taking over as the healthcare provider at Richland County, CCS managed a significant turnaround for the Detention Center and with it a positive impact for its mentally ill incarcerated patients, and ultimately the community at large.

With our oversight and commitment to standards and quality of care, the Center is now NCCCHC accredited. Mental Health screenings have been implemented at intake, and the Mental Health program has received recognition for its improvement and quality.

Mental health evaluations will include:

- History of psychiatric treatment and outpatient treatment
- Current psychotropic medication
- Suicidal indication and history of suicide behavior
- Drug and alcohol usage
- History of sex offenses
- History of expressively violent behavior
- History of victimization due to criminal violence
- History of cerebral trauma or seizures
- Emotional response to incarceration
- Documentation of informed consent

Mental health referrals can occur at any time during the inmate's incarceration and may come from a variety of sources to include

- The receiving screening process
- The health appraisal process
- Sick call encounters
- Individuals such as correctional personnel, legal representation, friends and family members

Inmates currently being prescribed psychotropic medications, those currently receiving Mental Health treatment, and those identified as having a history of mental illness or history of self-harm are referred for care. Mental health personnel will evaluate each patient referred to the mental health program after a psychiatric or mental health referral is made, immediately if needed. Urgent referrals will be managed by mental health staff immediately; healthcare staff will address urgent referrals received after hours and contact the on-call clinician as necessary to manage these cases. Inmates requiring the services of the psychiatric clinician will be referred appropriately. If it is determined that on-going care and evaluation is required, a treatment plan will be established, and the inmate will be scheduled for his or her next evaluation. The CCS staffing plan includes Mental Health personnel on-site seven (7) days a week.



When it is determined that the inmate received mental healthcare prior to incarceration, efforts are made to obtain treatment information from community providers to facilitate continuity of care.

Mental Health Program Features

Special Observation	Inmates with suicidal tendencies and other conditions are placed on special observation status as determined by the mental health staff. Mental health personnel will perform scheduled rounds and evaluations when inmates are placed in observation or isolation.
Special Needs Program	CCS will identify those inmates who present with serious mental health issues likely to impact their ability to function independently. These inmates will receive an individualized treatment plan and the level of mental health service required to enable them to function adequately.
Individual and Group Counseling	CCS will utilize a program of individual and or group counseling services designed to address the mental health needs of the jail population. As part of the intake and health assessment process, those inmates identified with significant mental health needs will be evaluated by a member of the mental health staff for appropriateness in enrollment in group or individual counseling services.
Multidisciplinary Communications	CCS will implement a program to improve communication between nursing personnel, mental health workers, and correctional personnel.
Psychotropic Medications	The psychiatric clinician will perform a health record review prior to prescribing psychotropic medications and will provide inmates with education on treatment and medication therapy and obtain informed consent. Inmates on psychotropic medications will be monitored for medication compliance and drug toxicity. CCS has an established psychotropic medications protocol for emergent and non-emergent use of psychotropic medications.
Reporting and Recordkeeping	CCS will keep current and accurate health records, service delivery logs and other reports related to Mental Health services.
Administrative and QIP Meetings	CCS will participate in periodic, scheduled administrative and quality improvement program meetings regarding Mental Health services.



Suicide Prevention

Suicide is a leading cause of death in jails. CCS takes suicide awareness and prevention very seriously and bases our Suicide Prevention Program on written, defined policies and procedures. The policies address education, screening, on-site intervention, special needs treatment plans, and scheduled on-going care. The CCS receiving screening and health assessment processes include a suicide-prevention screening component. As part of the Program, CCS will conduct a suicide assessment questionnaire on inmates booked into the FBCJ. CCS will make referrals to the mental health providers when indicated.

Successful Suicide Prevention Program

CCS has had considerable success preventing suicides in our facilities. The average rate of suicides in all CCS facilities over the past three years is over 33% lower than the national averages as published by the Department of Justice's Bureau of Justice Statistics. CCS is proud of our success in reducing suicides in our facilities, however, we deem the only acceptable number of suicides to be zero and we continually improve our efforts towards suicide awareness and prevention.

The CCS Suicide Prevention Program includes the following elements

Identification	The receiving screening and health assessment processes include an assessment for suicide risk
Training	Health and correctional personnel are trained in suicide prevention during the initial new employee orientation and annually.
Assessment and Housing	Immediately following recognition that an inmate is at risk for suicide, the inmate will be assessed and placed in an observation cell for monitoring
Treatment	Treatment plans addressing suicidal ideation and its re-occurrence are developed and patient follow-up occurs as clinically indicated
Monitoring	CCS suggests the following options for security observation of suicide special observation watch: <ul style="list-style-type: none">• Continuous Watch – Constant observation of the inmate.• Staggered Watch – Full sight of the inmate at least every 15 minutes on an irregular schedule



Referrals and Follow-Up	Inmates identified with suicide potential will be referred to Mental Health personnel for evaluation. Based on need, they may be referred to special management housing areas for further services prior to return to general population. Inmates demonstrating self-injurious behaviors and those identified with suicide potential will be placed under constant observation until the Mental Health evaluation can be completed and an appropriate disposition determined.
Community Referral	A County Mental Health designee will be notified if an inmate identified with suicide potential is scheduled for release.
Communication	An inmate may report suicidal ideation to medical, mental health, or correctional personnel. Concerns from family members, correctional personnel, and others will prompt follow up from CCS staff.
Intervention	Suicide gestures and attempts are taken seriously and personnel respond appropriately.
Notification	The Health Services Administrator will be informed when there has been a suicide attempt or if an inmate has been placed on suicide watch.
Reporting	The Health Services Administrator, Medical Director, and FBSO Contract Administrator and Jail Commander will be informed of suicide attempts.
Review	Suicide attempts are considered significant events and therefore retrospective review is completed.
Support	Mental Health personnel will be available to support anyone who may have been affected by a suicide and who may need help in adjusting to the situation.

Mental Health Screening and Assessment

A hallmark of the CCS Mental Health program is the emphasis placed on early identification of mental health issues. All parties benefit when a proactive plan of care is started as soon as possible after admission to a facility, but the most benefit is for the patient. Admission to a correctional setting can be an overwhelming and distressing event. Establishing contact and rapport with a mental health provider quickly can serve to assuage many concerns and fears while helping the patient realize there are caring providers who will work with them to establish and/or maintain stability throughout the duration of their incarceration.



To begin the early identification process, CCS will implement our structured Mental Health Evaluation Tool for staff to use during receiving screenings at the FBCJ. CCS Mental Health staff will use our structured screening tool to screen inmates for mental health issues.

The CCS structured screening tool complies with NCCHC and ACA standards. This tool contains an enhanced suicide risk assessment component. Information is collected about current and past mental health issues (outpatient treatment, hospitalization, self-harm attempts, medication usage), the individual's current concerns, including risk of harm to others, and any particular concerns about incarceration, current and past substance abuse issues (including types and amount of use, and treatment episodes), and possible protective or risk factors such as family support, among several other focus areas. The need for securing release of information documents is also determined as part of the screen, particularly related to reports of current treatment involvement as these records are an invaluable asset to continuity of care efforts. Once completed, the receiving screening offers the user sufficient information to make recommendations regarding housing and observation level, to determine next steps for the patient so that all necessary referrals are made and needed care can begin, to include initial psychiatric appointments.

Detainees or inmates identified with suicide potential will be referred to mental health personnel for an evaluation. Inmates demonstrating self-injurious behaviors and those identified with suicide potential will be placed under constant observation until the mental health evaluation can be completed (within 24 hours) and an appropriate disposition determined. The CCS policy and procedure regarding suicide prevention and risk management identifies the steps to be taken when a client is placed in psychiatric observation, including notification of the psychiatric provider, daily rounds by mental health staff, development of a treatment plan, the evaluation and consultation that must occur between mental health and psychiatric staff prior to releasing a client from psychiatric observation, as well as the follow-up services that will be provided by mental health staff to ensure that the client is adjusting adequately to a general population setting. CCS Mental Health staff will be available on-call 24 hours a day, seven (7) days per week for any urgent or emergent needs.

In our routine process, we will utilize the Continuity of Care (CCQ) program interfacing our efforts with Texana. Applying the information collected from the CCQ on the suicide screening form, we will comply with CCP 16.22 and report within the required 72 hours.

In Tabbed Attachment E, CCS has included a Letter of Intent from Texana stating their willingness to work with CCS.

Crisis Management

CCS will work with the FBCJ to determine our role in a site-specific policy for the management of mental health emergencies. Observation cells will be used as a protective environment for inmates exhibiting behavior serious enough to require notification of the mental health staff. Medical and mental health staff will be notified when an inmate is placed in an observation cell, and will be available 24/7 to participate in the ongoing monitoring of the inmate's progress. We will coordinate our programs with the Texana Center new project Behavioral Healthcare Crisis Center as part of the Region 3 RHP Plan. According to the recent data, 20% of FBCJ inmates



have a serious mental illness and will now have an option other than jail. This initiative will improve appropriate care and save jail future budget dollars. CCS will work with Veronica Yazigi, Rocky Frame and the Texana Center team to raise quality of service and reduce cost.

Informed Consent

The psychiatrist will perform a health record review prior to prescribing psychotropic medications and will provide inmates with educational materials on all prescribed psychotropic medications. The CCS Mental Health Program at FBCJ will include psychotropic therapy as clinically indicated. Inmates on psychotropic medications will sign an informed consent and will be monitored for medication compliance and drug toxicity.

3.3.6 Mental Health Evaluations

CCS Mental health staff will see, evaluate, and counsel any inmate referred for mental health services within 14 days of the referral being made. A licensed professional will be on-site at the FBCJ seven (7) days a week. Inmates referred for suicidal and/or homicidal ideation or actions are to be seen immediately when mental health staff are on-site or on a first priority basis when mental health staff return to duty. Mental health staff shall fully document all services provided in the individual inmate's medical record.

Substance Abuse Treatment

In response to the RFP request for optional pricing for Substance Abuse Treatment, CCS has factored in two full-time Addictions Counselors. CCS has experience developing these programs for our clients.

The development of an effective substance abuse treatment plan begins at intake with the initial medical, substance abuse and mental health screening. Inmates with identified addiction and dual diagnosis issues will be referred to mental health and substance abuse professionals for further screening and evaluation and will be offered the opportunity to engage in substance abuse treatment. CCS recognizes the importance that medical and mental health providers play in the referral to and encouraging participation in substance abuse programs. CCS mental health staff provides significant training to appropriate correctional staff addressing signs and symptoms of mental illness, in addition to approaches to successfully interacting with mentally ill inmates, or inmates evidencing management issues related to substance abuse. CCS mental health and substance abuse staff consult with appropriate correctional staff when a multidisciplinary approach is required for the safe and effective management of an inmate experiencing emotional or substance abuse related difficulties.

Research shows that treatment can help patients addicted to drugs stop using, avoid relapse, and successfully recover their lives.



Based on this research, key principles have emerged that should form the basis of any effective treatment programs

- Addiction is a complex but treatable disease that affects brain function and behavior
- No single treatment is appropriate for everyone
- Treatment needs to be readily available
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse
- Remaining in treatment for an adequate period of time is critical
- Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs
- Many drug-addicted individuals also have other mental disorders
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse
- Treatment does not need to be voluntary to be effective
- Treatment programs should assess patients for the presence of HIV, AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases

CCS will develop clinical protocols for inmates with substance abuse disorders and is committed to working with providers in the community in the provision of services with the goal to reduce recidivism

Effective treatment programs typically incorporate many components, each directed to a particular aspect of the illness and its consequences. Addiction treatment must help the individual stop using drugs, maintain a drug-free lifestyle, and achieve productive functioning in society. Because addiction is typically a chronic disease, people cannot simply stop using drugs for a few days and be cured. Most patients require long-term or repeated episodes of care to achieve the ultimate goal of sustained abstinence and recovery of their lives. Community connectivity is therefore an integral component to the CCS Substance Abuse Program; this component of treatment will also be incorporated into our reentry programming



Assessment and Re-entry Case Management

In response to RFP request for optional pricing for these services, CCS has factored in one full-time Bachelors or Masters Level Social Worker. This individual would be responsible for:

- Coordination with the appropriate contact regarding referrals to community based providers, including HIV, Housing, Vocational Education and other re-entry support service providers
- Communication with MHMR and Probation and Parole, and participation in the weekly multidisciplinary committee
- Initiating (when appropriate) and attending community-based case management meetings which may include representatives of mental health, family support or other specialized service agencies
- Assisting inmates with completion of discharge paperwork and applications for social security veterans benefits if applicable

3.3.7 Female Population

CCS understands the special healthcare needs of females and has established a program specific to their needs, in accordance with NCCHC standards. All medical staff working with the female population at the FBCJ will be familiar with these aspects of care. The CCS Female Health program includes:

- The intake process includes questions on known pregnancy, menstrual cycle, past pregnancies and gynecological problems and pregnancy test for females of child-bearing age
- Dietary and special housing requirements for known-pregnant inmates
- Medical clearance for work shall be made with consideration for inmate's condition, to include known pregnancy
- Daily count of known-pregnant inmates in the facility
- Sexually transmitted disease screening
- Access to obstetrical and gynecological specialists
- Health education on female issues
- Prenatal care available with provisions for diet, vitamins, management of the chemically dependent pregnant inmate including a procedure for providing methadone maintenance and education
- Postpartum care with provisions for the care of lactation, monitoring of postpartum depression and education
- Pap testing and breast examinations in accordance with U.S. Preventive Services Task Force recommendations
- The continuation of contraceptive medication as medically necessary
- Coordination of comprehensive counseling and assistance to pregnant inmates whether desiring abortion, adoption service, or plans to keep their child



Prenatal Care

Pregnant inmates will receive timely and appropriate prenatal care, specialized obstetrical services, and postpartum care when indicated. Upon determining that an inmate is pregnant, CCS ensures the inmate receives family planning counseling and discussion of options with regard to the outcome of the pregnancy. Prenatal care includes:

- Pregnancy Testing
- Medical examinations
- Comprehensive counseling and assistance
- Postpartum follow up
- Family planning services prior to discharge
- Laboratory and diagnostic tests, including offering HIV testing
- Dietary supplements
- Observation for signs of toxemia
- Routine urine testing for proteins and ketones
- Routine and high-risk care
- Vital signs
- Advice on appropriate levels of activity, safety precautions, and nutritional guidance and counseling
- Assessment of fetal growth (ultrasound) and heart tone
- Management of chemical dependencies

3.3.8 Intake Screening

CCS intake screenings emphasize the identification, referral, and treatment of inmates with acute and chronic healthcare conditions, including behavioral health disorders, suicide risk, detoxification, and dental issues, as well as inmates who require medication, isolation, or close observation. CCS understands the importance of maintaining a timely and proper admissions process. We will allocate properly trained and authorized medical personnel to manage intake and admissions screenings.

Suicide attempts within correctional facilities predominantly occur within the first 48 hours of incarceration, so identifying this risk is a crucial aspect of the CCS intake screening process.

CCS will provide for the screening of inmates upon admission to the facility, 24 hours a day, 7 days a week, including holidays. CCS will conduct intake and admissions screenings in accordance with NCCHC and ACA standards and the guidelines and directives of the Texas Commission on Jail Standards.

In an effort to provide additional guidance and standardization for the intake process, CCS uses an intake screening form, which the site Medical Director will review and approve prior to utilization. Nursing personnel will use the physician-approved form to guide the evaluation of inmates admitted with healthcare needs. If the intake nurse determines that an inmate may be in



need of immediate assessment or treatment, the nurse will refer the inmate to medical, dental, or mental health personnel as applicable. The appropriate medical professional will use the intake screening documentation to gather disease-specific health information and formulate a consistent treatment plan. If an inmate's need for care exceeds the scope of services provided on-site, the intake nurse will refer the inmate for off-site emergency care and medical clearance. CCS will perform retroactive quality reviews on all intake deferrals and utilization reviews on all emergency room and hospital-direct admissions/pre-booking injuries/illnesses to ensure that inmates return to the FBCJ as soon as is clinically indicated. The CCS alternate staffing plan allows for EMT's in intake to conduct the intake screenings. The scope of practice for these providers and specialized training may allow for a more comprehensive evaluation of the urgent and emergent needs of inmates and potentially allow for management in house of inmates that may have previously been deferred.

In addition to basic medical questions, the CCS program will include training for both medical and correctional staff so they are prepared to ask about and be alert for inmates who are at risk of self-harming behavior or who are in need of emergent mental healthcare. CCS has developed a comprehensive suicide prevention program that is a mandatory part of the new employee orientation. We will share this program with the FBCJ and provide training to corrections personnel upon request.

The admission screening process will include, at a minimum,



Inquiry into current illnesses, health problems, and conditions

- Current illnesses and health problems including medical, mental health and dental problems and allergies
- Any past history of tuberculosis or other infectious or communicable diseases or symptoms including chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever and night sweats
- Mental health problems including suicidal ideation, psychosis and hospitalizations
- Medications and special health needs (Non-formulary medications may be provided for up to seven days. A practitioner will assess patients need for non-formulary medications in a timely manner)
- For women, date of last menstrual cycle, current gynecological problems and current or recent pregnancy
- Use of alcohol and other drugs, including types, methods, date and time of last use, and problems associated with ceasing use
- Notation of personal physician and any medical risk
- Other health problems as designated by the responsible physician
- History of or present suicidal and/or self-destructive behavior or ideations
- Inquiry into insurance coverage

Observation of the following

- Appearance, which includes state of consciousness, mental status, conduct, tremors, and sweating
- Behavior such as disorderly, appropriate or unsensible
- Body deformities and ease of movement, trauma markings, bruises, lesions, eye movement, and or jaundice
- Identification of disabilities and special equipment needed
- Persistent cough or lethargy
- Condition of skin including trauma markings, scars, tattoos, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of substance abuse



Notation of the disposition based on the information obtained in the admission screening process will include one of the following

- General population, with or without referral for appropriate healthcare services
- Emergency referral to appropriate healthcare services
- Medical and Mental Health isolation and observation

Notification to the FBCJ staff regarding inmates with critical conditions and/or those requiring extraordinary oversight, treatment, and/or management including, but not limited to the following

- Need for emergency room referral
- Urgent need for medication
- Suicidal ideation
- Diabetes
- Potential for detox/withdrawal
- Heart Conditions
- Seizures
- New/Recent injuries
- Mental conditions or personality disorders (potential for violence)
- Any contagious illness/disease that would be considered an immediate threat to the inmate population or Jail staff
- Any other issues deemed urgent or emergent



Other

- Verification of current medication in a timely manner
- Recording of vital signs as indicated
- All incoming inmates will be screened for symptoms of pulmonary tuberculosis (TB) and a Purified Protein Derivative (PPD) will be planted by appropriate medical personnel
- STD testing for Syphilis, Gonorrhea and Chlamydia if clinically indicated by symptoms
- Pregnancy testing for females
- Oral screening, instruction in oral hygiene and oral health education will be conducted
- Initial mental health evaluations
- Initiation of pathways as indicated by the inmate's health condition
- Inform the inmate, verbally and in writing, of the grievance process and right to healthcare and how to access medical, mental health and dental services while at the FBCJ. CCS provides this information in a language that the inmate understands (e.g. Spanish). The responsible physician will approve the medical information sheet
- Referrals for special housing, emergency care, or specialty care as necessary, including consultations with medical and administration and documentation of the date and time when referral placement actually takes place. In cases with inmates having physical handicaps or disabilities, the CCS physician will make a determination as to the existence of a condition and the need for any medical treatment
- Verification of medically necessary special diets

CCS will obtain a Release of Medical Records from any inmate with a history of serious healthcare conditions, including mental illness, those undergoing treatment, or currently prescribed medications. CCS will fax Consents for Release of Information signed by the inmate to providers and pharmacies within 24 hours, in order to expedite the receipt of healthcare information. Copies of both forms and received information will be included in the inmate specific healthcare record. CCS works to establish working relationships with community mental health agencies so that information for this population can be expedited.

CCS has established a physician-approved intake health screening form and our Intake Nursing Interventions to guide the assessment, treatment, and referral process of inmates admitted with healthcare needs. The CCS healthcare staff uses the Intake Nursing Interventions to gather



disease-specific health information in order to formulate a consistent plan of care. If the screener determines that an incoming inmate may be in need of urgent or emergency healthcare services and the inmate's need for care exceeds the scope of services provided on-site, the screener will refer the patient to the local emergency room or approved hospital. CCS will perform Quality Improvement (QI) reviews on all admission deferrals and utilization review of all emergency room and hospital-direct admissions pre-booking injuries/illnesses to ensure that the inmate returns to the FBCJ as soon as is clinically indicated. All procedures will be in accordance with the most current industry guidelines and federal, state, and local directives.

The following page contains an example of an Intake Nursing Intervention for Diabetes which, with the approval of the FBSO, could be incorporated into the CorEMR electronic medical record. Other Intervention Screens include, but are not limited to:

- Amenorrhea
- Asthma/COPD
- Cardiovascular
- Alcohol Withdrawal
- Opiate Withdrawal
- Medical Devices
- Hemophilia
- Hepatitis or Jaundice
- Hypertension
- Hypoglycemia
- Seizures
- Sickle Cell
- Wound Care



Intake Nursing Interventions Diabetic-Male

Patient Name		Patient ID#	Booking #	DOB
Date & Time of Initiation	Health Care Professional			
Allergies <input type="checkbox"/> NO KNOWN ALLERGIES				
1. Inmate Medication Verification and Release of Information (follow oral procedure to ensure necessary medications are continued)				
2. Schedule patient for at least BID finger stick glucose monitoring (more often as permitted by facility)				
3. Perform finger stick glucose check "at least" BID (finger glucose < 100). If glucose is 60 or above, utilize the following insulin safety net				
Blood Glucose	Units of Regular Insulin (RI) SC	Follow up and comments		
201-250	4	Repeat finger stick glucose in 5-8 hours until the safety net is terminated		
251-300	6	Repeat finger stick glucose in 5-8 hours until the safety net is terminated		
301-350	8	Repeat finger stick glucose in 5-8 hours until the safety net is terminated		
351-400	10	Check for urine ketones with double voided urine specimen (if possible). If specimen is positive, call MD for additional direction. If specimen is negative for ketones, there is no need to call the MD for immediate direction (the elevation reflects overeating). Repeat finger stick glucose in 5-8 hours until the safety net is terminated		
>400	>4	Check for urine ketones with double voided urine specimen (if possible). If specimen is positive, call MD for additional direction. If specimen is negative for ketones, there is no need to call the MD for immediate direction (the elevation reflects overeating). Repeat finger stick glucose in 5-8 hours until the safety net is terminated		
4. The table provides direction based upon finger stick glucose. The actions are irrespective of time of day or next anticipated meal and will not provide sight concord. If the inmate is in the booking area at a regular meal time, a meal should be provided. Although a meal consistent with a diabetes diet is preferable, if this is not available in the area, food should still be provided.				
The patient on the safety net should be reviewed by a HCP within 24 hours. If possible, this contact may be delayed until the next business day during weekends or holidays.				
5. Schedule a chart review with the HCP within 24 hours (next business day for weekends or holidays) to review finger stick glucose and clarify insulin management (contact by telephone if weekend or holiday).				
6. If a patient comes in as a new user using an insulin pump or has a verified history of using a non-formulary oral anti-diabetic medication or non-formulary insulin, contact HCP for direction.				
7. Complete and add Diabetes to Master Problem List - check or list as appropriate problems identified by the patient on the SPL. Place patient on Chronic Care log under Diabetes.				
8. If the patient has just been discharged from or transferred from an inpatient hospitalization, do the following: <ul style="list-style-type: none">Review materials received from hospitalContact HCP either to implement appropriate orders or to evaluate patient immediately (if HCP not on site, materials should be provided to HCP on next scheduled clinic day)Admit to appropriate medical observation housing If patient was not seen immediately (above), schedule patient for HCP visit on next business day.				
9. If the patient has not just been discharged from or transferred from an inpatient hospitalization, schedule a follow up with the HCP within 14 days.				
(Add other orders below as directed by HCP)				
<input type="checkbox"/> Telephone Orders <input type="checkbox"/> Verbal Orders				
Initiate MAR if HCP orders medication(s)				
After completing any additional orders, place this form in HCP(s) box for signature (if applicable)				

CCS IM - Diabetic Male

Revised 5/23/2011

Figure 28: Intake Nursing Intervention. CCS uses the Intake Nursing Interventions to gather disease-specific health information during intake in order to formulate a consistent plan of care.



3.3.9 14-Day Health Assessment

CCS will complete a health assessment on all inmates in the custody of the FBCJ prior to the inmate being in custody for 14 days. CCS procedure will be to target completion of health assessments by day 10 of incarceration.

Priority for 14-day health assessments will be given to those identified during the intake booking process to have chronic or infectious illness or other more urgent medical needs, and those with medications continued upon admission. Inmates identified with current serious medical, mental health, or substance abuse conditions will be considered a priority health assessment and CCS will complete a health assessment exam on those inmates within 24 hours of commitment.

A qualified medical professional will conduct the health assessment examination. The examiner will record the findings of the examination on gender specific forms. At a minimum, all 14-day health assessments will include:

- A review of the receiving screening
- Review of health history and any additional data needed to complete the standard health history
- Recording of vital signs, height and weight
- Mental health appraisal
- Dental screening
- Laboratory and/or diagnostic tests, including Hepatitis A-B-C or other communicable and sexually transmitted diseases when clinically indicated or judicially mandated
- The collection of additional health data to complete the medical, dental, mental health and immunization histories
- A health assessment examination
- For females, inquiry into menstrual cycle and unusual bleeding, the current use of contraceptives, medications, breast masses and nipple discharge, and pregnancy tests will be conducted. If indicated, testing will also be conducted for gonorrhea and chlamydia
- Vision screening and hearing screening
- Other tests and examinations as required or clinically indicated (diagnostic panel, urinalysis, ECG, etc.)
- The initiation of therapy and immunizations, when indicated
- Any court ordered testing or mandates which will include appropriate records and interpretations to the requesting agency
- Any abnormal results of the health appraisal shall be reviewed by a physician or mid-level provider for appropriate disposition
- Recommendations for special housing, special dietary needs, emergency health services, or additional medical specialties will be made as appropriate
- Signature, date, time and title of the individual performing the appraisal

All completed appraisals will be included in the patient's medical record.



3.3.10 Specialty Care and Referrals

CCS recognizes the fact that there are many inmates with special healthcare needs. It is our goal to provide special needs inmates with services that promote health maintenance and health improvement. If awarded the contract with the FBCJ, CCS will evaluate statistics regarding off-site specialists and determine what services could be provided on-site. Services brought on-site would typically result in a cost savings to the FBCJ with clinic (rather than per patient) rates and decreased officer transportation expenditures.

At our sites, CCS has successfully established many on-site care programs and specialty provider clinics for our current clients. CCS intends to negotiate with the current specialty providers servicing the County after we have spoken with FBCJ regarding levels of performance satisfaction. CCS will arrange with these specialists for the treatment of patients with healthcare problems beyond the scope of primary care provided on-site.

In addition to Infectious Disease, Mental Health, OB/GYN, dental and other specialty care, CCS will be responsible for arranging the following specialty services either on- or off-site:

- Cardiology
- Dermatology
- ENT
- Orthopedics
- Neurology
- General Surgery
- Urology
- Other Services As Needed

CCS will coordinate with the FBCJ to arrange for security for all off-site specialty care. CCS understands that FBCJ will be responsible for and will bear the cost of transporting all inmates for off-site services.

Chronic Care Patients

The CCS Special Needs Program focuses on the identification, referral, and treatment of inmates with special needs. CCS screens inmates for special needs during the intake process and again at the time of the health appraisal. CCS refers inmates identified as having special healthcare needs to the Medical Director or appropriate designee. CCS will perform an initial special needs evaluation and document the evaluation in the inmate's health record.

Triage	The special needs protocol will address orientation and on-going training for the special needs population. CCS will also provide intake personnel with intake interventions that define the process that newly admitted inmates with special healthcare needs should follow. The protocol will address housing, monitoring and follow-up.
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Classification and Housing	The intake interventions will address housing for inmates with special healthcare needs, those who require monitoring, and those who may be in danger of harming themselves or others. CCS personnel will inform correctional personnel of all inmates with special needs that affect classification and housing.
Referrals	Medical staff will work with the mental health team to ensure patients who our staff believes are in need of mental health services get properly referred.
Special Conditions	In the event an inmate requires enhanced monitoring and no space is available in the medical housing unit, the HSA or Medical Director will be contacted.
Special Needs Treatment Plans	<p>Based on the inmate's history and physical assessment findings, a special needs treatment plan will be established. The treatment plan will include short and long term goals and the methods by which the goals will be pursued, as well as patient education to encourage compliance both during and following incarceration.</p> <p>The treatment plan will provide instructions to healthcare personnel regarding monitoring and treatment activities, special diets, pharmaceutical therapy, and inmate education. The treatment plan acts as a reference for healthcare personnel involved in the inmate's care. Special needs treatment plans are individualized and inmate-specific.</p>



CCS on-site specialty services and control of off-site costs begin with effective Special Needs/ Chronic Care program.

CCS on-site specialty services and control of off-site costs begin with an effective Special Needs/Chronic Care Program

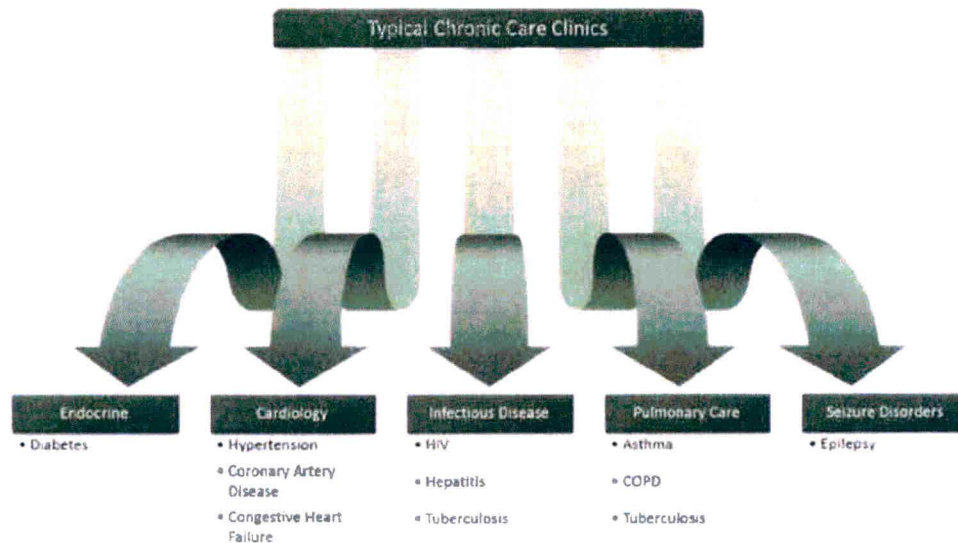


Figure 29: Typical Chronic Care Clinics. It is our goal to provide special needs inmates with services that promote health maintenance and health improvement.



On-site Services will include

- Radiology and Ultrasound
- ECG Services
- Infection Control
- Vaccines and Immunizations
- Laboratory Services
- Clinician call-back system for urgent but non-emergent services such as suturing

CCS has established special needs guidelines to reduce variability in the care provided to groups of inmates with similar healthcare needs. CCS bases the guidelines on the recommendations of professional organizations.

Special Needs Guidelines

Chronic Care Special Needs Guideline	Professional Reference
Diabetes	American Diabetes Association – http://care.diabetesjournals.org/
Hypertension	National Institute of Health – www.nhlbi.nih.gov/guidelines/hypertension
Seizure Disorder	NCCHC Clinical Guidelines
Infectious Disease	Dept. of Health & Human Services – www.hivatis.org
Asthma	National Heart, Lung and Blood Institute – www.nhlbi.nih.gov/guidelines/asthma/index.htm
Tuberculosis	Department of Health & Environment Centers for Disease Control – http://www.cdc.gov/tb/

Figure 30: Professional References. These are some of the references that CCS uses to determine the latest guidelines for chronic care special needs.

Special Needs Treatment Plans

CCS will establish a written individual treatment plan for all special needs inmates, including inmates who are chronically ill, mentally ill or mentally retarded, developmentally disabled, terminally ill or disabled physically, those with infectious diseases, and the frail and elderly. When feasible, treatment plans will maintain connections between inmates and the community agencies that have been or will be serving them.

This individual treatment plan shall minimally include information regarding medications, therapeutic diet, specialty appointments and consults, any ordered diagnostic work-up, housing assignment, disposition, impact on ability to function in general population, impact on programming and school, and frequency of follow-up indicated. CCS shall initiate these treatment plans in conjunction with the health assessment and initial physical examination.



The individualized inmate-specific treatment plan will include:

- Short and long term goals
- Method to accomplish goals
- Instructions monitoring and treatment activities
- Special therapeutic diets
- Pharmaceutical therapy
- Inmate education
- Custody staff coordination
- After release referral
- Specialty appointments and consults
- Diagnostic work-ups that are ordered
- Housing assignment disposition
- Impact on programming
- Frequency of follow-up indicated

When the admission screening identifies an inmate as having special medical needs, an initial chronic care visit shall occur in conjunction with the initial health assessment and follow-ups will occur through regular chronic care clinics.

A physician or midlevel provider will provide chronic care patients with a consultation review every three (3) months, or at other intervals as medically indicated. CCS shall not write orders for a period of longer than 90 days without an encounter with a provider. CCS uses standardized forms and all materials to enter the health record shall contain the provider's name, title and date (may also include time). Mental health needs will be coordinated with Mental Health Professionals or psychiatric providers as appropriate. CCS will communicate the treatment plans of special-needs patients as needed to facilitate their housing in the appropriate area of the FBCJ.

3.3.11 Case Management

CCS case management personnel have many decades of case management experience, and will monitor inpatient admissions on a daily basis. Our staffing plan includes a designated case manager responsible for communicating with the local hospital or alternate facilities to monitor the conditions of admitted inmates. The case manager will provide daily feedback on the status of each patient and document this information in the Utilization Management portal of our Electronic Record Management Application (ERMA) patient care management system which will be interfaced with CorEMR. The ERMA Care Management module is a powerful utilization management tool that CCS uses to track off-site care, invoicing, and formulary management. FBCJ administrators can directly access ERMA to monitor the patient's status. The goal of this daily management is to ensure transfer of the inmate back to the jail facility as soon as possible. CCS has established a variety of reports related to off-site care. CCS will tailor these reports to the needs of the FBSO. Working closely with Ms. Jana Endicott and her team from OakBend Medical Center, we will maximize value from our off-site medical initiative.

3.3.12 Utilization Management

The CCS Care Management Program uses evidence-based guidelines to determine medical necessity as part of our approval process. While acknowledging our responsibility to avoid unnecessary costs, CCS also ensures patients receive the most appropriate care. We believe each decision related to a patient's care should include asking ourselves, "What if this was my family member?" To manage this crucial aspect of care, CCS uses an internally developed care management component contained within ERMA Care Management which will be interfaced



with CorEMR. None of our competitors can provide the FBCJ with this level of automation. This allows CCS to ensure accuracy of reporting to the FBSO administration.

The Care Management Program is clinically overseen by the Chief Medical Officer and is operationally managed by the Vice President of Managed Care. The Care Management team will work together with the Regional Medical Director and on-site medical personnel to ensure inmates receive medically necessary healthcare services in the most appropriate healthcare setting. CCS will properly account for all adjustments and reimbursements from applicable sources, and ensure that hospitals are aware of any third-party payer avenues.

The Care Management Processes include:

Prospective Review (Prior Authorization)	CCS requires prior review and authorization of all non-urgent or non-emergent off-site care provided to our patients. CCS clinicians will utilize NCCHC standards and correctional guidelines to review and approve services. A Medical Director will initiate a second review if standards are not clearly met. Alternative treatment is only at the discretion and direction of a physician.
Concurrent Review	The care manager assigned to the FBCJ will manage all off-site care on a daily basis. The care manager will achieve this through daily contact with the hospital. CCS requires fax notification of inpatient admissions at the time of admission. CCS clinicians will use NCCHC standards and correctional guidelines to review inpatient services daily. A Medical Director will initiate a second review if standards are not clearly met. Alternative treatment is only at the discretion and direction of a physician.
Retrospective Review	The Care Management department and site leadership will retrospectively review all emergency care. CCS engages a retrospective review process to resolve claims issues, to determine appropriateness of care post care delivery, and perform focused reviews. Additionally, CCS will perform focused reviews at the request of the provider.
Discharge Planning	CCS engages in an active and constant discharge planning process which begins at inpatient admission. Medical services which can be provided by the CCS care delivery system are not covered off-site medical services.



Chronic Care Management

CCS enrolls patients into chronic care programs which are designed to ensure the healthiest outcome for individual patients based on their health status. When possible, CCS brings chronic care clinics on-site, to increase efficiency and reduce costs associated with transporting inmates off-site.

Emergency Services

CCS does not require prior authorization for emergent services. Medical services exceeding the scope of the initial emergent episode are not covered off-site. Unrelated, non-emergent diagnostic services or treatment initiated in conjunction with an emergent event requires prior authorization.

The Care Management team will work in concert with the Medical Director and healthcare staff at the FBCJ to ensure inmates receive medically necessary healthcare services in the most appropriate healthcare setting. CCS will make referrals for off-site specialty services through the care management module of our Electronic Records Management Application (ERMA). The Chief Medical Officer or Regional Medical Director will approve all referrals based on appropriateness and necessity. CCS will limit treatment and consultation while off-site is limited to the chief complaint(s) as noted on the consultation and/or request form unless approved by outside and in-house medical professionals. Patients will only receive services indicated on the referral or subsequently approved.

CCS staff will properly account for all adjustments and reimbursements from all applicable sources. CCS will also ensure that hospitals know of any third-party payer avenues. CCS will coordinate, validate, track, and report utilization of off-site services through ERMA, and will use these reports and the gathered data to assist in determining the need for additional on- and off-site services and the potential impact that systems such as telemedicine may have. CCS is committed to maximizing the efficacy and efficiency of on-site services. Following is a summary of the Care Management (CM) process:

1. When an on-site provider determines that an inmate may need community-based services, the provider uses ERMA to document and communicate the CM Consultation Request.
2. On a daily basis, the CCS Chief Medical Officer and Regional Medical Directors access ERMA to review requests and takes one of the following actions:
 - a. Authorize a specific diagnostic or therapeutic modality
 - b. Recommend an alternative treatment plan
 - c. Request additional information
3. If the Chief Medical Officer or Regional Medical Director determines that the requested service is medically necessary, the request is approved and an authorization number is established in ERMA. ERMA automatically sends the authorization number to the site and to the CCS claims department.



- 4 Once the site receives an authorization number, the site can schedule an appointment within ERMA. Authorization numbers are only valid for a specific time period. CCS will communicate service approval to the community provider and will require pre-approval in order to assume financial responsibility for services rendered. CCS also verifies that all invoiced charges are appropriate. Since ERMA sends the authorization number to our claims department, they are able to review every invoice to ensure that CCS is being billed only the approved services.
- 5 If the FBCJ release an inmate prior to a scheduled appointment, CCS will notify the community agency that the FBCJ is no longer financially responsible, and CCS will remove the pending appointment from ERMA.
- 6 The CCS Medical Director will review and address discharge summaries and medical recommendations that the community provider makes.

CCS will use a clinical priority system to guide follow-up scheduling of non-emergent care by a medical, dental, or mental health provider. When such referrals occur, CCS will ensure that the appropriate provider sees the patients within three (3) business days of referral. CCS will make referrals to specialists when the medical care of a patient surpasses the level of care that CCS can provide on-site.

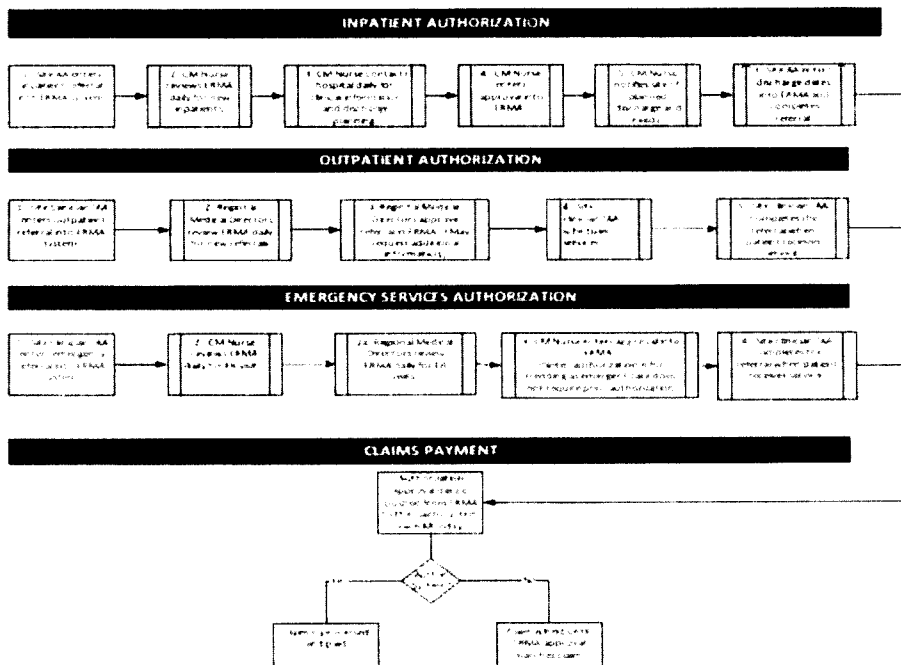


Figure 11: Utilization Review Process. The Utilization Review Process provides review and oversight to ensure off-site referrals are medically necessary, and that any payments made are appropriate.

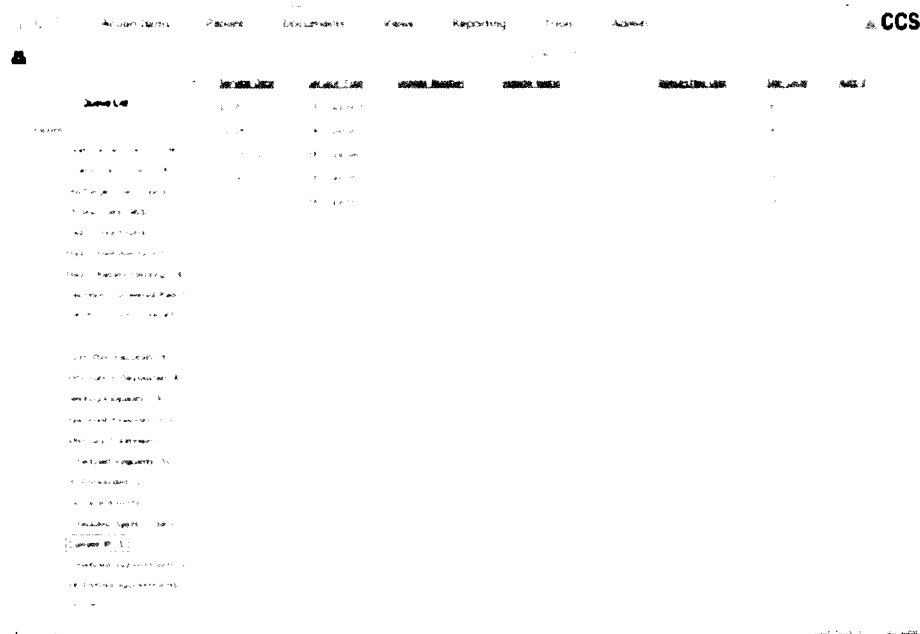


Integrating CorEMR and CCS state of the art technology, CCS staff will make referrals for off-site specialty services through our powerful Care Management system. Dr. Rieger or the Regional Medical Director will approve all referrals based on appropriateness and necessity. Off-site treatment is limited to the chief complaint(s) indicated through a referral form and/or medical consultation. Any hospitalizations will be by the order of the CCS physician and in consultation with the Facility Administrator or designee. CCS staff will see patients returning from an off-site hospital stay for follow-up during the next practitioner sick call clinic, and will document the follow-up in the patient's medical record.

The screenshot displays the 'ERMA Care Management' interface. At the top, there are tabs for 'Patient', 'Referrals', 'Views', 'Reporting', and 'Admin'. The main content area is titled 'ERMA Referral Form' and includes a 'CCS' logo. The form is divided into several sections: 'Patient Information' (Name, DOB, SSN, etc.), 'Referral Information' (Referring Physician, Referral Type, etc.), and a 'Referring Physician' section with a signature line and a stamp area. The bottom of the form has a 'Local Attached - Protected Media - Off' status indicator.

Figure 32: ERMA Care Management Screen Shot. This is the Emergency Room and Inpatient Referral form

If an inmate requires inpatient care, the case manager assigned to the FBCJ will contact the hospital on a daily basis to monitor the patient's status and get them released as soon as possible. CCS will coordinate with the hospital to see that the patient is released and returned to the FBCJ in a timely and medically responsible manner, thereby reducing the FBCJ's off-site costs while ensuring the patient's well-being. The case manager will provide periodic feedback on each patient's condition, which will be documented in the Care Management system. The Contract Administrator or designee will receive login information to access the system at any time, allowing them to monitor the status of any inpatient admissions.



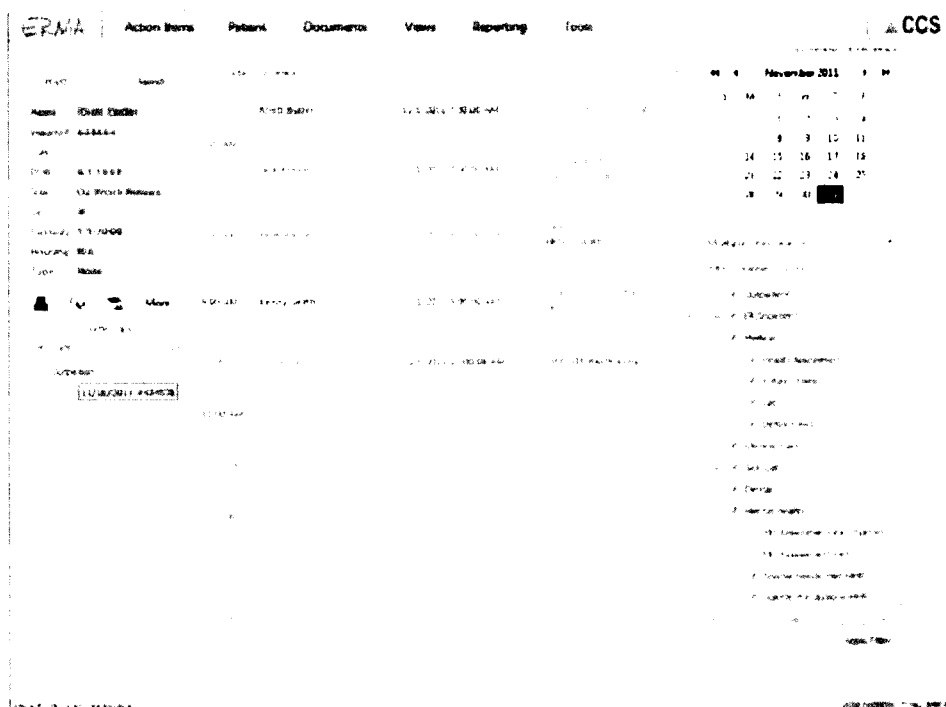


Figure 34: ERMA Care Management Screen Shot. This is the Off-site Scheduling screen in ERMA.

Expertise in Utilization Management

CCS is confident that we can contain off-site costs for the FBCJ. Additionally, many of our other clients can speak to the success that CCS has had in reducing these costs, and in bringing needed services on-site so that valuable security and transportation staff hours are not consumed. Please see the following sample Utilization Management report generated in the ERMA Care Management system.



Inpatient Census Report												
2/1/2012 2/1/2012 10:36:54 AM												
*Click on any report to view the data in the state or inmate list view to view the data in the state or inmate list view												
Site Name (Redacted)	Name (Redacted)	Patient Number	DOB	Auth Code	Referral Entry Date	Custody Date	Admit Date	Days From Custody to Admit	Hospital Name	Diagnosis	Total # Days	
		16722	5/24/1967	445308	1/27/2011	5/10/2011	1/2/2012	472	Armed Medical Center	Chronic obstructive pulmonary disease	1	
		16724	4/15/1947	477466	1/18/2011	1/18/2011	1/18/2012	1	Armed Medical Center	Hypertension, hypertension	1	
		16751	1/17/1911	475347	1/18/2011	1/18/2011	1/18/2012	1	Armed Medical Center	Chronic obstructive pulmonary disease	1	
		16756	1/14/1963	477466	1/18/2011	1/18/2011	1/18/2012	1	Armed Medical Center	Chronic obstructive pulmonary disease	1	
		16758	1/14/1963	477466	1/18/2011	1/18/2011	1/18/2012	1	Armed Medical Center	Chronic obstructive pulmonary disease	1	

Figure 35: Sample Utilization Management Report.

The ERMA Care Management module is a powerful tool for tracking, analyzing, and trending data through visual dashboards. Care Management Dashboards will allow the FBCJ to compare historical data as well as to analyze, trend, and compare data. 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

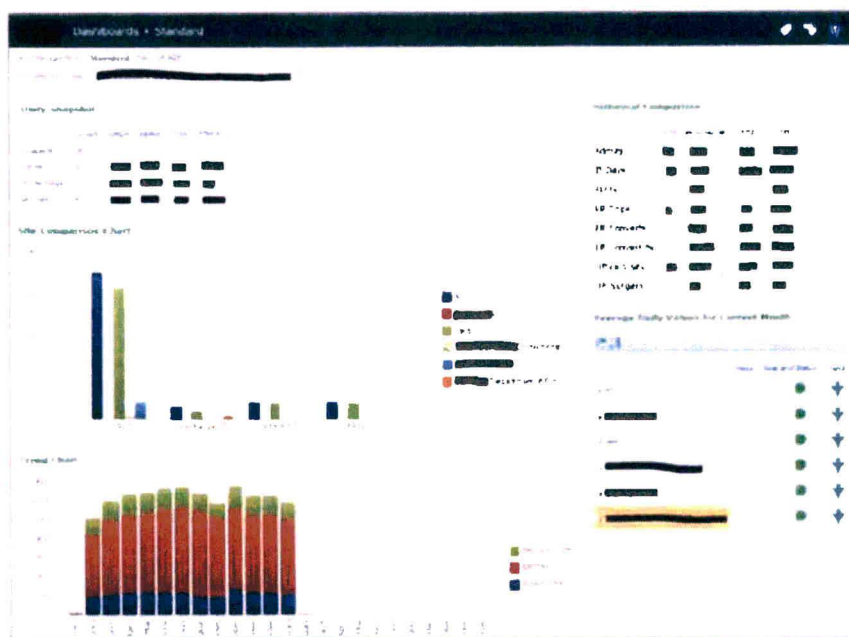


Figure 36: Care Management - Standard Dashboard.

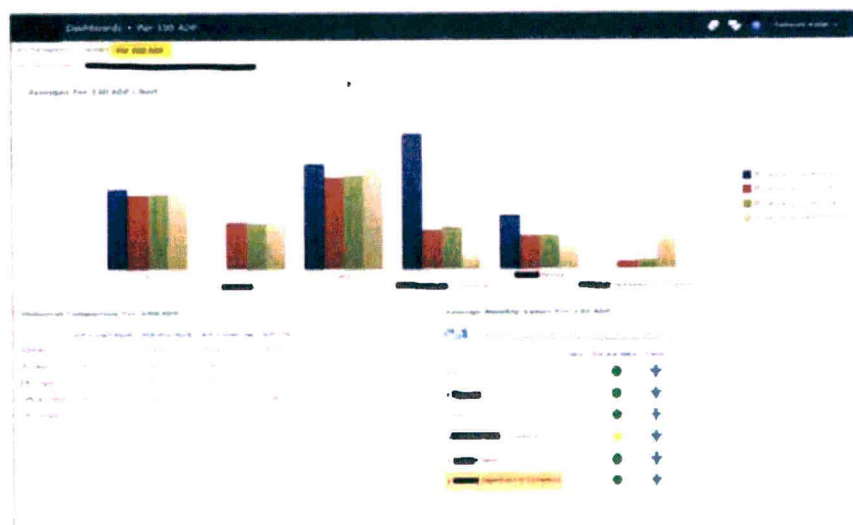


Figure 37: Care Management - Dashboard by ADP.



3.3.13 Prior Authorization

When an on-site CCS healthcare provider determines that a FBCJ patient may need non-emergent off-site or community-based services, the provider will request a consultation pre-approval from the CCS Regional Medical Director. The provider will use ERMA to document and communicate the request.

If the Regional Medical Director determines that the requested service is medically necessary, he or she will approve the request and establish an authorization number in ERMA. ERMA automatically sends the authorization number to the site and to the CCS claims department.

Once the site receives authorization, the site can schedule an appointment within ERMA. Authorization numbers are only valid for a specific time. CCS will communicate approved services to the community provider and will require pre-approval in order to assume financial responsibility for services rendered. CCS also verifies that all invoiced charges are appropriate. Since ERMA sends the authorization number to our claims department, they are able to review every invoice to ensure that CCS is being billed only for the approved services.

3.3.14 Billing Adjudication

CCS began as a sister company to AIM Healthcare, one of the nation's largest medical claims recovery companies, and Health Cost Solutions (HCS), a highly regarded claims processing third party administrator. Our extensive experience has given us a unique perspective on claims review that has made us highly successful in adjudicating claims for our clients. These relationships also gave CCS a technologically advanced claims processing system that ensures prompt and proper payment to medical providers. In addition to our core client base, we provide claims adjudication services only for more than 100 clients, who have realized significant savings through their partnership with CCS.

CCS currently adjudicates in excess of \$60,000,000 annually in incarcerated patient medical claims. Our claims quality control initiatives include:

- 4% of all claims audited on a monthly basis
- Claim limits set to ensure multiple level reviews of high-dollar claims
- Fraud and duplicate claims detection through our advanced claims system
- Ability to receive EDI claims to facilitate the delivery of claims from community providers
- Direct link between our Care Management program, scheduling, and claims to ensure pre-authorization and delivery of all appropriate care

3.3.15 Emergency Transportation

CCS will be responsible for and will coordinate all emergency ambulance services for inmates at the FBCJ. CCS understands Fort Bend County will be responsible for all other transportation.

3.3.16 Pharmaceutical Management

In accordance with the RFP, CCS will provide a total pharmaceutical system for the FBCJ, beginning with the Physician's prescribing, the administration of medication, and the necessary



record keeping. The system shall include prescription medications and over-the-counter medications. All prescription medications shall be prescribed by the responsible physician or psychiatrist and shall be administered and dispensed by a licensed nurse. CCS shall be responsible for the costs of all drugs administered. For more information about our pharmacy services, please refer to the Pharmaceutical Management and Medication Administration sections in Sections 3.2.7, 3.2.8, and 3.2.9.

3.3.17 Security of Controlled Substances

During Orientation, each employee receives instruction on how to handle sharp instruments, utensils, and supplies. Needles, syringes, and other high-risk items are stored in locked areas and signed out to the individuals when they are used. Sharps are never to be left in any area when not in use. Sharps are inventoried at each change of shift, and each employee is responsible for ensuring that the sharp count is correct. Employees are instructed to never take the word of co-workers when conducting sharp counts.

3.3.18 Prohibition of Inmates Providing Healthcare Services

CCS acknowledges that inmates may not be assigned to provide or assist with any medical care including medical records keeping.

3.4 Medical Records

Maximizing the features of the CorEMR currently in place, CCS will maintain comprehensive medical records separate from the inmate's confinement record. CCS will secure medical records as required by law and the applicable statutes of the State of Texas. The HSA will control access to the records to ensure medical record confidentiality. CCS will provide data necessary for the classification, security, and control of inmates to the appropriate FBCJ personnel.

The CCS Medical Director will approve medical record policies and procedures and define the format and handling of the medical records. Each record will contain an accurate account of the health status at the time of admission, all patient-provider encounters, and the services provided while incarcerated. The inmate medical record will include at a minimum:

- Intake Transfer screening form
- Health appraisal form
- Physician orders/treatment plans
- Prescribed medications administered or not administered to include the date, time and by whom
- Complaints of illness or injury
- Findings, diagnoses, treatments and dispositions
- Health Service Reports
- Consent and refusal forms
- Release of information forms
- Laboratory, radiology and diagnostic studies
- Consultation, emergency room and hospital reports and discharge summaries
- Each documentation includes the date, time, signature and title of the documenter
- Medications and/or future medical referrals/appointments for the inmate provided to the inmate at the time of release from the Jail
- A separate inpatient medical record section for any infirmary admissions
- Inmate medical request forms
- Medical grievance forms



3.4.1 Initiation of Integrated Records

CCS initiates a medical record for each inmate at the first health encounter following the intake screening. If the patient has been incarcerated at the FBCJ previously, CCS will integrate previous medical records with the current file. CCS will incorporate information from off-site providers, and the medical record will be the single source for all medical, dental, and mental health information for each inmate. CCS staff maintains up-to-date inmate medical records at all times. CCS personnel will be responsible for all transcribing and filing of information in the medical record. CCS will maintain medical records in accordance with applicable laws, NCHC and ACA standards, and the requirements of the State of Texas.

3.4.2 Records Availability and HIPAA Compliance

CCS agrees that 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, the Respondent shall make all records accessible to the Sheriff, Jail Commander, Contract Administrator, District Attorney, or County Attorney.

CCS will secure medical records as required by law and the applicable statutes of the State of Texas. Each inmate's medical record will be kept separate from confinement record. The CCS Health Services Administrator (HSA) will control access to medical records to ensure confidentiality.

3.4.3 Department of Corrections and Municipality Inmates

CCS will promptly notify the Contract Administrator if a Texas Department of Corrections inmate housed at the FBCJ requires medical care outside the scope of routine services, and will provide documentation of required treatment to the Department of Corrections.

CCS will be involved in the improved communication between nursing personnel, mental health workers, and correctional personnel. Ongoing communication will ensure that all parties are fully aware of any special needs or concerns within the inmate population. Our medical and mental health staff will share relevant information with FBCJ staff. CCS notifies correctional personnel whenever a patient has a significant medical or mental health illness or developmental disability that will affect the patient's housing or program assignment, disciplinary sanctions, or transfer to another institution. In an emergency, correctional personnel may take action immediately to protect the patient, staff, or others. When immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible but no later than 72 hours.

The CCS Care Management team is notified of inpatient admissions at the time of admission. The case manager assigned to the FBCJ will manage all off-site care on a daily basis through daily contact with the hospital. CCS will coordinate, validate, and track off-site care through our Care Management system. This powerful utilization management tool generates reports that allow us to analyze the utilization of off-site services on behalf of the FBCJ.

CCS will submit all bills related to Department of Corrections inmates to the County to ensure the County receives reimbursement for all outside medical expenses incurred by such inmates.



3.4.4 Transfer Summaries

CCS will prepare health summaries to be sent with inmates being transferred to the Texas Department of Corrections or other jurisdictions. Upon transfer to another facility, a medical transfer form will accompany the patient. This form provides all necessary information required for the continuation of treatment. CCS notifies correctional personnel whenever a patient has a significant medical or mental health illness or developmental disability that will affect the patient's housing or program assignment, disciplinary sanctions, or transfer to another institution.

3.4.5 Medical Clearance for Inmate Workers

The CCS staffing plan includes nursing coverage to ensure medical clearance for all inmate workers within 24 hours of receiving the list of inmates to be cleared, unless laboratory testing necessarily increases the time required. CCS will provide for examinations and medical clearance for all inmate workers prior to placement in their assignment. Medical clearance for work will be made with consideration for the inmate's condition, including known illnesses or any sign of illness or injury observed during examination.

3.4.6 Loss of Medical Records

If an inmate medical record cannot be located within 24 hours of a discovered loss, CCS will notify the Contract Administrator immediately.

3.4.7 Inactive Medical Records

CCS will retain inactive medical records in accordance with the laws of the State of Texas, AMA, NCCHC and ACA standards, as well as Texas Commission on Jail Standards. If an inmate returns to the system, CCS will identify and reactive the inactive record. If the patient has been previously incarcerated at the FBCJ, CCS will integrate previous medical records with the current file.

3.4.8 Medical Record Ownership

While CCS is the custodian of medical records, they are the absolute and unqualified property of Fort Bend County. Upon conclusion of the contract, medical records will remain the property of the County and CCS will work to ensure a smooth transition of records.

3.4.9 Electronic Medical Records – CorEMR

CCS proposes to continue using CorEMR to electronically store medical records at the FBCJ. CCS has considerable experience with CorEMR through our Conmed facilities. CorEMR was founded in 2004 with the purpose of creating an Electronic Health Record System specifically built and designed for the correctional industry. Based upon principles of affordability, usability, customer support and flexibility, the company has emerged as the national leader in this sector of the correctional healthcare industry. CorEMR has more than 90 correctional facility customers throughout the country. CorEMR has also teamed with national pharmacies as well as regional and national correctional medical groups to serve the correctional market. More than 60,000 inmates currently have their medical records





kept within the CorEMR system. CorEMR received meaningful use Stage 1 certification in December of 2012.

CorEMR began in Utah and has expanded to include counties in Idaho, Arizona, Colorado, Michigan, Pennsylvania, California, Virginia, Texas, New York, and others. Founders and employees bring a depth of experience with software development, education/training, business, web hosting, server and network administration and corrections management to the company.

Company representatives have been invited to give EMR presentations to various national and state jail organizations throughout the country. CorEMR's early entry into this market has given the company an edge in development and implementation. CorEMR pioneered many of the features that are commonly used in correctional EMRs, such as the eMAR and MedPass.

CorEMR has been selected by several correctional healthcare groups and other management companies to be the EMR of choice in their current facilities as well as with potential customers. CorEMR has also been identified by some facilities as the required EMR when a new healthcare company begins operations.

Services Offered

CorEMR offers both the Electronic Medical Record (EMR) software product and Electronic Medication Administration Record (eMAR) as a SAAS (Software As A Service – hosted off-site) or as a Core model (hosted on-site).

As part of the EMR package, CorEMR initially provides on-line training, with access to a training site followed-up by optional on-site training either in a classroom setting or individually. Included in the offering is consultation with CorEMR's transition leaders to move as quickly and easily as possible into the electronic record system.

CCS and CorEMR's experience with JMS integrations, pharmacy integrations, networking, and hardware will make any transition from paper to electronic record keeping as easy as possible.



CorEMR Product Features and Highlights

Product Feature/Highlight	Benefit to Fort Bend County
Certification	<ul style="list-style-type: none">CorEMR v5.0 received ONC Staging 1 Meaningful Use certification in December 2012.
JMS, Pharmacy and Lab Integrations	<ul style="list-style-type: none">Imports patient data from existing Offender Management Systems (OMS). This integration creates an automatic electronic patient chart. Patient photo and basic demographic information is automatically captured.Send medication orders to your pharmacy provider for shipment or delivery.Receive lab results as an optional integration.Simultaneous access allowed for multiple terminals and users within the facility.
Technology	<ul style="list-style-type: none">Web based structure that runs on the facility's local network or by a server running at one central location for facilities with multiple locations.Built on a SQL back end and is compatible with SQL Server 2005, 2008 and MySQL 5.0+.Optional SAAS (Software As A Service) model, an off site server location for small facilities.
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 creating an active problem for a diabetic or scheduling a task for the nurse on duty to review that intake form).Configurable transfer and release forms can be configured with triggers that automatically retrieve information from the patient's medical chart such as active problem list, current medications and most recent PPD test results.Allows facilities to easily create and modify their own forms using our form creation tool.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.
Patient Charts	<ul style="list-style-type: none">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.Record progress and chart notes for each patient.Create "Patient Alerts," such as suicide watch or recreation restriction, on the patient chart, which also displays on the dashboard for high visibility to other users. Alerts are fully configurable.
Scheduler	<ul style="list-style-type: none">Includes a robust appointment scheduler that can be filtered by task category (doctor, dentist, nurse, social worker etc.), priority and housing location.Tasks and appointments can be viewed by day, week or by month.



Product Feature/Highlight	Benefit to Fort Bend County
Sick Call (SOAPE Notes)	<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.• Gives users access to the Subjective, Objective, Action, Plan and Education sections directly from the Sick Call module, allowing doctors to record orders for later note off or complete the actions themselves.• Available actions include completing interview or exam forms, scheduling future appointments, ordering lab work, and ordering medications.• Receive and store scanned documents and electronic files directly into sick calls• Allows users to note if Sick Calls (clinic) or medications are billable.
MedPass / Pill Call	<ul style="list-style-type: none">• Our correctional eMAR has been recognized as the best in the business.• MedPass times are configured by day and MedPass Prep List is generated accordingly.• MedPass lists can be grouped by housing unit or alphabetically by last name.• Patient's acceptance or refusal of each dose is recorded. Graphical and detailed MAR reports can be viewed at any time.• The system easily accommodates KOP, PRN, injections and stat dosing.• Optional bar code reader integration to find each patient's chart, record MedPass compliance and synchronize data with the CorEMR server.• Automatically highlights medication expiration dates and refill notifications.• Body Image shows on Med Pass to indicate injection sites.• Med Pass prep list to show all meds scheduled for the day in an easy to read view.• Send orders to and receive confirmations from your pharmacy provider.• Includes a pharmacy module for ordering, making MedPass assignments and scheduling refills.
Pharmacy Module	<ul style="list-style-type: none">• Imports your drug list and identifies formulary medication.• Allows filtering of the drug list by name, analgesic category, form and other criteria.• Inventory check in screen when Meds are received from the pharmacy.• 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.
Reports	<ul style="list-style-type: none">• Captures a large amount of information on each patient to generate Management Reports and other patient demographic information.• Includes a User Definable Report Builder that allows facilities to retrieve information for unlimited customized reports from defined data elements.



Product Feature/Highlight	Benefit to Fort Bend County
Administration	<ul style="list-style-type: none">• Permissions Grid restricts access by user type.• Ability to manage and edit all forms and form triggers. Includes the ability to create event triggers (such as automatically create a specific task when a question on a form is answered a certain way).• Ability to create Medication Sets—multiple medications configured to be ordered as a group, for situations like alcohol withdrawal protocols.

3.5 Supplies and Office Equipment

CCS will be responsible for the acquisition of forms, books, manuals, medical record folders, alpha indexes and forms, pharmaceuticals, laboratory fees, prosthetics, hand instruments, needles and sharps, special medical items, testing devices, containers and clinical waste receptacles, inmate information brochures, individual and group materials, gloves and coverings, and disinfectants. CCS agrees that all equipment and supplies that remain on site at the end of the contract shall remain on site and become property of the County.

3.6 Medical Equipment Inventory

We understand that the County-owned property listed in the RFP Section 31.6 is available to CCS in the operation of the medical program at FBCJ. This equipment shall remain on-site at the termination of the contract.

CCS will work with the FBCJ to establish an updated equipment list for the FBCJ prior to the execution of the contract. CCS will be responsible for the repair and maintenance of any equipment provided by CCS. The County will be responsible for the maintenance, repair and replacement of County-furnished equipment. The County will replace any County-owned equipment that becomes unserviceable due to routine use.

CCS will conduct a pre-contract inventory to ensure all current equipment and supplies are accounted for and in serviceable condition. CCS will also implement an internal system of equipment inventory. At the initiation of the contract, CCS will immediately initiate an inventory of all FBCJ medical unit furniture and equipment and acknowledge receipt of property. All property will be recorded by CCS on a property list.

3.7 Services to Staff

3.7.1 Emergency Services

CCS will provide on-site triage and administer first aid or emergency care on the premises of FBCJ to any inmate, visitor or County employee as needed to stabilize, assess, and make any referrals or transfers to medical facilities, as deemed necessary. Our healthcare team will document any incidents and submit to the County. Staff on duty will at all times have access to names and contact information for employees who are on-call, as well as procedures for arranging emergency ambulance transportation.



3.7.2 Health Education for Security Staff

Relevant medical information will be shared annually (not to exceed 50 hours of instruction) or as necessary or requested with Fort Bend County personnel to educate security staff on pertinent medical issues. CCS will collaborate with County to develop and schedule the training.

CCS presents health related training for facility staff at many of our facilities, and we have developed a variety of training curricula for this purpose including but not limited to:

- Emergency response
- Symptom recognition (shortness of breath, choking, bleeding, etc.)
- First Aid administration
- CPR
- Recognizing signs and symptoms of mental illness
- Change of mental status
- Psychological trauma
- Recognizing suicidal behavior
- Procedures/protocols for suicide prevention
- MRSA
- Airborne and Bloodborne pathogens
- Urgent and emergent medical conditions
- Recognizing acute manifestations of chronic illnesses
- Recognizing chronic medical and disabling conditions
- Acute and chronic serious functional impairments
- Signs and symptoms of chemical dependency
- Management issues related to substance abuse
- Infectious and communicable diseases
- Handling of inmates with AIDS/HIV
- BLS/AED resuscitation
- Smoking cessation
- Stress management

3.7.3 Hepatitis B Vaccinations and TB Screenings

CCS will provide management of the Hepatitis B vaccination program and Tuberculosis screening for all County Facility staff, with related vaccine costs provided by the County. Additionally, CCS provides infectious communicable disease training, testing, immunizations including Hepatitis B and Tuberculosis, and any necessary counseling to our employees as a part of the initial hire and orientation process and annually thereafter.

3.8 General Information

3.8.1 County's Right of Rejection

CCS understands and acknowledges that the County holds the right to remove, in the best interests of the County and service implementation, a CCS contract employee from the facility who does not meet security approval criteria or does not perform assigned duties in a professional, cooperative, reliable and satisfactory manner. CCS will immediately replace or provide coverage for any position vacancies. We also acknowledge that entrance to the Jail by any person is granted under the sole jurisdiction of the Fort Bend Sheriff's Office.



3.8.2 Background Checks

CCS routinely conducts its own due diligence background criminal record investigation on all new employees. CCS will comply with the requirement for all healthcare personnel at FBCJ to submit to a comprehensive background check, to be coordinated with the Sheriff's Office.

3.8.3 Fostering Open Channels of Communication

The CCS team will participate in meetings with the County to facilitate good rapport and communication between security and health services. We are delighted to cooperate and participate with the County and facility administration on discussions about housing, job and program assignments for inmates, as well as any other pertinent issues affecting the facilities. We are always eager to contribute to our clients' endeavors in a positive way.

3.8.4 Licensing and Accreditation Fees

CCS acknowledges responsibility for all applicable licensing and accreditation management and fees under this contract.

3.8.5 Waste Disposal

CCS has an established national contractual relationship with Stericycle for the disposal of all bio-hazardous and infectious waste. Stericycle is a leader in the medical waste industry and specializes in biohazard waste disposal. Through the services of Stericycle, CCS will make provision for collection, storage and removal of all infectious waste and sharps containers in accordance with state and federal regulations. CCS will be responsible for the cost of removal and disposal including all necessary supplies and FBCJ approved sharps containers. All certificates of disposal will be maintained and copies provided to the FBCJ. The scheduling and frequency of the removal will be approved by the FBCJ.

3.8.6 Complete Pharmaceutical System

For more information about our pharmacy services, please refer to the Pharmaceutical Management and Medication Administration sections in Sections 3.2.7, 3.2.8, and 3.2.9.

3.8.7 County Right to Monitor

CCS acknowledges the County's right to monitor every aspect of work performed at FBCJ. We welcome the County's interest in our operations and will fully comply with all requirements to provide reports, access to records and participate in meetings and auditing processes related to our performance.



Please remember CCS has an unmatched track record in providing realistic budgets to our clients and executing by improving care, decreasing grievances and decreasing costs.

CCS is pleased to offer this partnership proposal to Fort Bend County and we look forward to discussing it further with you.

5.2 What is included in the CCS Management Fee?

- 1 The CCS management staff will 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 including but not limited to:
 - a. Patrick Cumiskey Executive Vice President
 - b. Cary McClure Executive Vice President
 - c. Dean Rieger, M.D. Chief Medical Officer
 - d. Bob Martin Chief Information Officer
 - e. Guy Smith Sr. VP People Strategies
 - f. Chris Bove Director of Operations
 - g. Stan Wofford Regional Vice President
 - h. Lynn Philpott Regional Manager
 - i. Cindy Whitten Regional Care Manager
- 2 Fort Bend County will have access to our Executive Team as needed, and no travel expenses for Patrick Cumiskey (EVP), Cary McClure (EVP) or Jerry Boyle (CEO) will be charged to Fort Bend County. As with all CCS personnel not filling specific positions at FBCJ, our time associated with Fort Bend County will not be charged to Fort Bend County.
- 3 The CCS IT staff will work closely with Fort Bend County to best manage the ERMA Care management implementation and to coordinate data feeds into and out of ERMA. All ERMA software costs will be absorbed by CCS.
- 4 Health Care employees working on-site will be employed by CCS. The CCS People Strategies (HR) department will be accountable for recruitment efforts and assisting on-site personnel with all recruitment and retention needs.
- 5 Fort Bend County will have complete access to all CCS negotiated contracts, including pharmacy, medical supplies, dialysis services, dental supplies and lab services. As the nation's fastest growing correctional health company, coupled with the 90,000 inmates currently under our care, CCS has significant negotiating leverage with our vendors which should create cost savings for Fort Bend County.



6. Fort Bend County will be able to take advantage of the strong CCS malpractice history which will help limit malpractice expenses on a go-forward basis
7. CCS will provide appropriate reports and financial information to assist Fort Bend County in the managing of 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. CCS will provide benchmarking of other similar correctional populations, as needed, to assist the County in comparing program costs with other facilities.
8. CCS will develop a cost effective network of outside providers to handle our patient services that cannot be provided on-site
9. CCS 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. CCS 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
10. Finally, the CCS management fee is designed to help cover the overhead expenses associated with providing all of the above areas of service for this contract while also providing CCS a modest profit

The following forms detail all cost elements included in the proposed CCS pricing

Exhibit C Staffing Plan



Inmate Medical Services
RFP No. 13-049



Correct Care Solutions									
Fort Bend County Jail								ADP:	900.00
POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
H.S.A. (RN)	8	8	8	8	8			40.00	1.00
Administrative Assistant	8	8	8	8	8			40.00	1.00
Medical Director*	2	2	2	2	2			10.00	0.25
NP*	8	8	8	8	8	8	8	56.00	1.40
OB/GYN		1						1.00	0.03
DON	8	8	8	8	8			40.00	1.00
RN	8	8	8	8	8	8	8	56.00	1.40
LVN	16	16	16	16	16	16	16	112.00	2.80
Medical Records Clerk	8	8	8	8	8			40.00	1.00
Dentist	5		5					10.00	0.25
Dental Assistant	6		6					12.00	0.30
MHP	8	8	8	8	8	8	8	56.00	1.40
Psychiatrist	4	4	4	4	4	4	4	28.00	0.70
TOTAL HOURS/FTE-Day								501.00	12.53
EVENING SHIFT									
RN	8	8	8	8	8	8	8	56.00	1.40
LVN	16	16	16	16	16	16	16	112.0	2.80
CMA	8	8	8	8	8	8	8	56.00	1.40
MHP	8	8	8	8	8			40.0	1.00
TOTAL HOURS/FTE-Evening								264.0	6.60
NIGHT SHIFT									
RN	8	8	8	8	8	8	8	56.00	1.40
LVN	16	16	16	16	16	16	16	112.0	2.80
CMA	8	8	8	8	8	8	8	56.00	1.40
TOTAL HOURS/FTE-Night								224.0	5.60
TOTAL HOURS/FTE per week								989.00	24.73

This staffing plan does not include FTE associated with the option of additional substance abuse programming and enhanced Prisoner services.

Correct Care Solutions
Nashville, TN

June 18, 2014
7

Exhibit D

FORT BEND COUNTY SHERIFF'S OFFICE
DETENTION DIVISION

FORT BEND COUNTY BACKGROUND CONSENT FORM*

I hereby authorize the County of Fort Bend to receive any social networking, using provided usernames, and criminal history record information at any time pertaining to me which may be in the files of any criminal justice agency on the National Crime Information Center and/or Texas Crime Information Center

FULL NAME (Please Print)	SOCIAL SECURITY #
MAILING ADDRESS:	DATE OF BIRTH
STREET ADDRESS (if different):	Sex Male/Female:
CITY, STATE, ZIP CODE	RACE
PHONE NUMBER where you can be Reached between the hours of 8:00 a.m. and 4:00 p.m.	ALTERNATIVE PHONE NUMBER
	DRIVER'S LICENSE # / STATE
COMPANY WORKING WITH	POSITION HOLDING
SOCIAL NETWORKING USERNAMES	EMAIL ADDRESS
SIGNATURE / DATE	
NOTARY (Signature/Date)	

* FORM MUST BE SUBMITTED WITH PHOTO COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD

Created 1/12/10
Modified 7/17/13

Exhibit E

CCS Budget Cost Worksheet Fort Bend, Texas

	Year 1 Costs	%	Year 2 Costs
Personnel Costs			
<u>Total Personnel Costs</u>	<u>\$2,091,262</u>	<u>62.2%</u>	<u>\$2,154,000</u>
Pharmacy Costs			
HIV Medications	\$101,520		
Psych meds	\$106,088		
All other Meds	\$96,444		
<u>Total Pharmacy Costs</u>	<u>\$304,052</u>	<u>9.0%</u>	<u>\$313,174</u>
On-site Variable Costs			
On-site X-Ray	\$25,650		
On-site Labs	\$20,041		
Dental Supplies	\$3,420		
Medical Supplies	\$37,620		
Medical & Dental Equipment	\$3,325		
Eyeglasses	\$855		
Dialysis Treatments	\$51,300		
<u>Total On-site Variable Costs</u>	<u>\$142,211</u>	<u>4.2%</u>	<u>\$146,478</u>
Off-site Expenses			
Inpatient Hospital & Physician	\$173,319		
Emergency Room	\$32,242		
Ambulance	\$0		
Outpatient Specialty	\$8,441		
Outpatient 1-Day Surgeries	\$54,173		
Outpatient X-Ray	\$1,825		

<u>Total Off-site Expenses</u>	<u>\$264,000</u>	<u>7.9%</u>	<u>\$278,100</u>
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On-site Administrative Expenses

Administrative Expenses (office supplies, toner, postage, medical waste, printing, office furniture, etc.)	\$12,000		
Medical Waste	\$7,980		
Internet	\$0		
Long Distance & Phones	\$1,200		
Computers	\$1,500		
Dell 3330dn Laser Printers	\$2,500		
14K Page Toner	\$2,000		
Recruitment	\$12,000		
Travel	\$18,000		
Scanners	\$1,225		
Large Copier FAX/Printer/Scanner	\$9,000		
H.S.A. Fax	\$300		
Time Clocks & licenses	\$2,700		
Shredding	\$1,800		
Med Claims Expense	\$21,922		
Legal Expense	\$70		
Ins - General	\$1,800		
Ins - Med Mal	\$21,936		
Ins - Workers Comp	\$29,661		
Performance Bond	\$0		
Line of Credit	\$0		
Reinsurance	\$0		
NCCHC Dues	\$1,500		
Microsoft User Licenses	\$500		
CorEMR	\$21,600		
Depreciation (digital X-Ray)	\$12,806		
<u>Total On-site Administrative</u>	<u>\$183,999</u>	<u>5.5%</u>	<u>\$189,519</u>

<u>Total Costs:</u>	<u>\$2,985,525</u>	<u>88.8%</u>	<u>\$3,081,271</u>
<u>Management Fee:</u>	<u>\$350,000</u>	<u>10.4%</u>	<u>\$360,500</u>
<u>Total Start-Up Costs</u>	<u>\$25,203</u>	<u>0.7%</u>	
<u>Total Year One Costs:</u>	<u>\$3,360,728</u>	<u>100.0%</u>	<u>\$3,441,771</u>

CCS and County will share 50-50 for the first \$120,000 above or below annual budget.
All variances beyond \$120,000 will be credited or debited to Correct Care Solutions

2.4%